SUMMER INTERNSHIP PROGRAM

at

P.D Hinduja National Hospital & Medical Research Centre

From 1st May 2024 to 30th June 2024

A REPORT BY

Sampada Kiran Meghe

Master of Business Administration

(Hospital & Health Management)

2023-25

under the Mentorship of

Dr. Piyusha Majumdar, Associate Professor

IIHMR UNIVERSITY

P. D. HINDUJA NATIONAL HOSPITAL
& MEDICAL RESEARCH CENTRE
(Established and managed by the National Health & Education Society)
VEER SAVARKAR MARG, MAHIM, MUMBAI - 400 016, INDIA
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Date: **29/06/2024**

TO WHOMSOEVER IT MAY CONCERN

This is to certify that **Dr. Sampada Meghe** did her Internship in our Hospital from **01-05-2024 to 30-06-24** as an Administrative Intern.

During this period, her assignment was as follows:

1. Assessing the time lag between the patient's entry to 1st administration of medicine to the patients of sepsis, stroke & acute coronary syndrome (ACS) within the first 60 mins of arrival in the ER.
2. Hand Hygiene Audit in IPD.

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. SAMPADA KIRAN MEGHE** of academic year 2023-25 of **INSTITUTE OF HEALTH MANAGEMENT RESEARCH** has prepared a poster with respect to his summer internship held during May-June 2024.

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

Date: 22/7/24

Piyusha

Dr. Piyusha Majumdar

Associate Professor

IIHMR University Jaipur

IIHMR UNIVERSITY

Presented by : Dr. Sampada Meghe
Mentor : Dr. Piyusha Majumdar
Organisation Mentor : Dr. Preeti Goraksha

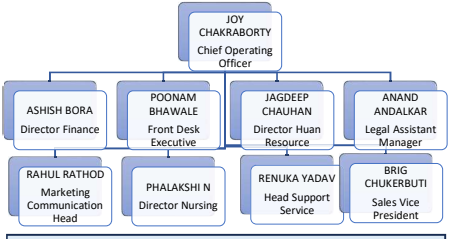
P. D. HINDUJA HOSPITAL & MEDICAL RESEARCH CENTRE

About the Organization:

Founded in 1951 by Shri P. D. Hinduja with a commitment to quality care for all, Hinduja Hospital has grown into a leading healthcare institution in India. For over seven decades, the hospital has remained dedicated to its founder's vision.

Mission: Hinduja Hospital aspires to global healthcare leadership through exceptional care, training, and research focused on India's needs.

Vision: Delivering high-quality, affordable, and ethical healthcare through innovation.



Practical vs Theoretical learning :

Theoretical:The gap between the theoretical concept of universal healthcare accessibility and affordability and its practical implementation is significant. To build a strong brand, quality is essential.

Practical: making the quality care affordable to all is essential . Even though healthcare is accessible greatly now but affordability is still a question. feedback mechanism and personal touch to all processes in hospital have a drastically impact on customers.

Door-to-Med Time for Sepsis, Stroke, ACS in First Hour

Aim :

Assessing the time lag between Patient's entry to 1st Administration of Medicine to the patients of sepsis, stroke & acute coronary syndrome (ACS) within first 60 mins of arrival in ER.

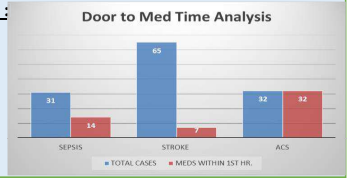
Objectives :

1) Percentage of Sepsis patients administered antibiotics with in 60 minutes of arrival in ER.
2) Door to Needle time for thrombolysis in ischemic stroke patients in ER.
3) Percentage of ACS patients receiving Aspirin.

Methodology:

It was an observational study. Sample size for each condition was 50.
Data Collection was done by observing ER patients whose complaints were related to ACS/Stroke/Sepsis. Sample was taken of IPD & ICU patients. Time of administration was noted and analysis was done.

Findings :



Conclusion:

Hinduja Hospital has a 100% compliance rate with Acute Coronary Syndrome (ACS) protocols. While 10% of stroke patients receive thrombolysis treatment, there's a need to actively promote the sepsis protocol to improve patient outcomes.

Strength :

1) Experienced & Skilled work force.
2) Advanced Technology .
3) Set protocol for managing different Emergencies .

Weakness :

1) Investigation delays.
2) Departmental disputes.
3) Absence of standardized patient severity assessment.

Threats :

1) Lower-cost alternatives for these services may exist elsewhere.
2) Outflow of skilled professionals to other places.

Opportunities :

1) Established brand name .
2) Trusted quality care .

Challenges :

1.Incomplete documentation.

2.Time taken for obtaining results of investigations .

Usefulness & Learning:

Practical exposure to the problems arising in the hospital on day to day basis. Understanding of hospital and its functions.

Suggestions :

1) Use of Checklist in ER for quick identification of condition & for strengthening documentation of ER for : Sepsis, Stroke and ACS .
2) Fastening the bed allotment process.
3) Another OPD type set up for non-emergency procedures like – chemo port removal, VAC dressing, vaccination, urinary catheter-related issues, etc.
4) Rapidly identify sepsis using q-SOFA, administer antibiotics within an hour, and employ sepsis resuscitation protocols to enhance patient outcomes. Validate early sepsis diagnosis with q-SOFA scores.

Sepsis Checklist with adherence to qSOFA Guidelines:

1) Conscious / Unconscious:
   - Drowsy / Confused /Disoriented /Difficult to Arouse/ Altered Sensorium
2) RR: _____BPM (>22 or equal to)
3) HR: _____BPM
   - Breathing difficulty: Yes/No
   - Supplemental Oxygen:
   - SPO_2:
4) BP: _____mmHg (systolic<100mmHg)
5) Temp.: _____°F
6) Generalized Weakness: Yes/No _____
7) Blood Sugar: _____
8) Creatinine level: _____
9) Urine output: _____
10) Pt. Signs and Symptoms:
    -Chief Complaints:
    - On Examination:
11) Skin Coloration: Normal/ Bluish discoloration
12) Blood / Urine Samples taken:
13) Time of Administration of Antibiotics & dosage:
    - _____
14) Antibiotic Delayed /On Hold: _____
15) Fluids Administered.
- Measure lactate level:
- Vasoactive agents administered:

➢ q-SOFA Score:
- GCS Score <15
- RR >22 bpm
- BP Systolic < 100 mm Hg

Reporting Format (Weekly)

Name of the Organization: PD HINDUJA HOSPITAL AND MEDICAL RESEARCH CENTER

Area/ Department/ Project of Summer Internship Program: Not Assigned Yet

Name of the Student: Sampada Meghe

Roll no: 1814 **Stream:** MBA-HM (Batch 28th)

Week no: 1 **From:** 02/05/2024 to 04/05/2024

Activity Done	- Completion of HR Formalities of Joining . - Briefing by Dr. Preeti Goraksha Ma'am & Zincy Ma'am regarding the hospital , roles & expectations. - Introduction to Hospital and its various departments.
Linking theory (Classroom learning) with practice at your organization	We were given a general orientation of the various departments of the organization. We came across various types of quality indicators that are relevant to patient care and operational efficiency. We got to know the hierarchy of dept. , the workflow of the department, patient load, staffing, and grievance redressal of each dept.
Gaps identified on the working area.	No specific working area is being assigned, Induction program is yet to be completed.
Suggestions for improvement	-
Plan for the next week	- Completion of an orientation program to various other remaining departments of the Hospital. - In the upcoming week, till 08/05/2024, we have been appointed a schedule and orientation will be completion. After completion of this schedule specific roles and projects will be assigned to us.

Signature of the Student

Approved by the IIHMR University's Mentor

Reporting Format (Weekly)

Name of the Organization: PD HINDUJA HOSPITAL AND MEDICAL RESEARCH CENTER

Area/ Department/ Project of Summer Internship Program: Not Assigned Yet

Name of the Student: Sampada Meghe

Roll no: 1814 **Stream:** MBA- HM (Batch 28th)

Week no: 2 **From:** 06/05/2024 to 11/05/2024

Activity Done	- Introduction to the remaining Hospital and its various departments. • Nursing Dept. • Business Excellence • Food Service Dept. • Admission , Billing & TPA • Housekeeping • OT • MRD • Imaging • Lab Medicine • OPD • Marketing • Security • Customer Service Dept.
Linking theory (Classroom learning) with practice at your organization	We were given orientation of the remaining departments of the organization. We came across various types of quality indicators that are relevant to patient care and operational efficiency. We got to know the hierarchy of dept. , the workflow of the department, patient load, staffing, and grievance redressal of each dept. We were asked to submit a detailed report after the orientation to assess our understanding and knowledge . And we were assigned our 1st Project : Assessing the time lag between patients entry to the first administration of medicine in patients of emergency and accident room - for patients of Sepsis, Stroke and Myocardial Infarction .
Gaps identified on the working area.	Identified specific gaps and suggestions to improve them are mentioned in the orientation report.
Suggestions for improvement	Mentioned in the orientation report .
Plan for the next week	- In the upcoming week, till 18/05/2024, we have been asked to work on our project's - planning, execution and synopsis preparation for better clarity and understanding of project to get desired outcome from it . After completion of this schedule , our mentor's will guide us on the execution of projects and sample collection will be started then .

Signature of the Student

Approved by the IIHMR University's Mentor

Reporting Format (Weekly)

Name of the Organization: PD HINDUJA HOSPITAL AND MEDICAL RESEARCH CENTER

Area/ Department/ Project of Summer Internship Program: Quality Dept.

Name of the Student: Sampada Meghe

Roll no: 1814 **Stream:** MBA-HM (Batch 28th)

Week no: 3 **From:** 13/05/2024 to 18/05/2024

Activity Done	Brainstorming on the project and understanding of the project. -Working on the data collection parameters. -Visiting ER dept. and ICU to estimate no. of cases seen in the hospital daily. -Observing ER procedures and protocols, for clear understanding of departmental functioning. - Data compilation of stroke patients from ER dept. for past one year, as part of another project.
Linking theory (Classroom learning) with practice at your organization	Assessing and improving quality of services is essential to be efficient as service providers. As an administrator every step of patient's needs to be addressed, as well as how best it can be managed with limited resources from management and to maximus profit of the organization. From managing small needs of patient's, like parking to providing best facilities in health care on optimum prices to reduce "out of pocket expenditure" of patients and still profit organization.
Gaps identified on the working area.	- Patient attendants need assistance during admission process and need the process to be fasten. - Long waiting ques makes the patient attendants restless and irritable.
Suggestions for improvement	- Increased manpower to manage, admissions dept. - Faster intercommunication in the hospital and scheduled discharges, so as to provide beds for the new admissions quickly, who come to casualty in emergency situation.
Plan for the next week	- In the upcoming week, till 25/05/2024, we have been asked to present our synopsis in front of our mentor Dr. Preeti Goraksha ma'am. - Sample collection needs to be started and will be reported to our mentor, how the data collection is coming in. - Data sampling, errors, dependent variables and analysis will be done in next 2 weeks. And final findings will then be presented , on the project outcomes .

Signature of the Student

Approved by the IIHMR University's Mentor

Reporting Format (Weekly)

Name of the Organization: PD HINDUJA HOSPITAL AND MEDICAL RESEARCH CENTER

Area/ Department/ Project of Summer Internship Program: Quality Dept.

Name of the Student: Sampada Meghe

Roll no: 1814 **Stream:** MBA- HM (Batch 28th)

Week no: 4 **From:** 20/05/2024 to 25/05/2024

Activity Done	-Working on the data collection parameters. -Visiting ER dept. and ICU to estimate no. of cases seen in the hospital daily. -Working on- creating a checklist for sepsis and acute coronary syndrome. - Presentation on project's understanding, methodology, data collection parameters in front of my mentor in Hinduja – Dr. Preeti Goraksha ma'am and Dr. Dipak Bharambhe Sir. - Data compilation of stroke patients from ER dept. for past one year, as part of another project.
Linking theory (Classroom learning) with practice at your organization	Evaluating and improving service excellence is vital for service providers to function effectively. As an administrator, every element of patient care necessitates thorough deliberation, encompassing efficient management of requirements with scarce resources from administration to optimize organizational revenue. This encompasses attending to minor patient requirements and to alongside delivering excellent healthcare amenities at ideal costs to minimize patient expenditures while securing profitability for the institution.
Gaps identified on the working area.	- Documentation evidence, during patient's visit to ER needs to be strengthened. Patient's line of treatment is decided on provisional diagnosis in ER but often there is no official documentation to prove, why patient was diagnosed a particular condition in provisional diagnosis. - So to strengthen hospital's documentation, recommending use of internationally recognized scales to enhance documentation to deal with medical legalities (if questioned) and to establish stronger transparency, accountability, and trust amongst the customers.
Suggestions for improvement	- Improving documentation with use of scales and attaching them in patient's file.
Plan for the next week	- In the upcoming week, till 02/06/2024, we have to work on collection of data for the project. - Sample collection needs to be started and will be reported to our mentor, how the data collection is coming in. - Data sampling, errors, and analysis will be done in next 2 weeks. And final findings will then be presented , on the project outcomes .

Signature of the Student

Approved by the IIHMR University's Mentor

Reporting Format (Weekly)

Name of the Organization: PD HINDUJA HOSPITAL AND MEDICAL RESEARCH CENTER

Area/ Department/ Project of Summer Internship Program: Quality Dept.

Name of the Student: Sampada Meghe

Roll no: 1814 **Stream:** MBA-HM (Batch 28th)

Week no: 5 **From:** 27/05/2024 to 01/06/2024

Activity Done	-Working on the data collection . -Visiting ER dept. , ICU, and IPD to see cases seen in the hospital daily. -Working on- creating a checklist for sepsis, acute coronary syndrome & stroke. - Data compilation of stroke patients from ER dept. for past one year , as part of another project.
Linking theory (Classroom learning) with practice at your organization	Assessing and improving the quality of services is vital for the effective functioning of service providers. As an administrator, consistently conducting audits and evaluations of service quality is essential for ongoing enhancement. Quality plays a central role in building the organization's reputation and ensuring its visibility in the marketplace.
Gaps identified on the working area.	- Documentation evidence, during patient's visit to ER needs to be strengthened. Patient's line of treatment is decided on provisional diagnosis in ER but often there is no official documentation to prove, why patient was diagnosed a particular condition in provisional diagnosis. - So to strengthen hospital's documentation, recommending use of internationally recognized scales to enhance documentation to deal with medical legalities (if questioned) and to establish stronger transparency, accountability, and trust amongst the customers. - Separate OPD type of set up can be established for the procedures which are not emergencies: for vaccination, catheter care, dressing , suture removal.
Suggestions for improvement	- Improving documentation with use of scales and attaching them in patient's file. - Problems arising in ER critically observed and suggestions to be added in the final project report. Certain issues were noticed in the ER during this week's sample collection and suggestions, to work on them will be addressed in the final report.
Plan for the next week	-During the upcoming week, until 08/06/2024, our focus will be on gathering data for the project: 1) We must finish collecting samples by the specified deadline and report progress to our mentor. 2) Over the following two weeks, we will conduct data sampling, address errors, and perform analysis. 3)Subsequently, we will present the final findings and outcomes of the project.

Signature of the Student

Approved by the IIHMR University's Mentor

Reporting Format (Weekly)

Name of the Organization: PD HINDUJA HOSPITAL AND MEDICAL RESEARCH CENTER

Area/ Department/ Project of Summer Internship Program: Quality Dept.

Name of the Student: Sampada Meghe

Roll no: 1814 **Stream:** MBA-HM (Batch 28th)

Week no: 6 **From:** 03/06/2024 to 08/06/2024

Activity Done	-Working on the data collection. -Visiting ER dept., ICU and IPD to see cases seen in the hospital daily. -Working on- creating a checklist for sepsis, acute coronary syndrome & stroke. - Identifying the reasons for the time lag, for administering drugs in the cases of stroke, sepsis, & ACS in ER. - Compilation of collected data on an excel sheet. - A small meeting was conducted by my mentor -Dr. Preeti Goraksha ma'am, for ongoing project update. In light of positive feedback on my work, the project deadline has been extended to June 25th, 2024
Linking theory (Classroom learning) with practice at your organization	Identifying the issues and managing them efficiently is important, improving interpersonal communication and strengthening teamwork in an organization is essential to achieve excellence in quality and will greatly improve patient's health outcomes.
Gaps identified on the working area.	- There is a need for a checklist for managing conditions like stroke, sepsis, and ACS. If not managed timely, all of them could be fatal. Thus, working on a checklist for all these diseases.
Suggestions for improvement	- Enhancing documentation through the use of a checklist to verify all evaluated parameters and enhance patient and caregiver comprehension of the patient's condition and the treatment prescribed by healthcare providers. - Issues observed in the emergency room were closely examined, and recommendations will be included in the final project document. Specific concerns identified during this week's data collection in the ER will be addressed in the final report through actionable suggestions.
Plan for the next week	- In the upcoming week, a small project will also be given. - For the next 2 weeks till 25th June, this project's data collection will be continued & the work on the final report will be completed until then. - The final report of both projects will be completed in the next 2 weeks. And final findings will then be presented, on the project outcomes.

Signature of the Student

Approved by the IIHMR University's Mentor

Reporting Format (Weekly)

Name of the Organization: PD HINDUJA HOSPITAL AND MEDICAL RESEARCH CENTER

Area/ Department/ Project of Summer Internship Program: Quality Dept.

Name of the Student: Sampada Meghe

Roll no: 1814 **Stream:** MBA-HM (Batch 28th)

Week no: 7 **From:** 10/06/2024 to 15/06/2024

Activity Done	- Data collection is continued. - Compilation of collected data on an excel sheet. - Work on the final report of the project and thesis is started.
Linking theory (Classroom learning) with practice at your organization	Recognizing challenges and effectively addressing them is crucial. Enhancing interpersonal communication and fostering teamwork within an organization is vital to achieving high-quality standards and significantly enhancing patient health results.
Gaps identified on the working area.	- Correctly mentioning patient's complaints, is important to avoid further confusion for anyone referring to the data for any purpose. - The average no. of hrs. spend by a patient in the ER are more and this aspect can be improved by managing bed allotment procedure more effectively.
Suggestions for improvement	Challenges identified in the emergency room were closely examined, and recommendations will be included in the final project documentation. Specific issues observed in the ER this week will be addressed with suggested improvements in the final report.
Plan for the next week	- In the upcoming week, a small project will also be given. - For the next 2 weeks till 25th June, this project's data collection will be continued and the work on the final report will be completed until then. - The final report of both projects will be completed in the next 2 weeks. And final findings will then be presented, based on the project outcomes.

Signature of the Student

Approved by the IIHMR University's Mentor

Reporting Format (Weekly)

Name of the Organization: PD HINDUJA HOSPITAL AND MEDICAL RESEARCH CENTER

Area/ Department/ Project of Summer Internship Program: Quality Dept.

Name of the Student: Sampada Meghe

Roll no: 1814 **Stream:** MBA-HM (Batch 28th)

Week no: 8 **From:** 17/06/2024 to 22/06/2024

Activity Done	Second project on Hand Hygiene to conduct audit in IPD was given. - Data collection is completed for 1st project and analysis is started. - Compilation of collected data on an excel sheet. - Work on the final report of the project and thesis is started.
Linking theory (Classroom learning) with practice at your organization	- Even though we have established procedures and guidelines, it's crucial to regularly review and strengthen these practices. This includes actively developing ways to make sure everyone follows them.
Gaps identified on the working area.	- Despite, set rules and norms of practices, it is very important that time to time these practices are audited & reinforced. Suggestions to reinforce these practices are worked on.
Suggestions for improvement	- Active observation & proactive behaviour towards hand hygiene is essential towards achieving infection control and to reinforce good hand hygiene.
Plan for the next week	- In the upcoming week, final presentation is scheduled in front of COO & other mentors. - Till the next week, the 2nd project's data collection will be completed and the work on the final report of both the projects will be completed by the end of next week. - The final findings will then be presented, on both the project outcomes.

Signature of the Student

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Reporting Format (Weekly)

Name of the Organization: PD HINDUJA HOSPITAL AND MEDICAL RESEARCH CENTER

Area/ Department/ Project of Summer Internship Program: Quality Dept.

Name of the Student: Sampada Meghe

Roll no: 1814 **Stream:** MBA-HM (Batch 28th)

Week no: 9 **From:** 24/06/2024 to 29/06/2024

Activity Done	- Final presentation was given in front of COO & other mentors for the first project on 26th June'24. - Second project on Hand Hygiene to conduct audit in IPD was completed, its analysis and outcomes were presented in a form of ppt. - Work on the final report of both the projects is completed and submitted.
Linking theory (Classroom learning) with practice at your organization	-
Gaps identified on the working area.	- Gaps in the current systems are identified and suggestions are given in final project presentations for both the projects.
Suggestions for improvement	- All the suggestions for improvement are given in detail for both the projects in the individual project recommendations.
Plan for the next week	None, last week of internship- end of internship.

Signature of the Student

Approved by the IIHMR University's Mentor

Compiled Reporting Format

Name of the Organization: PD HINDUJA HOSPITAL AND MEDICAL RESEARCH CENTER

Area/ Department/ Project of Summer Internship Program: Quality Dept.

Name of the Student: Sampada Meghe

Roll no: 1814 **Stream:** MBA- HM (Batch 28th)

Activity Done	I started with an orientation at the hospital, learning about the organization and my role. I then shadowed mentors in the quality department. My project focused on how quickly patients with sepsis, stroke, or acute coronary syndrome received their first dose of medication in the ER within the first hour. I looked at ICU, inpatient, and ER data on these patients, analysing protocols and medication administration times. Based on this analysis, I identified areas for improvement and made recommendations, including a checklist for each condition. I presented my findings and report to the COO, and the ER will be testing out my checklist. I then moved on to a second project focused on hand hygiene audits in the Inpatient Department (IPD). After completing the audit, I analysed the results and presented my findings, including recommendations, in a PowerPoint presentation. Finally, I drafted and submitted the final reports for both projects.
Linking theory (Classroom learning) with practice at your organization	I started my internship with a comprehensive orientation program. It covered all the different departments in the hospital, the quality measures they use to track how well they take care of patients and run efficiently. I learned about the structure of each department, how they worked together, how many patients they typically saw, staffing levels, and how they handled complaints. To test our understanding, we had to write a detailed report after the orientation. Then, we were assigned our first project: studying how long it took for emergency room patients with sepsis, stroke, and heart attacks to get their first dose of medication. The internship really emphasized the importance of quality service in healthcare. As an administrator, it's crucial to consider every aspect of a patient's experience, from managing their basic needs to providing the best possible care within budget constraints. This includes everything from parking to high-quality facilities, all aimed at reducing patient costs while still ensuring the hospital is profitable. Regular audits and assessments are essential for maintaining and improving quality of care. This not only helps build the hospital's reputation but also ensures it stays competitive. By identifying and addressing issues effectively, fostering better communication, and strengthening teamwork, we can achieve excellence in quality care, which ultimately leads to better patient outcomes.

	Finally, the internship stressed the importance of constantly reviewing and improving established procedures and guidelines. This includes actively developing ways to make sure everyone follows them consistently.
Gaps identified on the working area.	I identified some specific areas for improvement in the hospital's operations. Here's what I found: • **Admissions process:** Patient attendants needed help navigating the admissions process, which often took too long. This led to frustration and impatience. • **ER documentation:** Documentation during emergency room visits wasn't always thorough. Patients were diagnosed based on provisional assessments, but there wasn't always official documentation to support these diagnoses. I recommended using standardized, internationally recognized scales to improve documentation for legal reasons and to build trust with patients. • **Streamlining non-emergency procedures:** I suggested creating a separate OPD-like setup for non-emergency procedures like vaccinations, catheter care, dressing changes, and suture removal. This would free up the ER for actual emergencies. • **Checklists for critical conditions:** There weren't any checklists in place for managing time-sensitive conditions like stroke, sepsis, and acute coronary syndrome (ACS). I recommended developing checklists to ensure timely and consistent treatment for these critical situations. • **ER wait times:** The average wait time in the ER was too long. I suggested improving bed allocation procedures to reduce congestion and expedite patient flow. • **Reinforcing established practices:** Even with set procedures in place, there needed to be regular audits and reinforcement to ensure everyone followed them consistently. I included these identified gaps and my suggestions for improvement in the final presentations for both of my projects.
Suggestions for improvement	During my internship, I learned that active hand hygiene practices are crucial for infection control in hospitals. I observed the ER department closely and identified some areas for improvement, which I'll be including in my final project report. Here's what I found: Hand hygiene: I emphasized the importance of active hand hygiene practices for infection control. ER inefficiencies: I identified specific problems in the ER during my observations. I'll be including suggestions for improvement in my final report. These may include: Documentation: Improved documentation using checklists to ensure all important parameters are assessed and clearly communicated to patients and caregivers about their condition and treatment plan. Use of standardized scales: I recommended using standardized scales to enhance documentation accuracy. Waiting area: A larger waiting area for patient relatives near the emergency room. Staffing: Increased staffing for the admissions department. Communication and bed management: Improved communication within the hospital and a more efficient scheduled discharge process to free up beds for new emergency patients.

	I've already included all these detailed suggestions for improvement in the individual recommendations sections of both of my project reports.

Signature of the Student

Approved by the IIHMR University's Mentor