SUMMER INTERNSHIP PROGRAM

at

KOKILABEN DHIRUBHAI AMBANI HOSPITAL AND RESEARCH INSTITUTE, MUMBAI

From 2nd May 2024 to 29th June 2024

A REPORT BY

PANCHAL VIDHI BIPIN

Master of Business Administration

MBA (HOSPITAL AND HEALTH MANAGEMENT)

2023-25

under the Mentorship of

DR. SUSMIT JAIN

Associate Professor

IIHMR UNIVERSITY

Kokilaben Dhirubhai Ambani
hospital & medical research institute
MUMBAI

Every Life Matters

KDAH/HR/OL/2024/06/486

Date: 29.06.2024

TO WHOMSOEVER IT MAY CONCERN

This is to certify that **Ms. Vidhi Bipin Panchal** has successfully completed her **2 months** period of **Internship** from 02.05.2024 to 29.06.2024 in the **Department of Clinical Administration** at **Kokilaben Dhirubhai Ambani Hospital & Medical Research Institute,** under the guidance of General Manager - Clinical Administration, Dr. Dhaval Bhatt.

She has completed her tenure entirely to the satisfaction of the hospital management.

We wish her all the best in her future endeavor.

Best Regards,
For Kokilaben Dhirubhai Ambani Hospital & Medical Research Institute,

Rashma Nathani
Asst. General Manager - Human Resources

IIHMR UNIVERSITY

IIHMR University Faculty Mentor Approval

This is to certify that **Dr. Vidhi Bipin Panchal** of academic year 2023-25 of Institute of Health Management Research has prepared a poster with respect to her summer internship held during May-June 2024.

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

Date: 19/07/2024

19.7.2024

(Signature of Faculty Mentor)

Name: Dr. Susmit Jain
Designation: Associate Professor

Feasibility Study On Efficiency And Effectiveness Of Insurance Portals At TPA Desk

Presented by- **Dr. Vidhi Panchal**
Batch- MBA HM 28 Roll no- 1775
University Mentor-Dr. Susmit Jain
Organisation Mentor- Dr. Dhaval Bhatt

Kokilaben Dhirubhai Ambani hospital & medical research institute
Every Life Matters

PROFILE OF ORGANISATION

ABOUT THE ORGANISATION

Kokilaben Dhirubhai Ambani Hospital (KDAH) and Research Institute is a multi-speciality 750-bed quaternary-care hospital in Mumbai, became operational in 2009. It is one of the leading hospitals in Mumbai, with **full-time doctors for full-time care**, providing all super specialties. As the flagship social initiative of the Reliance Group headed by Anil Dhirubhai Ambani, the hospital emphasizes excellence in clinical services, diagnostic facilities and research. It has 4 quality accreditations- NABH, JCI, NABL and CAP

VISION

" We aim to be a global healthcare institution that combines the best in medical treatment with strong ethical principles and a culture of care and compassion."
- Late Shri. Dhirubhai Ambani

MISSION

" To be an institution that offers comprehensive quality healthcare services under one roof through transparent patient-centric care ensuring patient safety, privacy and dignity. An institution where Every Life Indeed Matters."

ORGANISATION STRUCTURE

LERANINGS & VALUE ADDITIONS

DIFFERENCE B/W PRACTICAL EXPOSURE & THEORETICAL UNDERSTANDING

- Practice of FIFO mechanism in all departments
- Used concepts learnt in biostatistics for data analysis & representation of Discharge TAT & in CSR Donor Booklet
- Did SWOT analysis of TPA Desk as learnt in Marketing
- Applied the concept of Edutainment learnt in BCC to design pamphlets in Health Check Programme for Patient engagement

STRENGTHS
- Reputation & Brand Name: enhances trust and credibility
- Expertise assistance of staff is available for the claim process
- Handling extensive data using Winclient software for efficient processing & management of claims
- Data is accessible with minimal inputs

WEAKNESSES
- Serving as bridge between insurance company & insurer, there is dependency on TPA for claim process
- Complexity in handling Rules & procedures of different TPAs

SWOT Analysis (of TPA Desk)

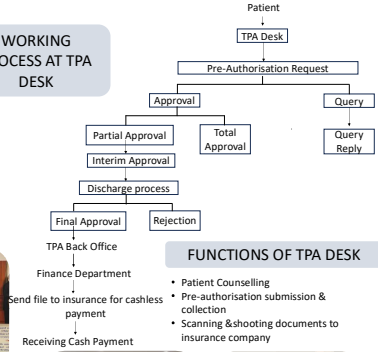
OPPORTUNITIES
- Collaborating and building relationships with more Insurance co./TPAs
- Patient education on processes for improving patient experience
- Services can be expanded through virtual self-help guides on each processes of claim

THREATS
- Better TPA services of other hospital
- Mandatory Regulation of implementing Portal use by IRDA

OBJECTIVE OF STUDY

- To understand the operations at TPA Desk
- To study the feasibility of implementing Portals for process of claims
- To improve the efficiency of work processes for Pre-Authorisation

WORKING PROCESS AT TPA DESK



FUNCTIONS OF TPA DESK

- Patient Counselling
- Pre-authorisation submission & collection
- Scanning &shooting documents to insurance company

KDAH

	Mumbai	Navi Mumbai
Background:	Established in 2009, **750** bed-hospital with 15 Centres of Excellence & 34 Clinical Departments	Established in 2018, **225** bed-hospital with 8 Centres of Excellence & 29 Clinical Departments
System used at TPA Desk	WINCLIENT software	URL
Communication with Insurance company/TPA	E-mail	Portal
TPA partnerships	Collaboration with 32 insurance companies/TPAs with inclusion of GIPSA	Actively working with 7 Portals of insurance company/TPA, excluding GIPSA

KDAH, Mumbai - TPA desk manages over 100 claims daily using German-based software: **Winclient**

To study feasibility of Insurance Portals:
- Several login-ID, Passwords of various Ins.co & TPA were provided however only few of them worked.
- Worked on IHX Portal, Bajaj Allianz Portal- noted the column fields and calculated TAT for the same
- Visited KDAH in Navi Mumbai to learn more about the hospital's work process, as the TPA Desk there handles 35–40 claims/day
- Understood the PRE-Auth steps in Portals of various insurance company/TPA

PRE-AUTHORIZATION	WINCLIENT	PORTAL
Column fields for details	25	8-26
Time for the above process	5 minutes	8 minutes
Response time for Initial Approval	<2 hours	10 minutes
End of Pre-Authorisation	PA Request Number is generated (6 digits) [UNICUE]	Claim number is generated instantly (10-12 digits) [PERK]
Command over system	CCO determines what information is to be shared with insurance company & Patient	NO control
Data Privacy	Maintained	Uncertain

ANALYSIS OF WINCLIENT & PORTAL BASED ON PARAMETERS

PARAMETERS	WINCLIENT	PORTAL
1. No. of Steps	Fixed-standard	Varying
2. Scanning process	Documents are scanned directly at the time of claim process and sent to insurance company	Prior to portal login and the upload of scanned documents, documents must be scanned and saved to the desktop.
3. Response time	Standard 2-3 hours	Quicker for Initial Approval and can be tracked

4. Finance department's role remains unchanged for both systems

Winclient- Installed Application

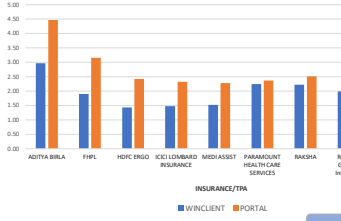
Advantages:
-Handling capacity of >100 claims efficiently per day
-Generated UNIQUE number for every claim throughout the process
-Scanning & shooting mail to insurance company/TPA takes less than a minute

Disadvantages:
- Status of the claims: can't be tracked
-Response time: not defined

Portal- Web based Application

Advantages:
-Status of claim- tracked easily
-Response time is Quicker by insurance company/TPA
-Claim number is generated instantly

Disadvantages:
-Inefficient handling capacity if caseload reach 100 claims/day
-Tedious to operate desktop for CCO's due to multiple tabs of various portals
-Not all insurance company/TPA have their own portal
- Few portals operate till Pre-auth request, further process is done via email



Pre-auth Self-Help Guide

CURRENT

PROPOSED

Pre-auth Self-Help Guide Video

CHALLENGES

- Obtaining raw data for the analysis of Discharge TAT from KDAH, Navi Mumbai
- To work on parameters for Portals, Log-in/Passwords for all 32 insurance companies & TPAs were not available
- Faced significant difficulty gathering data from various departments for other assigned projects

LEARNINGS

- Learnt analysing the discharge TAT data with specific criteria provided on Excel
- Understood the workflow process at the TPA Desk of both KDAH- Mumbai & Navi Mumbai
- Learnt making animated video to make processes easy at TPA Desk
- Enhanced utilisation of MS PowerPoint by designing pamphlets

USEFULNESS

- Gaining practical exposure of theoretical lessons learned in the module of Essential of Hospital services
- Teamwork with mentors and co-intern for every project: Inclusion of diverse ideas and brainstorming on every path
- Gained insights on insurance companies through understanding of TPA processes
- Utilized opportunity to interact & learn from mentors of TPA, EHC with respect to their departments

SUGGESTIONS

- Display QR code of Pre-Auth Self Help Guide Video at the Desk & encourage patient's to follow the guidelines eliminating one step of CCO Counselling and reducing their waiting time
- Assign a designated counter near TPA desk which provides Pre-Authorization forms for several insurance companies & TPA's
- Request the consulting doctor to initiate discharge summary of planned discharge at least 12 hours prior to ensure process at TPA desk is streamlined

CONCLUSION

Patiently anticipate for the Insurance Regulatory Development Authority (IRDA) to collaborate with several insurance companies to unify them on a single platform so that the hospital and its CCO's can utilize it with greater ease and convenience at the TPA desk

Other Activities done:

- Designed patient engagement tool using the edutainment concept: May, June, and July pamphlets for Health Check Programme
- Designed booklet based on the CSR initiatives for funding donors of the hospital
- Prepared presentation on Neonatal Transport Unit (NTU) Proposal with a vision of establishing a compact Uni-model for transportation of Blue babies
- Assessed reasons of delay in discharge for the admission desk and created a questionnaire for the CCO concerning Planned & Unplanned Admission Delays

Weekly Report-Summer Internship Programme

(Week 1)

Name of the Organisation: Kokilaben Dhirubhai Ambani Hospital and Research Institute, Mumbai

Area/ Department/ Project of Summer Internship Program: Clinical administration

Name of the Student: Dr. Vidhi Bipin Panchal

Roll no: 1775 **Stream:** MBA Hospital and Health Management

Week no: 1 **From:** 02-05-2024 to 04-05-2024

Activity Done	• Tracked 2 corporate clients from their check-in to check-out to estimate TAT. • Made list of corporate company which are allied with the hospital for their client's annual health checkup • Understood how the processes of reporting room of health check department takes place • Visited first two floors of the hospital which is solely dedicated for OPD patients • Understood the steps present in the IHX Portal and estimated TAT for the same • Observed- Announcement of Emergency code: Purple made twice in A&E Dept which is for acute stroke
Linking theory (Classroom learning) with practice at your organisation	• Display of emergency codes at various places and is there at all front desk of various departments. • A & E Department: its location-direct and easy approach from the main road, on the ground floor The department is continuously operated 24 hours a day.
Gaps identified on the working area.	• Signages are not present at eye-level i.e., they are on the floor which is misleading patients to find the departments they want to go eventually them asking staff for directions • Investigation rooms have their nameplate on the door which often confuses patient when the door opens inwards and is made standstill, also the font colour isn't readable from a long distance (blue nameplate with white font)
Suggestions for improvement	• In health check department, flow process should be tailored for corporate patients • Utilising waiting time in patient engagement through health education. • Name of the rooms should be displayed above the door with appropriate font colour which is visible enough.
Plan for the next week	• Tracking and analysing TAT for more corporate clients and recording check-in and check-out periods • Preparing a questionnaire for corporate clients visitinh health check dept • Making list of portals of insurance companies with their URL, login and password to assess TAT and steps involved. • Visit to other floors and departments to understand workflow process.

Signature of the Student

Approved by the Organisation Mentor

Approved by the IIHMR University's Mentor

Weekly Report-Summer Internship Programme

(Week 2)

Name of the Organisation: Kokilaben Dhirubhai Ambani Hospital and Research Institute, Mumbai

Area/ Department/ Project of Summer Internship Program: Clinical administration

Name of the Student: Dr. Vidhi Bipin Panchal

Roll no: 1775 **Stream:** MBA Hospital and Health Management

Week no: 2 **From**: 06-05-2024 to 11-05-2024

Activity Done	• Collected MOUs of corporate organisations for their health packages. • Noted the functioning of dependency units of health checkup dept which are increasing waiting time: a. ENT/ Audiometry has time constraints for EHC patients, they give fixed time slots for them which is 9-10am and 4-5pm This leads to increase in TAT if the morning slot is missed. And it usually takes 10 minutes for one audiometry followed by consultation lasting for 2 minutes. b. 2D Echo- Entire hospital has just one cardiac unit and they serve OPD, IPD, Daycare and EHC patients. The unit prioritizes others over EHC patients as they are considered 'healthy' this increases waiting time unduly and time to perform this test depends on technician. Currently junior technician is looking after EHC patients and henceforth average time is 18-20 minutes per patient and if senior technician does it takes 10 minutes but they are engaged with other ill patients c. USG- does follow FIFO phenomena though the limitation to perform depends on urinary bladder. If patients bladder isn't full only USG abdomen is done and the next patient is taken while awaiting for the former patient to inform when the bladder becomes full to do USG Pelvis. • Made feedback questionnaire and discussed with organization mentor • Brainstorming on planning of patient engagement activities • Worked on Bajaj Allianz Portal- noted the column fields and calculated TAT for the same • Saw the Management of Code Violet-violent patient in neuropsychiatric department • Visited CSSD department • Understood the ASIS process of TPA desk from Pre-Auth to Final approval of the hospital
Linking theory (Classroom learning) with practice at your organisation	• Practice of FIFO mechanism in all departments • Linked the theoretical knowledge of CSSD- zones, processed and methods of sterilization
Gaps identified on the working area.	• Checkout time is not mentioned in few files of patients • The date on which the check-up was done was not mentioned on any of the cover pages of the file, it was only on the ECG report. This

	created an inconvenience for the report compilation at the back office. • Location of registration and billing counter is on one end and departments are on other which creates confusion for patients to locate EHC dept
Suggestions for improvement	• Each file should be thoroughly checked to fill in all the details before the patient exits. • A separate day like Saturday could be allotted exclusively for corporate patient check-ups. Other patients can be taken under overbooking. • The coordination with the dependency units can be improved. • Waiting time could be used as an opportunity for health education and hospital promotion- For example, playing health awareness talk videos by hospital doctors on the TV in the waiting area, giving health crosswords and puzzles in the form of brochures or pamphlets.
Plan for the next week	• Redesign the feedback questionnaire for corporate patients after reviewing feedbacks of past months • Work on few more portals • Prepare an ideal patient flow model and then try to restructure and tailor it as per the corporate packages.

Signature of the Student

Approved by the Organisation Mentor

Approved by the IIHMR University's Mentor

Weekly Report-Summer Internship Programme

(Week 3)

Name of the Organisation: Kokilaben Dhirubhai Ambani Hospital and Research Institute, Mumbai

Area/ Department/ Project of Summer Internship Program: Clinical administration

Name of the Student: Dr. Vidhi Bipin Panchal

Roll no: 1775 **Stream:** MBA Hospital and Health Management

Week no: 3 **From:** 13-05-2024 to 18-05-2024

Activity Done	• Made list of common issues patients encountered in EHC from retrospective study of feedbacks from the month of January till may 2nd week • Finalized the feedback questionnaire for EHC Corporates • Visited Central Pharmacy located in the lower basement of the hospital which primarily supplies Inpatients • Planned and made activities for patient engagement to implement in EHC from next week • Visited KDAH, Navi Mumbai for 3days to understand AS-IS and working of portals under TPA department
Linking theory (Classroom learning) with practice at your organisation	• NABH Standards followed in the Central Pharmacy as mentioned in the Chapter 8 of the book. • Few observations are: double door lock system for narcotic and psychotropic drugs • Installation of eyewasher in the medication preparation room
Gaps identified on the working area.	• Inefficient technicians in their learning phase who perform 2D Echo. Hence arises need for well-trained technicians. • Feasibility of implementing the use of portals in 750 bedded hospital where staff at TPA is insufficient. Need for manpower
Suggestions for improvement	To make workflow efficient, it would be recommended to increase manpower and make space for future expansions in areas where case-load seems to be high
Plan for the next week	• Administer feedback questionnaire to corporates in EHC • Implement planned engagement activities for the current month • Plan and make activities for further months • Monitor 2D ECHO unit for average time the test happens • Start documentation regarding use of portals and current AS-IS

Signature of the Student

Approved by the Organisation Mentor

Approved by the IIHMR University's Mentor

Weekly Report-Summer Internship Programme

(Week 4)

Name of the Organisation: Kokilaben Dhirubhai Ambani Hospital and Research Institute, Mumbai

Area/ Department/ Project of Summer Internship Program: Clinical administration

Name of the Student: Dr. Vidhi Bipin Panchal

Roll no: 1775 **Stream:** MBA Hospital and Health Management

Week no: 4 **From**: 20-05-2024 to 25-05-2024

Activity Done	• Administered the survey form of EHC to 10 corporate clients. • Got the patient engagement May pamphlet printed and kept it in the shelf at the front desk of EHC, to understand the response towards it • Did analysis of the discharge TAT data given by TPA department with the mentioned specifications. • Learned about Top up policies offered by insurance companies. • Understood the difference between 2-tier and 3-tier HIS used at the hospital. • Visited Free OPD of hospital which is run by medical social worker for indigent and weaker sections • Received a new project: designing a booklet for the funding donors of hospital as a token of gratitude and make a questionnaire for CCO at admission desk
Linking theory (Classroom learning) with practice at your organisation	• Visited linen and laundry department and understood that the hospital has outsourced laundry services • Used the concepts learnt in Communication Planning Management to design the EHC pamphlet. • Applied the concept of edutainment learnt in BCC to initiate a behaviour change among patients, towards healthier habits.
Gaps identified on the working area.	• Lack of raw data for analysis of TAT of portals for discharge • Incomplete data in several column fields of discharge TAT using Winclient software, it is due to staff who doesn't update the system
Suggestions for improvement	• One of the CCO can check all the data entered into the system for the day at the end of their shift, this can be done in turns by different CCOs day-wise.
Plan for the next week	• Administer survey forms at EHC to 10 more patients • Complete the analysis part of Discharge TAT for Winclient as well as Portals • Start gathering ideas for the booklet design • Understand the as-is process at admission desk

Signature of the Student

Approved by the Organisation Mentor

Approved by the IIHMR University's Mentor

Weekly Report-Summer Internship Programme

(Week 5)

Name of the Organisation: Kokilaben Dhirubhai Ambani Hospital and Research Institute, Mumbai

Area/ Department/ Project of Summer Internship Program: Clinical administration

Name of the Student: Dr. Vidhi Bipin Panchal

Roll no: 1775 **Stream:** MBA Hospital and Health Management

Week no: 5 **From**: 27-05-2024 to 01-06-2024

Activity Done	• Documented all details of EHC- Location, layout, health packages offered, staffing pattern, appointment booking system, report compilation, AS-IS process etc. • Designed the pamphlet for June 2024 as per the theme for the month and got it printed. • Analyzed the data of portals vs Winclient software to do a comparative study on them- assessed both of them and different parameters and listed their advantages and disadvantages. • Worked on TAT of Winclient • Tried making an animated video for counselling the patients about the TPA steps for preauthorization. • Collection of data from various departments for booklet, from finance to free OPD to pediatric OPD • Received a new task of preparing a survey form for the customer care officers at the admission desk to understand the reasons for delay in admission and discharge process. • Visited the admission desk and noted the types of admissions, hospital tariff for room wise charges, required documents at admission and types of tokens at the desk. • Read the admission desk feedbacks of the months April and May. • Designed a rough layout for the booklet to start work on it
Linking theory (Classroom learning) with practice at your organisation	• Used concepts learnt in biostatistics for data analysis. • Applied concepts learnt in Behavior Change Communication to design the EHC pamphlet for June.
Gaps identified on the working area.	• The 2nd waiting area in EHC, just outside the Phlebotomy room and near the sonography room does not have any table/ shelf/ newspaper section to keep something for patient engagement. • There is no communication of hospital's CSR activities to the patients and visitors of the hospital. • CCOs have not divided tasks amongst themselves for smooth operations At Admission desk as they handle more than 100 admissions per day
Suggestions for improvement	• A small table can be kept in the center of 2nd waiting area of the EHC unit, so that newspapers, magazines, health brochures etc can be kept there too. • Need to design an instruction manual for the admissions desk

Plan for the next week	• Keep the copies of June pamphlet in the shelf of EHC front desk and see the response of patients, take verbal feedbacks from them. • Continue giving the survey questionnaire to corporate clients. • Sort and organise all the data collected from different departments about the CSR activities and start designing the booklet for donors. • Observe the admissions process and try to trace down the potential causes for delay in discharge. • Start making a presentation on the work done so far in the EHC and TPA project.

Signature of the Student

Approved by the Organisation Mentor

Approved by the IIHMR University's Mentor

Weekly Report-Summer Internship Programme

(Week 6)

Name of the Organisation: Kokilaben Dhirubhai Ambani Hospital and Research Institute, Mumbai

Area/ Department/ Project of Summer Internship Program: Clinical administration

Name of the Student: Dr. Vidhi Bipin Panchal

Roll no: 1775 **Stream:** MBA Hospital and Health Management

Week no: 6 **From:** 03-06-2024 to 08-06-2024

Activity Done	• Administered the survey form to 20 more corporate clients. • Talked to 5 corporate clients regarding the feedback of the June health pamphlet. • Studied the admission guidelines and understood the admission tariff. • Observed the AS-IS process at the admission desk. • Talked to the CCOs at admission desk about different modes of receiving admission request, how do they manage the planned and unplanned admissions, how they communicate with nurses for bed allotment, what types of forms they upload on the HIS, etc. • Tested the working of bed booking on the KDAH app. • Started working on Donors booklet- shortlisted templates, organized and sorted all the collected data for analysis, worked on the first 2 pages of the booklet. • Finalized the content of gratitude message for donors. • Sorted the photographs for the donor booklet.
Linking theory (Classroom learning) with practice at your organisation	• Used the concepts learnt in Business communication to write the content of the gratitude letter for the donors. • Understood the role and importance of interpersonal communication in an organization. • Correlated the concepts learnt in Communication planning: application of SMCR model along with importance of feedback, while noting the response for June health pamphlet. • Correlated the concepts learnt in In Patient Department chapter of Essentials of hospital services module. • Corelated the concepts of job rotation at the admission desk learnt in Human Resource Management module.
Gaps identified on the working area.	• The consulting radiologist at the EHC unit has been coming about 1.5 hours later than his allotted time. Because of this, patients are often kept waiting. • There is no form of health education conducted at the EHC unit. • There are no clear instructions about the token system at the admissions desk. • Any information about the admission declaration form and the isolation form has not been mentioned in the admission guidelines. • The data of the ongoing CSR activities is maintained in a vague manner. Errors were found while sorting the data such as missing age, missing date, missing gender, etc. in some of the columns. • There seems to be a scope for improvement in the co-ordination and

	interpersonal communication between various departments associated with the CSR activities.
Suggestions for improvement	• The consulting radiologist could be counseled on punctuality, because if the sonography starts earlier at 8 am as it is supposed to be (in contrast to the current practice of starting at 9:30 am)- this will not only improve patient satisfaction but also reduce the overall TAT. • The television in the EHC waiting area, where usually songs are played; this can be replaced with health awareness talks by the hospital's doctors. • A small board can be placed next to the token vending machine at the admission desk, which explains exactly which token is to be taken for what purpose. • Admission form and isolation form instructions should be printed too on the admission guidelines document. • As CSR is also an important department of the hospital and serves as a medium to attract more no. of patients, data about the CSR activities should be meticulously managed and monitored. This will also aid to show the donors when, where and how exactly are their funds utilized. • The interdepartmental communication of CSR related bodies such as Finance, Medical social worker, ENT, Pediatrics, etc. can be more organized through regular meetings conducted at the end of every CSR activity, so that all the data can be correctly and entered at one place, accessible whenever needed.
Plan for the next week	• Note the response of at least 5 more patients at EHC on the June health pamphlet. • Perform an analysis of the data collected through survey forms at EHC. • Wrap up the TPA project and make a final comparison of portals vs hospital software to arrive at a conclusion. • Visit the wards, observe the discharge process there in order to understand the possible reasons for delay. • Complete designing the donor booklet. • Prepare the survey form for the CCOs at admission desk.

Signature of the Student

Approved by the Organisation Mentor

Approved by the IIHMR University's Mentor

Weekly Report-Summer Internship Programme

(Week 7)

Name of the Organisation: Kokilaben Dhirubhai Ambani Hospital and Research Institute, Mumbai

Area/ Department/ Project of Summer Internship Program: Clinical administration

Name of the Student: Dr. Vidhi Bipin Panchal

Roll no: 1775 **Stream:** MBA Hospital and Health Management

Week no: 7 **From**: 10-06-2024 to 15-06-2024

Activity Done	• Analyzed, compiled and graphically presented the data on funds spent indigent and weaker section patients at the hospital in the last 5 years. • Completed designing 18 pages of the donor's booklet and showed it to organization mentor, noted his suggestions and information that has to be added. • Learnt about 80G certificate given to donors. • Prepared a navigation map for EHC patients, which was added to the appointment confirmation email sent to them. • Noted the response of 3 more patients on the June health pamphlet. • Visited the general ward to understand the discharge process, and noted around 8 reasons for delay in discharge. • Prepared a sample survey questionnaire for the CCOs at admission desk, and discussed it with our mentor. Noted his suggestions for the same.
Linking theory (Classroom learning) with practice at your organisation	• Used concepts learnt in biostatistics for data representation in the booklet. • Understood how IPD processes are linked to allied services at a hospital such as pharmacy, transport, administration, etc. • Correlated the concepts learnt in Communication planning: application of SMCR model along with importance of feedback, while noting the response for June health pamphlet. • Used concepts learnt in marketing while designing some of the pages of the donor's booklet.
Gaps identified on the working area.	• There is no clear point of contact who can be referred if someone wishes to donate funds for the hospital. • Some of the outreach camps that are not conducted in a way where the hospital gets recognition that they are doing such kind of activities. • Inspite of the provision of online booking through the KDAH app, this facility is not being utilized for appointmemt booking at EHC unit. • If on some day, the doctor is not available in the morning for his rounds at the ward due to OT / rush of patients at the OPD, the patient lined up for discharge is not communicated about it. This leads to delayed entry of physician approval and discharge summary in case file, eventually delaying the discharge process.
Suggestions for improvement	• The point of contact for people who wish to donate can be communicated either through display on posters/standy/banners/LED

	screens in the hospital premises or on their website. • Hospital banners should be carried at all outreach camps. • Just like bed booking facility is available on KDAH app through a scanner at the admission desk, EHC appointment booking can be made done on the app too. This will not only improve patient satisfaction but also help to reduce the workload on CCOs. • Co-ordinating the doctor's schedule between OPD, IPD and OT could be done.
Plan for the next week	• Perform the mapping of new admissions and trace the ongoing processes at the admissions desk. • Modify the survey questionnaire for admission desk CCOs as per the suggestions of mentor. • Add the remaining 2 pages of donor's booklet as suggested by mentor, complete the work and get a printed copy of the booklet. • Perform an analysis of the data collected through survey forms at EHC. • Discuss suggestions to improve the efficiency of processes at EHC unit with organization mentor. • Prepare a PowerPoint presentation on work done at Health Check Programme. • Prepare the content of a self-help video to be played on the screen at the TPA desk. • Wrap up the TPA project and make a final comparison of portals vs hospital software to arrive at a conclusion.

Signature of the Student

Approved by the Organisation Mentor

Approved by the IIHMR University's Mentor

Weekly Report-Summer Internship Programme

(Week 8)

Name of the Organisation: Kokilaben Dhirubhai Ambani Hospital and Research Institute, Mumbai

Area/ Department/ Project of Summer Internship Program: Clinical administration

Name of the Student: Dr. Vidhi Bipin Panchal

Roll no: 1775 **Stream:** MBA Hospital and Health Management

Week no: 8 **From**: 17-06-2024 to 22-06-2024

Activity Done	• Collected and organized data of pediatric orthopedics to add in the booklet • Suggested titles for the pediatric orthopedic initiative • Designed remaining two pages of the donor's booklet and got it approved • Received briefing on New Project- Neonatal Transport Unit with respect to its need and vision of developing it as a unimodel • Understood the Transport incubator -its parts and working of it via head nurse. • Designed a patient guide on steps for cashless pre-authorization-TPA • Made content on self-help video for pre-authorization-TPA • Finalized admission desk questionnaire and discussed with mentor. • Performed analysis of the data collected through survey forms at EHC. • Visited the marketing department of the hospital and gained few insights on the functioning.
Linking theory (Classroom learning) with practice at your organisation	• Used concepts learnt in marketing while designing some of the pages of the donor's booklet.
Gaps identified on the working area.	• There is no point of contact or reference for those people who wish to donate funds to the hospital • Hardcopy- Data on list of patients of previous month is being discarded following the next month at EHC
Suggestions for improvement	• Make presence for point of contact at hospital who receives and manages funding from donors • At EHC, hardcopy of data should be stored for at-least a year before discarding them.
Plan for the next week	• Make presentation on TPA project and EHC project • Start making animated video for the TPA of Pre-Auth • Trace remote locations from where the neonates have been transferred up till now from Medical Social worker • Gain insights on the transport incubator and meet pediatric cardiologist to understand the same • Drafting the proposal for the need of Neonatal Transport Unit • Design July pamphlet for EHC

Signature of the Student **Approved by the Organisation Mentor**

Approved by the IIHMR University's Mentor

Weekly Report-Summer Internship Programme

(Week 9)

Name of the Organisation: Kokilaben Dhirubhai Ambani Hospital and Research Institute, Mumbai

Area/ Department/ Project of Summer Internship Program: Clinical administration

Name of the Student: Dr. Vidhi Bipin Panchal

Roll no: 1775 **Stream:** MBA Hospital and Health Management

Week no: 9 **From**: 24-06-2024 to 29-06-2024

Activity Done	• Collected information on NTU (Neonatal Transport Unit) from pediatric cardiologist • Prepared presentation on proposal of NTU and its Need with its ideology, vision of unimodal • Discussed requirements needed with its budget with HOD of Biomedical engineering for NTU development • Analyzed the data of transported babies from remote areas under demographic parameters • Designed animated video for pre-authorization guide for TPA department and got it approved • Prepared presentation and discussed with mentor of projects done. • Made July pamphlet for EHC department
Linking theory (Classroom learning) with practice at your organisation	• Analyzed data of NTU using concept of biostatics – graphic data representation • Did SWOT analysis of current transport incubator for neonates • Used concept of edutainment in designing July pamphlet
Gaps identified on the working area.	
Suggestions for improvement	• Display QR code for the animated video which will decrease one step of counselling done at TPA desk • Guide patients for scanning QR code to increase efficiency and reduce their waiting time
Plan for the next week	• Start working on poster • Compile finalized weekly reports

Signature of the Student

Approved by the Organisation Mentor

Approved by the IIHMR University's Mentor

Compiled Report

Name of the Organisation: Kokilaben Dhirubhai Ambani Hospital and Research Institute, Mumbai

Area/ Department/ Project of Summer Internship Program: Clinical administration

Name of the Student: Dr. Vidhi Bipin Panchal

Roll no: 1775 **Stream:** MBA Hospital and Health Management

Activity done	• Visited first two floors of the hospital which is solely dedicated for OPD patients
	• Visited CSSD department which is in the basement of hospital
	• Observed various codes
	  o Everyday Announcement of Emergency **Code Purple** which is for acute stroke
	  o Saw the Management of **Code Violet** which is for violent patient in neuropsychiatric department
	  o Announcement of **Code Yellow** which is for internal disaster in Dialysis Department
	• Visited Central Pharmacy located in the lower basement of the hospital which primarily supplies Inpatients
	• Visited Free OPD of hospital which is run by medical social worker for indigent and weaker sections
	• Understood the difference between 2-tier and 3-tier HIS used at the hospital.
	• Visited the marketing department of the hospital and gained few insights on the functioning.

Linking theory (Classroom learning) with practice at your organisation	• A & E Department: its location-direct and easy approach from the main road, on the ground floor, operated 24 hours.
	• Display of emergency codes at various places and is there at all front desk of various departments.
	• Linked the theoretical knowledge of CSSD- zones, processed and methods of sterilization
	• Practice of FIFO mechanism in all departments
	• NABH Standards followed in the Central Pharmacy as mentioned in the Chapter 8 of the book.
	  o Few observations are: double door lock system for narcotic and psychotropic drugs
	  o Installation of eyewasher in the medication preparation room
	• Visited linen and laundry department and understood that the hospital has outsourced laundry services

Gaps identified on the working area.	• **Signages** are not present at eye-level i.e., they are on the floor which is misleading patients to find the departments they want to go eventually them asking staff for directions
Suggestions for improvement	• Name of the rooms should be displayed above the door with appropriate font colour which is visible enough.

For Health Check Programme EHC

Activity done	• Understood how the processes of reporting room of health check department take place • Made list of corporate company which are allied with the hospital for their client's annual health checkup • Collected MOUs of corporate organizations for their health packages. • Tracked corporate clients from their check-in to check-out. • Brainstorming on planning of patient engagement activities • Listed reasons where patient waiting time was found to increase, which were dependency units- 2D Echo, USG, ENT/Audiometry • Did Retrospective study of feedbacks from the month of January till may 2nd week and made list of issues faced by patients • Created survey form to understand the issues faced and need of engagement activities and gave to 30 corporate patients • Designed patient engagement tool- brochure for May, June, July month of which May & June pamphlet was implemented and kept at front desk • Documented all details of EHC- Location, layout, health packages offered, staffing pattern, appointment booking system, report compilation, AS-IS process etc. • Prepared a navigation map for EHC patients, which was added to the appointment confirmation email sent to them.
Linking theory (Classroom learning) with practice at your organisation	• Practice of FIFO mechanism • Used the concepts learnt in Communication Planning Management –to design the pamphlet. • Applied the concept of Edutainment learnt in BCC to initiate a behaviour change among patients, towards healthier habits.

Gaps identified on the working area.	• Locating EHC Dept: Location of registration and billing counter is on one end and departments are on other which was creating confusion for patients • Investigation rooms have their nameplate on the door which often confuses patient when the door opens inwards and is made standstill, also the font color isn't readable from a long distance (blue nameplate with white font) • Checkout time is not mentioned in few files of patients • The date on which the check-up was done was not mentioned in the file, it was only on the ECG report contributing to inconvenience for staff at reporting room for compilation. • Inefficient technicians in their learning phase who perform 2D Echo. • The 2nd waiting area in EHC, just outside the Phlebotomy room and near the sonography room does not have any table/ shelf/ newspaper section to keep something for patient engagement. • The consulting radiologist at the EHC unit has been coming about 1.5 hours later than his allotted time • Inspite of the provision of online booking through the KDAH app, this facility is not being utilized for appointment booking at EHC unit. • Hardcopy- Data on list of patients of previous month is being discarded following the next month at EHC
Suggestions for improvement	• Flow process can be tailored for corporate patients • Utilizing waiting time in patient engagement through health education- - For example, playing health awareness talk videos by hospital doctors on the TV in the waiting area, giving health crosswords and puzzles in the form of brochures or pamphlets. • A separate day like Saturday could be allotted exclusively for corporate patient check-ups. Other patients can be taken under overbooking. • The coordination with the dependency units can be improved. • Each file should be thoroughly checked to fill in all the details before the patient exits. • Employing well-trained technicians for 2D Echo • A small table can be kept in the center of 2nd waiting area of the EHC unit, so that newspapers, magazines, health brochures etc. can be kept there too. • The consulting radiologist could be counseled on punctuality, because if the sonography starts earlier at 8 am as it is supposed to be (in contrast to the current practice of starting at 9:30 am)- this will improve patient satisfaction & reduce the overall TAT. • The television in the EHC waiting area, where usually songs are played; this can be replaced with health awareness talks by the hospital's doctors. • At EHC, hardcopy of data should be stored for at-least a year before discarding them.

For TPA Department

Activity done	• Understood the ASIS process of TPA desk from Pre-Auth to Final approval of the hospital • Worked on **IHX Portal, Bajaj Allianz Portal**- noted the column fields and calculated TAT for the same • Visited KDAH, Navi Mumbai for 3 days to understand AS-IS and working of portals under TPA department and collected data of estimated TAT maintained by them of every month • Worked on Discharge TAT of Winclient from the Month of January to April & did analysis of the data given with the mentioned specifications. • Documented & analyzed the data of Portals vs Winclient software to do a feasibility study on them- assessed both of them and different parameters and listed their advantages and disadvantages • Learned about Top up policies offered by insurance companies • Designed a patient guide on steps for cashless pre-authorization-TPA • Made content on self-help video for pre-authorization-TPA • Designed animated video for pre-authorization guide for TPA desk and got it approved
Linking theory (Classroom learning) with practice at your organisation	• Practice of FIFO mechanism • Used concepts learnt in biostatistics for data analysis.
Gaps identified on the working area.	• Implementing the use of portals in 750 bedded hospital where staff at TPA is insufficient • Lack of raw data for analysis of TAT of portals for discharge (as data was given directly in figures) • Incomplete data in several column fields of discharge TAT using Winclient software, it is due to staff who doesn't update the system
Suggestions for improvement	• One of the CCO can check all the data entered into the system for the day at the end of their shift, this can be done in turns by different CCOs day-wise. • Display QR code for the animated video which will decrease one step of counselling done at TPA desk • Guide patients for scanning QR code to increase efficiency and reduce their waiting time

ADMISSION DESK- Preparing a survey form for the customer care officers at the admission desk to understand the reasons for delay in admission and discharge process.

Activity done	• Visited the admission desk and noted the types of admissions, hospital tariff for room wise charges, required documents at admission and types of tokens at the desk. • Read the admission desk feedbacks of the months April and May • Observed the AS-IS process at the admission desk. • Talked to the CCOs at admission desk about different modes of receiving admission request, how do they manage the planned and unplanned admissions, how they communicate with nurses for bed allotment, what types of forms they upload on the HIS, etc. • Tested the working of bed booking on the KDAH app. • Visited the general ward to understand the discharge process, and noted around 8 reasons for delay in discharge. • Prepared a sample survey questionnaire for the CCOs at admission desk, and discussed it with our mentor. Noted his suggestions for the same. • Understood how IPD processes are linked to allied services at a hospital such as pharmacy, transport, administration, etc. • Finalized admission desk questionnaire and discussed with mentor
Linking theory (Classroom learning) with practice at your organisation	• Corelated the concepts of job rotation at the admission desk learnt in Human Resource Management module
Gaps identified on the working area.	• CCOs have not divided tasks amongst themselves for smooth operations At Admission desk as they handle more than 100 admissions per day • There are no clear instructions about the token system at the admissions desk. • If on someday, the doctor is not available in the morning for his rounds at the ward due to OT / rush of patients at the OPD, the patient lined up for discharge is not communicated about it. This leads to delayed entry of physician approval and discharge summary in case file, eventually delaying the discharge process.
Suggestions for improvement	• Need to design an instruction manual for the admissions desk • A small board can be placed next to the token vending machine at the admission desk, which explains exactly which token is to be taken for what purpose. • Co-ordinating the doctor's schedule between OPD, IPD and OT could be done.

FUNDING DONOR BOOKLET- Based on Hospital's CSR initiatives

Activity done	• Collection of data from various departments for booklet, from finance to free OPD to pediatric & ENT OPD • Designed a rough layout for the booklet to start work on it • Shortlisted templates, organized and sorted all the collected data for analysis, finalized the content of gratitude message for donors. • Sorted the photographs of various outreach camps • Analyzed, compiled and graphically presented the data on funds spent on indigent and weaker section patients at the hospital in the last 5 years. • Collected and organized data of pediatric orthopedics • Suggested titles for the pediatric orthopedic initiative to pediatric orthopedician and title was finalized. • Designed & printed 18 pages of the donor's booklet and showed it to organization mentor, noted his suggestions and to add information on 80G certificate given on donating funds
Linking theory (Classroom learning) with practice at your organisation	• Used the concepts learnt in Business communication to write the content of the gratitude letter for the donors. • Used concepts learnt in biostatistics for data representation • Used concepts learnt in marketing while designing some of the page
Gaps identified on the working area.	• There is no awareness of CSR activities to the patients and visitors of the hospital. • The data of the ongoing CSR activities is maintained in a vague manner. Errors were found while sorting the data such as missing age, missing date, missing gender, etc. in some of the columns. • There should be improvement in the co-ordination and interpersonal communication between various departments associated with the CSR activities • There is no clear point of contact who can be referred if someone wishes to donate funds • Some of the outreach camps are conducted in a way where the hospital's recognition is not present in the form of banner, etc.
Suggestions for improvement	• As CSR is an important activity run by hospital, it serves as a medium to Hospital's recognition, attract more no. of patients, data about the CSR activities should be meticulously managed and monitored. This will also aid to show the donors when, where and how exactly are their funds utilized. • Hospital banners should be carried at all outreach camps. • The interdepartmental communication of CSR related bodies such as Finance, Medical social worker, ENT, Pediatrics, etc. can be more organized through periodical meetings so that all the data can be correctly found and entered at one place, accessible whenever needed. • Make presence for point of contact at hospital who receives and manages funding from donors. The point of contact for people who wish to donate can be communicated through display on posters/stand/banners/LED screens in the hospital premises or on their website.

NEONATAL TRANSPORT UNIT- A UNI-MODEL VISION

Activity done	• Worked on initial drafting phase of the unit • Understood the Transport incubator -its parts and working of it via head nurse • Collected information on NTU (Neonatal Transport Unit) from pediatric cardiologist • Prepared presentation on proposal of NTU and its Need with its ideology, vision of unimodal • Discussed requirements needed with its budget with HOD of Biomedical engineering for NTU development • Analyzed the data of transported babies from remote areas under demographic parameters
Linking theory (Classroom learning) with practice at your organisation	• Analyzed data of NTU using concept of biostatics – graphic data representation • Did SWOT analysis of current transport incubator for neonates
Gaps identified on the working area.	• Delay in receiving data from the CCO at paediatric cardiologist • Lack of co-ordination between doctor and department of biomedical engineering