SUMMER INTERNSHIP PROGRAMME
At

Deenanath Mangeshkar Hospital and Research Center, PUNE

Date: 06th May 2024 to 06th July 2024

A Detailed Study of Turn Around Time of the Discharge Process in Multi-Specialty Hospital

A Report

By

Dr. Aishwarya Naresh Rajopadhye

MBA Health and Hospital Management

2023-25

Under The Mentorship of

Arindam Das, PhD

Professor

IIHMR UNIVERSITY

Lata Mangeshkar Medical Foundation's
Deenanath Mangeshkar Hospital & Research Center
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Email : info@dmhospital.org, Website : www.dmhospital.org

DMH/2024/AMS/GEN/59 Date: 10th July 2024

CERTIFICATE

This is to certify that **Dr. Aishwarya Naresh Rajopadhye** has successfully completed Internship in Deenanath Mangeshkar Hospital and Research Center, Pune. During this period she has Worked on 'Turnaround Time of the discharge process and identify the areas for improvement'

Duration of Internship: - 6th May 2024 to 6th July 2024

We wish all the best for her future.

LATA MANGESHKAR * DEENANATH MANGESHKAR HOSPITAL PUNE-4 * MEDICAL FOUNDATION

Dr. Asmita Bhave
Asst. Medical Superintendent
Department of Academics

Poonam Gaikwad
Senior HRD Executive
Department of Human Resources

Prepared by: AVK Verified by: Gaej

IIHMR UNIVERSITY

IIHMR University Faculty Mentor Approval

This is to certify that **Dr. Aishwarya Naresh Rajopadhye** of academic year 2023 – 25 of **Institute of Health Management Research** has prepared a poster with respect to her summer internship held during May-July 2024.

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

Arindam Das.

Date: 22.07.2024

Arindam Das, PhD

Professor

Deenanath Mangeshkar Hospital & Research Center

Analysing the Potential Causes for Delay in DISCHARGE PROCESS (TAT)

IIHMR UNIVERSITY

ABOUT ORGANISATION

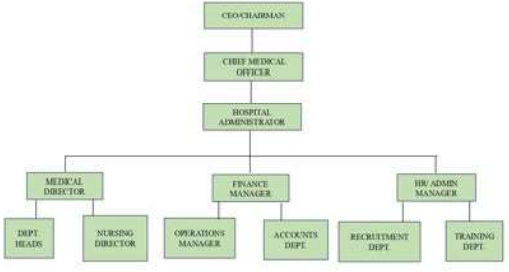
- Deenanath Mangeshkar Hospital & Research Center is a charitable, multi-specialty hospital located in the heart of Pune, India and it was inaugurated by former Prime Minister Shri. Atal Bihari Vajpai on 1st November 2001.
- The first OPD started on 26th November 2001 and the first patient was admitted in the hospital on 27th November 2001.
- It is named after the Marathi theatre actor, Natya Sangeet musician and exceptional Hindustani classical vocalist Deenanath Mangeshkar.
- Today, it is one of the largest hospital in Pune, with over 900 beds, catering to a wide spectrum of patients needs.
- It is multispecialty hospital, providing super-specialty care in cancer, voice disorders, cardiology and cardiothoracic surgery, gastroenterology, Joint Replacement, Urology, Nephrology and Neurology
- **THE FIRST HUMAN MILK BANK IN PUNE WAS ESTABLISHED AT DMH.**
- On 1st November 2013, Deenanth Mangeshkar super specialty hospital was inaugurated in the honored presence of Shri Narendra Modi and the entire Mangeshkar Family.

VISION AND MISSION OF HOSPITAL

Vision: To provide Rational Ethical Medical Services of Highest quality to all Patients at affordable cost without any discrimination.

Mission: To provide competent, ethical, tertiary healthcare services with charity as a core value.

ORGANOGRAM



LEARNINGS FROM THE INTERNSHIP

- Conflict management and interdepartmental collaboration- Cultivated a collaborative environment across departments, minimizing friction and maximizing efficiency.
- Discharge process - Streamlined the discharge process, ensuring a positive and efficient transition for patients.
- Holistic patient and caregiver support- Advocated for the needs of patients and attendants, ensuring their concerns were addressed promptly and effectively.
- Understanding of hospital code protocols- Understood and witnessed the protocols followed and ensuring appropriate action for different situations
- Patient complaint management- Ensured patient satisfaction by addressing their complaints and resolving them promptly.
- Discharge process improvement- Understanding the discharge process and identifying the bottle necks, giving practical solutions for improvement.
- Understood the duties of nurses- Understood the time allocated by the nurses for various duties and the reasons causing delay in their work, giving suggestions for the same.

PROJECT : POTENTIAL CAUSES FOR DELAY IN DISCHARGE PROCESS

DISCHARGE PROCESS:

- The discharge process in a hospital is an intricate orchestration, functioning seamlessly due to the collective efforts of various departments and staff members. Each individual plays a crucial role in ensuring a smooth and efficient discharge process for patients.

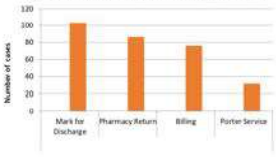
OBJECTIVES:

- To understand the discharge process.
- To identify the bottle necks in the discharge process.
- To calculate the TAT of the discharge process.
- Suggest strategies to reduce the waiting time.

RESULT:

Median time for mode of payment as **Cash- 4:38 hours** and Mode of payment as **TPA- 6:27 hours**

Fig: 1 Causes for delay in discharge (N=120)



METHODOLOGY:

- Cross sectional observational study
- Calculated the TAT of the collected and analyzed the data

Fig: 3 Time Required for the Discharge Process Comparison between Cash and TPA (N=120)

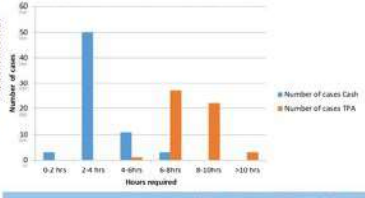
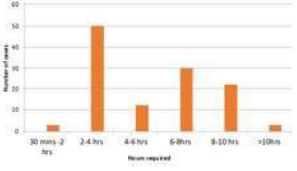
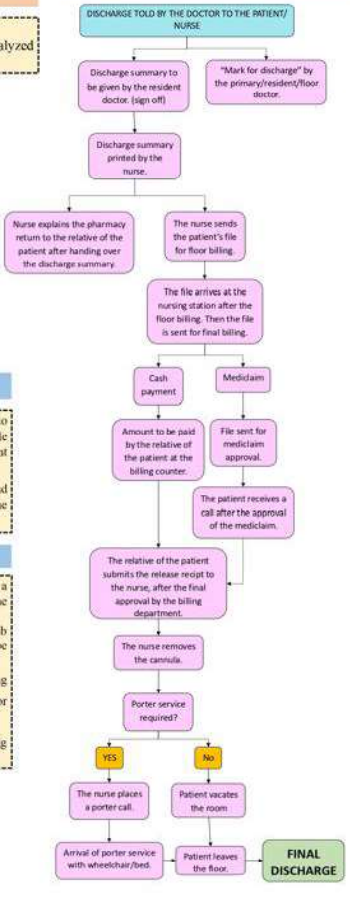


Fig: 2 Time required for the discharge process (N=120)



FLOW CHART OF DISCHARGE PROCESS



CHALLENGES FACED DURING THE INTERNSHIP

- **Data Collection:** Maintaining a constant overview of all cases and discharge processes while simultaneously building rapport with hospital stakeholders to extract data and understand the complete admission and discharge procedures. Additionally, gathering data from multiple departments, individuals, and at different times proved to be time consuming and exhausting
- **Balancing Roles:** The need to uphold a professional demeanor to avoid disrupting the workflow of regular employees while simultaneously gaining trust and data access posed a significant challenge.
- **Data Management:** Tracking the progress of each inpatient and subsequently compiling and analysing the discharge data to determine turnaround time (TAT) proved to be a complex and demanding task

SUGGESTIONS FOR IMPROVEMENT:

- Cash Patients: Shift the complete process of payment of the cash patients to day before of the discharge.
- To know about the location of MPW staff- Update in the application to locate the MPW staff..
- HMIS update- Improve the HMIS as sometimes entered data is deleted automatically. Update the nurse about the availability of the container for sending the lab sample.
- Regularly checking of the electronic devices - Make sure the Printers and PC's are checked regularly so as to avoid any delay in the duties of the nurses.
- To increase the number of PC's- Increasing the number of PC's will avoid any disturbance to the nursing staff by the billing department for floor billing.
- Update about the discharge summary- The nurse should get a notification when the discharge summary is updated by the resident doctor.
- Clearance of the bill at the same time- Any pending OT bill, lab test causes a delay in the discharge. So the bills should be updated at the exact same time when generated.
- Training of the staff- Training the staff about the rules of filling of the death certificate and make sure the required material for the same is available.
- Updated Short codes- Update the short codes at the nursing station to avoid wastage of their time.

Submitted By-
Name: Dr. Aishwarya Naresh Rajopadhye
Roll No:1789 Batch: 28th (2023-25)
Topic: Analysis of Discharge Process
Mentor: Arindam Das, PhD

WEEKLY REPORT – 1

Name of the Organisation: - Deenanth Mangeshkar Hospital and Research Center, Pune

Department for Summer Internship: - Operations Department

Name of the Student: - Aishwarya Naresh Rajopadhye

Roll No: - 1789

Stream: - MBA Health and Hospital Management

Week Number: - 01

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

ACTIVITY DONE	• Observation of activities of each ward of the General Speciality and Super-Speciality Building of Deenanath Mangeshkar Hospital and Research Center, Pune. • Understood various services provided by the hospital such as breast milk donation. • Keenly observed the duties of the nurses. • Observed the discharge process of the patient. • Kept a track of the time required for the completion of the discharge process.
LINKING CLASSROOM THEORY WITH PRACTICE AT ORGANISATION	• Observed the ICU Zoning, IPD Ward's Structure , • Departmental Planning taught in module of Hospital Services. • Implemented professional communication tools and process taught in Organizational Behaviour module. • Understood the use of Critical Path Analysis in the Principles of Management Module.
GAPS IDENTIFIED ON THE WORKING AREA	• How the staff was overburdened during the emergency situation which lead to delay in the process. • Lack of knowledge of newly joined staff on emergency codes
SUGGESTIONS FOR IMPROVEMENT	• Educating the staff about how to handle the emergency situations more effectively. • Educating the newly joined staff about the emergency codes.
PLAN FOR THE NEXT WEEK	• Finalizing and working on summer internship project topic. • More detailed study on the project of Turn Around Time of the discharge process.

WEEKLY REPORT – 2

Name of the Organisation: - Deenanth Mangeshkar Hospital and Research Center, Pune

Department for Summer Internship: - Operations Department

Name of the Student: - Aishwarya Naresh Rajopadhye

Roll No: - 1789

Stream: - MBA Health and Hospital Management

Week Number: - 02

From: - 13/05/2024 To: - 18/05/2024

ACTIVITY DONE	• Finalized Internship Project on "TURN AROUND TIME OF THE DISCHARGE PROCESS". • Observation of the discharge process of the super-speciality building of the Deenath Mangeshkar Hospital and Research Center, Pune. • Use of HMIS to check updates of the patient's discharge process. • Use of Microsoft excel to enter the data and analysis for calculation of Turn around time of the discharge process. • Gap analysis
LINKING CLASSROOM THEORY WITH PRACTICE AT ORGANISATION	• Learnt etiquettes of a professional meeting learnt in Principles of Management. • Implemented professional communication tools and process taught in Organizational Behaviour module. • Understood the use of Fish Bone analysis taught in Health and Development module.
GAPS IDENTIFIED ON THE WORKING AREA	• Observed gap in the steps needed to be completed for final discharge. • How the staff was overburdened during which lead to delay in the process.
SUGGESTIONS FOR IMPROVEMENT	• Training of the staff which provides porter service which causes a delay in the discharge process. • Working on other factors causing delay in the discharge process.

PLAN FOR THE NEXT WEEK	• Finalizing and working on the summer internship project. • Continued primary data collection activities for the project.

WEEKLY REPORT – 3

Name of the Organisation: - Deenanth Mangeshkar Hospital and Research Center, Pune

Department for Summer Internship: - Operations Department

Name of the Student: - Aishwarya Naresh Rajopadhye

Roll No: - 1789

Stream: - MBA Health and Hospital Management

Week Number: - 03

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

ACTIVITY DONE	• Observation of the discharge process of the super-speciality building of the Deenath Mangeshkar Hospital and Research Center, Pune. • Observation of the discharge process of the day care ward. • Use of HMIS to check updates of the patient's discharge process. • Use of Microsoft excel to enter the data and analysis for calculation of Turn around time of the discharge process
LINKING CLASSROOM THEORY WITH PRACTICE AT ORGANISATION	• Implemented professional communication tools and process taught in Organizational Behaviour module. • Usage of various Codes such as Code Red, Code Blue taught in Hospital services module
GAPS IDENTIFIED ON THE WORKING AREA	• Observed gap in the steps needed to be completed for final discharge. • Understood the problems faced by the admin staff related to the Mediclaim process. • The lack of knowledge of the patient regarding the Mediclaim clauses.
SUGGESTIONS FOR IMPROVEMENT	• Giving suggestions to reduce the tasks performed by the nurses on behalf of others. • Suggestions regarding the delay in mark for discharge by the resident doctor. • Educating the patient about the Mediclaim protocols.

PLAN FOR THE NEXT WEEK	• Finalizing and working on summer internship project topic. • More detailed study on the project of Turn Around Time of the discharge process.

WEEKLY REPORT – 4

Name of the Organisation: - Deenanath Mangeshkar Hospital and Research Center Pune

Department for Summer Internship: - Operations Department

Name of the Student: - Aishwarya Naresh Rajopadhye

Roll No: - 1789

Stream: - MBA Health and Hospital Management

Week Number: - 04

From: - 27/06/2024 To: - 1/06/2024

ACTIVITY DONE	• Observation of the discharge process of general building of the Deenath Mangeshkar Hospital and Research Center, Pune. • Observation of the discharge process of the general ward. • Use of HMIS to check updates of the patient's discharge process. • Use of Microsoft excel to enter the data and analysis for calculation of Turn around time of the discharge process.
LINKING CLASSROOM THEORY WITH PRACTICE AT ORGANISATION	• Implemented professional communication tools and process taught in Organizational Behaviour module. • Medical record department - electronic health and medical records taught in the digital health module.
GAPS IDENTIFIED ON THE WORKING AREA	• Observed gap in the steps prior to final discharge. • Understood the problems faced by the admin staff related to the Mediclaim process. • The lack of knowledge of the patient regarding the Mediclaim clauses
SUGGESTIONS FOR IMPROVEMENT	• Suggestions regarding the problem faced by the patients for cash payment • Suggestions to make sure the patients don't leave without the discharge summary from the daycare unit.
PLAN FOR THE NEXT WEEK	• Complete assigned tasks. • Begin data analysis for the project. • Finalizing and working on summer internship project topic. • More detailed study on the project of Turn Around Time of the discharge process

WEEKLY REPORT – 5

Name of the Organisation: - Deenanath Mangeshkar Hospital and Research Center Pune

Department for Summer Internship: - Operations Department

Name of the Student: - Aishwarya Naresh Rajopadhye

Roll No: - 1789

Stream: - MBA Health and Hospital Management

Week Number: - 05

From: - 03/06/2024 To: - 08/06/2024

ACTIVITY DONE	• Observation of the discharge process of general building of the Deenath Mangeshkar Hospital and Research Center, Pune. • Use of HMIS to check updates of the patient's discharge process. • Use of Microsoft excel to enter the data and analysis for calculation of Turn around time of the discharge process. • Time Motion Study of the duties of nurses.
LINKING CLASSROOM THEORY WITH PRACTICE AT ORGANISATION	• Implemented professional communication tools and process taught in Organizational Behaviour module. • Observation of the CSSD Department taught in the Hospital Services Module.
GAPS IDENTIFIED ON THE WORKING AREA	• Observed gap in the steps prior to final discharge. • Understood the problems faced by the admin staff related to the Mediclaim process. • The problems faced by the nurses at the ground level which acted as a hindrance to the smooth functioning of the process.
SUGGESTIONS FOR IMPROVEMENT	• Giving suggestions to make few changes in the current functioning of the nurses. • How to increase the direct patient care provided by the nurses. • Suggestions regarding the problem faced by the patients for cash payment.
PLAN FOR THE NEXT WEEK	• Finalizing and working on summer internship project topic. • More detailed study on the project of Turn Around Time of the discharge process and Time motion study of the duties of nurses.

WEEKLY REPORT – 6

Name of the Organisation: - Deenanath Mangeshkar Hospital and Research Center Pune

Department for Summer Internship: - Operations Department

Name of the Student: - Aishwarya Naresh Rajopadhye

Roll No: - 1789

Stream: - MBA Health and Hospital Management

Week Number: - 06

From: - 10/06/2024 To: - 15/06/2024

ACTIVITY DONE	• Collecting the data by observation of the discharge process of cases in general and super-speciality building of the Deenath Mangeshkar Hospital and Research Center, Pune. • Use of HMIS to check updates of the patient's discharge process. • Use of Microsoft excel to enter the data of the discharge process and duties of nurses, further analysis of the data for calculation of Turn around time and factors affecting the discharge process. • Time Motion Study of the duties of nurses of morning and evening shift.
LINKING CLASSROOM THEORY WITH PRACTICE AT ORGANISATION	• Implemented professional communication tools and process taught in Organizational Behaviour module. • Time motion study taught in Principles of Management.
GAPS IDENTIFIED ON THE WORKING AREA	• Observed gap in the steps prior to final discharge. • The problems faced by the nurses which caused a hinderance in their duty.
SUGGESTIONS FOR IMPROVEMENT	• Giving suggestions to improve the set-up of the nursing station so as to reduce the problems faced by the nurses. • How to increase percentage of the direct patient care provided by the nurses. • Suggestions for the challenges faced by the patients during the discharge process.

PLAN FOR THE NEXT WEEK	• Finalizing and working on summer internship project topic. • More detailed study on the project of Turn Around Time of the discharge process and Time motion study of the duties of nurses.

WEEKLY REPORT – 7

Name of the Organisation: - Deenanath Mangeshkar Hospital and Research Center Pune

Department for Summer Internship: - Operations Department

Name of the Student: - Aishwarya Naresh Rajopadhye

Roll No: - 1789

Stream: - MBA Health and Hospital Management

Week Number: 07

From: - 17/06/2024 To: - 22/06/2024

ACTIVITY DONE	• Use of Microsoft excel for further analysis of the data of the discharge process and duties of nurses, and calculation of the turnaround time and the percentage of time dedicated to various duties by the nurses. • Understanding the return pharmacy process and the mark for discharge process. • Educating the nurses about the update of HMIS • In depth understanding of the most affecting delaying factor of discharge process.
LINKING CLASSROOM THEORY WITH PRACTICE AT ORGANISATION	• Implemented professional communication tools and process taught in Organizational Behavior module. • Time motion study taught in Principles of Management.
GAPS IDENTIFIED ON THE WORKING AREA	• Observed gap in the factors causing major delay in the final discharge. • The problems faced by the patients for charity payment.
SUGGESTIONS FOR IMPROVEMENT	• Giving suggestions to improve the set up of the nursing station so as to reduce the problems faced by the nurses. • Suggestions about improvement at the return pharmacy department. • Suggestions for the improvement in factors that are causing thedelay in discharge process.

PLAN FOR THE NEXT WEEK	• Finalizing and working on summer internship project topic. • More detailed study on the project of Turn Around Time of discharge process and Time motion study of the duties of nurses.

WEEKLY REPORT – 8

Name of the Organisation: - Deenanath Mangeshkar Hospital and Research Center Pune

Department for Summer Internship: - Operations Department

Name of the Student: - Aishwarya Naresh Rajopadhye

Roll No: - 1789

Stream: - MBA Health and Hospital Management

Week Number: - 08

From: - 24/06/2024 To: - 29/06/2024

ACTIVITY DONE	• Collecting the data by observation of the discharge process of cases from the General and private ICU of the Deenath Mangeshkar Hospital and Research Center, Pune. • Understanding the shift out of the patient from the ICU to ward. • Use of Microsoft excel to enter the data for analysis and calculation of Turn around time. • Preparation of the report to present in a meeting with the higher authorities.
LINKING CLASSROOM THEORY WITH PRACTICE AT ORGANISATION	• Implemented professional communication tools and process taught in Organizational Behaviour module. • Zones of ICU taught in Hospital services
GAPS IDENTIFIED ON THE WORKING AREA	• Observed gap in the steps prior to final discharge. • The problems faced by the staff of ICU while claiming bed in ward.
SUGGESTIONS FOR IMPROVEMENT	• Employ the required number of staff and increase the availability of bed so as to decrease the waiting time of patients in ICU. • Suggestions for the challenges faced by the patients during the discharge process.
PLAN FOR THE NEXT WEEK	• Finalizing and working on summer internship project topic. • Completion of poster presentation.

WEEKLY REPORT – 9

Name of the Organisation: - Deenanath Mangeshkar Hospital and Research Center Pune

Department for Summer Internship: - Operations Department

Name of the Student: - Aishwarya Naresh Rajopadhye

Roll No: - 1789

Stream: - MBA Health and Hospital Management

Week Number: - 09

From: - 01/07/2024 To: - 06/07/2024

ACTIVITY DONE	• Presentation of the report to the CEO of the hospital, medical administrator and eight other HOD of the respective department and the staff gave their suggestions about the presentation. • Observation of CSSD Department. • Observation of the functioning of the medical record department. • Use of Microsoft excel to enter the data for analysis and calculation of Turn around time.
LINKING CLASSROOM THEORY WITH PRACTICE AT ORGANISATION	• Implemented professional communication tools and process taught in Organizational Behaviour module. • CSSD process taught in hospital services. • Observation of EMR and EHR in the Medical record departmenttaught in the Digital Health Module.
GAPS IDENTIFIED ON THE WORKING AREA	• Observed gap in the steps prior to final discharge. • The problems face by the patients with mode of payment as cash
SUGGESTIONS FOR IMPROVEMENT	• To shift the billing process day before the date of discharge. • To avoid double checking in MRD department so as to save thetime spent on it.

ACTIVITIES DONE

- **Took an overview of all the departments of both the general speciality and superspeciality building of the hospital.**

    - Understood the working of all the OPD's of various departments such as Cardiology, Neurosurgery, Urology, Voice clinic, Joint Replacement starting from the registration of the patient till he is done with the consultation.

- **Understood the duties performed by the nurses in the general, private and semi-private ward.**

    - The core duties performed by the nurses as primary caregivers.

- **Understood the discharge process of the patient.**

    - Discharge process starting from the announcing the discharge of the patient by the consultant to the patient/nurse till the patient leaves the hospital.

- **Collected the data of the discharge process**

    - Collected data of the patients from different floor and wings of the general speciality and super speciality building. Kept a track record of the events prior tothe final discharge of the patient.

- **Data analysis of the collected data**

    - Analyzed the time required for events prior to the final discharge. Calculated the Turn Around Time (TAT) of the discharge process.

- **Worked on the reasons for delay in discharge process.**

    - After working on the data, understood the reasons for the delay in discharge and calculated the reason which affected the discharge process the most.

- **Finalized the project on the turn around time of the discharge process.**

    - Analyzed the data to decide the time required for the medical and surgical cases and the reasons for delay in the discharge.

- **Conducted Time motion study of the duties of the nurses.**

  - Analyzed the nurses activities, observed nurses routines to assess efficiency, examined how nurses managed their work and the difficulties faced by the nurses to completed the assigned tasks.

- **Data analysis of the collected data related to the nursing duties.**

  - Understood the underlying trend of how nurses distribute the timing of their shift. Analysis of how time has been dedicated to various tasks.

- **Designed a Microsoft Excel sheet tailored for the internship project on the TAT of the discharge process.**

  - Created a specialized Microsoft sheet to systematically collect and analyse data for the internship project on the turn around time of the discharge process of the patient, ensuring thorough and accurate data capture.

- **Learned the procedures involved in patient admission and discharge to enhance understanding of hospital operations.**

  - Acquired detailed knowledge of the hospital's patient admission and discharge processes, including documentation, patient handling, and coordination with different departments.

- **Designed a Microsoft Excel sheet to study the bifurcation of the duties of the nurses.**

  - Created a Microsoft excel sheet to systematically analyze the collected data of the duties performed by the nurses according to the grouping.

- **Initiated primary data collection starting from the primary consultant of the patient, nursing stations, Billing department, pharmacy return counter, porter service provider. Completed data collection for 120 patients from various wards.**

  - Started and completed the collection of primary data from Primary consultant of the patient, nursing stations, billing department, gathering information of 120 patients across various wards in both the general speciality and super speciality building.

- **Compiled and submitted the report to Poonam Gaikwad.**

  - Analysed data compiled findings, and submitted a detailed report to Poonam Gaikwad, outlining key reasons for delay in discharge process and recommendations for the same.

- **Observed and evaluated compliance with set standards for Turn Around Time (TAT) for discharge process as set by NABH.**

  - Monitored and assessed the hospital's adherence to established TAT standards by NABH, identifying any deviations and suggesting improvements.

- **Initiated and completed data analysis for the TAT of the discharge process of the patient.**

  - Began and finalized the analysis of collected data for the TAT of the discharge process, identifying key patterns, risks, and areas for improvement.

- **Conducted a training session for 50 nurses about the update in the HMIS system of the hospital.**

  - Conducted a training session for 50 nurses and made them familiar to the update in the HMIS of the hospital, made sure all of them understood and did not face any difficulties while using it.

- **Witnessed and observed protocols for handling various emergency codes, including Blue , pink code.**

  - Observed the implementation and adherence to protocols for different emergency codes, gaining insights into the hospital’s emergency response mechanisms.

- **Initiated and completed data analysis for the time motion study of the duties of nurses.**

  - Began and finalized the analysis of the systematically collected data observations, analysis and measurements of separate steps in performance of a specific job of the nurse. Analyzed the trends in the duties according to the shift of the nurses.

- **Witnessed and observed the protocols followed while giving the death certificate.**

  - Observed the implementation and adherence to protocols before declaring the death of the patient and the necessary formalities to be completed before shifting of the dead body to the mortuary.

- **Observed and evaluated the processes within the Medical Record Department.**

  - Observed and understood in detail the process in the MRD starting from the

arrival of the file till the indexing and placing the file in the correct rack by the appointed person.

- **Observed the discharge process and calculated the TAT of IPD patients in the day care.**

  - Observed and detailed analysis of the data collected of the discharge process of the patients in the daycare the gastro-intestinal disorder department.

- **Observed the shift out of the patient from the ICU into the ward.**

  - Observed and acquired detailed data of the time required for all the processes prior to the final shift out of the patient from the ICU to the respective ward of choice. Calculation of TAT of the shift out of the patient from the ICU and the reasons causing delay in the shift out of the patient.

- **Worked on the signage issues in the hospital for the NABH audit.**

  - Worked on the signage issues to improve the navigation of the hospital for the patient and the visitors and make sure the hospital signage adhered to the NABH standards.

- **Observation of the process followed in the CSSD department.**

  - Observed the protocols before the final autoclaving of the instruments which functions as a multi-layered defense system.

- **Designed a final report for the hospital to be presented to the CEO and other HOD's**

  - Designed a final report and presented to the CEO of the hospital and medical administrator and HOD's of various departments.

- **Initiated the design of a poster to summarize and present the summer internship activities and findings.**

  - Started designing a poster to visually summarize and present the activities, achievements, and findings from the summer internship.

- **Presented the final report to the CEO , Medical Administrator , HOD's, Manager Head**

  - Gave a presentation to the higher authorities about the conclusions of my project and the areas for improvisation. Gave suggestions to them which were accepted.

LINKING THEORY WITH PRACTICAL EXPOSURE

- **Observed ICU zoning, IPD ward's structure, Departmental Planning, various therapeutic processes taught in the module of Hospital Services.**

  - Gained practical insights into the zoning of Intensive Care Units (ICUs), the structural organization of Inpatient Department (IPD) wards, departmental planning, and various therapeutic processes as taught in the Hospital Services module.

- **Used sampling techniques, data collection, and data analysis processes taught in the Research Methodology module.**

  - Applied sampling techniques and data collection methods to gather research data, followed by data analysis processes to interpret and present findings, as instructed in the Research Methodology module.

- **Implemented professional communication tools and processes taught in the Organizational Behavior module.**

  - Utilized professional communication tools and strategies learned in the Organizational Behavior module to enhance interpersonal communication and organizational interactions.

- **Observed various zoning of ICUs as learned in Hospital Services.**

  - Applied theoretical knowledge of ICU zoning from the Hospital Services module to observe and understand the zoning practices in various Intensive Care Units.

- **Learned etiquettes of a professional meeting as taught in Principles of Management.**

  - Acquired and practiced the etiquettes and protocols for conducting professional meetings, as instructed in the Principles of Management module.

- **Learned about emergency area zoning taught in Hospital Services.**

  - Gained an understanding of the zoning principles for emergency areas, as detailed in the Hospital Services module.

- **Practiced professional communication taught in Principles of Management.**

  - Implemented effective professional communication techniques in real-world

scenarios, as taught in the Principles of Management module.

- **Observed the protocols followed in the CSSD department.**

  - Observed the functioning of the CSSD department and the protocols to be followed prior to autoclaving of the instruments.

- **Learned about emergency codes procedures and standard Turn Around Time (TAT) taught in Hospital Services.**

  - Studied the procedures for handling emergency codes and the importance of standard Turn Around Time (TAT), as taught in the Hospital Services module.

- **Observation of Medical Record Department (EHR /EMR) taught in the Digital Health Services**

  - Observed the process of maintaining of the Electronic Health Record and Electronic Medical Record.

- **Observed the application of emergency codes procedures and standard TAT taught in Hospital Services.**

  - Monitored the practical implementation of emergency codes procedures and adherence to standard TAT in a hospital setting, utilizing knowledge from the Hospital Services module.

GAPS IDENTIFIED ON THE WORKING AREA

- **Observed gap in various duties performed by the nurses.**
  - Nurses had to perform various duties which were not assigned to them due to unavailability of the concerned staff.
- **Cost structure not clearly communicated with patients of charity and TPA.**
  - Noticed that the cost structure of treatments is not effectively communicated to patients under charity and Third-Party Administrators (TPA), leading to confusion and dissatisfaction.
- **Lack of knowledge of newly joined staff on emergency codes.**
  - Found that newly joined staff members are not well-informed about emergency codes, highlighting a gap in their training and preparedness for emergencies.
- **Lack of knowledge of the updated short codes.**
  - When the nurse has to connect to any other department or floor doctor, she is unaware of the updated short codes which causes a delay in the task.
- **Lack of knowledge of the resident doctor while filling the death certificate.**
  - Observed that the resident doctor was not aware of the protocols to be followed for the filling of the death certificate.
- **Lack of knowledge of the staff - nurse, head nurse, MPW with respect to the death certificate.**
  - Noted the unavailability of the death certificate form and the staff was unaware of the protocols to be followed.
- **Shortage of staff in dispensing area of IPD Pharmacy.**
  - Identified a shortage of staff in the IPD pharmacy dispensing area, which affects the efficiency and accuracy of medication dispensation.
- **Delay in medicine delivery in critical areas even with priority level of STAT.**
  - Observed delays in the delivery of medicines to critical areas despite being marked as STAT (immediate priority), compromising patient care.

- **Negligence in filling high-risk administered medicines in patient file in non-critical areas such as the general ward.**

  - Found that there is negligence in recording the administration of high-risk medicines in patient files, particularly in non-critical areas like the general ward.

- **Delay in maintenance of the room by the MPW staff after patients discharge which further delays maintenance check and another admission.**

  - Observed delays in the cleaning of medicines by nursing staff after patient discharge, which subsequently delays maintenance checks and the admission of new patients.

- **Delay in the preparation of the bed required by the patient from the ICU.**

  - The nurses took time for the preparation of the bed according to the medical requirements of the patient from the ICU.

- **Occasional delay in fulfilling doctors' orders for catheter, medicine administration, and general housekeeping.**

  - Noted occasional delays in fulfilling doctors' orders related to catheter placement, medicine administration, and general housekeeping tasks, affecting patient care and hospital operations.

- **Delay in mark for discharge by the consultant/senior resident/floor doctor.**

  - After declaration of the discharge to the patient by the consultant , both the consultant and senior resident are at times busy in OT causing delay in mark for discharge which is the basic necessity for initiation of discharge process.

- **The patients left the hospital without taking the discharge summary from the daycare unit.**

  - After the consultation with the doctor the patients left without taking the discharge summary.

- **Delay in the floor and final billing of the file of the patient to be discharged.**

  - At times there is delay in the final billing because of any pending bill such as OT bill, lab report, patient attending reference doctor's appointment, unavailability of PC for the billing staff.

- **Delay in the pharmacy return**

  - Unavailability of the staff, cash to be given to the patient, the person who is supposed to pay the bill.

SUGGESTIONS FOR IMPROVEMENT

- **To suggest the doctor to "mark the patient for discharge " day before**

  - Doctors were asked to "mark the patient for discharge" day before so that the other departments could start with their work immediately.

- **Frequently communicating cost structure of treatment to cash patients during their stay at hospital.**

  - Regularly provided detailed information on the cost structure of treatments to cash- paying patients, ensuring transparency and helping them manage their finances during their hospital stay.

- **Training the newly appointed staff frequently to bridge knowledge gap.**

  - Conducted regular training sessions for newly appointed staff to address knowledge gaps and ensure they are well-equipped with necessary skills and information.

- **Communicating importance of patient data to healthcare staff who are prone to make negligence or error.**

  - Emphasized the significance of accurate patient data entry to healthcare staff, particularly those prone to negligence or errors, to improve data reliability and patient care quality.

- **Proper training of senior residents for the filling of the death certificate form**

  - Planned focused training for the senior residents about how to fill the death certificate form to avoid further delay in the discharge.

- **Training of the nursing staff about the availability of updated short codes.**

  - Implemented a training for the nursing staff about how to find the updated short codes, and placed posters with updated short codes of the frequently contacted staff, at the nursing station.

- **Frequent checking of the electronics used at the nursing station for maintenance**
  - Frequent checking to be done of the electronics such as printers at the nursing station.
- **Employ required number of staff in departments.**
  - Ensured that each department was staffed with the necessary number of personnel to maintain smooth operations and high-quality patient care.
- **Update the nurse when the container is available for the lab sample to be sent.**
  - An update in the HMIS so as to notify the nurse about the availability of the container for the lab sample to be collected.
- **Change the seating of the doctor giving the discharge summary in the daycare unit.**
  - The doctor giving the discharge summary in the daycare unit was instructed to change the seating to the area from where the patient leaves so that he does not miss out on collecting the discharge summary.
- **To make sure the concerned staff is available to perform their duties.**
  - Employ more number of MPW so that the nurse does not have to perform someone else's duties.

A.
Signature of the student.

Arindam Das.
Signature of the faculty.

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