SUMMER INTERNSHIP PROGRAM

at

Nanavati Max Super Speciality Hospital

From 6th May 2024 to 5th July 2024

A REPORT BY

Shivani Vinaybhai Mistry

Master of Business Administration

(Hospital & Health Management)

2023-25

under the Mentorship of

Dr. Goutam Sadhu
(Professor & Proctor)

NANAVATI MAX Super Speciality Hospital

BNH/HR/2024/07/0431

05th July 2024

TO WHOMSOEVER IT MAY CONCERN

This is to certify that **Ms. Shivani Vinaybhai Mistry,** student of **IIHMR University**, she has completed her internship during the period from **06th May 2024 to 05th July 2024** in the Department of **Operations** of this hospital.

The project titled **"Multiple Footfall Reduction in IPD department"** was assigned by **Operations**, under the guidance of **Ms. Mugdha lad** and was confidential in nature. she has successfully completed all the requirements of the project.

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

We wish her all the best for her future endeavors.

For Dr. Balabhai Nanavati Hospital

Asit Tanaji Bhalerao
Unit Head - HR

Mugdha Lad
Head - Operation

DR. BALABHAI NANAVATI HOSPITAL ★ MUMBAI 400 056

Dr. Balabhai Nanavati Hospital (Charitable)
S. V. Road, Vile Parle (W), Mumbai 400 056
Tel: +91 22 2626 7500
Managed by Max Hospitals and Allied Services Limited
www.nanavatimaxhospital.org

IIHMR UNIVERSITY

Annexure B

IIHMR University Faculty Mentor Approval

This is to certify that Ms. Shivani Vinaybhai Mistry of academic year 2023-25 of Institute of Health Management Research has prepared a poster with respect to her summer internship held during May-June 2024.

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

Date: 22/07/2024

G. Sadh.
(Signature of Faculty Mentor)

Name: Dr. Gautam Sadhu

Designation: Professor & Proctor

NANAVATI MAX Super Speciality Hospital

SUMMER INTERNSHIP PROGRAM

NANAVATI MAX SUPER SPECTALITY HOSPITAL

IIHMR UNIVERSITY

MULTIPLE FOOTFALL REDUCTION in IPD Department

Presented by : Shivani .V. Mistry
Org Mentor: Ms. Mughdha Lad (GM Operations) - Uni. Mentor : Dr. Goutam Sadhu

Vision and Mission

To be the most well-regarded healthcare provider in India committed to the highest standards of clinical excellence and patient care, supported by latest technology and cutting-edge research. To serve. To excel.

Practical

- Real-world hospital operations
- Addressing miscommunication and staff issues
- Collaborating to solve operational problems.
- Refining patient care protocols
-Analyzed footfall patterns for improvement.

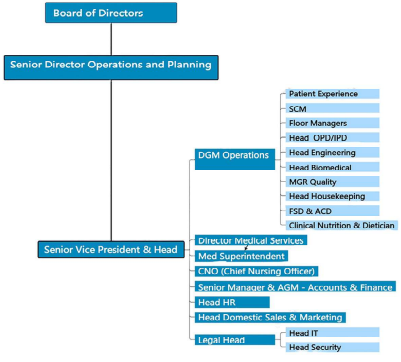
Theoretical

- Structured coursework on fundamentals
- Case studies and discussions
- Studied healthcare comm. & planning
- Learning healthcare planning and policy
- Applied strategic management

History

Dr. Balabhai Nanavati Hospital Mumbai, established in 1950, reintroduced as Nanavati Max Super Speciality Hospital in 2020 is a leading healthcare institution providing comprehensive medical services. It features 350 beds & 55 specialty departments.

Organization Structure



TOWS & SWOT ANALYSIS

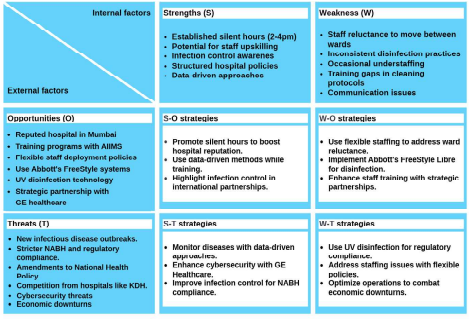


Fig. 1

Nursing showed higher footfall than housekeeping and cvlinicians.

PROJECT

Objective:
Analyze IPD room footfall to identify peak times and task distribution.

Methodology:
- *Data recorded manually over 1 month.*
- *Total n= 935 footfall were observed across multiple rooms and time slots*
- *Data analyzed using Excel, presented via charts.*

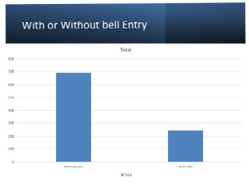


Fig. 2

-Majority of visits initiated without a bell.

Fig. 3

Minimal footfall early morning and late afternoon. Peak time was late morning.

Challenges Faced During Internship

-Continuous monitoring of the footfall flow
-Dealing with doctor-staff miscommunication
-Managing inflexible staffing situations
-Addressing union-related challenges

Learnings During Internship

-Importance of data-driven decision-making
Effective communication strategies and teamwork dynamics.
-Developed skills in analyzing and solving operational issues.
-Understood workflow dynamics in hospital department
-Implemented efficiency strategies for patient care.

Usefulness of Internship

- Hands on Exp. of hospital operations.
- Data analysis and management skills.
- Insights into patient care and hospital management.

Suggestions for Hospital

Introduce standardised communication protocols.- Use Digital check-ins and visitor tracking.- Optimize staff schedules. Establish continuous improvement through feedback.
-Work on flexible staff movement policies with union collaboration

CONTENTS

ABBREVIATIONS

IPD - In-Patient Department

OPD - Outpatient Department

A&E - Accident and Emergency

NICU - Neonatal Intensive Care Unit

PICU - Pediatric Intensive Care Unit

OT - Operation Theatre

EHR - Electronic Health Record

COMPILED REPORT

Activity Done

I did my summer internship at Nanavati Max Super Speciality Hospital as an Operations intern.

About the Organization

Dr. Balabhai Nanavati Hospital,Mumbail was established in 1950 and inaugurated by India's first Prime Minister Jawaharlal Nehru serves as a premier healthcare institution from the past 70 years. It was reintroduced as Nanavati Max Super Speciality Hospital in the year 2019 and is one of the most reputed and leading hospital in the country. The hospital is 350 bed facility with 55 speciality departments and offers a wide range of modern medical services supported by state of art infrastructure and highly skilled healthcare providers.

Internship Project Overview

My main project was to work on an observational study for reducing the frequency of footfalls in patients' rooms. Here, "footfall" means the number of persons entering and leaving a hospital or ward room. The primary objective of the study was to control and minimize these multiple footfalls. By doing so, we intended to bring improvement to the operational efficiency of the hospital. Fewer footsteps may ensure a smoother workflow, which can lead to better care for the patient. This reduced mobility may not only ensure a

quiet and stable environment but plays a critical role in reducing infection transmission. Ultimately, this project would work towards the betterment of overall patient care to achieve higher levels of satisfaction and more effective and amiable healthcare experience.

Aims & Objectives

I aimed at identifying which factors caused the high levels of traffic in the In-Patient Department (IPD) ward room through visual observation of IPD wards for one month.

The primary objectives of the research study were:

- To observe the operationd of the hospital setting particularly IPD waerd
- To identify the primary factors which leads to multiple footfalls in patient rooms
- To reduce the frequency of unnecessary footfalls by the staff inside the IPD patients room
- To analyze the impact of these footfalls on hospital operations and patient care
- To develop recommendations for reducing unnecessary footfalls, thereby enhancing operational efficiency and patient satisfaction

Methodology:

Observations and Collection of Data

I spent the initial days observing IPD wards so as to become familiar with the procedures and culture of the hospital. I also spent my time interacting with floor managers, nursing staff and housekeepers so as to understand how hospitals operate each day. Visit durations by the staff such as time taken by nurses, housekeeping staff or clinicians or group entering/leaving patients room; reasons for that visit; clinicians' activities, cleaning activities performed by cleaners as well as those done by nurses , visits initiated with/without bell were all tracked by me. The purpose of this data gathering was to provide a complete picture of the multiple footfall patterns and find certain areas which need improvement.

Data Collection

During the period of five weeks, I continued to observe and collect information on multiple footfalls at the Inpatient Department (IPD) with a view to identifying patterns and inefficiencies. Total of n=935 footfall entries were observed and entries were recorded. To capture accurate information, I developed comprehensive Excel sheets that compiled all necessary details such as staff movements' trends as well as specific activities involved. Fig.1 shows the collected data format.

Date	Room No.	Time	Time Slot	Attended at	Done by	With/Without bell	Housekeeping / Nurses	Reason
5/6/2024	326	12:22	12-13	12:23		With bell	Nursing	IV fluid
		12:24	12-13			Without bell	Housekeeping	Change bedsheet
		12:35	12-13			Without bell	Nursing	Collection
		14:01	14-15	14:10		With bell	Nursing	Give medicines
		14:05	14-15	14:20		With bell	Housekeeping	Bathroom issue
		14:23	14-15			Without bell	Nursing	IV drip
		15:43	15-16	15:46		With bell	Nursing	Bed position change
	329	12:47	12-13			Without bell	Nursing	IV drip
		14:03	14-15	14:06		With bell	Nursing	Dressing
		14:08	14-15	14:09		With bell	Housekeeping	Bed cleaning
	325	14:12	14-15			With bell	Nursing	Blood collection
		14:35	14-15			With bell	Nursing	IV drip
		15:45	15-16			With bell	Nursing	IV drip

Fig:1

Data Analysis & Presentation of Findings

The collected data was analysed to bring out some meaningful insights. I used different functions within Excel and statistical tools to process it & also made charts and graphs which visually showed my observations and trends . This analysis helped in identifying

- Peak Times: Morning medication rounds and cleaning activities were the busiest times.
- Department with larger footfall
- Visits initiated with/without bell
- Common Reasons for Visits: Frequent reasons for footfall included nursing rounds, cleaning, and patient-related queries.

The findings from my analysis were compiled into a comprehensive presentation, which was then presented to the Head of Department.

Fig:2 shows Department Wise Analysis of Footfalls

Fig:2

Interpretation: Larger footfall was observed by nursing department compared to housekeeping and clinicians.

Fig: 3 shows whether more visits or entries in patients room were initiated with bell i.e patients call or without bell i.e entries by staff for some reason.

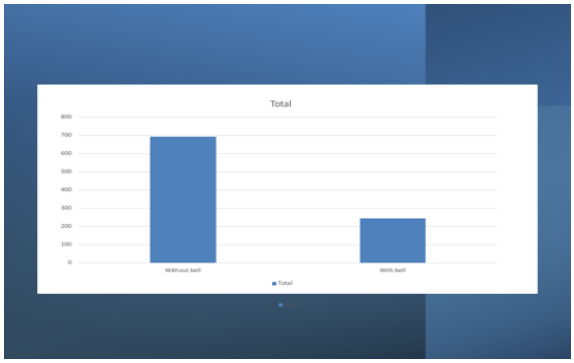


Fig 3

Interpretation: Larger number of visits were initiated without bell

Fig:4 shows peak times when footfalls were most.

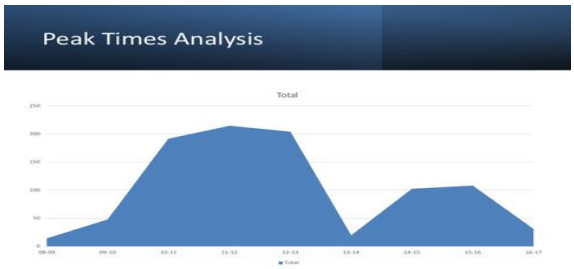


Fig:4

Interpretation: Minimal footfall early morning and late afternoon. Peak time was late morning.

Recommendations:

During my presentation, several recommendations to decrease these unnecessary visits were suggested . These were on clubbing activities for nursing schedules to reduce disturbance and increase efficiency, and streamlining cleaning activities so that the volume of traffic in patients' rooms can get decreased. All these changes can be made to improve patient comfort and operational efficiency without compromising the standard of care to the patient.

Formulating Questionnaire

I worked with the floor managers through meetings and discussions on what constituted a comprehensive questionnaire that would really understand the perspective of the patients. That included areas of patient experience and operational efficiencies for which feedback was required. There were multiple-choice and open-ended questions to elicit quantitative data and qualitative insights, respectively. The multiple-choice questions were on satisfaction about various aspects of their stay, such as nursing care, cleanliness, and communication. Open-ended questions allowed the patients to answer by detailed feedback about their personal experience, including specific problems they had to face and what improvements were needed.

Carrying Out Pilot Study

The questionnaire was pre-tested among a small sample of newly admitted patients in IPD rooms to test its efficacy and clarity. In this pilot study, the objectives of the survey were explained to patients and assistance given as needed so they grasped what the questions meant. The pilot study would therefore point out ambiguities or difficulties in the questionnaire and lead us toward making the questionnaire user-friendly and understandable. Some patients expressed their discontent about frequent disturbances during their stay and also gave spontaneous feedback regarding improvements on critical issues.

Observation of Several Departments

In the 2nd month I expanded my observations to include other important departments to obtain a comprehensive grasp of the hospital's functioning.

The Outpatient Department (OPD):

I saw how patients moved through the hospital, made appointments, and interacted with medical staff. I observed the effects of the OPD's efficiency on the IPD, particularly with regard to referrals and follow-up appointments. My observations entailed studying the patient flow process, peak hours identification as well as understanding the scheduling system. I looked into how well OPD managed patient loads besides the impact of wait-times on patients' satisfaction. In addition, I also analyzed coordination between OPD and diagnostic services to ensure that tests and reports were promptly handled thereby avoiding any delays in treatment plans. Moreover, I noticed how information was communicated from OPD to IPD through talk lines thereby ensuring a smooth admission process for the admitted patients.

The Accident and Emergency (A&E) Department:

I observed the pace of handling crises, triaging, and transferring patients from the A&E to the IPD. It helped me to get an inkling of how the high-stress atmosphere affects hospital operations. I observed the triaging protocols in place with patients, especially those in extremely critical conditions. I monitored how efficient the emergency response team is and how all equipment and resources are at their perusal. Further, I observed the coordination between the A&E department and other specialties to facilitate quick consultations and interventions. How patients are transferred from A&E to IPD helped me understand the bottlenecks and areas of potential improvement in patient flow management. I also examined the preparedness and skills training of A&E staff for the different kinds of emergencies faced so that they would be able to deliver effective care under pressure.

Neonatal Intensive Care Unit (NICU) and Paediatric Intensive Care Unit (PICU):

I observed how critically ill children and newborns were treated in the NICU and PICU with specialist care. In order to make sure that the highest standards of care were upheld, I also kept an eye out for any complaints / feedback from patients or their families. This included knowledge of specialized equipment and procedures used in these units to meet the unique needs of neonates and pediatric patients. Other things noted include meticulous care protocols, infection control measures, and monitoring systems in place to ensure patient safety and the best possible outcomes.

Main Operation Theatre (OT):

I watched procedures, post-operative care, and surgical preparatory processes. I learned that effective surgeries require teamwork and stringent observing of cleanliness. I observed the attention in ensuring a sterile environment and proper execution of aseptic techniques by the surgical team. I observed the pre-surgery counselling process in the hold area, where patients and their families are orientated about the procedure, risks, and post-operative care. This step helps allay the anxiety of the patient and ensures that proper informed consent is obtained. I also witnessed the procedures for the safe transfer of patients from the hold area to the operating room and subsequently to the recovery room. Proper body mechanics and utilization of available equipment are employed to ensure comfort and safety during these transfers.

Pre discharge counselling

Engaging in pre-discharge counselling to the patients along with floor managers was a significant feature of my internship experience. The purpose of these meetings was to impart knowledge to patients and their families regarding follow-up appointments, ambulance

services of required and post-discharge care. I also observed how the floor managers interacted with the patient and relatives for their feedback for the hospital

Linking theory (Classroom learning) with practice at your organisation

During my internship at the hospital, I put theories and concepts I had learned in different classes to use. I was able to better grasp hospital functioning and how to improve them thanks to this practical experience.

Essentials of Hospital Services

Grasping the hospital as an integrated system helped me understand & get detailed analysis of the impact of patient room traffic on overall performance.

- Medical Care: I observed how doctors, nurses, and other health providers care for patients.
- Supporting Services: maintenance, food services, and housekeeping duties were observed .
- Emergency Care Services: I observed how the emergency department handled critical cases. This involved checking how patients were triaged, medically evaluated, and provided emergency care.
- Administrative work: I observed the work that the administration put in to schedule appointments, maintain patients' records for medicine, and process insurance and claims with billing.

Design of Operation Theater: My theoretical knowledge regarding OT design and management has been enriched through good observation. I got to observe how surgical suites manage their equipment, infection control measures, and many more. I realized how crucial zoning and stringent protocols go into ensuring the safety of the patients and delivering efficient results.

Principles of Management

During the internship, the following are some of the important principles of management applied:

- Planning: With the help of a structured approach, I was able to observe and document IPD procedures. In achieving this, there has to be established certain objectives with a systematic plan for executing the same.
- Organising: Primarily to identify the trends and inefficiencies, I organised and systematically collected data for analysis and found what lay at the root of blockages and thus set up focused solutions.
- Leading: I discussed my findings and recommendations with the stakeholders and staff to ensure they were all on board for the proposed changes. Encouragement of teamwork ensues as I lead such discussions.
- Controlling: It would not have worked without monitoring done regularly to ensure that this would be effective and thus could be sustained.
-

Organisation behaviour

The daily activities in the hospital illustrated quite a number of classwork theories concerning aspects such as teamwork, leadership styles, and communication patterns.

- I observed how inter-relationships among the health care workers were affected by different styles of communication. I noted that effective communication making provision for the accurate exchange of information and coordination of care to the patient.
- I observed that department heads and hospital managers were not similar in styles of leadership philosophies. There have been those leaders that would inspire or influence their subordinates to attain the set patient care goals. Motivation would be provided to them for a good work environment.
- I observed medical professions, nurses, and support staff working collaboratively across disciplines. It is through putting into play of expertise of each individual in a team, effective collaboration improved patient outcomes and streamlined operational efficiency.
- I saw instances where differences surfaced amongst teammates. The knowledge of techniques of conflict resolution made it easier for me to cope under such circumstances and encouraged cooperation amongst the medical staff members and efficiency in performing their duties as well.

Communication & Planning

For hospitals to run efficiently, planning and communication must go well. I had the opportunity to observe the use of lucid & succinct communication can avoid

miscommunication and errors. I observed studied the communication patterns amongst hospital staff, nurses, and floor managers.

Quality Management Principles

We reviewed some quality management concepts on how to improve standards of care. I was able to apply these ideas at the hospital by working on initiatives aimed at reducing the volume of patients entering rooms.

Gaps identified on the working area

While working in the practical setting, I observed a few gaps which can be identified and worked upon for better efficiency of the hospital.

- Redundant Rounds: Separate entry by the staff into patients' rooms to perform tasks that could have been done more efficiently together was quite frequent. Patients got delayed and their room received an excessive amount of footfall.
- Uncoordinated Timings: The timings for various activities like medicine rounds, housework, and patient examination rounds were not consistent. This led to peaks in terms of footfall and congestion, especially during the morning and late afternoon.
- Lack of Data-Driven Decision: The data was collected only for “with bell” calls & it was not critically analysed in order to identify trends. For example, the hospital did not record what the exact purpose of a visit to the patient's room & without bell entries .
- There was no formal mechanism for gauge the patients' experience of footfall and disturbances hence, their experiences could also not be formally collected. This then made it challenging to implement targeted improvements. Most operational decisions were intuitively made and not on the basis of empirical data. This strategy often therefore resulted in increased footfall and less than optimal results.
- The nurse rounds and house-keeping schedules were not designed based on a meticulous analysis of foot traffic patterns.
- Communication gap: The staff members did not regularly update the critical information with each other. Some examples of lack of update of the patient status or scheduling changes are unnecessary foot traffic and duplicate visits
- While communicating with regard to alteration in patient care plans or activities occurring in the room, no established standard was found. This further led to miscommunication and duplication of work.

- Interruption to effective communication: Reports and transfers of patients were found to be delayed between IPD and A& E departments. Inadequate communication among the staff mostly led to misconceptions and duplication of effort.
- Patient flow management: At various stages of patient care, such as admission, transfer, and discharge, congestion was seen regularly. The different areas in the IPD receive unequal footfalls. The areas with more footfalls are located closer to the nurses' station and the medicine dispensaries. Quite frequently, these areas would be found jam-packed, causing delays and disturbances.

Suggestions for improvement

From my internship experience, I have observed and analyzed several areas where improvements should be focused on. These recommendations would serve to improve patient satisfaction with care as well as their overall happiness and satisfaction; also enhance operational effectiveness while reducing the number of times patients visit the inpatient department (IPD).

Rounds and Drills

By harmonizing nurses' schedules with those of doctors and cleaning staff, it is possible to minimize frequent undocumented moves to patients' rooms. While scheduling shift overlap periods can be implemented where staff can do smooth handover of duties seamlessly and inter departments can be updated so as to ensure continuity of care and reducing likelihood of missed or repeating tasks.

Technology Implementation:

Opt for digital task sorting platforms as well as EHRs to improve processes. This helps reduce necessity for subsequent consultations because staff scheduling is well arranged improving staff awareness hence preventing unnecessary intrusions within the patient's room. The combination of technologies can allow for real-time tracking of staff movements as well as tasks; thus improving coordination and quick response to patient needs. Additionally, they can contribute towards ensuring that employees adhere to schedules and protocols better by providing automated reminders or alerts.

Develop Processes for Feedback:

Establishing a formal approach to getting feedback from patients concerning foot traffic and interruptions, use the information that you get to make focused changes which will help identify problem areas. Additionally setting up weekly review meetings to discuss the patient feedback and implementing action plans can help in continuous improvement.

Boost interactivity:

Have a set of uniform communication guidelines and ensure that employees communicate the same level of information with each other. It also includes clear instructions for treatment plans, regular updates on the status of the patient, and briefings. Adopting standardized communication protocols like SBAR (Situation, Background, Assessment, Recommendation) can help to ensure that there is clarity and consistency in the exchange of information.

Using communication tools:

Use mobile apps, instant messaging services, and intercom systems for effective staff communication, which is also fast. The use of secure communication platforms which incorporate instant messaging, voice calls and video conferencing may aid in streamlining communication leading to reduced response times. To make sure this is well achieved there should be alignment of tools with the hospital's existing systems for easier sharing of information and coordination.

Make use of quiet hours (2-4 PM):

Schedule non-essential activities to not have too many disturbances & things may be done such as general cleaning or other administrative work within the period assigned. By introducing a reward system for the departments which keep quiet hours consistently, adherence can be incentivized, and importance of this practice can be reinforced.

Arrange for Staffs Regular Training:

Staffs should be provided with regular training on infection control, patient care, as well as communication. As such, there is going to be reduced unnecessary movement of staff on foot and increase in their overall productivity. Best practices and new protocols knowledge through continuous professional development like simulations, workshops and other programs can be given to the staff. If there is a culture of continuous learning and improvement, then there will always be readiness by the staff to adequately execute their duties.

Signature of the Student: Shivani Mistry
Approved by the IIHMR University's Mentor

ANNEXURE E

Weekly Report 1

Name of the Organisation: NANAVATI MAX SUPER SPECIALITY HOSPITAL, MUMBAI

Area/ Department/ Project of Summer Internship Program: Operations

Name of the Student: MISTRY SHIVANI VINAYBHAI

Roll no : 1835 **Stream:** HM

Week no: 01 **From:**06th May'24 to 11th May'24

Activity Done	During my first week, I spent time observing the In-Patient Department (IPD) at NANAVATI MAX SUPER SPECIALITY HOSPITAL. I interacted with floor managers, nurses, and other hospital staff during this period in order to get familiar with the way this organisation operates and its environment. As soon as I had achieved my initial grasp or some understanding about this hospital, I transitioned into observing multiple footfall in the patients room .We closely observed how & when the staff entered the room , visitor interactions at nursing station & rooms with do not disturb signs; so as to ensure that patient's satisfaction is maintained.
Linking theory (Classroom learning) with practice at your organization	Interacting with the floor manager and staff has allowed me to put into practice what I learned in class, for example organizational dynamics, communication patterns,

	leadership styles and teamwork concepts as related to healthcare settings.
Gaps identified on the working area.	I have observed that patient care and workflow in the healthcare sector are affected by how visitors behave, this calls for having more professional ways of handling them so that they do not cause any interruption.
Suggestions for improvement	Creating clear visitor communication guidelines can help create an environment which is suitable for patient treatment and at the same time offering adequate family care.
Plan for the next week	I intend to analyze the data collected and work with the floor manager and stakeholders to come up with ways of reducing footfall and improving patient flow taking into consideration what I already know about IPD footfall dynamics. I will also gather information from patient interviews that would help in making any necessary adjustments in patients' care approaches based on their experiences as well as those of their families.

Signature of the Student: Shivani Mistry.

Approved by the IIHMR University's Mentor

Weekly Report 2

Name of the Organisation: NANAVATI MAX SUPER SPECIALITY HOSPITAL, MUMBAI

Area/ Department/ Project of Summer Internship Program: Operations

Name of the Student: MISTRY SHIVANI VINAYBHAI

Roll no : 1835 **Stream:** HM

Week no: 02

From: 13 May'24 to 19th May'24

Activity Done	During my 2nd week, I interacted with the floor managers & nursing & housekeeping staff to learn how the hospital worked, I kept observing the multiple footfall in the patients room and the reason for visit interacting with the staff. I created excel sheet to document my observations properly for my project.
Linking theory (Classroom learning) with practice at your organization	Interacting with the floor manager and staff has allowed me to put into practice what I learned in class, for example organizational dynamics, communication patterns, leadership styles and teamwork concepts as related to healthcare settings.
Gaps identified on the working area.	Nurses, clinicians and even those doing housekeeping often experience overlap of tasks leading to interruptions during work which can lower the quality of services offered to the patients.
Suggestions for improvement	Properly define the responsibilities and roles that each staff has in patient care. Assign duties with respect to the individual's qualifications and workload distribution.
Plan for the next week	After gathering data, I will analyze it and work with the floor manager and stakeholders to provide strategies on minimizing footfall and optimizing patient flow. Furthermore, I have intentions of interviewing patients and their families so

	that they can give me feedback regarding their stay at the hospital.

Signature of the Student: Shivani Mistry.

Approved by the IIHMR University's Mentor

Weekly Report 3

Name of the Organisation: NANAVATI MAX SUPER SPECIALITY HOSPITAL, MUMBAI

Area/ Department/ Project of Summer Internship Program: Operations

Name of the Student: MISTRY SHIVANI VINAYBHAI

Roll no : 1835 **Stream:** HM

Week no: 03. **From**: 19 May' 24 to 25 May'24

Activity Done	By the third week I continued observing and documenting different instances of footfall at the IPD. I recorded the time of entry, the time of exit, and the reasons for visits in my sheet . I also had meetings on how to analyse this data; however, it needs to identify congestion points with the head of the department. Based on time slots and people patterns, this may help in pinpointing inefficiencies.
Linking theory (Classroom learning) with practice at your organization	Observing the workflow of the hospital helped me understand the concepts of communication planning & essentials of hospital services which we learnt in the classroom setting.
Gaps identified on the working area.	Miscommunication between the clinicians & nursing staff was observed due to improper handover & HIS system updates.
Suggestions for improvement	Incorporate a unified digital messaging platform that will give alerts on new information updates and even allow accessing of such across multiple devices such as tablets or smartphones.
Plan for the next week	I will present the analyzed data, & work on the recommendations for reducing footfall while increasing patient satisfaction . In addition, I look forward to interviewing

	patients together with their families in order to get feedback about their personal experiences which will help shape how we care for any other patient coming into this facility.

Signature of the Student: Shivani Mistry.

Approved by the IIHMR University's Mentor

Weekly Report 4

Name of the Organisation: NANAVATI MAX SUPER SPECIALITY HOSPITAL, MUMBAI

Area/ Department/ Project of Summer Internship Program: Operations

Name of the Student: MISTRY SHIVANI VINAYBHAI

Roll no : 1835 **Stream:** HM

Week no: 04 **From**: 27 May' 24 to 1 June 24

Activity Done	I spent the fourth week going through footfall data in the IPD, making notes on Excel and doing pivot charts and graphs to make the presentation visual. I sat down with HOD for a review of the time slot and people analysis, which was approved . For this to be possible, I tracked patients' movements within with caution, observed staff movements then visitor interactions to determine any form of redundancy present.
Linking theory (Classroom learning) with practice at your organization	I was able to effectively process and present the data on footfall by applying statistical analysis and data visualization techniques from my research methodology coursework. This visual representation made it easier to identify trends and areas needing improvement.
Gaps identified on the working area.	Some staff members do not consistently follow infection control protocols, especially when the number of with bell calls is high. This extends to lack of observance of rules on hand washing and use of personal protective equipment (PPE).
Suggestions for improvement	Carry out frequent training sessions on staff's infection control methods, prioritizing strict adherence to protocols during peak hours for all employees.

Plan for the next week	I will present the findings in powerpoint presentation with recommendations in front of the HOD & other stakeholders.

Signature of the Student: Shivani Mistry.

Approved by the IIHMR University's Mentor

Weekly Report 5

Name of the Organisation: NANAVATI MAX SUPER SPECIALITY HOSPITAL, MUMBAI

Area/ Department/ Project of Summer Internship Program: Operations

Name of the Student: MISTRY SHIVANI VINAYBHAI

Roll no : 1835 **Stream:** HM

Week no: 05 **From**: 3 June 24 to 8 June 24

Activity Done	During my 5th week, I analyzed the footfall data within the IPD so that I could come up with a presentation which explains the possible recommendations of patient care and satisfaction. Two days were also spent by me observing patient flow in the OPD to understand the whole process and find possible areas to understand the workflow properly.
Linking theory (Classroom learning) with practice at your organization	Observing the workflow of the hospital helped me understand the concepts of communication planning & essentials of hospital services which we learnt in the classroom setting. Soft skills of powerpoint & excel were also enhanced.
Gaps identified on the working area.	It was observed that patients had different wait times depending on what time of day and/or which day of the week they come for treatment.
Suggestions for improvement	Develop an appointment booking system that is able to vary the time of appointments by looking at peak hours and non-peak hours from data analysis carried over time.
Plan for the next week	I plan to conduct interviews with patients and their family members in order to collect feedback and suggestions. Additionally, I am planning on coming up with better strategies like clubbing events so as to make tasks less repetitive & improving overall functionality.

Signature of the Student: Shivani Mistry.

Approved by the IIHMR University's Mentor

Weekly Report 6

Name of the Organisation: NANAVATI MAX SUPER SPECIALITY HOSPITAL, MUMBAI

Area/ Department/ Project of Summer Internship Program: Operations

Name of the Student: MISTRY SHIVANI VINAYBHAI

Roll no : 1835 **Stream:** HM

Week no: 06. **From**: 10 June 24 to 15 June 24

Activity Done	In my 6th week, I presented IPD data of multiple footfall using PPT ,suggesting recommendations that will reduce infections while enhancing patient care quality and patient satisfaction. I also interacted with head of housekeeping, nursing, and medical administrators to prepare questions that can be kept in the questionnaire to give the new admission patients
Linking theory (Classroom learning) with practice at your organization	I got to apply concepts learned regarding teamwork & leadership styles alongwith the importance of effective communication.
Gaps identified on the working area.	Incoordination between different departments, particularly in sharing real-time patient information was observed .
Suggestions for improvement	Install a powerful system to enable departments to communicate in real-time and share information using digital platforms or integrated softwares for streamlining workflow and improved collaboration.
Plan for the next week	I plan to conduct a pilot study for the same project by working on the questionnaire alongside the floor manager.

Signature of the Student: Shivani Mistry.

Approved by the IIHMR University's Mentor

Weekly Report 7

Name of the Organisation: NANAVATI MAX SUPER SPECIALITY HOSPITAL, MUMBAI

Area/ Department/ Project of Summer Internship Program: Operations

Name of the Student: MISTRY SHIVANI VINAYBHAI

Roll no : 1835 **Stream:** HM

Week no: 07. **From**: 17 June 24 to 22 June 24

Activity Done	In my 7th week , I observed the admission process amd room allotment process to the inpatient department to understand initial patient entry to final discharge.I also observed the NICU and PICU in order to see how critical care is administered. Engaging with the patients experience team (PE) we handed over the questionnaire to some new admission patients.
Linking theory (Classroom learning) with practice at your organization	I was able to apply concepts such as patient flow management, communication strategies, and learn significance of patient-centric care as I interacted with staff.
Gaps identified on the working area.	During registration, it was noted that there is need for more visible signposts and directions so as to direct new patients together with their families quickly towards the admissions office.
Suggestions for improvement	In order to facilitate patients and visitors in finding the admission desk quickly, install visible directional signs all over the hospital. These should especially be in strategic positions such as at the reception desks and main entrances.
Plan for the next week	I plan to observe the A&E and OT department and continue with my pilot study for multiple footfall reduction in IPD department

Signature of the Student: Shivani Mistry.

Approved by the IIHMR University's Mentor

Weekly Report 8

Name of the Organisation: NANAVATI MAX SUPER SPECIALITY HOSPITAL, MUMBAI

Area/ Department/ Project of Summer Internship Program: Operations

Name of the Student: MISTRY SHIVANI VINAYBHAI

Roll no : 1835 **Stream:** HM

Week no: 08 **From**: 24 June 24 to 29 June 24

Activity Done	In the 8th week I observed the main Operation Theatre (OT) for the process and workflow for the whole surgical process from patient coming to the OT till he leaves the OT . I also helped in carrying out pre-discharge counseling sessions alongside floor managers to help patients and their families get ready for discharge.
Linking theory (Classroom learning) with practice at your organization	Watching OT operations turned out to be a great opportunity for me to use concepts I learned in my coursework , such as infection control, patient safety procedures, and efficient working processes. I also learned about the significance of teamwork and communication between staff to achieve positive results at work. I also observed how to handle high- pressure situations which are critical in surgical settings.
Gaps identified on the working area.	The surgical staff occasionally experienced miscommunications that have an impact on patient safety as well as the efficiency of the operating room. Some delay in completing necessary paperwork was observed causing brief interruptions to the workflow.
Suggestions for improvement	To make sure communication during surgery is understood and effective, regular briefings and debriefings with the surgical team should be adopted.
Plan for the next week	I plan to keep observing the OT department and learn more about the pre-surgical and post surgical process and workflow.

Signature of the Student: Shivani Mistry.

Approved by the IIHMR University's Mentor

Weekly Report 9

Name of the Organisation: NANAVATI MAX SUPER SPECIALITY HOSPITAL, MUMBAI

Area/ Department/ Project of Summer Internship Program: Operations

Name of the Student: MISTRY SHIVANI VINAYBHAI

Roll no : 1835 **Stream:** HM

Week no: 09. **From**: 1 July 24 to 5 July 24

Activity Done	In the 9th week I kept observing the Main Operation Theatre (OT) for the process and workflow for the whole surgical process . I helped floor managers in carrying out pre-discharge counseling sessions to help patients and their families get ready for discharge & also met HOD & other staff .
Linking theory (Classroom learning) with practice at your organization	Watching OT operations turned out to be a great opportunity for me to use concepts I learned in my coursework , such as infection control, patient safety procedures, and efficient working processes. I also learned about the significance of teamwork and communication between staff to achieve positive results at work. I also observed how to handle high- pressure situations which are critical in surgical settings.
Gaps identified on the working area.	A lack of standardization in the availability of teaching materials and resources that are condition or procedure specific was observed during pre-discharge counseling sessions.
Suggestions for improvement	Develop personalized patient education tools that cover common illnesses, surgeries and post-operative care advice. Make these available in print and digital formats.
Plan for the next week	Internship completed

Signature of the Student: Shivani Mistry.

Approved by the IIHMR University's Mentor
