SUMMER INTERNSHIP PROGRAM 2024

AT

NARAYANA HEALTH MULTISPECIALITY HOSPTAL, JAMSHEDPUR (JHARKHAND)

6TH MAY'24 – 5TH JULY'24

OPERATIONS AND MEDICAL RECORDS DEPARTMENT

BY

MR. VIRAT DEY

Master of Business Administration

(Hospital and Healthcare Management)

2023-2025

UNDER THE GUIDANCE OF

SHRI. RAKESH CHOUDHARY

(HEAD OF OPERATIONS - NARAYANA HEALTH, JHARKHAND)

&

DR. GAUTAM SAHDU

PROFESSOR

DEAN & PROCTOR

IIHMR UNIVERSITY

Narayana Health

NH/BNH/HR-Comm/2024/151

July 05, 2024

TO WHOMSOEVER IT MAY CONCERN

Brahmananda Narayana Multispecialty Hospital (A unit of Narayana Health), Jamshedpur constitutes a multi-disciplinary super specialty hospital dedicated to offering world class services at an affordable cost in different disciplines including Cardiology, Cardiac Surgery, Nephrology, Orthopedics, General Surgery & General Medicine etc.

This is to certify that **Mr. Virat Dey** has successfully undergone Internship Training with our organization for the period of **May 06, 2024** till **July 05, 2024,** and has completed his training hours at **the Operations & MRD department.** During the period of training, he was found hard working, sincere and bears good moral character.

We wish him every success in all his future endeavors.

Thanking you.

For NH Brahmananda Narayana Multispeciality Hospital,

Brahmananda Narayana Multispeciality Hospital Jamshedpur

Shree Hari Nair
Unit Head – HR

Brahmananda Narayana Multispeciality Hospital
(A Unit of Narayana Hrudayalaya Limited) CIN: L85110KA2000PLC027497
Hospital Address: Near Pardih Chowk, Tamolia, NH 33, Jamshedpur 831012
Tel +91 657 6600 500
Registered Office Address: 258/A, Bommasandra Industrial Area, Anekal Taluk, Bengaluru - 560099

Appointment
1800 309 0309

Email:
info.bnh@narayanahealth.org

Our Accreditations

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Annexure A

Completion Certification from the Organization

CERTIFICATE

This is to certify that Dr./Mr./ Ms. VIRAT DEY of 2023-2025 (batch) of OPERATIONS DEPARTMENT (Name of the department/institute) has worked with our organization for his/her summer internship from 06-05-2024 to 05-07-24 (date).
The overall performance shown by him/her during the period was excellent/good/average. This certificate is being issued to meet the requirements of the IIHMR University.

Date: 05-07-2024

(Signature of organization Mentor)

Name: Rakesh chowdhary

Designation: Non Medical Head

Seal/Stamp of the Organization

Brahmananda Narayana Multispeciality Hospital JAMSHEDPUR

IIHMR UNIVERSITY

IIHMR University Faculty Mentor Approval

This is to certify that **Mr. Virat Dey** of academic year 2023-2025 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)

Dr. Goutam Sadhu

Professor

IIHMR University, Jaipur

NARAYANA HEALTH MULTISPECIALITY HOSPITAL, JAMSHEDPUR AT OPERATIONS DEPARTMENT

MR. VIRAT DEV ROLL NO -1885
COURSE – MBA HM
ORGANISATION MENTOR – SHRI. RAKESH CHOUDHARY
FACULTY MENTOR – DR. GAUTAM SADHU

HISTORY

Narayana Health Limited is a chain of multispeciality hospital provider in India. It was founded by Devi Shetty founded Narayana Hrudalaya (NH) in the year 2000 with a 280-bed heart hospital in Bangalore. Since 2014, the group operates Health City Cayman Islands in Grand Caymen From 2016 onwards, NH has increased its presence in New Delhi, Gurgaon and Mumbai, by opening premium multispecialty hospitals, in order to boost margins. In 2022, NH announced that it is looking to set up a 1000-bed advanced specialty hospital.

DESCRIPTION

Narayana Health Hospital, Jamshedpur, is a 211 beds multispeciality hospital with primary and tertiary medical care in all major specialties. The hospital has established in 2008 to provides world-class medical healthcare service provider in the region to the people of Jharkhand, Bihar, Odisha, West Bengal & Chattisgarh. It has been delivering exceptional clinical care for over 16 years with first major region hospital accredited cover National Accreditation Board for Hospitals (NABH).

Narayana Health is centered on delivering exceptional patient care leveraging technological advancements and enhancing operational efficiency.

- VISION

To make healthcare accessible to all world-class clinical services provides to patients.

- MISSION

THEORETICAL APPROACH

1. I have gained knowledge about different departments in their functioning in hospital.
2. I gained knowledge about different types wards and billing procedures used in IDP admin cell.
3. I observe all departments that operates from OPD to Emergency that their having two patients enter and medical treatment.
4. I knowledge to understand electronic health records system through admit patients.
5. They provides me to gain access on OT and doctor consultant services and treatment.

PRACTICAL APPROACH

1. I facilitated the completion of admission forms for arriving at the hospital.
2. I entered data for dialysis and chemotherapy patients into the electronic health records system.
3. In system, directly entered emergency patient register and admitted in EHR.
4. I admitted patients to give admission form to fill it and then I printed an addressor and admission slip to put it on patient file and sent them to ward.
5. I entered corporate department patient referrals through corporate/scheme or insurance to take direct admission.

STRENGTH

1. Reputed and Branded Hospital
2. Multispecality Services
3. Advanced Medical Technologies
4. Expert Medical Staff
5. Patient-Centric Counselling

WEAKNESS

1. High-Cost Leverage in Tariffs Wards
2. Complex Management Structure
3. Staff Burnout
4. Dependence on Technology

SWOT ANALYSIS

OPPORTUNITIES

1. Expansion and Growth Partnership and Collaborations
3. New Medical Department
4. Advancement of OT and Surgical Equipment

THREAT

1. More Competition like TATA MAIN HOSPITAL. TATA MOTORS HOSPITAL, ASG HOSPITAL, MGM HOSPITAL, MEDICA HOSPITAL
2. Public Health Crisis
3. Downfall of Emergency
4. Financial and Cost-Cutting Employees

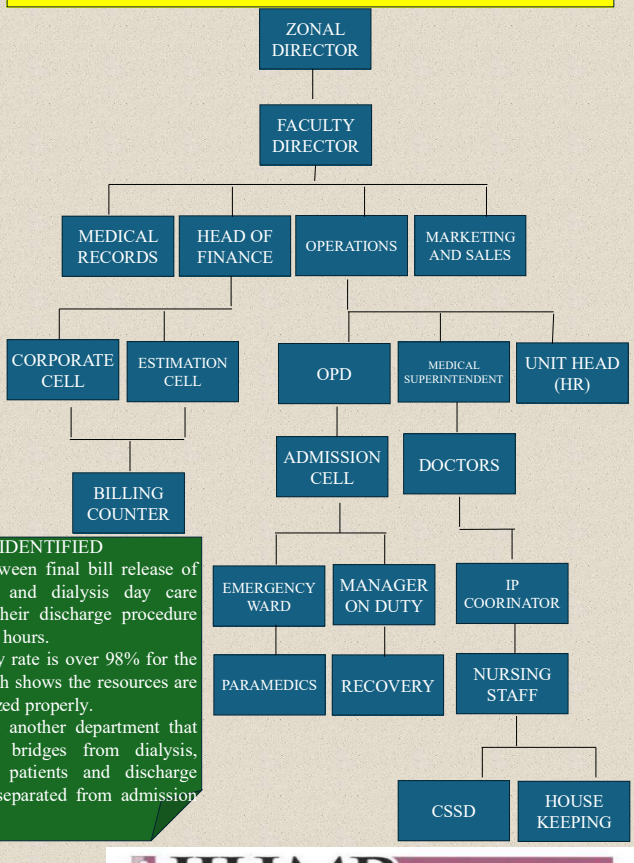
CHALLENGES FACED

1. High workload and multitasking through patient admission.
2. To take permission with doctors to admit patient every time.
3. Delay of inpatient admission due to chemo and dialysis patient arrive anytime.
4. Delay of monitoring bills and process ongoing though discharge.
5. Collecting information and data of a patients on a big scale organization.

USEFULNESS

1. It helps gaining lots of practical exposure and experience day by day due to patient admission, appointment scheduling, estimation process, transfer tariffs.
2. It helps gained knowledge by providing managers and planning resources to patient problem and solution.
3. I gained more knowledge interaction between doctors and managers to provides cost of patients bills and cost of packages.
4. I interact between patient party to counselling and negotiate

ORGANISATION STRUCTURE



LEARNING

1. I learned patient flow in OPD and day care patients, process of IPD from admission to discharge.
2. Use of electronic health records system in IPD admission cell.
3. Estimates of costs for various medical services, including surgeries, diagnostic tests, treatments, and nursing care.
4. I learned patents discharge with the help of final bill and handover all documents.
5. I cleared for OT and final clearance arrival for surgery.

SUGGESTIONS

1. To providing training to the clinical staff in the nursing homes once a month ensuring minimal loss, quick service to patients and improving overall healthcare quality of the area.
2. Lack of Manpower.
3. Lack of system.
4. Two or more managers can handle situations in emergency ward.

GAP IDENTIFIED

1. The delay between final bill release of chemotherapy and dialysis day care patients and their discharge procedure takes around 4 hours.
2. Bed occupancy rate is over 98% for the past year which shows the resources are not being utilized properly.
3. There have to another department that separates the bridges from dialysis, chemotherapy patients and discharge cell must be separated from admission cell.

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Annexure E

Reporting Format

(Weekly)

Week no: 1 **From:** 6th May 2024 **to** 12th May 2024

Activity Done	• Observe all departments of the hospital. • Focus was mainly given on IPD, OPD, TPA, Estimation Cell, Admin Block, patient counseling, IPD admission block. • Given responsibility of the ground floor and implementing solutions to address challenges regarding overcrowding.
Linking theory (Classroom learning) with practice at your organization	• Patient flow in OPD and day care patients, process of IPD from admission to discharge- Essentials of Hospital Services.
Gaps identified in the working area.	• The delay between final bill release of chemotherapy and dialysis day care patients and their discharge procedure takes around 4 hours. New daycare patients who come to get admitted are temporarily placed in general wards, this affects the patients in emergency department as their treatment is continued in there until previous batch of day care patient is released. New emergency patients can't be treated and thus are sent away. • Bed occupancy rate is over 98% for the past year which shows the resources are not being utilized properly.
Suggestions for improvement	• Establishing connection with nearby nursing homes and referring non-insurance emergency patients directly to the nursing homes and collecting a referral fee from them while providing training to the clinical staff in the nursing homes once a month ensuring minimal loss, quick service to patients and improving overall healthcare quality of the area.
Plan for the next week	• Engaging in IPD admission department and understanding the contribution of electronic health records system in increasing efficiency of the admission and discharge process.

Week no: 2 **From:** 13th May 2024 **to** 19th May 2024

Activity Done	• I facilitated the completion of admission forms for arriving at the hospital. • I entered data for dialysis and chemotherapy patients into the electronic health records system. • I honed my negotiation skills with patients seeking to reduce the fixed admission fee or expressing reluctance to pay, while also alleviating their concerns.
Linking theory (Classroom learning) with practice at your organization	• Use of electronic health records system in IPD admission cell. • Essentials of Hospital Services
Gaps identified in the working area.	There have to another department that separates the bridges from dialysis, chemotherapy patients and discharge cell must be separated from admission cell.
Suggestions for improvement	• Lack of Manpower. • Lack of system.
Plan for the next week	Planning to handle some work on emergency ward.

Week no: 3 **From:** 20th May 2024 **to** 26th May 2024

Activity Done	• There are three panel zones, first is red zone is basically some critical heart patients, wound and seriously breed and wounded injuries, accidents patients also then second is yellow zone is mixed of some minor injuries and small fracture of hands and legs, patients high viral fever or some types of body symptoms. Not least we have green zone is stable or normal patients such as illness, minor disease, and minor wounded. I separated patients coming to emergency and allotted them into these zones based on their severity of injuries. • In system, directly entered emergency patient register and admitted in EHR. • I admitted patients to give admission form to fill it and then I printed an addressor and admission slip to put it on patient file and sent them to ward.
Linking theory (Classroom learning) with practice at your organization	Emergency Department – Essentials of Hospital Services.
Gaps identified in the working area.	• There is a confusion between admission cell and Emergency Coordinator about the exact procedure of getting emergency patients admitted towards. • Lack of owned ambulance services in the hospital. • Lack of Manpower. • Important category consultant doctor is not available.
Suggestions for improvement	• Capacity building exercises for the emergency and admission cell employees pertaining to crowd control and management procedures conducted by the HR/Quality Department. • Two or more managers can handle situations in emergency ward.
Plan for the next week	Handling the estimation department to gain insight into patient financing.

Week no: 4 **From:** 27th May 2024 **to** 2nd June 2024

Activity Done	• I observe and work in estimation department that deals with responsible for estimating and managing the costs associated with patient care. • I gained insight into the process of estimation of surgery package for patient and learnt how to counsel patients and explain them the intricates of the package.
Linking theory (Classroom learning) with practice at your organization	• Estimates of costs for various medical services, including surgeries, diagnostic tests, treatments, and nursing care unit – Financial Management. • Estimation Department – Essentials of Hospital Services.
Gaps identified in the working area.	• Lack of analyzed past billing data to predict more accurate cost estimates.
Suggestions for improvement	• Invest in advanced software that can automatically generate accurate cost estimates on the patient's medical history, planned procedures, and insurance coverage. • More cross-training with other departments like billing, and clinical staff to enhance understanding and improve collaboration.
Plan for the next week	• More audits and patient financial for OT clearance.

Week no: 5 **From:** 3rd June 2024 **to** 9th June 2024

Activity Done	• I worked in the Estimation Department, providing patients with cost packages for various surgical procedures such as chemosurgery, kidney transplants, brain surgeries, and other medical treatments offered by the hospital. • I also handled OT (Operation Theatre) clearance for patients to ensure they were ready for surgery. • To understand the cost of surgeries and addressing billing related queries. • I conducted audits to provide accurate cost estimates for patients and offered daily counselling for OT clearance, ensuring that medical treatment procedures were aligned with their financial conditions.
Linking theory (Classroom learning) with practice at your organization	• Estimation Department – Essential of Hospital. • OT clearance – Financial Management. • Estimate Bill (Package) - Financial Management. • Electronic Health Records – Digital Health.
Gaps identified in the working area.	• Insufficient time between data collection and analysis leads to outdated estimates. • Shortage of manpower due to the unavailability of clinical staff and administrators.
Suggestions for improvement	• Implement more cross-training with other departments, including finance. • Conduct regular audits of data collection. • Improve the accuracy of estimates through thorough analysis. • Require two or more managers for financial oversight.
Plan for the next week	• To handle the patient financial backup is corporate department and more audits visiting on financial billing in corporate desk.

Week no: 6 **From:** 10th June 2024 **to** 16th June 2024

Activity Done	• I worked at the corporate desk handling insurance claims and patient billing. • I was responsible for verifying patient insurance details and coverage, as well as coordinating with insurance companies to confirm benefits. • I facilitated partnerships with various insurance and corporate companies for surgeries and medical procedures. Some of these companies include Ayushman Bharat (PM-JAY), ECHS (CGHS), SER, CSIR-NML, UCIL, AMD, Thriveni, Star Health Insurance, ICICI Lombard Health, SBI General Health, and Paramount Health. • I used government and corporate websites to confirm approval and settle bills by integrating EHR into the system.
Linking theory (Classroom learning) with practice at your organization	• Corporate Desk – Essentials of Hospital Services. • Electronic Health Records – Digital Health. • Government Scheme/Corporate Referrals/Insurance – Financial Documents.
Gaps identified in the working area.	• Lack of sufficient administrative and support staff can lead to unoccupied desks, delayed paperwork, and inefficient patient processing. • Limited financial resources can restrict the hiring and retention of necessary staff, impacting desk occupancy and efficiency.
Suggestions for improvement	• More audits conduct regular for patient financial.
Plan for the next week	Tour and observation of MRD room.

Week no: 7 **From:** 17th June 2024 **to** 23rd Jun 2024

Activity Done	• In this department, patients records are stored and maintained accurately with complete patient health information with medical history. • I gained to understanding the practical aspects of the department, and how storage of the records is used in day-to-day operations of the hospital. • I worked on the EHR of the MRD department and uploaded scanned documents in the system.
Linking theory (Classroom learning) with practice at your organization	• Medical Records Department – Essentials of Hospital Services. • Use of electronic health records system – Digital Health. • Use of ICD code and month-wise data- Digital Health.
Gaps identified in the working area.	• Not enough input has been received in order to identify the gaps.
Suggestions for improvement	• Lack of system awareness. • Lack of trouble to find patient file.
Plan for the next week	MRD investigation for the hospital.

Week no: 8 **From:** 24th June 2024 **to** 30th June 2024

Activity Done	• MRD transferring files from one system and ward to another ward respectively and keeping track of the file being handed out, as well as gaining insight into the reason why other departments need to assess past records of discharged patients. • Performed MRD audits. • I also gained that when patients file is going to different ward for financial criteria and doctor are reinvestigates for patient file causes of diseases, symptoms and causes of death are keep records into the system.
Linking theory (Classroom learning) with practice at your organization	• Analyzation of MRD records in order to find out prevalent symptoms of diseases- Epidemiology.
Gaps identified in the working area.	• Lack of capacity building exercises from the last year. • Management tends to put the glaring issues in this department in the back burner most of the time.
Suggestions for improvement	• Storage capacity should be big. • There is no revenue obtain from MRD, so this department is neglected by management.
Plan for the next week	More audits and visiting on different department where last protocol survey.

Week no: 9 **From:** 1st July 2024 **to** 5th July 2024

Activity Done	• During my eight-week observation of all departments, I spent the final week focusing on the billing department. This department handles the final patient discharge process, admissions, and the coordination of doctor consultations and complex procedures. • I gained responsibility for understanding how the billing department processes the final bill, which is sent to the nursing station along with the discharge summary. I was assigned tasks related to OPD services and corporate referrals, ensuring payments and doctor consultation treatments were managed efficiently. • My task involved entering the system to track the time it takes to complete discharge and admission payments. The final bill includes all patient details such as bed charges, medicines, packages, and cross consultations. • I prepared the final bill when the patient brought in clearance papers and referrals for insurance, corporate, or scheme-based discharges. Additionally, I issued refunds for unused medicines, ventilators, and other medical supplies.
Linking theory (Classroom learning) with practice at your organization	• Billing Department – Essentials of Hospital Services. • Electronic Health Records – Digital Health.
Gaps identified in the working area.	There is no gap here to fulfill in this department.
Suggestions for improvement	• Lack of credential verification processes during billing. • Delays in finalizing the bill. • Lack of awareness due to insufficient manpower.
Plan for the next week	• Going to IIHMR University, Jaipur • Submission of project to the respective departments of the hospital and sharing the observations of day-to-day activities of the department.

Annexure F

Compiled Report

(Month 1&2)

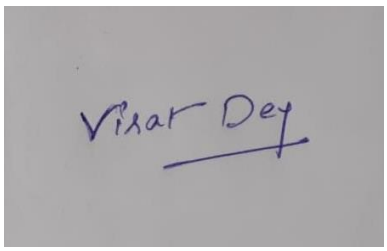
Week no: 1 - 9 **From:** 6th May 2024 **to** 5th June 2024

Activity Done	1. Beginning of observation all department and its work and its criteria in the hospital focus was mainly given on IPD, OPD, TPA, Estimation Cell, Admin Block, patient counseling, IPD admission block. Given responsibility of the ground floor and implementing solutions to address challenges regarding overcrowding. 2. Admission Cell is a major part of an operations department of a patient healthcare by using an electronic health records system is called Athma Saas is a software that used by our organization to take admission and discharge procedures and facilitated the completion of admission forms for arriving at the hospital. This entry data for dialysis and chemotherapy patients into the electronic health records system. I honed my negotiation skills with patients seeking to reduce the fixed admission fee or expressing reluctance to pay, while also alleviating their concerns. 3. Emergency ward is a part of operations department which has access of 24/7 per day opening. There are three panel zones, first is red zone is basically some critical heart patients, wound and seriously breed and wounded injuries, accidents patients also then second is yellow zone is mixed of some minor injuries and small fracture of hands and legs, patients high viral fever or some types of body symptoms. Not least we have green zone is stable or normal patients such as illness, minor disease, and minor wounded. I separated patients coming to emergency and allotted them into these zones based on their severity of injuries. In system, directly entered emergency patient register and admitted in EHR. I admitted patients to give admission form to fill it and then I printed an addressor and admission slip to put it on patient file and sent them to ward. 4. Estimation Cell is an estimate amount generally creates approximately cost of surgical packages and medical procedures. I observe and work in dealings with the person responsible for estimating and managing the costs associated with patient care. I gained insight into the process of estimation of surgery package for patient and learnt how to counsel patients and explain them the intricates of the package. 5. To know more about OT clearance and estimation cell is providing patients with cost packages for various surgical procedures such as chemosurgery, kidney transplants, brain surgeries, and other medical treatments offered by the hospital. I also handled OT (Operation Theatre) clearance for patients to ensure they were ready for surgery. To understand the cost of surgeries and addressing billing related queries. I conducted audits to provide accurate cost estimates for patients and offered daily counselling for OT clearance, ensuring that medical treatment procedures were aligned with their financial conditions.

	6. Corporate Department is the one of the major boosts and mainly source of hospital because at the corporate desk handling insurance claims and patient billing. I was responsible for verifying patient insurance details and coverage, as well as coordinating with insurance companies to confirm benefits. I facilitated partnerships with various insurance and corporate companies for surgeries and medical procedures. Some of these companies include Ayushman Bharat (PM-JAY), ECHS (CGHS), SER, CSIR-NML, UCIL, AMD, Thriveni, Star Health Insurance, ICICI Lombard Health, SBI General Health, and Paramount Health. I used government and corporate websites to confirm approval and settle bills by integrating EHR into the system. 7. Medical Records Department is the final phase of all departments that all patients records are stored and maintained accurately with complete patient health information with medical history. I gained to understanding the practical aspects of the department, and how storage of the records is used in day-to-day operations of the hospital. I worked on the EHR of the MRD department and uploaded scanned documents in the system. 8. MRD consists of transferring files from one system and ward to another ward respectively and keeping track of the file being handed out, as well as gaining insight into the reason why other departments need to assess past records of discharged patients. To perform MRD audits through ICD codes and research history of patients. I also gained that when patients file is going to different ward for financial criteria and doctor are reinvestigates for patient file causes of diseases, symptoms and causes of death are keep records into the system. 9. Billing Department is a final chapter of all department that of final bill for patient admission, doctor consultant fees, discharge intimation process. This department handles the final patient discharge process, admissions, and the coordination of doctor consultations and complex procedures. I gained responsibility for understanding how the billing department processes the final bill, which is sent to the nursing station along with the discharge summary. I was assigned tasks related to OPD services and corporate referrals, ensuring payments and doctor consultation treatments were managed efficiently. My task involved entering the system to track the time it takes to complete discharge and admission payments. The final bill includes all patient details such as bed charges, medicines, packages, and cross consultations. I prepared the final bill when the patient brought in clearance papers and referrals for insurance, corporate, or scheme-based discharges. Additionally, I issued refunds for unused medicines, ventilators, and other medical supplies.
Linking theory (Classroom learning) with practice at your organization	• Patient flow in OPD and day care patients, process of IPD from admission to discharge. • Use of electronic health records system in IPD admission cell. • Emergency Department. • Estimates of costs for various medical services, including surgeries, diagnostic tests, treatments, and nursing care unit. • Estimation Department • OT clearance. • Estimate Bill (Package). • Corporate Desk. • Government Scheme/Corporate Referrals/Insurance. • Medical Records Department.

	• Use of ICD code and month-wise data. • Analyzation of MRD records prevalent symptoms of diseases. • Billing Department.
Gaps identified in the working area.	• The delay between final bill release of chemotherapy and dialysis day care patients and their discharge procedure takes around 4 hours. New daycare patients who come to get admitted are temporarily placed in general wards, this affects the patients in emergency department as their treatment is continued in there until previous batch of day care patient is released. New emergency patients can't be treated and thus are sent away. Bed occupancy rate is over 98% for the past year which shows the resources are not being utilized properly. • There must be another department that separates the bridges from dialysis, chemotherapy patients and discharge cell must be separated from admission cell. • There is a confusion between admission cell and Emergency Coordinator about the exact procedure of getting emergency patients admitted towards. • Lack of owned ambulance services in the hospital. • Lack of Manpower. • Important category consultant doctor is not available. • Lack of analyzed past billing data to predict more accurate cost estimates. • Insufficient time between data collection and analysis leads to outdated estimates. • Shortage of manpower due to the unavailability of clinical staff and administrators. • Lack of sufficient administrative and support staff can lead to unoccupied desks, delayed paperwork, and inefficient patient processing. • Limited financial resources can restrict the hiring and retention of necessary staff, impacting desk occupancy and efficiency. • Lack of capacity building exercises from the last year. • Management tends to put the glaring issues in this department in the back burner most of the time.
Suggestions for improvement	• Establishing connection with nearby nursing homes and referring non-insurance emergency patients directly to the nursing homes and collecting a referral fee from them while providing training to the clinical staff in the nursing homes once a month ensuring minimal loss, quick service to patients and improving overall healthcare quality of the area. • Lack of Manpower. • Lack of system. • Capacity building exercises for the emergency and admission cell employees pertaining to crowd control and management procedures conducted by the HR/Quality Department. • Two or more managers can handle situations in emergency ward. • Invest in advanced software that can automatically generate accurate cost estimates on the patient's medical history, planned procedures, and insurance coverage. • More cross-training with other departments like billing, and clinical staff to enhance understanding and improve collaboration. • Implement more cross-training with other departments, including finance.

	• Conduct regular audits of data collection. • Improve the accuracy of estimates through thorough analysis. • Require two or more managers for financial oversight. • More audits conduct regular for patient financial. • Lack of system awareness. • Lack of trouble to find patient file. • Storage capacity should be big. • There is no revenue obtained from MRD, so this department is neglected by management. • Lack of credential verification processes during billing. • Delays in finalizing the bill. • Lack of awareness due to insufficient manpower.



Signature of a student

Approved by an Organization Mentor

Approved by IIHMR Mentor