SUMMER INTERNSHIP PROGRAM

at

PARAS HEALTH, UDAIPUR

From 1st May 2024 to 30th June 2024

A REPORT BY

Dr SHALINI TRIPATHI

Master of Business Administration

HOSPITAL AND HEALTH MANAGEMENT

2023-25

under the Mentorship of

Dr. VIDYA BHUSHAN TRIPATHI

IIHMR UNIVERSITY

Completion Certification from the Organization

CERTIFICATE

This is to certify that Dr. Shalini Tripathi of 2023-25 batch of MBA Hospital and Health Management, IIHMR University has worked with our organization for her summer internship from 1st May 2024 to 30th June 2024. The overall performance shown by her during the period was excellent. This certificate is being issued to meet the requirements of the IIHMR University.

Date: 29/06/2024

(Signature of organization Mentor)

Name: Dr. Hitesh Raj Singh

Designation: Asst. Medical Superintendent

Stamp of the organization

PARAS HEALTHCARE PVT. LTD. PARAS HOSPITAL UDAIPUR

IIHMR UNIVERSITY

IIHMR University Faculty Mentor Approval

This is to certify that Dr. Shalini Tripathi 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: 7/08/2024

07/08/2024

(Signature of Faculty Mentor)

Name: Dr Vidya Bhushan Tripathi

Designation: Assistant Professor

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ENHANCING SURGICAL EFFICIENCY THROUGH OPTIMISATION OF SURGICAL KITS

PARAS HEALTH — Partners In Health

IIHMR UNIVERSITY

HISTORY

Paras healthcare is a corporate healthcare chain that was founded by Dr Dharminder Nagar in 2006 with the opening of its first hospital in Gurgaon. Paras Health's facility boasts over 30 super specialties covering a wide range of tertiary care medical and surgical interventions. The facility is outfitted with state-of-the-art amenities including an advanced CATH Lab, MRI, CT scan, modular Operation Theaters, Dialysis unit, and 60 ICU beds. Pioneer in Udaipur for conducting Awake Craniotomy procedures. Leading the city with the first comprehensive Cardiac Program and performing Transcatheter Aortic Valve Implantation (TAVI) procedures.

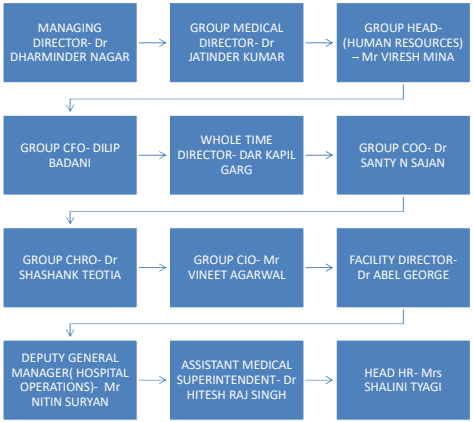
VISION

Simplifying health with world class medical treatment and right care .

MISSION

Stepping closer with every phase in developing healthcare provisions available for one and all , anywhere /everywhere with a futuristic advancement , alongside channelizing and widening the horizons of PARAS HEALTH as a center of excellence.

ORGANISATION STRUCTURE



OBJECTIVES OF THE PROJECT

- To standardize and streamline the availability of surgical kits.
- To develop and implement standardized lists for different types of surgical kits
- To evaluate the existing processes and identifies insufficiency in surgical procedures
- To introduce customize surgical kits for surgical procedures.

METHODOLOGY

1.Data collection-

Review of PMR sheets – collected data on consumable items used in surgical procedures from patient medicine requisition sheets.

Collected data for selective surgeries

2. Data analysis-

Calculation of averages, analyzed the collected data to determine the average quantity of each consumable item used across the selected cases.

3. Expert consultation-

Consultation with surgeons, conducted consultations with surgeons specializing in the types of surgery under review.

Discussed the average quantities calculated and sought their professional input on the adequacy of these quantities for each surgical procedure.

Gathered feedback on any additional items that should be included or excluded from the surgical kits.

SWOT ANALYSIS

SUGGESTIONS

1. Effective communication- ensure clear and regular communication between departments.
2. Conduct regular training sessions for staff on the new surgical kits and processes.
3. Utilize an inventory management system to track surgical kit usage and maintain adequate stock levels.
4. Quality control
5. Data tracking
6. Feedback mechanism

LEARNINGS DURING INTERNSHIP:-

- **Project management-** time management, resource allocation, and stakeholder communication.
- **Healthcare operations-** understanding surgical department workflows and process optimization.
- **Change management-** facilitating transitions and addressing resistance to change.
- **Data analysis**
- Interdepartmental communication

CHALLENGES DURING INTERNSHIP:-

- Initial data was difficult due to busy schedule and unavailability of OT manager and other staff.
- Resistance to change- many doctors and staff resisted switching to standardized kits due to familiarity with their current procedures
- Interdepartmental communication and coordination.
- Initial costs and budget constraints.

USEFULNESS OF THE INTERNSHIP

- ✓ Practical experience
- ✓ Skills development
- ✓ Industry insight
- ✓ Networking
- ✓ Career preparation

NAME – Dr SHALINI TRIPATHI
ROLL NO- 1826
BATCH – 28th (2023 – 2025)
COLLEGE MENTOR – Dr VIDYA BHUSHAN TRIPATHI
ORGANISATION MENTOR – Dr HITESH RAJ SINGH

Weekly Report

Name of the Organisation: PARAS HEALTH, UDAIPUR, RAJASTHAN

Area/ Department/ Project of Summer Internship Program: MEDICAL ADMINISTRATION

Name of the Student: Dr Shalini Tripathi

Roll no:1826 Stream: MBA- Hospital and Health Management

Week no: First Week From: 01\05\2024 to 04\05\2024

Activity Done	• On the first day -01\05\24- • Assigned department and mentor • Attended meeting regarding induction and introduction to hospital premises • Discussed about upcoming projects • On 02\05\24- Conducted hospital round with mentor to gain an overview of the departments • Obtained information about patient discharge processes. • Engaged in project discussions and initiated data collection and comparison for the project. • On 03\05\24- Initiated discussion and project work on surgical kits and average length of stay • Attended quality program of NABH training post lunch. • Visited OT pharmacy and post operative room, discussed various surgical procedures and required surgical items for different procedures • On 04\05\24 – visited radiology department, learned about CT and MRI processes and MRI safety checklist • Visited Medical record department, identified gaps and issues in record keeping • Participated in HR class and group activities.
Linking theory (Classroom learning) with practice at your organisation	• Importance of thorough departmental inspections for compliance as we learned in Organizational behavior. • Understanding NABH standards and procedures as we learned in Hospital services
Gaps identified on the working area.	• Lack of adherence to NABH standards in MRD • Lack of manpower and GDA in Emergency Department

Suggestions for improvement	• Enhancing documentation practises and record keeping
Plan for the next week	• Working on the upcoming projects • Training for the NABH Surveillance

Reporting Format

(Weekly)

Name of the Organisation: PARAS HEALTH, UDAIPUR

Area/ Department/ Project of Summer Internship Program: MEDICAL ADMINISTRATION

Name of the Student: Dr SHALINI TRIPATHI

Roll no:1826 Stream: MBA – HOSPITAL AND HEALTH MANAGEMENT

Week no: 2 From:06\05\24 to11\05\24

Activity Done	• Initiated work on surgical kit and ALOS Project • Engaged in discussions with the doctors for the implementation of the surgical kit. • Conducted meetings to strategize on reducing patient length of stay across various other departments. • Gathered secondary data from perioperative management record sheets. • Obtained detailed understanding of commonly used items in surgeries such as LSCS, TKR etc. • Collected primary data on ALOS of patients across various departments. • Further discussions with the stakeholders to refine the project goals and strategies.
Linking theory (Classroom learning) with practice at your organisation	• Implemented the surgical kit project by leveraging insights from the Hospital services module to enhance surgical procedures and optimize resource allocation for better patient care. • Engaged in productive discussions with doctors and OT manager employing effective BUSINESS COMMUNICATION techniques to foster collaboration and ensure successful execution of the project. • Utilized research methods to gather secondary data from

	perioperative management record sheets, enabling comprehensive analysis of trends and identification of areas for improvement to support evidence based decision making.
Gaps identified on the working area.	• Identified inefficiencies in file management procedures at the nursing station. • Identified instances of communication breakdowns among OT managers concerning the specifications of surgical items needed.
Suggestions for improvement	• Deploy a bed management system for real time tracking to maximize bed availability and increase revenue generation. • Improved discharge processes to accelerate patient turnover and enhance bed availability for incoming patients. • Conduct staff training sessions aimed at enhancing communication and problem-solving skills to foster a more cohesive and effective work environment.
Plan for the next week	• Working with mentor on ALOS project. • Analyzing primary data collected on length of stay with the aim of reducing the average length to 3 days while prioritizing quality of care.

Reporting Format

(**Weekly)**

Name of the Organisation: PARAS HEALTH, UDAIPUR

Area/ Department/ Project of Summer Internship Program: MEDICAL ADMINISTRATION

Name of the Student: Dr SHALINI TRIPATHI

Roll no:1826 Stream: MBA – HOSPITAL AND HEALTH MANAGEMENT

Week no: 3 From-13\05\2024 to18\05\2024

Activity Done	• Worked on surgical kit and ALOS project. • Gathered secondary data from perioperative management record sheets. • Collected primary data on ALOS of patients across various departments. • Discussions with mentor to finalize surgical kits from next week and to refine the project goals.
Linking theory (Classroom learning) with practice at your organisation	• Implemented the surgical kit by leveraging insights from the hospital services module to enhance surgical procedures and optimize resource allocation for better patient care. • Utilized research methods to gather secondary data from perioperative management record sheets, enabling comprehensive analysis of trends and identification of areas for improvement to support evidence-based decision making.

Gaps identified on the working area.	• Nursing staff not attentive • Lack of manpower in cardiology department • Identified inefficiencies in file management procedures at the nursing station.
Suggestions for improvement	• Increase in hospital manpower. • Improved discharge processes to accelerate patient turnover and enhance bed availability for incoming patients. • More availability of skilled nursing staff in the hospital.
Plan for the next week	• Working with mentor on ALOS project. • Finalizing and implementing the surgical kits. • Start working on clinical audits.

Weekly Report

Name of the Organisation: Paras Health, Udaipur

Department of Summer Internship Program: Medical Administration

Name of the Student: Dr. Shalini Tripathi

Roll no: 1826 Stream: MBA Hospital and Health Management

Week no: 04 From:19/05/24 to 25/05/24

Activity Done	• Had a discussion on open file audits and the checklist to conduct open file Audit • Completed 28 open file audits at Paras Health • Had a discussion on consent form, Types of Consent, ISBAR • Working on clinical audits of PTCA procedure • Continued working on the Surgical Kit Project and ALOS Project, collected primary data for the Average Length of Stay (ALOS) of patients across various departments to study the variance and reasons for extended stays while focusing on reducing the Cost of Goods Sold (COGS) by analyzing length of stay data. • Had a discussion with Dr. Richa Kamboj (Dermatologist) to determine consumable needs and create personalized kits for Dermatological procedures (Vampire facial, Molloscum Needling with TCA applicator, Comedone Extraction, Peels • Had a discussion on Clinical Audits and Studied the checklist required for clinical Audits • Conducted PTCA Clinical audit from March 2024 to April 2024. • Compiled the collected data and reported to Shailesh Sir (Head of Supply chain management department) and Finance department for the budgeting process.
Linking theory (Classroom learning) with practice at your organisation	• Applied knowledge of financial management focused on data-driven decision - making, optimizing resource allocation and enhancing budgeting accuracy. • Implemented concepts from the Essential of hospital services module and learned about clinical audit processes and quality assurance, open file auditing procedures, patient rights and legal compliance. • Implemented principles from the Business Communication and Behavioral Change for resolving communication breakdowns among doctor's assistants regarding surgical item requirements.
Gaps identified on the working area.	• Inconsistent compliance among doctors in using the Electronic Medical Records (EMR) system. • The internal conflict between management and a few doctors over the perceived necessity of surgical kit compliance is hindering its implementation. • Communication breakdowns among doctor's and assistants regarding surgical item requirements. • Reluctance among doctors to provide information about the variance in the length of stay.

Suggestions for improvement	• Schedule interdisciplinary meetings to discuss surgical item requirements and address any communication breakdowns. • Establish a feedback mechanism for doctors to voice their concerns and suggestions regarding surgical kit compliance and other procedural changes. • Training sessions about the importance and benefits of compliance with EMR and other guidelines. • Regular training and support for doctors to increase their comfort and familiarity with the EMR system • Monitor EMR usage and provide individualized support or additional training where compliance is lacking. • Conduct regular reviews of the collected ALOS data to identify trends and implement corrective actions.
Plan for the next week	• Working with mentor on ALOS project. • Analyzing the primary data collected on length of stay with the aim of reducing the average length to 3 days while prioritizing quality of care. • Implementation and follow up on surgical kit project • NABH audit preparation by organizing documentation, conducting internal audits.

Weekly Report

Name of the Organisation: Paras Health, Udaipur

Department of Summer Internship Program: Medical Administration

Name of the Student: Dr. Shalini Tripathi

Roll no: 1826 Stream: MBA Hospital and Health Management

Week no: 05 From:27/05/24 to 1/06/24

Activity Done	• Final Preparation for NABH Surveillance • - Initiated final preparation activities for the NABH surveillance scheduled on 1st and 2nd June. • - Organized and reviewed necessary documentation and protocols for the audit. • -Open File Audits • - Completed the remaining open file audits. • - Ensured all files were up-to-date and compliant with NABH standards. • - Meeting Attendance • - Participated in a briefing meeting regarding roles and responsibilities for the upcoming NABH surveillance. • - Clarified tasks and responsibilities for the team to ensure smooth execution during the audit. • - Induction for NABH Surveillance • - Assisted in the induction process for NABH surveillance. • - Provided guidance and support to team members to prepare them for their roles during surveillance.
Linking theory (Classroom learning) with practice at your organisation	• Applied knowledge of financial management focused on data-driven decision - making, optimizing resource allocation and enhancing budgeting accuracy. • Implemented concepts from the Essential of hospital services module and learned about clinical audit processes and quality assurance, open file auditing procedures, patient rights and legal compliance. • Leveraged principles from the Business Communication and Behavioural Change for resolving communication breakdowns among doctor's assistants regarding surgical item requirements.
Gaps identified on the working area.	• Inefficient use of resources leads to wastage and increased costs. • Inconsistent information flow leading to operational delays and misunderstandings. • Incomplete or outdated documentation affecting compliance with NABH standards. • Inadequate implementation of clinical audit processes. • Limited awareness and implementation of patient rights and legal compliance protocols.

Suggestions for improvement	• Implement data driven resource management systems to track and optimize the use of supplies, staff, and equipment. • Establish a clear communication protocols and regular training sessions to improve information flow among staff. • Develop a robust documentation system to ensure all records are complete, up to date and easily accessible. • Invest in and integrate advanced hospital management systems to streamline operations, improve data management and enhance decision making. • Increase awareness and training on patient rights, and legal compliance for all staff members. • Standardize procedures and protocols across departments to ensure consistency and efficiency.
Plan for the next week	• Working with mentor on ALOS project. • Analysing the primary data collected on length of stay with the aim of reducing the average length to 3 days while prioritizing quality of care. • Implementation and follow up on surgical kit project .

Weekly Report

Name of the Organisation: Paras Health, Udaipur

Department of Summer Internship Program: Medical Administration

Name of the Student: Dr. Shalini Tripathi

Roll no: 1826 Stream: MBA Hospital and Health Management

Week no: 06 From: 3\06\24 to 8\06\24

Activity Done	• Continued working on surgical kits and started working on pilot testing of the kits • Started working on clinical pathways project • Continued working on AOS project
Linking theory (Classroom learning) with practice at your organisation	• Applied knowledge of financial management focused on data-driven decision - making, optimizing resource allocation and enhancing budgeting accuracy. • Applies Kotter's 8 step change model and Lewin's change management theory to. Hospital settings. • Leveraged principles from the Business Communication and Behavioural Change for resolving communication breakdowns among doctor's assistants regarding surgical item requirements.
Gaps identified on the working area.	• Inefficient discharge planning processes. • Inadequate feedback from initial testers. • Insufficient training for staff on new kits. • Insufficient budget allocation for comprehensive testing
Suggestions for improvement	• Implement detailed feedback forms and follow up interviews with initial testers to gather comprehensive insights. • Conduct thorough training sessions for staff on the proper use of kits, ensuring they are well prepared and confident. • Invest in advanced analytics tools and software to improve data collection and interpretation • Streamline discharge planning processes by involving multidisciplinary teams and utilizing checklists.
Plan for the next week	• Work on the clinical pathways project. • Analysing the primary data collected on length of stay with the aim of reducing the average length to 3 days while prioritizing quality of care. • Implementation and follow up on surgical kit project .

Weekly Report

Name of the Organisation: Paras Health, Udaipur

Department of Summer Internship Program: Medical Administration

Name of the Student: Dr. Shalini Tripathi

Roll no: 1826 Stream: MBA Hospital and Health Management

Week no: 07 From: 10\06\24 to 15\06\24

Activity Done	• Clinical Pathways Development - • Started working on the clinical pathways of laparoscopic cholecystectomy with Dr Abhishek Vyas. • Non-Compliance Issues - • - Worked on addressing and closing all the non-compliances identified during the NABH surveillance. • Scope of Services - • - Developed the scope of services for the doctors in all departments of the hospital.
Linking theory (Classroom learning) with practice at your organisation	• Quality Management- • Theory: Understanding of quality standards like NABH, JCI, and ISO. • Practice: Implementing and monitoring quality standards, addressing non-compliance issues during surveillance. • Operations Management - • Theory: Efficient resource allocation, process optimization. • Practice: Streamlining clinical pathways, such as for laparoscopic cholecystectomy, ensuring efficient use of resources. • Healthcare Policy and Regulations - • Theory: Knowledge of healthcare policies, legal regulations, and compliance. • Practice: Ensuring hospital operations adhere to healthcare policies and legal regulations, updating the scope of services for all departments. • Strategic Management - • Theory: Strategic planning and execution in healthcare settings. • Practice: Developing and executing strategic initiatives to improve hospital services and patient care. • Human Resource Management - • Theory: Best practices in HR management specific to healthcare.

	• Practice: Defining and refining the roles and responsibilities of doctors and staff across departments. • Financial Management- • Theory: Healthcare financial principles, budgeting, and cost control. • Practice: Applying financial management principles to optimize hospital operations and reduce costs associated with non-compliance and inefficiencies. • Marketing and Patient Relationship Management- • Theory: Marketing strategies, patient engagement, and relationship management. • Practice: Enhancing patient satisfaction through improved clinical pathways and service scope, reflecting positively on hospital reputation and patient loyalty.
Gaps identified on the working area.	• Standard Operating Procedures (SOPs)- • - Incomplete or outdated SOPs for certain clinical procedures and administrative tasks. • - Lack of regular review and updates to ensure compliance with current standards. • Training and Development- • - Insufficient ongoing training programs for staff to stay updated with the latest clinical practices and quality standards. • Lack of structured orientation programs for new hires. • Communication- • - Gaps in communication between departments, leading to inconsistencies in patient care and administrative processes. • - Lack of effective channels for feedback from staff and patients. • Documentation and Record-Keeping- • - Incomplete or inconsistent documentation practices. • - Inefficiencies in electronic health record (EHR) systems, leading to delays and errors in patient information management. • Interdepartmental Coordination- • - Poor coordination and collaboration between clinical and non-clinical departments. • - Lack of integrated care pathways, resulting in fragmented patient care.

Suggestions for improvement	• Standard Operating Procedures (SOPs)- • - Regularly review and update SOPs to reflect current best practices and regulatory requirements. • - Implement a centralized system for managing and disseminating SOPs to ensure all staff have access to the latest versions. • Training and Development- • - Develop comprehensive, ongoing training programs for all staff, including clinical, administrative, and support personnel. • - Introduce structured orientation programs for new hires to ensure they are well-versed in hospital protocols and culture. • Communication- • - Establish regular interdepartmental meetings to improve communication and collaboration. • - Create effective feedback channels for staff and patients and ensure timely responses to concerns and suggestions. • Documentation and Record-Keeping- • - Standardize documentation practices across the hospital to ensure consistency and accuracy. • - Upgrade and optimize electronic health record (EHR) systems to streamline information management and reduce errors. • Resource Allocation- • - Conduct regular assessments of resource allocation to ensure optimal use of staffing, equipment, and facilities. • - Implement inventory management systems to track and manage supplies effectively. • Compliance and Monitoring- • - Establish a robust internal audit mechanism to regularly monitor compliance with NABH and other regulatory standards. • - Proactively address compliance issues through continuous monitoring and follow-up. • Patient Flow Management- • - Optimize patient flow by improving scheduling processes and reducing wait times. • - Implement coordinated care pathways to ensure seamless patient transitions between departments. • Interdepartmental Coordination- • - Foster a culture of collaboration through team-building activities and cross-functional projects. • - Develop integrated care pathways to ensure coordinated and holistic patient care.

Plan for the next week	• Work on the clinical pathways project. • Analysing the primary data collected on length of stay with the aim of reducing the average length to 3 days while prioritizing quality of care. • Implementation and follow up on surgical kit project .

Weekly Report

Name of the Organisation: Paras Health, Udaipur

Department of Summer Internship Program: Medical Administration

Name of the Student: Dr Shalini Tripathi

Roll no: 1826 Stream: MBA Hospital and Health Management

Week no: 08 From: 17/06/24 to 22/06/24

Activity Done	• <u>Clinical Pathways Development -</u> • Started working on the clinical pathways of LSCS (lower segment caesarean section) with Dr Akansha Tripathi. • Prepared surgical kits for DSA (digital subtraction angiography) and mechanical thrombectomy with Dr Tarun Mathur.

Linking theory (Classroom learning) with practice at your organisation	• Operations Management - • Theory: Efficient resource allocation, process optimization. • Practice: Streamlining clinical pathways, such as for laparoscopic cholecystectomy, ensuring efficient use of resources. • Healthcare Policy and Regulations - • Theory: Knowledge of healthcare policies, legal regulations, and compliance. • Practice: Ensuring hospital operations adhere to healthcare policies and legal regulations, updating the scope of services for all departments. • Strategic Management - • Theory: Strategic planning and execution in healthcare settings. • Practice: Developing and executing strategic initiatives to improve hospital services and patient care. • Leveraged principles from the Business communication and behavioural change for resolving communication breakdowns among doctor's assistants regarding surgical item requirements. • Financial Management- • Theory: Healthcare financial principles, budgeting, and cost control. • Practice: Applying financial management principles to optimize hospital operations and reduce costs associated with non-compliance and inefficiencies. • Marketing and Patient Relationship Management- • Theory: Marketing strategies, patient engagement, and relationship management. • Practice: Enhancing patient satisfaction through improved clinical pathways and service scope, reflecting positively on hospital reputation and patient loyalty.
Gaps identified on the working area.	• Insufficient training for staff on new kits • Delay from the supply chain department in implementing the surgical kits. • Inadequate feedback from initial testers. • Communication gaps between departments leading to inconsistencies in patient care and administrative processes. • Incomplete or inconsistent documentation practises.
Suggestions for improvement	• Conduct thorough training sessions for staff on the proper use of kits, ensuring they are well prepared and confident • Invest in advanced analytical tools and software to improve data collection and interpretation • Implement coordinated care pathways to ensure seamless patient transitions between departments • Standardize documentation practises across hospitals to ensure consistency and accuracy.

Plan for the next week	• Analysing the primary data collected on length of stay with the aim of reducing the average length to 3 days while prioritizing quality of care. • Implementation and follow up on surgical kit project .

Weekly Report

Name of the Organisation: Paras Health, Udaipur

Department of Summer Internship Program: Medical Administration

Name of the Student: Dr Shalini Tripathi

Roll no: 1826 Stream: MBA Hospital and Health Management

Week no: 09 From: 24/06/24 to 29/06/24

Activity Done	• 1. Project Completion: • - Successfully concluded the project work. • 2.Presentation Preparation: • - Developed a comprehensive presentation summarizing the project work over the past two months. • - Highlighted key learnings and achievements. • 3.Presentation Delivery:

	• - Presented the project overview to mentors and the Head of Operations. • 4.Feedback Session: • - Engaged in a feedback session with mentors and stakeholders. • - Provided honest reviews and reflections on the organizational experience during the internship. • - Discussed the learnings and skills acquired over the two-month period.
Linking theory (Classroom learning) with practice at your organisation	• Human resource management: knowledge of recruitment, training and performance management in a healthcare setting • Case studies: analyzing real cases from the organization to understand challenges and devise solutions. • Research projects: conducting research on issues relevant to the organization such as improving patient care or optimizing hospital operations. • Strategic initiatives: applying strategic management theories to real world projects and initiatives • Financial practices: implementing financial management techniques to manage hospital budgets, reduce costs, and improve financial health • Quality improvement projects: engaging in quality improvement initiatives, ensuring compliance with healthcare regulations, and enhancing patient safety protocols.
Gaps identified on the working area.	• Standard Operating Procedures (SOPs)- • - Incomplete or outdated SOPs for certain clinical procedures and administrative tasks. • - Lack of regular review and updates to ensure compliance with current standards. • Training and Development- • - Insufficient ongoing training programs for staff to stay updated with the latest clinical practices and quality standards. • Lack of structured orientation programs for new hires. • Communication- • - Gaps in communication between departments, leading to inconsistencies in patient care and administrative processes. • - Lack of effective channels for feedback from staff and patients. • Documentation and Record-Keeping- • - Incomplete or inconsistent documentation practices. • - Inefficiencies in electronic health record (EHR) systems, leading to delays and errors in patient information management. • Interdepartmental Coordination- • - Poor coordination and collaboration between clinical and non-clinical departments. • - Lack of integrated care pathways, resulting in fragmented patient care.
Suggestions for improvement	• Standard Operating Procedures (SOPs)- • - Incomplete or outdated SOPs for certain clinical procedures and administrative tasks. • - Lack of regular review and updates to ensure compliance with current standards. • Training and Development- • - Insufficient ongoing training programs for staff to stay updated with the latest clinical practices and quality standards. • Lack of structured orientation programs for new hires. • Communication- • - Gaps in communication between departments, leading to inconsistencies in patient care and administrative processes.

	• - Lack of effective channels for feedback from staff and patients. • Documentation and Record-Keeping- • - Incomplete or inconsistent documentation practices. • - Inefficiencies in electronic health record (EHR) systems, leading to delays and errors in patient information management. • Interdepartmental Coordination- • - Poor coordination and collaboration between clinical and non-clinical departments. - Lack of integrated care pathways, resulting in fragmented patient care.
Plan for the next week	• NA

Compiled Report

Name of the Organisation: PARAS HOSPITALS, UDAIPUR

Area/ Department/ Project of Summer Internship Program: MEDICAL ADMINISTRATION

Name of the Student: Dr SHALINI TRIPATHI

Roll no: 1826 Stream: MBA IN HOSPITAL AND HEALTH MANAGEMENT

Activity Done	WEEK 1 : Assigned to department and mentor; attended induction and hospital tour; discussed up : Conducted hospital rounds with mentor; learned about patient discharge processes; began data collection and project : Started working on surgical kits and average length of stay (ALOS); attended NABH quality program; visited OT pharmacy and post operative room : Visited radiology and medical record departments; learned about CT/MRI processes and MRI safety; identified record-keeping gaps; participated in HR activities. Week 2 Continued work on surgical kits and ALOS project; held discussions with doctors; strategized on reducing patient length of stay; gathered secondary and primary data for project goals. Week 3 Continued working on surgical kits and ALOS project; collected secondary and primary data on ALOS; refined project goals with mentor and finalized surgical kits.

	Week 4 discussed open file audits and checklists; completed 28 open file audits; learned about consent forms and clinical audits; worked on PTCA clinical audit and continued surgical kit and ALOS project; discussed consumable needs with Dr Richa Kamboj. Week 5 Final preparations for NABH surveillance; completed remaining open file audits; attended briefing meetings; assisted with NABH surveillance induction. Week 6 - Continued working on surgical kits and pilot testing; began clinical pathways project; continued ALOS project. Week 7 - Developed clinical pathways for laparoscopic cholecystectomy with Dr Abhishek Vyas; addressed NABH non-compliance issues; developed scope of services for various departments. Week 8 - Developed clinical pathways for LSCS with Dr Akansha Tripathi; prepared surgical kits for DSA and mechanical thrombectomy with Dr Tarun Mathur. Week 9 - Successfully completed project work; prepared and delivered a comprehensive presentation summarizing the internship;

	participated in a feedback session with mentors and stakeholders.
Linking theory (Classroom learning) with practice at your organisation	1. Operations management efficient resource allocation, process optimization. Streamlining clinical pathways, such as for laparoscopic cholecystectomy, ensuring efficient use of resources. 2. Healthcare policy and regulation- knowledge of healthcare policies, legal regulations, and compliance. Ensuring hospital operations adhere to healthcare policies and legal regulations updating the scope of services for all departments. 3. Strategic management- strategic planning and execution in healthcare settings. Developing and executing strategic initiatives to improve hospital services and patient care. 4. Business communication and behavioral change- for resolving communication breakdowns among doctor's assistant's regarding surgical item requirements 5. Financial management- healthcare financial principles, budgeting and cost control. Applying financial management principles to optimize hospital operations and reduce costs associated with noncompliance and inefficiencies. 6. Marketing and patient relationship management- enhancing patient satisfaction through improved clinical

	pathways and service scope, reflecting positively on hospital reputation and patient loyalty. 7.Human resource management- best practices in HR management specific to healthcare. Defining and refining the roles and responsibilities of doctors and staff across departments.
Gaps identified on the working area.	1. Standard operating procedures- incomplete or outdated SOPs for certain clinical procedures and administrative tasks. Lack of regular review and updates to ensure compliance with current standards. 2. Training and development – insufficient ongoing training programs for staff to stay updated with the latest clinical practices and quality standards. 3. Gaps in communication between departments leading to inconsistencies in patient care and administrative processes. 4. Lack of effective channels for feedback from staff and patients. 5. Incomplete or inconsistent documentation practices. Inefficiencies in electronic health record systems leading to delays and errors in patient information management. 6. Interdepartmental coordination - poor coordination and collaboration between clinical and non-clinical departments. Lack of integrated care pathways resulting in fragmented patient care.
Suggestions for improvement	1. Regularly review and update SOP's to reflect current best practices and regulatory requirements. Implement a

	centralized system for managing and disseminating sops to ensure all staff have access to the latest version.

	2. Training and development- develop comprehensive ongoing training programs for all staff including clinical administrative and support personnel. 3. Communication- establish regular interdepartmental meetings to improve communication and collaboration. Create effective feedback channels for staff and patients to ensure timely responses to concerns and suggestions. 4. Documentation and record keeping- standardized documentation practices across the hospital to ensure consistency and accuracy. 5. Resource allocation- conduct regular assessments of resource allocation to ensure optimal use of staffing, equipment and facilities. 6. Patient flow management- optimize patient flow by improving scheduling processes and reducing wait times. Implement coordinated care pathways to ensure seamless patient transitions between departments. 7. Interdepartmental coordination- foster culture of collaboration through team building activities and cross functional projects. Develop integrated care pathways to ensure coordinated and holistic patient care.

Signature of the Student- Dr Shalini Tripathi

Approved by the IIHMR University's Mentor- Dr Vidya Bhushan Tripathi