SUMMER INTERNSHIP PROGRAM

at

P.D.HINDUJA HOSPITAL & MEDICAL RESEARCH CENTRE, MUMBAI

From 1st May 2024 to 30th June 2024

A REPORT BY

SIDHI SANTOSH MORE
Master of Business Administration

MBA (HOSPITAL AND HEALTH MANAGEMENT)

2023-25

under the Mentorship of

DR. NEETU PUROHIT

Professor

Institute of Health Management Research

IIHMR University, Jaipur

P. D. HINDUJA NATIONAL HOSPITAL
& MEDICAL RESEARCH CENTRE
(Established and managed by the National Health & Education Society)

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Date: **29/06/2024**

TO WHOMSOEVER IT MAY CONCERN

This is to certify that **Dr Sidhi More** did **her** Internship in our Hospital from **1-05-2024 to 30-06-2024** as an Administrative Intern.

During this period, **her** assignment was as follows:

1. Efficiency & effectiveness of communication of the hospital telephone operators.
2. Reducing the Waiting time of MRI Scan patients

I wish **her** all the success in future endeavours.

Joy Chakraborty
Chief Operating Officer

Dr. Preeti Goraksha
Assistant Director Quality & Clinical Administration

IIHMR UNIVERSITY

IIHMR University Faculty Mentor Approval

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

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

Date: 19-7-24

Dr. Neetu Purohit
Professor

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P. D. HINDUJA HOSPITAL & MEDICAL RESEARCH CENTRE

ASSESSING THE COMMUNICATION EFFICIENCY OF TELEPHONE OPERATORS OF THE HOSPITAL

IIHMR UNIVERSITY

FACULTY MENTOR - Dr. NEETU PUROHIT
INDUSTRY MENTOR - Dr. PREETI GORAKSHA

PRESENTED BY - Dr. SIDHI MORE
ROLL NO - 1753 (MBA HM 28)

BRIEF HISTORY OF P.D. HINDUJA HOSPITAL & MRC

After partition, the situation in Bombay was grim because of the entry of hundreds of refugees. As a result, the standards of health and sanitation dropped exponentially. During this time, late Mr. Parmanand Hinduja set up the 'Seth Deepchand Gangaram Hinduja Health Care' in Dec 1951 at Veer Savarkar Marg. It was set up mainly to cater to the healthcare needs of the refugees. It had an OPD & dispensary. In 1953, the 'National Hospital' was set up comprising 30 beds. In 1976, the name was changed to 'P.D. Hinduja Hospital and Medical Research Centre'. The Hinduja brothers made a tie up with the Massachusetts General Hospital for help in planning & staffing. In 1986, it was finally turned into a tertiary care hospital consisting of 520 beds out of which 20% are reserved for charity. In 2013, another unit called Hinduja Healthcare Surgical was set up in Khar, Mumbai comprising 96 of the beds.

ORGANISATION MISSION

To provide Quality Healthcare For All i.e., healthcare that is – Affordable, Value based, Ethical, Transparent, Outcome based & Backed by Technology & Innovation.

ORGANISATION VISION

To create P. D. Hinduja Hospital & Medical Research Centre a world class medical institution by delivering quality medical care to all patients, as well as continuous medical education to all the doctors & training of nurses and by undertaking basic & clinical research with the focus on the needs of the country.

SWOT ANALYSIS

Strengths

- Provisions to deal with almost all kinds of health problems.
- Dedicated buildings to serve different purposes thus ensuring smooth workflow.
- In-house pharmacy available.
- Provision of free health facilities for all the staff members.
- One of the best oncology unit.

Weaknesses

- Lack of manpower.
- Does not have a dedicated Obstetric & burns unit at Mahim hospital.
- Transport of patients & blood samples take considerable time due to poor connectivity between different buildings of the hospital.

Opportunities

- New projects for further development & rectifying outstanding problems.
- Focusing more on the competing hospitals & how to increase revenue flow.

Threats

- The chances of maintaining the existing growth rate is low.
- Entry of new competitions in the area such as Fortis & Apollo hospitals & their marketing strategies.

Different ways of analyzing the primary data.

Application of time motion study.

LEARNINGS

Small departments have a crucial role in the working of the hospital.

USEFULNESS OF INTERNSHIP

1. Real world corporate experience.
2. Opportunity to work on actual and real time projects.
3. Opportunity to increase my knowledge regarding the field I intend to work in.

PRACTICAL VS THEORITOCAL LEARNING

THEORY

1. We deal with hypothetical situations and analytical problems given to us.
2. We deal with the secondary data that is provided to us and are expected to find solutions to the problems based on the information that is already available
3. Research methodology and business communication modules made the application in the study easier.

PRACTICAL

1. Primary data collection
2. Analyzing the data , using MS Excel , proper interpretation of data.
3. Use of biostatistics for appropriate data interpretation.
4. Suggestions to minimize the issues faced.

CHALLENGES FACED DURING INTERNSHIP

1. Short span for data collection.
2. Appropriate interpretation of the data.
3. Continuous inputs from different people of the administration department.

SUGGESTIONS

1. Optimization of break timings of the operators.
2. Provision for direct transfer of appointment calls to call center.
3. Admission , billing & TPA department call delays can be fixed. (call goes unanswered).
4. Motivating the employees of the organization.
5. Making the workplace location vibrant.

ABOUT THE PROJECT

AIM - To assess the efficiency & effectiveness of communication of the telephone operators of the hospital.

OBJECTIVES

1. To assess communication etiquette of telephone operators
2. To assess the amount of time spent on value-added and non-value-added activities.

METHODOLOGY

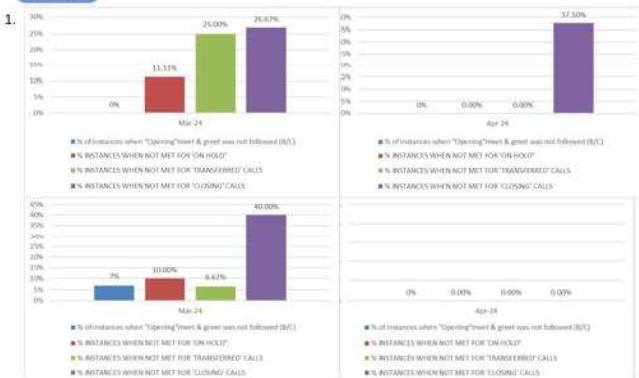
1. Communication etiquettes of the operators were assessed by
   - Hearing the call recordings of the operators through Telesoft-software.
   - Sampling- Convenient
   - Operators assessed- 2
   - Months- March & April 2024
   - Number of calls heard - Operator 1= 40 calls Operator 2= 40 calls
   - Etiquettes taken into consideration- Opening of call ,Holding of call ,Transferring of call ,Closing of call.

2. Amount of time spent by them on Value - added & Non-value added activities.
   Assessment of this parameter was done through a Time Motion Study of the Operators.
   Sample size = Six Tel. Operators
   Duration of study (1 week study)
   - Four operators = 8 hours for one day each
   - Two operators = 4 hours for one day each

   Total hours of study - 40 hours
   Analysis was done on three parameters: **Non-value added time, Value added time, Idle time.**

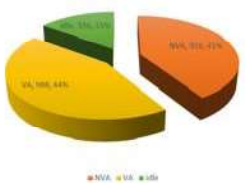
FINDINGS

1.



Assessment of time spent on NVA and VA activities

2. Time in minutes



VA	44%
NVA	41%
Idle time	15%
Total time	100%

NVA- Time when the operator has work but not working.
VA-The operator is working.
Idle time- Operator has no work.

NVA- 926 min (15hrs 26min/40hrs)
VA- 988 min (16hrs 28min/ 40hrs)
Idle- 336 min (5hrs 36min/40hrs)

Reporting Format (Weekly)

Name of the Organization: P.D. Hinduja Hospital and Medical Research Centre

Area/ Department/ Project of Summer Internship Program: Quality

Name of the Student: Dr. Sidhi Santosh More

Roll no: 1753 **Stream:** MBA HHM

Week no: 1 **From:**05/05/2024 To 10/05/2024

Activity Done	1. Introductory Briefing with Assistant Director, Quality and Clinical Administration regarding the hospital and the roles and expectations. 2. Orientation with different departments of the hospital such as, A&E Department, Dialysis Unit, Day Care Unit, Intensive Care Unit, HDU/EICU, Pharmacy, Engineering Department, Laundry Department, Cath Lab and Oncology Department.
Linking theory (Classroom learning) with practice at your organization	Analyzed quality indicators related to the patient care and operational efficiency. Studied basic functioning of different departments in delivering healthcare services. Observed the workflow of each department.
Gaps identified on the working area.	
Suggestions for improvement	ICU: Optimize adjacent room usage; improve patient transportation. Cath Lab: Investigate post-COVID procedure reduction. A&E Department: Reorganize chaotic nurse station; improve patient transport. Pharmacy and Medical Store: Optimize newly shifted space and resolve logistics issues
Plan for the next week	Exposure to different departments

Signature of the Student **Approved by the IIHMR University's Mentor**

Reporting Format
(Weekly)

Name of the Organisation: P .D.Hinduja Hospital, Mumbai
Area/ Department/ Project of Summer Internship Program: quality & operations
Name of the Student: Sidhi Santosh More
Roll no: 1753 **Stream: MBA HHM**
Week no: 2 **From:10-5-24 to 16-5-24**

Activity Done	• Lean Six Sigma a quality project is being assigned which focuses on assessing the efficiency of the telephone operators of the hospitals and assess them on various parameters to improve their quality. • I was given access to their calling software to hear the conversations of the telephone operators & note down the glitches they make in the conversations and put it in the Excel sheet. • Basically the operators are assessed on two parameters 1. How efficiently do they transfer the call to the right department 2. Are they efficiently performing the meet and greet protocols taught to them? • The process was continued for 2 days & after which I was told to observe the operators This in the operator's room on the same parameters.
Linking theory (Classroom learning) with practice at your organization	Tools such as TIME MOTION ANALYSIS is used.
Gaps identified in the working area.	The meet & greet protocol is not followed properly by most of the operators, also they seemed a bit overworked as they lack the human resources.
Suggestions for improvement	Currently in process
Plan for the next week	The next week is going to be an assessment completion week and presenting the observations that were made .

Signature of the Student **Approved by the IIHMR University's Mentor**

Reporting Format
(Weekly)

Name of the Organisation: P D HINDUJA HOSPITAL , MUMBAI
Area/ Department/ Project of Summer Internship Program: QUALITY
Name of the Student: SIDHI MORE
Roll no:1753 **Stream: MBA HHM**
Week no: 3 **From:17/5/24 to 25/5/24**

Activity Done	Time motion analysis of the telecommunication operators and assessment of the operators by hearing their call recordings
Linking theory (Classroom learning) with practice at your organisation	Six sigma
Gaps identified on the working area.	The telecommunication operators seem very dissatisfied in the work schedule and the environment provided.
Suggestions for improvement	A better working area, increase in number of operators working , and reducing burden in terms of overtime for shifts.
Plan for the next week	Completion of the study and presentation to the mentor.

Signature of the Student **Approved by the IIHMR University's Mentor**

Reporting Format
(Weekly)

Name of the Organisation: P D HINDUJA HOSPITAL , MUMBAI
Area/ Department/ Project of Summer Internship Program: OPERATIONS
Name of the Student: SIDHI MORE
Roll no:1753 **Stream: MBA HHM**
Week no: 4 **From:27/5/24 to 1/6/24**

Activity Done	Working to reduce the patients waiting time in MRI department. Time motion analysis currently in progress.
Linking theory (Classroom learning) with practice at your organisation	Biostatistics
Gaps identified on the working area.	The waiting time of the patients in the department has increased and there are a lot of complaints, the department lack internal communication .
Suggestions for improvement	Intradepartment communication can be increased, a chain of command can be put into action.
Plan for the next week	Completion of the project & simultaneously compiling the previous project data.

Signature of the Student **Approved by the IIHMR University's Mentor**

Reporting Format
(Weekly)

Name of the Organisation: P D HINDUJA HOSPITAL , MUMBAI
Area/ Department/ Project of Summer Internship Program: OPERATIONS
Name of the Student: SIDHI MORE
Roll no:1753 **Stream: MBA HHM**
Week no: 5 **From:4/6/24 to 11/6/24**

Activity Done	Working to reduce the patientswaiting time in MRI department. Time motion analysis currently in progress.
Linking theory (Classroom learning) with practice at your organisation	Biostatistics
Gaps identified on the working area.	The waiting time of the patients in the department has increased and there are a lot of complaints, the department lack internal communication .
Suggestions for improvement	Intradepartment communication can be increased, a chain of command can be put into action.
Plan for the next week	Completion of the project & simultaneously compiling the previous project data.

Signature of the Student **Approved by the IIHMR University's Mentor**

Reporting Format
(Weekly)

Name of the Organisation: P D HINDUJA HOSPITAL , MUMBAI
Area/ Department/ Project of Summer Internship Program: OPERATIONS
Name of the Student: SIDHI MORE
Roll no:1753 **Stream: MBA HHM**
Week no: 6 **From: 11/6/24 to 18/6/24**

Activity Done	Working to reduce the waiting time of patients in MRI department. Time motion analysis data collection completed . A total sample size of 100 patients is collected.
Linking theory (Classroom learning) with practice at your organisation	Value stream mapping, pivot table
Gaps identified on the working area.	The waiting time of the patients is increasing due to increase in the scan time of the previous patients.
Suggestions for improvement	Intradepartment communication can be increased, a chain of command can be put into action , proper appointments can be scheduled keeping into consideration the scan time.
Plan for the next week	Data analysis of the collected data & presentation of both the projects done.

Signature of the Student **Approved by the IIHMR University's Mento**

Reporting Format
(Weekly)

Name of the Organisation: P D HINDUJA HOSPITAL , MUMBAI
Area/ Department/ Project of Summer Internship Program: OPERATIONS
Name of the Student: SIDHI MORE
Roll no:1753 **Stream: MBA HHM**
Week no: 7 **From: 19/6/24 to 24/6/24**

Activity Done	Completed the data collection of the patients for MRI Department . Analysis of the collected data and simultaneously working on presentation of 1st project.
Linking theory (Classroom learning) with practice at your organisation	Value stream mapping, pivot table
Gaps identified on the working area.	The waiting time of the patients is increasing due to increase in the scan time of the previous patients, intradepartmental communication is weak. Involvement of resident doctors in the process is less.
Suggestions for improvement	Intradepartmental communication can be increased, a chain of command can be put into action , proper appointments can be scheduled keeping into consideration the scan time, increase in number of working technicians will reduce the overtime issues.
Plan for the next week	Presentation of 1st long project to the COO of the Hospital.

Signature of the Student **Approved by the IIHMR University's Mentor**

Reporting Format
(Weekly)

Name of the Organisation: P D HINDUJA HOSPITAL , MUMBAI
Area/ Department/ Project of Summer Internship Program: OPERATIONS
Name of the Student: SIDHI MORE
Roll no:1753 **Stream: MBA HHM**
Week no: 7 **From: 19/6/24 to 24/6/24**

Activity Done	Extra data collection for MRI regarding the positioning time of patients after scan in . Final presentations of both the projects done. Presented in front of COO of the organisation.
Linking theory (Classroom learning) with practice at your organisation	How to present the analyzed data and put forth meaningful suggestions.
Gaps identified on the working area.	
Suggestions for improvement	Intradepartmental communication can be increased, a chain of command can be put into action , proper appointments can be scheduled keeping into consideration the scan time, increase in number of working technicians will reduce the overtime issues.
Plan for the next week	Completion of internship.

Signature of the Student **Approved by the IIHMR**

Compiled Reporting Format

Name of the Organisation: P.D. Hinduja Hospital, Mumbai
Area/ Department/ Project of Summer Internship Program: Quality & Operations department
Name of the Student: Sidhi Santosh More
Roll no: 1753 **Stream: MBA HHM**

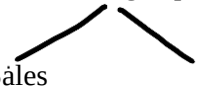
Activity Done

1st week – orientation week

- All the departments of the hospital were visited.
- The working and functioning of the departments were being explained.
- Departments visited- OPD, IPD, ICU, Admission & billing, radiology, engineering, laundry, food, marketing, security department.

Date	Work done
2-5-24	The basic orientation of the hospital was done by the administration department along with the issuance of ID cards. The rules and regulations that need to be followed were being told.
3-5-24	Department wise orientation 1. OPD 3rd floor – scopy rooms included endoscopy, colonoscopy , and bronchoscopy. 2. OPD Ground floor- Radiation Oncology department: oncology consultants, technologists, and technicians for therapy of cancer patients. It is one of the most crowded and major units of the hospital. The patient counseling and educating the patient about the chemotherapy procedure is done here followed by the procedure. 3. LG1 14th floor- Medical oncology department 4. LG1 8TH floor- Dialysis unit: The unit mostly had male nurses, 14 bedded unit with an avg of 50 pts /day for dialysis.
4-5-24	1. IPD West Block, basement- laundry department  • Sorting of all the infected clothes is done using protective gear by the concerned personnel. • Washing -7 machines takes 500-600 kg of load per machine Designated machine 7 for infected linen. different types of chemicals and detergents are used for washing of clothes which are handled using protective gloves. Weighing machine for clothes. There are color-coded trolly for linen: red-infected linen, and sky blue-fresh linen. Three types of water pipes: hot water, cold water, and steam. • Drying- 5 drying machines after which the clothes are ironed using a flat work machine that dries, irons, and folds the clothes. Overall approximately 10,000 clothes are washed and sorted per day. Clothes are collected from the wards through a pipe-like channel. 2. IPD West block, basement- Engineering department: the department works 24*7  and is concerned with all the maintenance work

	3. IPD West block, ground floor- A & E department : works 24*7 , patient first admitted to triage bed and thereafter further treatment is started . Two types of ambulances : BLS & ALS. Bed capacity= 10 . Bed number 10 is procedure room where minor procedures are done. Patients with burn and obstetrics are only given primary treatment. P:N =1:2 P:D=1:2. All the beds have individual monitoring + central monitoring system in Nursing station.	
6-5-24	1. IPD West block , ground floor- Admission and billing counter: front desk & allotment desk. 11:00am -11:00 am working hours . Admission requires: Undertaking, doctors letter, class of the bed & full deposit. Discharge types : • Cash discharge • TPA (third party discharge) or credit • Company credentials The department only deals with admission and discharge of the patient . 2. IPD West block, 4Th floor- Short stay services :6:00 am – 10:00 pm total of 19 beds 3. OPD 4th floor- House keeping department: concerned with maintenance of infection control of the hospital . Has role in patient transport , food services . working staff – 350 people. 4. IPD West block 2nd , 10th floor- ICU on 2nd floor mainly cardiac patients admitted. 5. IPD west block 2nd floor- Cathlab : has a console room , procedure room and preop area. Connected to the ICU. 6. IPD West block , 3rd floor- Operation theatre : 11 OTs , preop and post op area , OT stores . 25- assistant technicians, 10-12 – attendants, 8-9 sanitary attendants. Starts at 8:00 am .There are approximately 30-35 pts/day operated in the OT .	
7-5-24	1. IPD West block,11th floor-FSD department : concerned with supply of food to the ward patients and food services for the staff. Weekly rationing is done and daily intake of fruits and vegetables from the concerned vendor. 2. IPD West block 1st floor- Imaging department: All imaging procedures done -SPEC CT Machine(1) , PET Scan machine(1), USG(7), BMD(2), Xray(6) , portable (6), MRI(2). Total of 70 working staff including technicians and technologist. 3. OPD ground ,MRD porta cabin: Medical records department- 40 working staff , all the patient records are maintained and stored . records are kept for a period of 3 months in the hospital storage. Retention period of records for OPD- 3yrs, IP-5yrs, child – until 21 years of age , MLC-15 yrs. Records are even stored in the outskirts of the city. ICD -10 used for diagnosis. 4. LG 1 , 4th floor- Lab medicine: Provides services to IPD patients, OPD patients, tie-ups, home visits, health checkups. Heamatology, microbiology & histology , research . testing of the samples is done here automated + manual. Total staff- 190+ 15 lab consultants , avg >3000 test/day. 5. OPD 3RD floor- All the 3 floors are dedicated to OPD patients. Every floor has a reception & payment counter with 4 wings and each wing has a nurse desk.	

	6. OPD 4TH floor- Marketing department:  Sales marketing • Corporate sales markcom/advertising • Referral sales Public relation • Insurance sales, TPA digital marketing events
8-5-24	1. IPD West block 11th floor- Nursing : educational nursing & hospital nursing Each floor 1 incharge & 20 nurses for IPD . total= 630+ nurses. Divided into three shifts. 2. IPD West block ground floor- Security department  Security transport fire elevators • 50 security 17 vehicles Personnel (4-buses,2-ambulance,1-fsd,2 -tempos) • Gate pass Fire- emergency codes used (red, grey, blue, pink, black) , smoke detectors every floor, 2 types fire alarms- conventional panel & addressable panel . Heat detectors on 6th floor (FSD) , IT server room- tube sensor system , gas detector system- FSD, boiler area, 6th floor, LPG area. Sprinkler line- basement to 6th floor,8th,12th floor. Fire extinguishers near lifts. Refugee area (IPD Building)-6th floor, S1 building – 10th floor , S2 building- 8th floor,16th floor. Evacuation chairs- 15 IPD department . 3. OPD, 3rd floor- Customer service : main office in IPD Building , S2- health checkup department, OPD – assistance of patient & registration . 4. Annexe -SB – Business excellence • Six sigma • Lean management • Quality Overall the week was dedicated to the orientation of all the departments of the hospital.

2nd week

- An activity was assigned wherein the calls of the telephone operators of the hospital were being heard for 1 operator for the month of March – April 24, the total number of calls heard was 40 calls (20/month).
- The activity was part of the Lean Six Sigma project of the hospital, which focused on assessing the efficiency & effectiveness of communication of the telecommunication operators of the hospital by evaluating them on communication etiquettes followed by them during calls.
- I was given access to their calling software Telesoft to hear the conversations of the telephone operators & note down their efficiency in following the meet & greet protocol while opening, holding, transferring & closing the calls in the Excel sheet.
- The process was continued for 2 days & after which I was told to observe the operators in the operator's room on the same parameters.

3rd week

- After the completion of this activity, a proper Time Motion Study of the telephone operators was started.
- Before the time motion study, call recordings of 2nd operator were being heard for 2 days, 40 calls (March-April 24), 20 calls/month.

- The operator was also assessed for following the meet & greet protocol of opening, closing, holding & transferring the calls.
- The Time motion study began on 22-5-24

4th week

- The time-motion study of all the 6 working telephone operators.
- Duration of study -1 week

Date	Day	Shift observed @TMS	Hours	Tel operators
22-5-24	Wed	7 am to 3 pm	8	Operator 1
25-5-24	Sat	7 am to 3 pm	8	Operator 3
27-5-24	Mon	11 am to 3 pm	4	Operator 2
27-5-24	Mon	3 pm to 7 pm	4	Operator 5
28-5-24	Tue	7 am to 3 pm	8	Operator 4
29-5-24	Wed	11 am to 3 pm	4	Operator 2
29-5-24	Wed	3 pm to 7 pm	4	Operator 6

- The parameters seen in the study were :

employee	date	elements	Time start	Time end	Remarks 1	Remarks 2

- The study was done to calculate the amount of time spent on value-added & Non -value added activities by the operators.
- Non Value Added Time (NVA) = Time not related to official work [Operator has worked but is not working or doing personal work (excluding lunch break)]
- Value Added Time (VA) = Operator is working on Official work
- Idle Time = Operator has no work
- The total time spent by the operators on VA, NVA & idle time was calculated with the study.

5th week

- A new project was assigned to reduce the waiting time of the MRI department patients.
- The project was started with the view that the patients' waiting time for MRI scans has increased and a time-motion study was done to measure the same.
- Time – 8 hours/day (total=104 hours)
- Sample size – 100 patients (72 OPD)
- Type of patients included in the study – Appointed, casualty, walk-in patients(walk-in for appointment)
- Excluded patients – IPD, ICU.
- Parameters included in the study

Appointment time of patient
The arrival time of the patient
History taking time
Scan in & Scan out time

- The study was done on a regular shift of 9 am to 5 pm.
- Along with the study, the analysis of the data of the previous project was continued.
- The analysis included calculating the NVA , VA , idle time of the telephone operators.
- A pie -chart of every operator was made.
- A consolidated pie chart of all the operators was made and the NVA & VA were measured.
- The NVA measured was 41% & VA 44%.
- The analysis of the study showed that the amount of NVA time of the operators was almost 3 hrs out of their shift of 8 hrs for each operator.
- With the analyzed data, it was inferred that the operators have a lot of idle time.
- The workload on the operators is less.

6th week

- The time-motion study of the MRI patients was done.
- The headings were as follows:

Sr No.	Date	HH/EX No.	Patient Name	Scan	Appt	Arrival	History start	History End	Scan in	Scan out

- All the data was noted according to the above headings
- The waiting time of 100 patients was calculated.
- Analysis of the collected data.

7th week

- Completed the data collection of the patients for MRI Department. Analysis of the collected data and simultaneously working on the presentation of 1st project**.**

8th week

- Extra data collection for MRI regarding the positioning time of patients after scan-in.
- Final presentations of both the projects done.
- Presented in front of the COO of the organization**.**

Linking theory (Classroom learning) with practice at your organization

- The linking with classroom learning is the application of biostatistics for analyzing the data and representing it in the form of a pie- chart.
- Time motion study
- Value stream mapping
- Things learned during Business Communication lectures , while presenting the project to the COO.

Gaps identified in the working area.

1. **Improper Meet & Greet Protocol:**

- Most operators do not adhere to the established meet and greet protocol, which includes greeting patients, introducing themselves, and explaining the procedures in a clear and friendly manner.
- The failure to follow this protocol leads to a less welcoming and more confusing experience for patients, potentially increasing their anxiety and dissatisfaction.
- Operators appear to be overworked and stressed, which might contribute to their inability to follow these protocols properly. There is a noticeable lack of sufficient human resources to handle the workload effectively.

2. **Dissatisfaction Among Telecommunication Operators:**

- Telecommunication operators are notably unhappy with their current work schedules. The shifts may be too long or poorly coordinated, leading to fatigue and a negative impact on their performance and morale.
- The work environment provided to these operators does not seem conducive to their well-being. Issues may include inadequate break times, insufficient ergonomic setups, and a lack of support from management.
- The dissatisfaction among operators can lead to higher turnover rates, decreased productivity, and lower overall job satisfaction, which ultimately affects the quality of service provided.

3. **Increased Patient Waiting Time:**

- There has been a noticeable increase in the waiting time for patients. This is primarily due to the prolonged scan times for previous patients, which may be caused by outdated equipment, complex cases, or inefficiencies in the scanning process.

- The extended waiting times can lead to patient frustration, anxiety, and a negative perception of the healthcare facility.
- To mitigate this issue, it is essential to analyze and address the factors contributing to the longer scan times.

4. **Weak Intradepartmental Communication:**

- There is a significant issue with communication between different departments within the healthcare facility. This lack of effective communication leads to delays and inefficiencies in patient care.
- For instance, resident doctors are not sufficiently involved in the process, which could be due to unclear communication channels or a lack of coordination among the staff.
- Improving intradepartmental communication is crucial for streamlining processes, reducing patient wait times, and ensuring that all team members are informed and engaged in patient care.

Suggestions for improvement

1st project

1. **.Optimization of break timings of the operators**
   - The amount of non-value added time of the operators can be reduced if they are instructed to strictly follow the allotted break time.
2. **.Appointing only one operator for night shift**
   - The number of incoming calls is least from 11 pm - 7 am.
   - Peak calls time = 8 am -5 pm
3. **Provision for direct transfer of appointment calls to the call center**
   - Though the call center number is provided on the website, patients are not seen using the direct number, the number for appointments should be highlighted on the website.
4. **Admission, billing & TPA department not answering calls**
   - Complaint calls from patients regarding these departments not responding have been the highest and most calls are transferred to customer care.
   - Assigning a person in the respective departments to address the issues of the patients over calls is of utmost importance.
5. **Motivation of the employees**
   - Employees lack motivation because they do not feel seen or heard, and there is a sense of disengagement. This can be resolved if management takes an active role in engaging in timely conversations with them and addressing their concerns.
6. **Making the workplace location vibrant**
   - The operator room is located on the 9th floor of the S1 building with the whole floor being abandoned. The place feels very sidelined and not very positive as they have the least contact with other hospital staff. Any measures that can make the place more vibrant will have a positive impact on work behaviour

2nd project

1. **Streamline appointment scheduling**
   - Standardize Time Slots: The appointments are scheduled in a slot of either 45 minutes or 1 hour But most of the scan studies require more than 1 hour. Usually, studies on 3T machines require more than 1 hour for a scan therefore it is feasible to schedule the appointment keeping 1 hour interval.
   - Variable Scan Times: Adjust scan times to match actual study durations, reducing gaps and overruns.
2. **Requesting that patients arrive 30 minutes early for their appointment**

- If the patients arrive early the the time between history taking, change for the patient and iv line preparation will be reduced.

3. **Increase in intradepartmental communication**
    - The communication within the department is very poor, better communication among the appointment desk, technicians & doctors can increase the department's efficiency.
    - Clear instructions to the appointment desk for calling the patient half an hour prior to their appointment & confirming should be made mandatory.
4. **Increase involvement of resident doctors in the department**
    - The resident doctors need to be more actively involved to keep a check on whether the department is working on time according to the appointment list.
5. **Provision for the introduction of new MRI machines**
    - The current MRI machines are 12 years old & are facing frequent issues of signal loss & issues in FAT-SAT Scan, taking additional time, making provision for introducing new MRI machines can increase the efficiency of the department.
6. **Increase in manpower of the department**
    - The department lacks manpower, only 3 technicians are currently working in the department. Every technician does overtime on alternate days. Constant exposure to the screen leads to fatigued and which can decrease the efficiency & productivity of the technicians.
7. **Fixed timings for IPD patients**
    - IPD patients are taken whenever any slot is free or if the appointed patient is late, then the appointed patient needs to wait, this adds up to their waiting time
8. **No trial scan for non-cooperative & GA patients**
    - Non-cooperative patients should be appointed under GA directly without wasting time on trial.

Signature of the Student **Approved by the IIHMR University's Mentor**

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