Annexure F

SUMMER INTERNSHIP PROGRAM

at

P.D.HINDUJA HOSPITAL & MEDICAL RESEARCH CENTRE

From 01-05-2024 to 30-06-2024

A REPORT BY

VEDASHREE AGAWANE

Master of Business

Administration (MBA-

HOSPITAL & HEALTH

MANAGEMENT)

2023-25

under the Mentorship of

Mamta chauhan

Professor , IIHMR

IIHMR UNIVERSITY

Annexure-E

Reporting Format

(Weekly)

Name of the Organisation: P.D.HINDUJA HOSPITAL MAHIM MUMBAI

Area/ Department/ Project of Summer Internship Program: Department orientation

Name of the Student: Vedashree Agawane

Roll no: 1666 **Stream: MBA-HM-28**

Week no: 1ST WEEK From : 2 may 2024 to 8 may 2024

Activity Done	**All department orientation done as follow….** **Supportive services of hospital** **Utility services of hospital** **Clinical services of hospital** **Administrative services of hospital**
Linking theory (Classroom learning) with practice at your organisation	**Everything I had studied in theory about hospital services was observed practically or physically, including how each department functions and what are their roles and responsibilities towards patients and hospital..**
Gaps identified on the working area.	**1) Admission and billing counter (staff moving space) over crowded** **2) X-ray & CT must be ground floor but they are in floor that is inconvenient in emergency case** **3) OT don't have direct access to CSSD as they must have direct access** **4) Lab medicine department quit far from OPD, IPD, A&E department so the transportation time of blood collection and delivering report is quit high**
Suggestions for improvement	**Improvement in department and services as I mentioned above (Gap identified on the working area) will improve the quality care of patient and better patient outcome**
Plan for the next week	

Signature of the Student

Approved by the IIHMR University's Mentor

On the last day of every week report in the above format should be submitted to the faculty mentor. Submission of total 8 reports in 8 weeks is compulsory. Each report should not be more than 2 pages.

Annexure-E

Reporting Format

(Weekly)

Name of the Organisation: P.D.HINDUJA HOSPITAL MAHIM MUMBAI

Area/ Department/ Project of Summer Internship Program: Department orientation

Name of the Student: Vedashree Agawane

Roll no: 1666 Stream: MBA-HM-28

Week no: 2ST WEEK From : 9 may 2024 to 17 may 2024

Activity Done	**I got small project of OPD where I have to find the TAT of patient transportation service in hospital like patient pick up by wheelchair or patient bed and drop point with particular time we have to track and calculate TAT**
Linking theory (Classroom learning) with practice at your organisation	**Everything I had studied in theory about OPD was observed practically or physically**
Gaps identified on the working area.	**1) It can be challenging to obtain the patient's HH number.** **2) It can be challenging to transport another patient who requires a wheelchair during peak hours when all the wheelchairs are in use.** **3) The third level has a larger patient population, making it more difficult to move a wheelchair or patient bed.**

	4) On sometimes, free attendants decline to transport a patient from a different floor. **5) The OPD elevator only has one available lift, therefore the wait time is rather long.** **6) Patients cannot lie down on their heads in wheelchairs because they lack head support.**
Suggestions for improvement	**Improvement in services as I mentioned above (Gap identified on the working area) will improve the quality care of patient and better patient outcome**
Plan for the next week	**Not yet decided by organisation mentor**

Signature of the Student

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Annexure-E

Reporting Format

(Weekly)

Name of the Organisation: P.D.HINDUJA HOSPITAL MAHIM MUMBAI

Area/ Department/ Project of Summer Internship Program: OPD department

Name of the Student: Vedashree Agawane

Roll no: 1666 **Stream: MBA-HM-28**

Week no: 3ST WEEK From : 18 may 2024 to 23 may 2024

Activity Done	**Making a PowerPoint on the turnaround time (TAT) for patient transportation services, having a conversation with organizational mentors, and making changes accordingly**
Linking theory (Classroom learning) with practice at your organisation	**Everything I had studied in theory about OPD was observed practically or physically**
Gaps identified on the working area.	**1) It can be challenging to obtain the patient's HH number.** **2) It can be challenging to transport another patient who requires a wheelchair during peak hours when all the wheelchairs are in use.** **3) The third level has a larger patient population, making it more difficult to move a wheelchair or patient bed.** **4) On sometimes, free attendants decline to transport a patient from a different floor.** **5) The OPD elevator only has one available lift, therefore the wait time is rather long.** **6) Patients cannot lie down on their heads in wheelchairs because they lack head support.**
Suggestions for improvement	**Improvement in services as I mentioned above (Gap identified on the working area) will improve the quality care of patient and better patient outcome**
Plan for the next week	**TAT of OPD patient registration**

Signature of the Student

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Annexure-E

Reporting Format

(Weekly)

Name of the Organisation: P.D.HINDUJA HOSPITAL MAHIM MUMBAI

Area/ Department/ Project of Summer Internship Program: OPD department

Name of the Student: Vedashree Agawane

Roll no: 1666 Stream: MBA-HM-28

Week no: 4th WEEK From : 24 May 2024 to 1 June 2024

Activity Done	**I got small project of OPD where I have to find the TAT of patient registration time like how much time it will take for one patient registration and there payment process**
Linking theory (Classroom learning) with practice at your organisation	**Everything I had studied in theory about OPD was observed practically or physically**
Gaps identified on the working area.	**1) system becomes stuck during restart, and the PVC card system becomes stuck as well. 2) Sometimes the card swipe machine takes too long to process payments since it's not operating correctly 3) It is challenging to work at the counter in the OPD in the mornings due to its small workspace.**

	4) Patients lack sufficient awareness of the correct documents required for reimbursement.
Suggestions for improvement	**Improvement in services as I mentioned above (Gap identified on the working area) will improve the quality care of patient and better patient outcome**
Plan for the next week	**Analysis and make power point presentation on TAT of OPD patient registration**

Signature of the Student

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Annexure-E

Reporting Format

(Weekly)

Name of the Organisation: P.D.HINDUJA HOSPITAL MAHIM MUMBAI

Area/ Department/ Project of Summer Internship Program: OPD department

Name of the Student: Vedashree Agawane

Roll no: 1666 **Stream: MBA-HM-28**

Week no: 5th WEEK From : 3 June 2024 to 8 June 2024

Activity Done	**Making power point on the turn around time (TAT) for patient registration of OPD , having conversation with organizational mentor**
Linking theory (Classroom learning) with practice at your organisation	**Everything I had studied in theory about OPD was observed practically or physically**
Gaps identified on the working area.	**1) system becomes stuck during restart, and the PVC card system becomes stuck as well.** **2) Sometimes the card swipe machine takes too long to process payments since it's not operating correctly** **3) It is challenging to work at the counter in the OPD in the mornings due to its small workspace.** **4) Patients lack sufficient awareness of the correct documents required for reimbursement.**
Suggestions for improvement	**Improvement in services as I mentioned above (Gap identified on the working area) will improve the quality care of patient and better patient outcome**
Plan for the next week	**ICU open file clinical audit**

Signature of the Student

Approved by the IIHMR University's Mentor

On the last day of every week report in the above format should be submitted to the faculty mentor. Submission of total 8 reports in 8 weeks is compulsory. Each report should not be more than 2 pages.

Annexure-E

Reporting Format

(Weekly)

Name of the Organisation: P.D.HINDUJA HOSPITAL MAHIM MUMBAI

Area/ Department/ Project of Summer Internship Program: OPD department

Name of the Student: Vedashree Agawane

Roll no: 1666 Stream: MBA-HM-28

Week no: 6th WEEK From : 10 June 2024 to 17 June 2024

Activity Done	**ICU MRD open file audit (Active audit)**
Linking theory (Classroom learning) with practice at your organisation	**Everything I had studied in theory about ICU was observed practically or physically**
Gaps identified on the working area.	**before audit I made changes that were required in the checklist for the ICU audit, as instructed by my organizational mentor, using a random sample of five to ten ICU patient files.**
Suggestions for improvement	**I noted several gaps throughout the audit where important checklist parameters were missing, thus I reported it as a suggestion to the mentor.**
Plan for the next week	**ICU MRD open file audit**

Signature of the Student

Approved by the IIHMR University's Mentor

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Annexure-E

Reporting Format

(Weekly)

Name of the Organisation: P.D.HINDUJA HOSPITAL MAHIM MUMBAI

Area/ Department/ Project of Summer Internship Program: OPD department

Name of the Student: Vedashree Agawane

Roll no: 1666 Stream: MBA-HM-28

Week no: 7th WEEK From : 18 June 2024 to 24 June 2024

Activity Done	**ICU MRD open file audit (Active audit)**
Linking theory (Classroom learning) with practice at your organisation	**Everything I had studied in theory about ICU was observed practically or physically**
Gaps identified on the working area.	**In order to create the ICU audit checklist, I randomly audited five to ten open files for ICU patients. After that, I made the necessary modifications to the prior ICU checklist that the organizational mentor had provided.**
Suggestions for improvement	**During the audit, I discovered certain gaps where some parameters on the checklist were not filled out completely or with the necessary information, such as**

	consent forms that weren't filled out correctly or missing doctor's signatures, etc.
Plan for the next week	**Analysis of ICU MRD open file audit**

Signature of the Student

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Compiled Reporting Format

Name of the Organisation: P.D.HINDUJA HOSPITAL MAHIM MUMBAI

Area/ Department/ Project of Summer Internship Program: OPD DEPARTEMNT , ICU

Name of the Student: Vedashree Agawane

Roll no: 1666 Stream: MBA-HM-28

Activity Done:-

1) All department orientation done as follow Supportive services of hospital Utility services of hospital Clinical services of hospital Administrative services of hospital
2) I got small project of OPD where I have to find the TAT of patient transportation service in hospital like patient pick up by wheelchair or patient bed and drop point with particular time we have to track and calculate TAT
3) Making a PowerPoint on the turnaround time (TAT) for patient transportation services,
4) having a conversation with organizational mentors, and making changes accordingly
5) I got small project of OPD where I have to find the TAT of patient registration time like how much time it will take for one patient registration and there payment process
6) Making power point on the turn around time (TAT) for patient registration of OPD , having conversation with organizational mentor
7) Making ICU MRD open file audit (Active audit) checklist
8) Auditing all parameters

9) Making power point presentation on ICU MRD open file audit with the help of organization mentor

Linking theory (Classroom learning) with practice at your organization:-

1) Everything I had studied in theory about hospital services was observed practically or physically, including how each department functions and what are their roles and responsibilities towards patients and hospital..
2) Everything I had studied in theory about OPD was observed practically or physically
3) Everything I had studied in theory about ICU was observed practically or physically

Gaps identified on the working area:-

1) Admission and billing counter (staff moving space) over crowded
2) X-ray & CT must be ground floor but they are in floor that is inconvenient in emergency case
3) OT don't have direct access to CSSD as they must have direct access
4) Lab medicine department quit far from OPD, IPD, A&E department so the transportation time of blood collection and delivering report is quit high
5) It can be challenging to obtain the patient's HH number.
   It can be challenging to transport another patient who requires a wheelchair during peak hours when all the wheelchairs are in use.
   The third level has a larger patient population, making it more difficult to move a wheelchair or patient bed.
   On sometimes, free attendants decline to transport a patient from a different floor.
   The OPD elevator only has one available lift, therefore the wait time is rather long.
   Patients cannot lie down on their heads in wheelchairs because they lack head support.
6) system becomes stuck during restart, and the PVC card system becomes stuck as well.
7) Sometimes the card swipe machine takes too long to process payments since it's not operating correctly
8) It is challenging to work at the counter in the OPD in the mornings due to its small workspace.
9) Patients lack sufficient awareness of the correct documents required for reimbursement.
10) before audit I made changes that were required in the checklist for the ICU audit, as instructed by my organizational mentor, using a random sample of five to ten ICU patient files.
11) In order to create the ICU audit checklist, I randomly audited five to ten open files for ICU patients. After that, I made the necessary modifications to the prior ICU checklist that the organizational mentor had provided.

Suggestions for improvement:-

1) Implement better communication tools and protocols to ensure smooth coordination between staff and attendants. Common Tracking application for all attendants

2) Establish a reservation system for wheelchairs to manage availability and reduce waiting times during peak hours.
3) We remove obstacles that impede the movement of wheelchairs and patient beds
4) Set clear roles and responsibilities for attendants, and ensure that patient transfer duties are included in their job descriptions. and ensure compliance through regular supervision and performance reviews
5) Implement a lift usage schedule to prioritize patients with mobility issues and ensure minimal waiting times.
6) Assess the current wheelchair technology and identify specific needs for new technology wheelchairs that can improve patient mobility and comfort.
7) Plan routine maintenance inspections to find and fix problems before they lead to system breakdown. Create a backup plan, such as a secondary system, to reduce system downtime in the event that the primary system experiences problems.
8) Train employees on how to use the PVC card system properly and fix issues.and schedules routine upkeep.
9) To maintain card swipe machines in excellent operating order, implement a regular maintenance program. Reduce the amount of time needed for registration by providing backup during the peak hours.
10) To aid patients with reimbursement inquiries, provide support services like help desks or online chat assistance.
11) Develop and implement standardized consent forms that are easy to use and ensure all necessary information is captured.
12) Collaborate with clinical staff to review and revise the ICU MRD checklist, ensuring it accurately reflects the necessary documentation tasks and aligns with clinical workflows.
13) Regularly monitor patient records to ensure histories and examinations are fully documented, providing feedback and support where necessary.
14) Train staff, particularly physicians, to use specific paper for writing clinical records, aiming to minimize misunderstandings among referring doctors.
15) Arrange all patient records in a systematic order according to each patient's file. Ensure that the separator is used properly and avoid placing papers in incorrect sections to prevent misplacing patient records.
16) Improvement in department and services as I mentioned above (Gap identified on the working area) will improve the quality care of patient and better patient outcome

Signature of the Student

Approved by the IIHMR University's Mentor