Annexure F

SUMMER INTERNSHIP PROGRAM

at

PUSHPAWATI SINGHANIA HOSPITAL & RESEARCH INSTITUTE
A MULTI SPECIALITY HOSPITAL | PSRI HOSPITAL

PSRI HOSPITAL, SEIKH SARAI, DELHI

From 6th MAY 2024 to 5th MAY 2024

A REPORT BY

TEJAL PRIYA

MBA (HOSPITAL AND HEALTH MANAGEMENT)

2023-25

under the Mentorship of

Mr. S.P. CHATTOPADHYAY

(Assistant Professor)

IIHMR UNIVERSITY

PUSHPAWATI SINGHANIA
HOSPITAL & RESEARCH INSTITUTE
A MULTI SPECIALITY HOSPITAL
PSRI
HOSPITAL

Date: 05.07.2024

INTERNSHIP COMPLETION CERTIFICATE

This is to certify that **Ms. Tejal Priya** of 2023-25 batch of IIHMR university, Jaipur has done her summer internship with our organization from **06th May 2024 to 05th July 2024.**

The overall performance shown by her during the period was excellent.

This certificate is being issued to meet the requirements of the IIHMR University.

Dr. Anju Wali
Medical Director

Pushpawati Singhania Hospital & Research Institute
New Delhi

Dr. Kaushalendra Pratap Singh
Deputy General Manager-Operations

IIHMR UNIVERSITY

IIHMR University Faculty Mentor Approval

This is to certify that **Ms. Tejal Priya** of the academic year 2023-25 of **INSTITUTE OF HEALTH MANAGEMENT RESEARCH** has prepared a poster with respect to her summer internship held during May-July 2024.

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

Date: July 24, 2024

(Signature of Faculty Mentor)

Mr. S.P. Chattopadhyay
(Assistant Professor)
IIHMR UNIVERSITY
JAIPUR

OPTIMIZATION OF PROCESSES IN THIRD-PARTY ADMINISTRATION (TPA) DEPARTMENT

IIHMR UNIVERSITY

PUSHPAWATI SINGHANIA HOSPITAL & RESEARCH INSTITUTE | PSRI HOSPITAL

History:

PSRI Hospital was established in the year 1996 as South East Asia's first and India's foremost institute providing advanced and comprehensive medical and surgical treatment for digestion-related diseases. Since its inception, many more specialties have been added and presently it is a multi-specialty Hospital. Promoted by the JK Group one of the leading business houses in India, PSRI Hospital was established in 1996 to provide curative and preventive medical care through a caring environment.

Description:

Pushpawati Singhania Hospital & Research Institute (PSRI Hospital) is a multi-specialty institute of national & international repute with 201 beds. PSRI hospital is famous for its ambience, quality of care and high-level patient satisfaction. The state-of-the-art facilities coupled with latest equipment's and renowned consultants ensure that patients from NCR, various states of India and foreign countries come for highly specialized tertiary level treatment.

Vision:

- To achieve excellence in health care delivery system through hard work & human touch

Mission:

- Aim to be the leaders in our chosen specialities through excellence, dedication, teamwork and quality
- Not to compromise with the values we cherish and standards we laid down for ourselves
- Devote ourselves to professional excellence through original research and academic activities of highest standard
- Helping the ailing people through our chosen specialities by providing best possible preventive, curative and promotive services for restoring their health and personal productivity

Third - Party Administration

In a hospital, TPA stands for Third-Party Administrator. TPA is department that handle various administrative functions for patients. The functions are - claims processing, cashless facility, network management and pre - authorization. Overall, TPA department act as intermediaries between insurance companies and policyholders, ensuring smooth and efficient administration of health insurance policies.

Difference between theoretical and practical understanding:

Practical exposure in hospital management focuses on real world application , skill development and learning from experience, while theoretical understsanding provides a foundation of knowledge, frameworks and analytical tools.

Challanges faced during internship:

- Communication and teamwork
- Data privacy and confidentiality
- Interdepartmental collaboration
- Data analysis

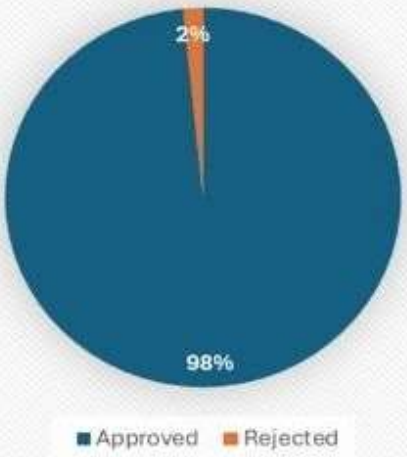
Learning during internship:

- **Resgistration process and HMS systems**
- **Tackling patients and attendants**
- **Codes of hospital**
- **OSHA training**
- **TPA process**
- **Discharge process for all the type of patients**
- **On boarding process of employee**
- **Recruitment process**
- **Resignation process**

Purpose of project :

- Evaluate Current TPA Processes
- Identify Bottlenecks and Pain Points
- Reduce Turnaround Times

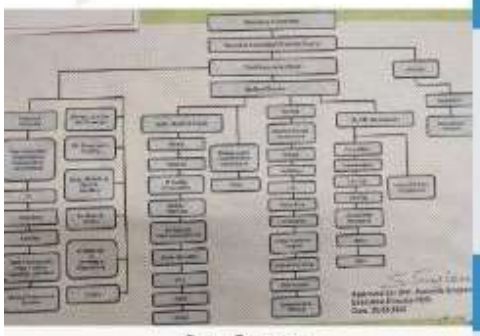
Case Status



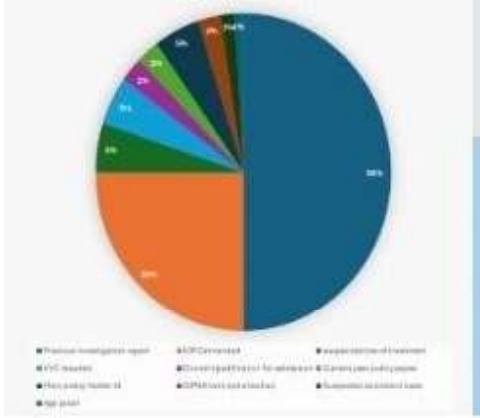
Usefulness of internship:

- Helped gaining practical knowledge of daily operations in a hospital
- Gained knowledge about strategic planning
- Gave understanding of patient grievance handling
- Gained knowledge aabout broad aspect in operations

Organization Structure



Query Reasons



Strengths	Weaknesses
The denial ratio is 2% Patient centric approach Competent employees	Interdepartmental communication Communication with the TPA representatives Inefficient documentation practices Lack of real time tracking and monitoring Employee burnout due to overwork

Opportunities	Threats
Training and development Technology upgradation Improved communication channels HMS upgradations	Advanced TPA services in other hospitals Stiff competition Dissatisfied patients Employee turnover

Suggestions:

Staff recruitment to avoid employee burnout
HMS needs to be upgraded
IHX needs upgradation
TPA communication should be improved
Training sessions about consistent documentation practices
A patient handbook of TPA desk

Name - Tejal Priya
Roll No - 1873
Batch - 28 (2023-25)
Project - Optimization of Processes in Third- Party Administration (TPA) Department
Organization Mentor - Dr. Kaushalendra Singh

Annexure-E

Report

(Week 1)

Name of the Organisation: PSRI Hospital

Area/ Department/ Project of Summer Internship Program: Human Resources

Name of the Student: Tejal Priya

Roll no: 1873 **Stream: HM**

Week no: 1 **From: 6th May 2024 to 11th May 2024**

Activity Done	• Observation of recruitment process • Parted in on boarding process • Putting candidates' data in soft copy • Extension and confirmation letter record entry • Working in creation of MIS of report on recruitment 2023
Linking theory (Classroom learning) with practice at your organisation	• Training & development is important part of HR • Recruitment process is similar to theoretical learning • Employee satisfaction is key for HR • Feeback from employees is always important
Gaps identified on the working area.	• Poor employee retention • Decrease in Medical and Nursing workforce • CTC should consider experience
Suggestions for improvement	• Budget allocation should be increased for HR department • More work to be done on employee satisfaction • Expansion of HR office for avoiding clutter • Increase sources for allocation of candidates
Plan for the next week	• Learn about leave encashment process • Employee retention activities • Learn about decision of paying parity in HR • Learn about roster management • Learn about locum management

Signature of the Student

Approved by IIHMR University's Mentor

Annexure-E

Report

(Week 2)

Name of the Organisation: PSRI Hospital

Area/ Department/ Project of Summer Internship Program: Human Resources

Name of the Student: Tejal Priya

Roll no: 1873 **Stream: HM**

Week no: 2 **From: 13th May 2024 to 18th May 2024**

Activity Done	• Experienced organising Nurses Day • Made MIS • Entered data of trainings • Learnt leave encashment process • Helped in conducting Induction training • Scanning of documents for data bank
Linking theory (Classroom learning) with practice at your organisation	• HR department also needs to present a budget • EPF and gratuity is mandatory for every employee • Human resource keeps record of every employee
Gaps identified on the working area.	• Lack of sources for finding candidates • Candidates selected does not join • HRMS have some glitches
Suggestions for improvement	• HRMS needs some upgradation • Needs more sources for searching candidates • Locum doctors need to be properly verified
Plan for the next week	• Changing department as planned by our PSRI mentor • Learn about processes occurring in TPA • Learn the process of admission and registering of a patient s

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Annexure-E

Report

(Week 3)

Name of the Organisation: PSRI Hospital

Area/ Department/ Project of Summer Internship Program: TPA

Name of the Student: Tejal Priya

Roll no: 1873 **Stream: HM**

Week no: 3 **From: 20th May 2024 to 25th May 2024**

Activity Done	• Documentation in the TPA of patients • Learnt about statutory documents and their importance • Learnt about the tariff of corporate, TPA and panel
Linking theory (Classroom learning) with practice at your organisation	• TPA works as a link between patient (insured) and the insurance company (insurer). • Emergency patients are given priority over other patients.
Gaps identified on the working area.	• Billing error from billing department • Changes in treatment plan by doctor not updated to TPA • Query resolution taking time
Suggestions for improvement	• HMIS needs upgradation • Need of one more manpower who is skilled in both TPA and billing • Documentation should be updated at every step to TPA
Plan for the next week	• Doing practical work in TPA • Learning more about the hinderances and trying to find a solution • Presenting the MIS report to GM HR

Signature of the Student

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Annexure-E

Report

(Week 4)

Name of the Organisation: PSRI Hospital

Area/ Department/ Project of Summer Internship Program: Operations (TPA)

Name of the Student: Tejal Priya

Roll no: 1873 **Stream: HM**

Week no: 4 **From: 27th May 2024 to 1st June 2024**

Activity Done	• Patient dealing in TPA department • TPA follow up of preauthorization • Assessing the bottlenecks in TPA
Linking theory (Classroom learning) with practice at your organisation	• Hospital operations are every action from entry of patients till their exit • Dead body cannot be held by the hospital if TPA claim is not cleared • Discharge process consists of various processes
Gaps identified on the working area.	• Unnecessary paperwork in the department • Insurance company portal glitches • Glitches in their portal IHX
Suggestions for improvement	• Reduce paperwork by maintaining soft copies • List of non-reimbursable items should be displayed • Employees in TPA should have division of work
Plan for the next week	• Learning registration and admission procedure • International patient dealing • Learning procedures in corporate desk

Signature of the Student

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Annexure-E

Report

(Week 5)

Name of the Organisation: PSRI Hospital

Area/ Department/ Project of Summer Internship Program: Operations (TPA)

Name of the Student: Tejal Priya

Roll no: 1873 **Stream: HM**

Week no: 5 **From: 3rd June 2024 to 8th June 2024**

Activity Done	• Tracking the status of authorization • Keeping track on billing status of discharge patients • Checking pre auth status of dialysis
Linking theory (Classroom learning) with practice at your organisation	• The hospital is responsible for patient's admissions, discharge and maintaining patient safety • After discharge the documents with original films are dispatched by TPA to dispatch department • There are various dimensions in hospital
Gaps identified on the working area.	• Lot of unnecessary paperwork • Some query happens from the TPA side • Every TPA is not effective
Suggestions for improvement	• Glass partition in TPA office for maintaining privacy • Communication engagement activities • IHX needs to be upgraded for effective communication
Plan for the next week	• Learn about the steps of registration and billing • Steps of admission of all categories of patients • Registration of international patients

Signature of the Student

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Annexure-E

Report

(Week 6)

Name of the Organisation: PSRI Hospital

Area/ Department/ Project of Summer Internship Program: Operations (Registration & Billing)

Name of the Student: Tejal Priya

Roll no: 1873 **Stream: HM**

Week no: 6 **From: 10th June 2024 to 15th June 2024**

Activity Done	• Observing the process of registration and billing • HMIS process • Learnt about codes for procedure and test
Linking theory (Classroom learning) with practice at your organisation	• Hospital operations is a wide term which consists of various departments • Operations is a thankless job • Hospital operations is most integral part in a hospital
Gaps identified on the working area.	• Miscommunication regarding the codes • Some codes are unidentified • Miscommunication with panel patients regarding package
Suggestions for improvement	• HMIS needs to be upgraded • Proper flow of work • Managers need to address problems of executives
Plan for the next week	• Learning about the registration of international patients • Learning management of international patients' footfall

Signature of the Student

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Annexure-E

Report

(Week 7)

Name of the Organisation: PSRI Hospital

Area/ Department/ Project of Summer Internship Program: Operations (Admission)

Name of the Student: Tejal Priya

Roll no: 1873 **Stream: HM**

Week no: 7 **From: 17th June 2024 to 22nd June 2024**

Activity Done	• Learn about admission procedure steps • Identified some issues with the HMIS • Identified some pain points of employee
Linking theory (Classroom learning) with practice at your organisation	• The flow of work follows organizational structure • The entry level is from trainee, executive and manager • Patient satisfaction is the ultimate goal in order to fulfil the mission and vision of hospital
Gaps identified on the working area.	• The HMIS is outdated as many processes are done manual • Trainees are told to directly deal with the patients without proper training • The clearance for every procedure or surgery is paper based • Bed shifting requires a communication to the floor which is unnecessary
Suggestions for improvement	• HMIS needs to be upgraded to a level by which it can deal with the clearance for procedure and surgery • Trainees need to be trained thoroughly about patient dealing and handling HMIS • Bed shifting should be done through HMIS
Plan for the next week	• Learn about flow of patient from emergency to IPD • Patient flow in dialysis in day care • Flow of work in food and beverage and laundry

Signature of the Student

Approved by IIHMR University's Mentor

Annexure-E

Report

(Week 8)

Name of the Organisation: PSRI Hospital

Area/ Department/ Project of Summer Internship Program: Operations

Name of the Student: Tejal Priya

Roll no: 1873 **Stream: HM**

Week no: 8 **From: 24th June 2024 to 29th June 2024**

Activity Done	• Learnt F&B and laundry procedures • Drawn out recommendations and solutions from the data of project • Made inference from collected data
Linking theory (Classroom learning) with practice at your organisation	• Emergency should be on the ground flow for easy accessibility • Observational study is mostly chosen for secondary data
Gaps identified on the working area.	• Emergency is overstaffed • Flow of food & beverages to patient are not double checked • Laundry services need faster mode of disbursing laundry
Suggestions for improvement	• Staff can be cut short in emergency and can be replaced towards wards • F&B should be double checked on the preparation stage • Laundry can be disbursed by staff to each floor
Plan for the next week	• Work on project for presentation • Prepare presentation • Get approval from organization mentor

Signature of the Student

Approved by IIHMR University's Mentor

Compiled Reporting Format

Name of the Organisation: PSRI Hospital

Area/ Department/ Project of Summer Internship Program: HR & Operations

Name of the Student: Tejal Priya

Roll no: 1873 **Stream: MBA HM**

Activity Done	• Introduction to the organization and then was told to have induction of hospital by visiting both the blocks all floors and find gaps for improvement. • Read and assessed the HR manual for understanding of the organogram and hierarchical flow of work. Then highlighted and noted down some points for references in future. • Observation of recruitment process such as the conduction of interview and the hierarchy followed for conducting interviews for post specific openings. Like for executive, JR, staff nurse and for junior posts, the interview was conducted by executive HR and then the department HOD. • Parted in on boarding process by helping in assembling of id card, signing of papers and collecting details. Looked on procedures correction at every step from registering to, creating employee id, attendance management and rooster management. • Putting candidates' data in soft copy the data was of candidates who took part in recruitment process. The data is kept for future reference and consideration. • Extension and confirmation letter record entry. The entry was done manually in register to keep a record that who received the letter and who have not received the letter.

	• Working in creation of MIS of report on recruitment 2023. Got raw data and told to work on it to create some meaningful insights of that data. At first analysing the data, sorting the data and then bringing insights from it. • Experienced organising Nurses Day by giving creative ideas for the poster for the video of nurses' day. Then checking the video for final approval. • Made MIS in which calculated insights such as the reliable source, average time taken to fill a vacant position, no of CVs received V/S CVs accepted for interview and interview conducted V/S selected candidates. • Entered data of training of outsourced employees on dengue day in which was led by nursing educator. • Learnt leave encashment process in which first they have to fill and give the leave encashment form. Then it is approved by HR and then after completion of leave it is encashed by employee. • Helped in conducting Induction training by entering data, creating pre and post-test on google forms and clicking pictures for HR record. The conducting the induction and managing the schedule of each session. • Scanning of documents for data bank for all the newly recruited staff and the interns. It is kept for safer side in case of any discrepancy. • Done initial documentation of patients in TPA like collecting their ids, relevant reports and signatures on forms. • Learned to read the facts stated in the handover and taken out pre auth forms of dialysis from the hard folder. Changed the dates of dialysis according to approval capping. • Learnt about statutory documents and their importance like list of reimbursable items, form for robotic surgery and insurance form for patients, KYC and pre auth form. • Worked in TPA as a replacement to one staff by doing initial documentation and bill tracking of discharge marked patient. • Learnt about the tariff of corporate, TPA and panel which are different. Like TPA and corporate policies on cover admission but corporate covers IPD and OPD both.

	• Dealt with patient queries in TPA department by on call conversations or on counter interaction. • TPA follow up of preauthorization on mail, IHX and some on portals. • Assessing the bottlenecks in TPA for the project I have chosen. Bottlenecks I found mostly was due to documentation errors such as doctors justification required, investigation reports and ICP required. • Tracking the status of authorization of admitted patient and whose running bill is sent. • Keeping track on billing status of discharge patients to send it to TPA for final approval. • Checking pre auth status of dialysis as to send it at the time of discharge from day care after dialysis. • Observing the process of registration and billing in which on registration in OPD the form to be filled is OPD registration form and in IPD The form to be filled is IPD registration form. • Then in their HMIS AKHIL the data is entered and an UHID is created. • Learnt about codes for procedure and test. There are codes for test and procedure which on OPD consultation the doctor writes and gives and the billing is done accordingly. • Learn about admission procedure steps. The first procedure is admission prescribed, then categorizing the patient, then referring to the concerned department, then filling of forms, allotment of preferred room category, payment according to category and shifting to room. • Identified some issues with the HMIS like inconsistent server clashes, outdated integration and low network strength. • Identified some pain points of employee like overburden, short staffing and poor inter and intra departmental communication. • Learnt F&B and laundry procedures about hoe food is prepared on dietician advice for each admitted patient and how it is disbursed to wards. • Drawn out recommendations and solutions from the data of project for presentation and report.

	• Made inference from collected data for report completion and final approval from organization mentor.
Linking theory (Classroom learning) with practice at your organisation	• Training & development are super important parts of Human Resources (HR) management. They focus on boosting employees' skills, knowledge, and abilities. This helps them do their jobs well & reach the goals of the organization. • Think of recruitment like learning about theory. It's all about knowing the principles, strategies, & best practices (that's your theoretical knowledge) and then using that knowledge in real life to find & hire the right folks for job positions. • Employee satisfaction is a big deal for HR teams. It really affects how long people stay, how productive they are, and the overall success of the organization. HR aims to create a great work environment and make policies that help everyone feel satisfied. • Feedback from employees is super valuable! It gives HR insights into what employees experience, their worries, and their suggestions. This feedback helps improve policies and makes the organization work better overall. • HR departments manage budgets for all sorts of activities like hiring, training, pay, and benefits. They need to plan well and use their resources smartly to back up HR projects. • EPF (Employee Provident Fund) & gratuity are benefits that the law requires in many places. EPF helps people save for retirement while gratuity serves as a form of compensation. • For research, observational studies help explore secondary data from existing sources—think databases or surveys! With these studies, researchers can look at relationships & trends without messing with study subjects directly. • A hospital is like a big machine with interlinked parts: departments, staff, resources, and patients. They all need to work together to hit goals like providing quality care to patients & staying financially strong. If one part changes, others feel it too—this is key for managing effectively.

	• Total Quality Management (TQM) focuses on continuous improvement and keeping patients happy while reducing mistakes through systematic processes involving staff. • Hospital policies, regulations, & ethics (like patient rights & keeping things private) are crucial for leaders there. They help ensure everything runs smoothly and ethically. • Good hospital administrators often show leadership skills based on theories like transformational leadership (inspiring staff), transactional leadership (using rewards), and servant leadership (prioritizing others' needs). • With electronic health records (EHRs) becoming common, understanding info management theories is necessary—for example, knowing about data security and using data analytics for smart decision-making. • Admins in hospitals use strategic planning theories to set goals, share resources wisely, & adjust to changes like trends in healthcare or new technology. • Patient-centred care stresses how important it is to involve patients in choices about their care. It respects their preferences while giving compassionate care tailored just for them! • Good management means matching leadership style with the organization's needs & situation at hand—it's all about finding that balance! • Frameworks help identify ethical issues by supporting decision-making based on principles like beneficence (doing good), non-maleficence (avoiding harm), justice (fairness), & respect for autonomy (individual choice). • Keep an eye on streamlining financial processes tied to patient registration, billing & collections! • Setting long-term goals is key. Hospitals plan out resources & lay down strategies to hit those objectives. • Hospitals think in systems! They aim to improve patient outcomes by understanding how any change in one part impacts the whole system. • By adopting TQM principles, hospitals seek fewer mistakes! This increases patient safety

	while creating workflows that flow better—building a culture where patient care shines! • Lean management comes from manufacturing & aims to cut waste while boosting efficiency. It highlights creating value through continuously improving processes while respecting everyone involved. Hospitals use Lean strategies to smoothen operations & improve patient flow in different departments. • Six Sigma is focused on making processes better by cutting defects down. It checks how things work so errors are less likely and quality improves consistently. • Evidence-Based Practice (EBP) mixes clinical expertise with patient values plus solid research evidence guiding decisions in clinical settings! It pushes for using effective research methods to lift patient outcomes higher. • Hospitals embrace EBP so clinical practices stay fresh with new research findings. This means better care for patients with less variation in treatments plus improving safety. • There are various theories out there—like Herzberg's Two-Factor Theory which talks about motivation; Maslow's Hierarchy of Needs; or McGregor's Theory X/Y—which offer cool insights into employee satisfaction & motivation dynamics in organizations. • Hospitals apply these theories to boost engagement among employees! They tackle workplace issues while nurturing strong leadership which creates great environments—all aimed at better patient care plus stronger organizational performance. • Change management principles guide hospitals through transitions—whether it's rolling out new tech or adapting processes according to new healthcare rules and patient needs! • Finally, hospitals look at human factors when designing workspaces as well! Making them more ergonomic can cut down medical errors while keeping staff happy and productive.
Gaps identified on the working area.	• Poor employee retention because most no of medical and nursing staff resigning due to better opportunities and no negotiation by HR team. • Decrease in Medical and Nursing workforce CTC should consider experience. The

	reckoner for calculating the CTC was not updated. • Lack of sources for finding candidates because the sources with HR are not giving the required output. • Candidates selected does not join because of better opportunities elsewhere. Too leniency from HR in joining date. • HRMS have some glitches like unaccepted scanned copies sometimes and bad network strength. • Billing error from billing department in some TPA cases. The billing error are like adding unused non reimbursable items and mentioning robotic surgery even after information by patient for not mentioning. • Changes in treatment plan by doctor not updated to TPA here there is a fragmented communication channel between the doctor and TPA. • Query resolution taking time because of various sources of resolving queries due to which double work is there. • Unnecessary paperwork in every department of repeating patient and handover preparation manually. • Insurance company portal glitches • Glitches in their portal IHX though it supports only three TPAs. • Some query happens from the TPA side due to ineffective documentation practices. • Every TPA is not effective as they cut on necessary items and too many hidden capping is there. • Miscommunication regarding the codes for estimated budget. • Some codes are unidentified and not defined in the tariff. • Miscommunication with panel patients regarding package as outdated tariff. • The HMIS is outdated as many processes are done manual and on paper increasing paperwork. • Trainees are told to directly deal with the patients without proper training of HMIS and their hierarchical systems. • The clearance for every procedure or surgery is paper based as AKHIL their HMIS is

	outdated, and surgery clearance intimation cannot be generated. • Bed shifting requires a communication to the floor which is unnecessary • Emergency is overstaffed as there are nurses more than their specified ratio. • Flow of food & beverages to patient are not double checked. They are made and then just sent without a double checked.
Suggestions for improvement	• Budget allocation should be increased for HR department. For this conduct a thorough HR analysis. • Employee satisfaction surveys should be conducted in a serious manner. • Expansion of HR office for avoiding clutter and a proper place for primarily conducting interview. • Need of more sources for candidate search for that can partner with different placement agencies and can conduct placement drive. • Locum doctors need to be properly verified for that establish a standard verification procedure and create some regulatory compliance for the work. • HMIS needs upgradation in which most of the work should be done through AKHIL and reduce paperwork. • Need of one more manpower who is skilled in both TPA and billing. So that billing errors can be detected on time and can be corrected by TPA staff also. • Optimize TPA department and follow a standard documentation practice. • Reduce paperwork by maintaining soft copies by scanning and keeping copies of that. • List of non-reimbursable items should be displayed to create a clarity of bill to patients. • Employees in TPA should have division of work. The division of work can be done based on SOPs. • Installing glass partition in TPA office for maintaining privacy. • Communication engagement activities and tam building activities should be conducted. • IHX needs to be upgraded for better communication with the TPAs and improve real time tracking of status.

	• Proper flow of work following the hierarchy of work should be followed. • HMIS needs to be upgraded to a level by which it can deal with the clearance for procedure and surgery. • Trainees need to be trained thoroughly about patient dealing and handling HMIS. • Bed shifting should be done through HMIS without any intervention of any individual. • Staff can be cut short in emergency and can be replaced towards wards. Develop contingency plans for emergency department. • F&B should be double checked on the preparation stage and then at time of final delivery. • Centralising laundry services for better output

Signature of the Student

Approved by the IIHMR University's Mentor