SUMMER INTERNSHIP PROGRAM

at

CK BIRLA HOSPITALS, RBH

From 1st May to 1st July

A REPORT BY

Dr. Surbhi Sharma (PT)

Master of Business Administration

Hospital and Healthcare management

2023-25

under the Mentorship of

Mr. Anupam Mehrotra, Assistant Professor

IIHMR UNIVERSITY

CK BIRLA HOSPITALS | RBH

RBH/2024/Jul/HRD/6216

Date: 16 Jul 2024

TO WHOM SO EVER IT MAY CONCERN

This is to certify that **Surbhi Sharma** has successfully completed her training in Patient Experience Department from 01 May 2024 to 01 Jul 2024.

We found her sincere, punctual & hardworking. We wish her every success in her future and career.

For **CK Birla Hospital - RBH**

Raju Kumar
Unit Head - HR

Rukmani Birla Hospital
The Calcutta Medical Research Institute

IIHMR UNIVERSITY

IIHMR University Faculty Mentor Approval

This is to certify that **Dr. SURBHI SHARMA** of the academic year 2023-25 of Institute of Health Management Research has prepared a poster concerning her summer internship held from 1st May – 01st July 2024.

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

Date: 22/07/2024

Dr. Anupam Mehrotra
Assistant Professor

1, Prabhu Dayal Marg, Near Sanganer Airport, Jaipur- 302029, Rajasthan, India.
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SUMMER INTERNSHIP AT CK BIRLA HOSPITALS, JAIPUR

Name: Dr. Surbhi Sharma (PT)
Roll No.: 1861(MBA HM 28)

University mentor: Dr. Anupam Mehrotra (Asst. Professor)
Organisation Mentor: Mrs Neha Sharma(Head) PE

BRIEF HISTORY

Brief History: RBH began as Kolkata's first private hospital in 1969, founded by B M Birla and Y B Chavan. Over the decades, it expanded its specialties, introduced cutting-edge technology, and established a renowned cardiac center. By 2016, RBH launched a progressive healthcare facility in Jaipur, becoming a benchmark for medical excellence in North India. The hospital's journey is marked by innovation, quality care, and a commitment to serving all sections of society.

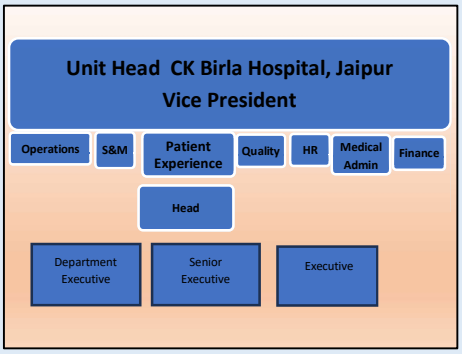
Introduction: The CK Birla Group, with over 52 years of pioneering advancements in India's healthcare industry, now brings its expertise to Jaipur with the Rukmani Birla Hospital.

RBH: This 230-bedded multi-specialty hospital offers comprehensive inpatient and outpatient services, grounded in clinical excellence, ethical practices, and a patient-centric approach.

The facility ensures the well-being of patients and their families through a dedicated team of efficient doctors, caring nurses, organized housekeeping, and effective back-office management.

Committed to sustainable positive impact, the CK Birla Group allocates significant resources to philanthropic initiatives in science and technology, art and culture, and heritage preservation, while also working to improve the livelihoods of rural and underprivileged communities.

ORGANISATION STRUCTURE



Vision: To deliver exceptional patient care and achieve clinical excellence.

Mission: To establish top tier clinical centres, supported by robust research, education and evidence-based medicine, to ensure the best outcomes for our patients.

ORGANISATION PHOTO

Learning and Value Additions: Developed data analysis skills, Gained insights into patient service optimization and Improved communication and problem-solving skills.

PATIENT EXPERIENCE DEPARTMENT-CK BIRLA HOSPITALS, JAIPUR

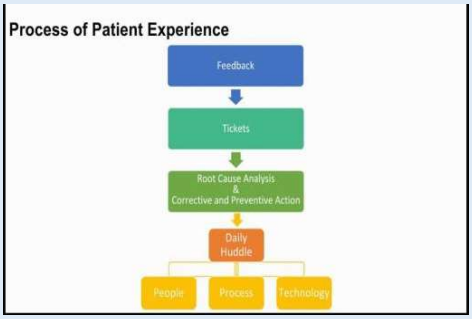
Project

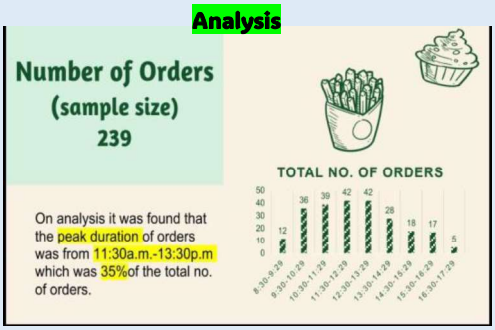
Reasons of delayed patient attendants' orders than given TAT.

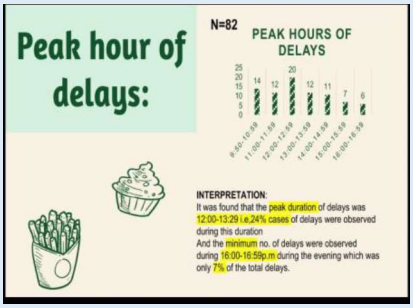
Objectives

To identify and analyse the primary causes of delayed patient attendants' orders beyond the given Turnaround Time (TAT) in order to implement effective solutions that enhance operational efficiency and patient satisfaction at CK Birla Hospitals.

Analysis







SWOT ANALYSIS

STRENGTH

- Dedicated Team
- Existing Data
- Leadership Support
- Technology Infrastructure

WEAKNESS

- Resource Constraints
- Resistance to Change
- Data Quality
- Communication

OPPORTUNITIES

- Training Programs
- Process Standardization
- Technology Upgrades
- Patient Satisfaction

THREATS

- Unforeseen Challenges
- Compliance and Regulation
- External Factors
- Competitor Actions

Difference Between Practical Exposure at SIP Organization and Theoretical Understanding from IIHMR University:

Practical Exposure:

Real-time data handling

Direct patient interaction

Theoretical Understanding:

Framework for analyzing healthcare operations

Strategies for patient satisfaction improvement

WORKING AREA

Challenges Faced During Internship:

Adapting to the fast-paced healthcare environment

Managing patient expectations and complaints

Coordinating with multiple departments

Learnings During Internship: Enhanced ability to analyze and interpret data. Improved patient interaction and communication skills. Gained understanding of operational workflows

Usefulness of Internship: Provided real-world healthcare management experience Bridged the gap between theoretical knowledge and practical application. Contributed to personal and professional growth

Suggestions for the Organization:

Implement a real-time tracking system for patient attendants' orders

Conduct regular training sessions to improve staff efficiency

Enhance inter-departmental communication to reduce delays

Develop a feedback mechanism for continuous improvement

Completion Certification from the Organization

CERTIFICATE

This is to certify that Dr./Mr./ Ms._____of _____(batch) of _____ (Name of the department/institute) has worked with our organization for his/her summer internship from _____to _____(date)._____The overall performance shown by him/her during the period was excellent/good/average. This certificate is being issued to meet the requirements of the IIHMR University.

Date:

(Signature of organization Mentor)

Name:

Designation:

Seal/Stamp of
the Organization

IIHMR University Faculty Mentor Approval

This is to certify that Dr./Mr./ Ms._____of academic year 2022-24__of _____ (Name of the school) has prepared a poster with respect to his/her summer internship held during May-June 2023.

He /she has carried out work as per the guidelines. His / Her poster is approved for presentation.

Date: (Signature of Faculty Mentor)

Name:

Designation:

Weekly Report-1

Name of the Organisation: CK Birla hospitals

Area/ Department/ Project of Summer Internship Program: Patient experience department

Name of the Student: Surbhi Sharma

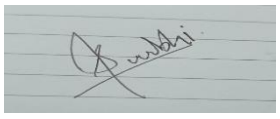
Roll no: 1861 **Stream:** MBA-HM

Week no: 1st

From……1stmay2024**……to……**4thmay2024**……**

Activity Done	Throughout the week, I dedicated myself to familiarizing myself with the processes and protocols within the department. This included shadowing experienced team members as they interacted with patients, observing their concerns, and understanding the feedback collection procedures. Additionally, I actively engaged in taking feedbacks from patients, ensuring their concerns were accurately recorded and addressed promptly, I also took detailed notes during observation sessions to identify common themes and area for improvement.
Linking theory (Classroom learning) with practice at your organisation	In the classroom, I gained foundational knowledge about patient experience principles, feedback collection methodologies, and the importance of empathetic communication. This theoretical understanding provided me with a solid framework as I transitioned into the practical setting of the organization. In practice, I had the opportunity to apply this knowledge firsthand. By actively engaging with patients, I could see how the theories we discussed in class translated into real-life interactions. For example, understanding the importance of active listening and empathy helped me effectively gather feedback from patients while ensuring they felt heard and valued.
Gaps identified on the working area.	1. Communication Channels: While the organization has established feedback collection procedures, there may be opportunities to enhance communication channels between patients and staff. Exploring alternative methods such as digital feedback platforms or regular town hall meetings could help improve accessibility and transparency. 2. Data Analysis and Action Plans: While feedback is collected diligently, there appears to be a gap in the

	analysis and implementation of action plans based on this data. Developing a more structured approach to analyzing feedback data and translating insights into actionable strategies could lead to more meaningful improvements in patient experience. 3. Staff Training and Development: Providing ongoing training and development opportunities for staff members, particularly in areas such as empathetic communication and conflict resolution, could help address gaps in patient-staff interactions and enhance overall patient satisfaction. 4. Cultural Sensitivity: Given the diverse patient population served by the organization, there may be opportunities to further promote cultural sensitivity and inclusivity among staff members. Implementing cultural competency training programs and fostering a culture of respect and understanding could help bridge potential gaps in patient care.
Suggestions for improvement	1. Strengthen Data Analysis and Action Plans: • Develop standardized protocols for analysing feedback data, including identifying trends, prioritizing issues, and developing action plans. • Assign clear responsibilities for implementing action plans and establish timelines for follow-up and review to ensure accountability. 2. Invest in Staff Training and Development: • Offer ongoing training programs focused on enhancing communication skills, empathy, and cultural competency among staff members. • Provide opportunities for staff to participate in workshops, seminars, or online courses to stay updated on best practices in patient care. • and promoting open dialogue on cultural sensitivity issues.
Plan for the next week.	• Selecting my project and start working on it • Collecting required data for initiating the project • Analysing the collected data.



Signature of the Student

Approved by the IIHMR University's Mentor

Weekly Report-2

Name of the Organisation: CK Birla hospitals

Area/ Department/ Project of Summer Internship Program: Patient Experience Department

Name of the Student: Surbhi Sharma

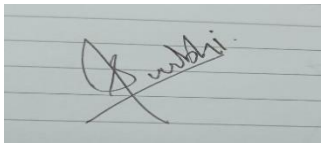
Roll no: 1861 **Stream:** HM

Week no: 2nd

From:……6th may…**……to……**11th may**……..**

Activity Done	During my second week interning in the Patient Experience Department at the hospital, I delved into the crucial aspects of gathering feedback and analysing data to enhance the quality of care provided. Under the guidance of seasoned professionals, I learned the intricacies of effectively soliciting feedback from patients and their families, recognizing the importance of creating a supportive environment for open communication. Through various methodologies such as surveys, interviews, and focus groups, I gained valuable insights into the diverse needs and preferences of the individuals we serve. Moreover, I became proficient in organizing and analysing the collected data using statistical tools and software, recognizing patterns, trends, and areas for improvement
Linking theory (Classroom learning) with practice at your organisation	My classroom learning laid a strong foundation for my practical experience in the Patient Experience Department at the hospital, seamlessly bridging theory with real-world application. Concepts such as survey design, qualitative and quantitative data analysis, and the importance of patient-centred care were instrumental in guiding my approach to gathering feedback and analysing data. Understanding statistical methods enabled me to confidently navigate the complexities of data interpretation and draw meaningful conclusions. Additionally, coursework emphasizing effective communication and empathy equipped me with the interpersonal skills necessary to engage with patients and their families sensitively, fostering an environment conducive to candid feedback. By integrating theoretical knowledge with hands-on practice, I not only gained a deeper appreciation for the relevance of classroom learning but also recognized its tangible impact in driving positive change within the healthcare setting.

Gaps identified on the working area.	During my time in the Patient Experience Department at the hospital, I identified several key gaps in our working area that present opportunities for improvement. One notable gap pertains to the collection and analysis of feedback from diverse patient demographics. While we diligently gathered feedback, there appeared to be a lack of representation from certain demographic groups, potentially skewing our understanding of the overall patient experience. Additionally, the methods used for data collection seemed to primarily focus on quantitative measures, such as surveys, neglecting the rich qualitative insights that could be gleaned from in-depth interviews or focus groups. Another gap observed was in the utilization of technology to streamline feedback collection and analysis processes. While we employed traditional methods, there was room to explore innovative digital solutions that could enhance efficiency and accessibility for both patients and staff.
Suggestions for improvement	1. Enhance feedback collection by diversifying methods tailored to diverse patient demographics, including online surveys, multilingual paper forms, and in-person interviews, ensuring comprehensive perspectives. 2. Improve qualitative analysis using thematic or sentiment analysis to deepen insights from patient narratives, enriching understanding beyond numerical ratings. 3. Foster cultural competency among staff through training and resources, empowering patients from all backgrounds to provide feedback, promoting inclusivity in feedback processes.
Plan for the next week.	From the next week I will work on my project and that is reasons of delayed food services for the patients



Signature of the Student

Approved by the IIHMR University's Mentor

Weekly Report-3

Name of the Organisation: CK Birla hospitals

Area/ Department/ Project of Summer Internship Program: Patient experience department

Name of the Student: Surbhi Sharma

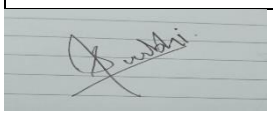
Roll no: 1861 **Stream:** HM

Week no: 3rd

From:……13th may…**……to……**18th may**……..**

Activity Done	In third week, I have started collecting data for the analysis of the reasons in delay in services in fnb department for which 1. Metrics: Determine the key metrics you will be measuring, such as: • Time taken for order placement • Time taken for order processing • Time taken for order delivery • Total time spent per order • Frequency of errors or delays 2. Observation Sheet: Design an observation sheet to record data during the study. Include columns for: • Time of observation • Order ID (for tracking) • Order placement time • Order processing time • Order delivery time • Total time spent • Any errors or delays encountered
Linking theory (Classroom learning) with practice at your organisation	Patient-Centred Care involves prioritizing patients' preferences and needs, exemplified by efforts to enhance meal delivery for improved satisfaction. Quality Improvement through the PDSA Cycle emphasizes testing and refining interventions to reduce delays in meal service. Health Informatics applies technology, proposing an electronic meal ordering system to replace manual processes. Leadership and Communication foster effective teamwork and stakeholder engagement, while Ethics and Cultural Competence ensure inclusive meal solutions respectful of dietary needs. Data Analysis drives evidence-based decisions by analyzing patient feedback to address service delays, aligning with Healthcare Systems and Policies to meet regulatory standards. Reflective Practice

	supports continual learning and project adaptation for enhanced outcomes.
Gaps identified on the working area.	1. Communication Breakdowns: • Issue: Poor communication between departments, particularly between medical staff and the kitchen, leading to delayed or incorrect meal orders. • Impact: Patients often received cold or incorrect meals, negatively affecting their overall experience. 2. Inefficient Order Transmission: • Issue: Reliance on a manual meal ordering process prone to errors and delays. • Impact: Slower processing times and increased likelihood of mistakes, causing dissatisfaction among patients. 3. Coordination Challenges: • Issue: Lack of coordination among kitchen staff, dietitians, and service coordinators. • Impact: Inconsistent meal preparation and delivery schedules, resulting in inefficiencies and patient dissatisfaction.
Suggestions for improvement	To enhance communication, implement a hospital-wide electronic system for timely dietary change and meal order relay, alongside regular interdepartmental meetings among kitchen staff, dietitians, and medical personnel. Streamline order transmission by adopting a digital meal ordering system for real-time processing and centralized order management to handle changes efficiently. Improve coordination with a dedicated liaison role to manage dietary adjustments and clear workflow protocols for meal preparation and delivery, ensuring clarity and efficiency in responsibilities..
Plan for the next week	For next week I will continue collecting enough data for my further analysis



Signature of the Student

Approved by the IIHMR University's Mentor

Weekly Report-4

Name of the Organisation: CK Birla hospitals

Area/ Department/ Project of Summer Internship Program: Patient experience department

Name of the Student: Surbhi Sharma

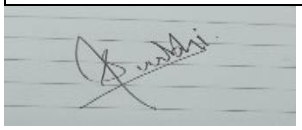
Roll no: 1861 **Stream:** HM

Week no:4th

From:……20th may……**to……**25th may**……..**

Activity Done	In fourth week, I have been collecting data for the analysis of the reasons in delay in services in FNB department.
Linking theory (Classroom learning) with practice at your organisation	Patient-Centred Care: I focus on understanding and meeting patients' preferences and needs, particularly through initiatives like improving meal delivery for enhanced satisfaction. Quality Improvement (PDSA Cycle): I apply the Plan-Do-Study-Act approach to continually refine processes, such as testing interventions to reduce meal delivery delays systematically. Health Informatics: I leverage technology to propose solutions like an electronic meal ordering system, aimed at improving efficiency and accuracy in healthcare delivery. Leadership and Communication: I engage in effective teamwork and stakeholder collaboration, including presenting findings to department heads to foster interdisciplinary communication. Ethics and Cultural Competence: I ensure meal service solutions respect diverse backgrounds and dietary needs, promoting inclusivity and cultural sensitivity in patient care initiatives.
Gaps identified on the working area.	1. Communication Breakdowns: • Issue: Poor communication between departments, particularly between medical staff and the kitchen, leading to delayed or incorrect meal orders. • Impact: Patients often received cold or incorrect meals, negatively affecting their overall experience. 2. Inefficient Order Transmission:

	• Issue: Reliance on a manual meal ordering process prone to errors and delays. • Impact: Slower processing times and increased likelihood of mistakes, causing dissatisfaction among patients. 3. Coordination Challenges: • Issue: Lack of coordination among kitchen staff, dietitians, and service coordinators. • Impact: Inconsistent meal preparation and delivery schedules, resulting in inefficiencies and patient dissatisfaction.
Suggestions for improvement	Enhance Communication: Implement an Electronic Communication System: Utilize a hospital-wide communication platform to ensure timely and accurate relay of dietary changes and meal orders between medical staff and the kitchen. • Regular Interdepartmental Meetings: Schedule regular meetings between kitchen staff, dietitians, and medical personnel to discuss and address ongoing issues. 2. Streamline Order Transmission: • Adopt an Electronic Meal Ordering System: Replace the manual process with a digital system that allows for real-time order placement and tracking, reducing errors and delays. • Centralized Order Management: Develop a centralized hub for meal orders to ensure all changes and special requests are processed efficiently. 3. Improve Coordination: • Dedicated Liaison Role: Create a role responsible for coordinating between the kitchen, dietitians, and medical staff to manage dietary changes and special requests. • Clear Workflow Protocols: Establish and document clear protocols for meal preparation and delivery, ensuring all team members understand their roles and responsibilities.
Plan for the next week	For the next week I will complete my data collection and start working on the analysis of the data.



Signature of the Student

Approved by the IIHMR University's Mentor

Weekly Report-5

Name of the Organisation: CK Birla hospitals

Area/ Department/ Project of Summer Internship Program: Patient experience department

Name of the Student: Surbhi Sharma

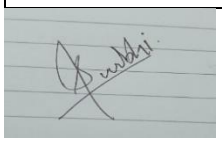
Roll no: 1861 **Stream:** HM

Week no: 5th

From:……27th may**……to……**1stJune**……..**

Activity Done	During my fifth week in the patient experience department, I focused on analyzing data to uncover factors contributing to delayed patient attendant orders in F&B. Using statistical tools, I quantitatively analyzed survey data to identify patterns and correlations, shedding light on when and why delays occurred. Qualitative analysis of interview and focus group data revealed deeper insights into contextual factors influencing delays. I also conducted a root cause analysis, mapping the entire F&B order process to pinpoint inefficiencies and understand the underlying reasons behind the delays.
Linking theory (Classroom learning) with practice at your organisation	Classroom Learning: • I studied research methods, learning techniques such as surveys, interviews, and observational studies. • I gained proficiency in statistical analysis, using tools for correlation, regression, and hypothesis testing. Practical Application: • Applied research methods to design effective surveys for patients, attendants, and F&B staff. • Used statistical tools to analyze survey data, identifying patterns and correlations. • Conducted qualitative analysis to extract themes from interviews and focus groups, integrating both methods for root cause analysis.

Gaps identified on the working area.	Insufficient staffing in the F&B department during peak hours leads to overburdened staff, resulting in slower service and increased errors. Inadequate training for new and existing staff on the F&B order process and patient-specific needs contributes to inefficiencies and inconsistent service quality. Redundant steps in the order processing workflow and lack of automation add unnecessary time and effort, leading to delays and reduced overall efficiency due to manual processes prone to human error.
Suggestions for improvement	• **Adjust Staffing Levels**: Ensure adequate staffing during peak hours. • **Comprehensive Training**: Implement training programs covering all aspects of the F&B process. • **Streamline Workflow**: Eliminate redundant steps in order processing. • **Automate Tasks**: Use automation tools for repetitive tasks. • **Inventory Management**: Implement an advanced system to track and manage inventory. • **Logistical Planning**: Optimize meal transportation logistics. • **Service Plans**: Create individualized plans for patients with special dietary needs. • **Dietary Tracking**: Use a system to track and communicate dietary restrictions. • **Upgrade Infrastructure**: Invest in modern technology for order processing.
Plan for the next week	In upcoming week I will be working on my another project that is auditing on delayed call bell responses in ipd.



Signature of the Student

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Weekly Report-6

Name of the Organisation: CK Birla hospitals

Area/ Department/ Project of Summer Internship Program: Patient experience department

Name of the Student: Surbhi Sharma

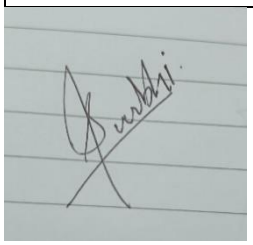
Roll no: 1861 **Stream:** HM

Week no:6th

From:……3rdJune**……to……**8th June**……..**

Activity Done	In my sixth week I have been started working on my new project that is to audit delayed call bell response in ipd and Metrix for the same is given below • Call bell time • Call bell response time • Location • Time at which service has been done • Concern • Department which responded the bell
Linking theory (Classroom learning) with practice at your organisation	**Classroom Learning**: • **Research Methods**: Understanding various data collection techniques such as surveys, interviews, and observational studies. • **Statistical Analysis**: Learning to use statistical tools and software for data analysis, including calculating averages, identifying trends, and interpreting results. **Practical Application**: **Review of Call Bell Logs**: I utilized research methods to systematically review historical call bell data. • **Surveys and Observations**: Designed and distributed surveys and conducted observational studies, applying classroom knowledge to gather and interpret qualitative data.

	• **Quantitative Analysis**: Analyzed response times and patterns using statistical methods learned in class
Gaps identified on the working area.	**Insufficient Staffing**: Inadequate staffing levels during peak hours, leading to delayed responses. **Inadequate Training**: Staff lacked comprehensive training on efficient call bell response procedures.
Suggestions for improvement	**Optimal Staffing Levels**: Ensure adequate staffing during peak hours through a staffing analysis. **Comprehensive Training Programs**: Provide thorough training for new and existing staff on call bell response procedures.
Plan for the next week	In upcoming week I will continue my data collection for analysis



Signature of the Student

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Weekly Report-7

Name of the Organisation: CK Birla hospitals

Area/ Department/ Project of Summer Internship Program: Patient experience department

Name of the Student: Surbhi Sharma

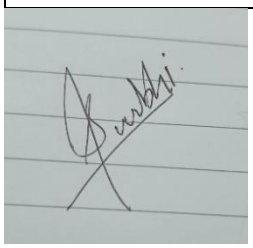
Roll no: 1861 **Stream:** HM

Week no: 7th

From:……10th June**……to……**15th June**……..**

Activity Done	In my 7th week of internship I was working on my IPD project for which I have been collecting data for the analysis.
Linking theory (Classroom learning) with practice at your organisation	**Classroom Learning**: • **Research Methods**: Understanding various data collection techniques such as surveys, interviews, and observational studies. • **Statistical Analysis**: Learning to use statistical tools and software for data analysis, including calculating averages, identifying trends, and interpreting results. **Practical Application**: **Review of Call Bell Logs**: I utilized research methods to systematically review historical call bell data. • **Surveys and Observations**: Designed and distributed surveys and conducted observational studies, applying classroom knowledge to gather and interpret qualitative data. **Quantitative Analysis**: Analyzed response times and patterns using statistical methods learned in class.
Gaps identified on the working area.	• **No Personalized Plans**: Lack of individualized service plans for patients with special needs. • **Inadequate Tracking**: Poor tracking of patient-specific requirements and preferences.

Suggestions for improvement	**Streamline Workflow**: Eliminate redundant steps in the call bell response process. • **Automate Processes**: Introduce automation tools for handling repetitive tasks.
Plan for the next week	In my upcoming week I will continue with my data collection and I will start working on the data analysis



Signature of the Student

Approved by the IIHMR University's Mentor

Weekly Report-8

Name of the Organisation: CK Birla hospitals

Area/ Department/ Project of Summer Internship Program: Patient experience department

Name of the Student: Surbhi Sharma

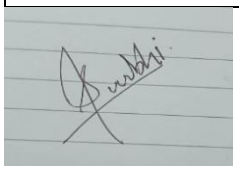
Roll no: 1861 **Stream:** HM

Week no: 8th

From:……17TH June**……to……**22ndJune…**……..**

Activity Done	In my 8th week of internship I have started working on the analysis of the call bell response data which I have collected in the ipd
Linking theory (Classroom learning) with practice at your organisation	**Classroom Learning**: • **Data Cleaning and Validation**: Understanding the importance of data accuracy and completeness. • **Normalization Techniques**: Techniques for standardizing data formats and handling missing values. **Practical Application**: • **Data Validation**: Ensured the accuracy of collected call bell response data through rigorous validation processes. • **Normalization**: Standardized data formats to facilitate consistent analysis and reporting.
Gaps identified on the working area.	1. **Communication Gaps**: o **Interdepartmental Communication**: Inadequate communication channels between nursing staff, patient attendants, and support teams, affecting response coordination. o **Feedback Mechanisms**: Lack of systematic feedback loops for staff to report issues or suggest improvements in the call bell response process. 2. **Staffing and Training Gaps**:

	○ **Staffing Levels**: Insufficient staffing during peak periods leading to delays in responding to patient call bells. ○ **Training Programs**: Inadequate training provided to staff on effective call bell response procedures and patient prioritization. 3. **Process Inefficiencies**: ○ **Workflow Bottlenecks**: Redundant or inefficient steps in the call bell response workflow that delay response times. ○ **Manual Processes**: Heavy reliance on manual processes that are prone to errors and delays. 4. **Resource Management Gaps**: ○ **Inventory and Equipment**: Inadequate management of resources such as medical supplies or equipment needed to respond to patient calls promptly. ○ **Logistical Challenges**: Inefficient logistics in transporting resources or staff to respond to call bells quickly.
Suggestions for improvement	• **Enhance Communication Channels**: Implement a centralized communication platform and establish clear protocols for communication between departments. • **Increase Staffing Levels**: Conduct a staffing analysis and adjust staffing levels to ensure adequate coverage during peak hours. • **Streamline Workflow**: Identify and eliminate workflow bottlenecks through process mapping and optimization. • **Upgrade Technology**: Invest in modern call bell systems and ensure integration with other hospital systems for seamless communication.
Plan for the next week	I will prepare my presentations for my both projects



Signature of the Student

Approved by the IIHMR University's Mentor

Compiled Reporting Format

Name of the Organisation: Ck Birla hospitals

Area/ Department/ Project of Summer Internship Program: Patient experience department

Name of the Student: Surbhi Sharma

Roll no: 1861 **Stream:** HM

Activity Done	Throughout my internship in the Patient Experience Department at the hospital, I've been deeply involved in understanding and improving various aspects of patient care and service efficiency. Initially, I focused on familiarizing myself with departmental protocols by shadowing experienced team members and observing patient interactions. I took meticulous notes during these sessions to grasp common concerns and feedback collection procedures effectively. In my second week, I delved into the critical task of gathering and analyzing patient feedback to enhance care quality. Under mentorship, I learned how to solicit feedback through surveys, interviews, and focus groups. This taught me the importance of fostering open communication for improving patient experiences. I also gained proficiency in organizing and analyzing feedback data using statistical tools, which revealed valuable insights for continuous healthcare delivery enhancement. During my third and fourth weeks, my focus shifted to the Food and Beverage

	(F&B) department, where I began analyzing service delays. I identified key metrics such as order placement time, processing time, delivery time, and total time spent per order. By conducting a time motion study, I gained insights into the order-taking process and identified opportunities for enhancing efficiency and customer satisfaction. In the fifth week, I continued my analysis of delayed orders in the F&B department. I conducted both quantitative and qualitative analyses of survey, interview, and focus group data. This allowed me to quantify delays and understand the contextual factors contributing to them through themes and insights extracted from qualitative data. I also performed root cause analysis to pinpoint inefficiencies in the order process. Moving into my sixth week, I initiated a new project auditing delayed call bell responses in the In-Patient Department (IPD). This involved tracking call bell times, response times, locations, service times, concerns, and responding departments. This project aimed to improve responsiveness and patient satisfaction in urgent situations. By my eighth week, I began analyzing the data collected from the IPD call bell responses. This analysis aimed to identify patterns and opportunities for improvement in response times and service efficiency, crucial for ensuring prompt and effective patient care. Overall, my internship has provided hands-on experience in data collection, analysis, and process improvement within healthcare settings, reinforcing the importance of patient feedback and

	operational efficiency in delivering high-quality care.
Linking theory (Classroom learning) with practice at your organisation	During my time in the Patient Experience Department at the hospital, I've seen firsthand how the knowledge gained in the classroom has seamlessly integrated with practical experience, enhancing my ability to make a real impact on patient care. In class, I studied foundational principles of patient experience, feedback methodologies, and effective communication, which provided a solid framework for my work. This theoretical grounding became immediately applicable when I began engaging directly with patients. For instance, concepts like active listening and empathy were instrumental in ensuring patients felt heard and valued when providing feedback. The organization's commitment to continuous improvement aligned perfectly with what I learned in class about the Plan-Do-Study-Act (PDSA) cycle for quality improvement. By participating in feedback sessions and observing patient concerns, I could see how theory informs practical strategies for positive change in healthcare delivery. My coursework also equipped me with essential skills in survey design, data analysis using statistical tools, and understanding patient-centered care.

	These skills were pivotal when I tackled projects like analyzing delays in food and beverage service. By collecting and interpreting data on order times and service efficiencies, I could identify areas for improvement and propose solutions aimed at enhancing patient satisfaction. In another project focused on call bell response times in the In-Patient Department, I applied my classroom knowledge of research methods and data analysis. This involved reviewing historical data, designing surveys, and conducting qualitative analysis to uncover factors influencing response times. By bridging theory with practice, I not only deepened my understanding of these concepts but also contributed to improving operational efficiency and patient care outcomes. Moreover, my coursework in healthcare systems and policies provided a comprehensive understanding of regulatory frameworks and organizational standards. This knowledge was crucial in proposing changes aligned with hospital policies, ensuring that improvements were both effective and compliant. Reflective practice was also emphasized in my studies, teaching me to continually assess and adapt strategies based on outcomes. This approach proved invaluable in refining project methodologies and maximizing their impact on patient experience. Overall, the synergy between classroom learning and practical application has been instrumental in my growth within the Patient Experience Department. It has reinforced the relevance of academic

	study in driving tangible improvements in healthcare delivery, underscoring the value of bridging theory with real-world practice for meaningful outcomes.
Gaps identified on the working area.	During my internship in the Patient Experience Department at the hospital, I identified several key areas where improvements could significantly enhance patient care and satisfaction. 1. **Communication Breakdowns:** o **Issue:** There was poor communication between departments, especially between medical staff and the kitchen, resulting in delayed or incorrect meal orders. o **Impact:** Patients often received cold or wrong meals, which negatively impacted their overall experience. 2. **Inefficient Order Transmission:** o **Issue:** The manual meal ordering process was prone to errors and delays. o **Impact:** This led to slower processing times and increased chances of mistakes, causing dissatisfaction among patients. 3. **Coordination Challenges:** o **Issue:** Lack of coordination among kitchen staff, dietitians, and service coordinators.

	- **Impact:** Inconsistent meal preparation and delivery schedules, resulting in inefficiencies and patient dissatisfaction.
	4. **Insufficient Staffing:**
	  - **Issue:** The F&B department often faced understaffing issues, particularly during peak hours.
	  - **Impact:** Overburdened staff led to slower service and higher error rates in order fulfillment.
	5. **Inadequate Training:**
	  - **Issue:** Both new and existing staff lacked comprehensive training on the F&B order process and patient-specific needs.
	  - **Impact:** This contributed to operational inefficiencies and inconsistent service quality.
	6. **Redundant Steps in Order Processing:**
	  - **Issue:** The order processing workflow included unnecessary and redundant steps.
	  - **Impact:** These extra steps prolonged the time taken to fulfill orders, resulting in delays for patients.
	7. **Lack of Automation:**
	  - **Issue:** Many aspects of the F&B ordering process relied on manual efforts.
	  - **Impact:** Manual processes were prone to human error and slower turnaround times, reducing overall efficiency.

	Addressing these gaps would involve implementing clearer communication channels between departments, streamlining order processing through automation where possible, enhancing staff training programs, and optimizing workflows to eliminate redundancies. These improvements aim to not only improve operational efficiency but also enhance the overall patient experience by ensuring timely and accurate service delivery.
	
	Similarly, in the context of call bell responses in the In-Patient Department, I noted additional areas for improvement:
	
	1. **Communication Gaps:**
	  - **Interdepartmental Communication:** Improve channels between nursing staff, patient attendants, and support teams to coordinate response efforts effectively.
	  - **Feedback Mechanisms:** Establish structured feedback loops for staff to report issues and suggest improvements in the call bell response process.
	2. **Staffing and Training Gaps:**
	  - **Staffing Levels:** Address understaffing during peak periods to reduce response delays.
	  - **Training Programs:** Provide comprehensive training on efficient call bell response procedures and patient prioritization to all relevant staff.
	3. **Process Inefficiencies:**
	  - **Workflow Bottlenecks:** Identify and streamline inefficient steps in the call

	bell response workflow to reduce response times. o **Manual Processes:** Minimize reliance on manual processes that contribute to delays and errors. 4. **Resource Management Gaps:** o **Inventory and Equipment:** Ensure adequate management of resources required for prompt response to patient calls. o **Logistical Challenges:** Improve logistics for transporting resources or staff to respond to call bells promptly.
Suggestions for improvement	**Strengthen Data Analysis and Action Plans:** 1. **Develop Standardized Protocols for Data Analysis:** o We'll establish clear guidelines for how we analyze patient feedback data. This includes methods for identifying trends and prioritizing issues that need our immediate attention. By having a structured approach, we ensure that no valuable insights are missed. 2. **Assign Clear Responsibilities and Timelines:** o Each team member will have specific responsibilities for implementing action plans

	based on the feedback we receive. We'll set clear timelines for follow-up and review to make sure everyone is held accountable for making improvements promptly. **Invest in Staff Training and Development:** 1. **Enhance Communication Skills:** o We're committed to offering ongoing training programs that focus on improving communication skills, empathy, and cultural competency among our staff. These skills are crucial for building strong relationships with patients from diverse backgrounds. 2. **Continual Professional Development:** o Our staff will have opportunities to attend workshops, seminars, and online courses to stay updated on the latest best practices in patient care. We believe in fostering a learning culture that keeps our team well-informed and adaptable. **Diversifying Feedback Collection Methods:** • To ensure we capture a wide range of patient perspectives, we're introducing various methods for collecting feedback. This includes online surveys, paper-based forms available in multiple languages, and conducting in-person

	interviews when necessary. By diversifying our approach, we make sure that every patient's voice is heard. **Enhancing Qualitative Analysis:** • We're incorporating advanced techniques like thematic analysis and sentiment analysis to gain deeper insights from patient narratives and comments. This qualitative data gives us a better understanding of the nuances behind numerical ratings, helping us make more informed decisions to improve patient experiences. **Promoting Cultural Competency:** • Providing training and resources on cultural competency and sensitivity is a priority for us. We want all our staff to feel confident in understanding and respecting cultural differences. This initiative ensures that every patient, regardless of their background, feels comfortable sharing feedback, creating a more inclusive environment. **Improving Communication Channels:** 1. **Implementing an Electronic Communication System:** o We're rolling out a hospital-wide platform to ensure that dietary changes and meal orders are communicated accurately and promptly between medical staff and the kitchen. This reduces errors and ensures that

	patients receive their meals as requested. 2. **Regular Interdepartmental Meetings:** o We'll schedule regular meetings between our kitchen staff, dietitians, and medical personnel. These meetings are crucial for addressing ongoing issues and improving coordination across departments, ultimately enhancing the overall patient experience. **Streamlining Order Transmission:** 1. **Adopting an Electronic Meal Ordering System:** o Moving away from manual processes, we're introducing a digital system for real-time meal ordering and tracking. This change will minimize errors and delays, ensuring that dietary preferences and special requests are managed efficiently. 2. **Centralized Order Management:** o By centralizing our meal ordering process, we can streamline how we handle changes and requests. This centralized hub will ensure that all orders are processed promptly and accurately, improving service delivery times. **Addressing Staffing and Workflow Challenges:**

	• We're committed to optimizing our staffing levels during peak hours to ensure that we have enough resources to meet patient needs promptly. Additionally, we're reviewing and refining our workflows to eliminate any unnecessary steps that might cause delays or errors. **Upgrading Technology:** • Investing in modern technology for order processing and communication systems is a priority. By upgrading our infrastructure, we aim to improve efficiency and accuracy across all aspects of patient care and service delivery.

Signature of the Student

Approved by the IIHMR University's Mentor