

SUMMER INTERNSHIP PROGRAM

at

MAX Super Specialty Hospital, Shalimar Bagh

New Delhi

From 2nd May 2024 to 1st July 2024

A REPORT BY

Saloni Dhaka

Master of Business Administration

(Hospital and Health Management)

2023-25

under the Mentorship of

Dr. Anupam Mehrotra



Completion Certification from the Organization CERTIFICATE

This is to certify that Dr. Saloni Dhaka of 2023-25 (batch) of IIHMR UNIVERSITY, JAIPUR has worked with our organization for her summer internship from 02/05/2024 to 01/07/2024. The overall performance shown by him/her during the period was excellent/good/average. This certificate is being issued to meet the requirements of the IIHMR University.

Date: 02/07/2024

(Signature of organization Mentor)

Name: Dr. Gupred Kar

Designation: Manager.

Seal/Stamp of the Organization



CERTIFICATE

OF ACHIEVEMENT



Max Institute of Medical Education

Certifies that

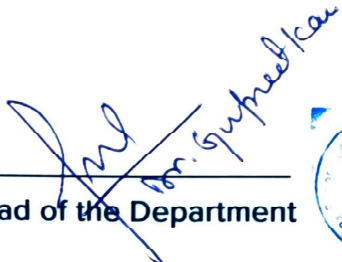
Dr. Saloni Dhaka

has completed Internship in the department of

Hospital Operation

at Max Super Speciality Hospital, Shalimar Bagh, New Delhi

from 02nd May 2024 to 01st July 2024


Head of the Department




Dr Vinitaa Jha

Director - Research & Academics
Max Healthcare Institute Ltd

Annexure B

IIHMR University Faculty Mentor Approval

This is to certify that Dr. Saloni Dhaka 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: 22/7/24


(Signature of Faculty Mentor)

Name: Dr. Anupam Mehotra

Designation: Asst Prof.

1st Week Report

Name of the Organisation: MAX SUPER SPECIALITY HOSPITAL, DELHI

Area/ Department/ Project of Summer Internship Program: Operations

Name of the Student: SALONI DHAKA

Roll no:1809

Stream: HM

Week no: 01

From: 06th May 2024 to 11th May 2024

Activity Done	At the hospital, I participated in an extensive orientation program for the first week of my internship. This included being acquainted with different departments, watching the outpatient department (OPD) billing counter, and learning about the processes involved in registering for and billing for investigations, consultations, and other medical treatments. In addition, I gained knowledge about the differences between cash billing and panel billing, which serve various patient populations, and the steps involved in starting refund requests so that patients receive them in a timely manner (24–48 hours). I also learnt about the significance of KYC documentation for future reference, documentation, and audits, as well as the Document Management System (DMS), which is where patient documents are kept in the Hospital Information System (HIS). Lastly, in order to benefit, I actively engaged in OPD billing activities.
Linking theory (Classroom learning) with practice at your organisation	I've learned how crucial it is to have clear organizational structures and efficient finance management from watching hospital departments. I now have a better understanding of the organizational culture, dynamics of teamwork and communication, which are essential for maximizing organizational behaviour. In addition, I've discovered that strategic decision-making plays a critical role in directing billing practices to preserve competitiveness in the healthcare industry.
Gaps identified on the working area.	Irregularities in the billing procedure and possible hold-ups in the start of the refund. It appeared that staff members were not properly trained in standard operating procedures for specific billing instances, which could have caused misunderstandings for both patients and staff.

Suggestions for improvement	Improving the training programs provided to employees who handle invoicing and documentation can increase accuracy and efficiency in general.
Plan for the next week	I'll be assigned at the Renal OPD billing counter to further explore into specialized billing procedures and gain insights into managing billing within a specific department. I aim to actively engage with staff members, identify any department-specific challenges, and continue to contribute positively to the operational efficiency of the hospital's billing processes.

Signature of the Student: Saloni Dhaka

2nd Week Report

Name of the Organisation: MAX SUPER SPECIALITY HOSPITAL, DELHI

Area/ Department/ Project of Summer Internship Program: OPERATIONS

Name of the Student: SALONI DHAKA

Roll no:1809

Stream: HM

Week no: 2

From: 13th May 2024 **To** 18th May 2024

Activity Done	Was assigned to sit at the renal and nephrologist OPD billing counter, where I got to learn about how to make cash bills and government panel bills. Made document bunch required for panel bills. Learned about TMS (transaction management system) where panel patients get registered at government site. Also coordinated patient with doctors.
Linking theory (Classroom learning) with practice at your organisation	Working with the Transaction Management System (TMS) and arranging patient-doctor interactions required an understanding of healthcare systems and patient management. My theoretical understanding of patient flow and hospital operations also enabled me to effectively run the OPD billing counter.
Gaps identified on the working area.	Doctors go on rounds for IPD and O.T patients' observation in between OPD consultation timing. Billing for investigations is done, even when the lab staff is not present and as a result patients have to wait.
Suggestions for improvement	At the time of OPD consultations, doctors should not go on rounds. Staff should be more coordinated, in order to maintain streamline patient flow.
Plan for the next week	Planning to learn more and more about hospital functioning and management skills in the outpatient department.

Signature of the Student- SALONI DHAKA

3rd Week Report

Name of the Organisation: MAX SUPER SPECIALITY HOSPITAL, DELHI

Area/ Department/ Project of Summer Internship Program: OPERATIONS

Name of the Student: SALONI DHAKA

Roll no:1809

Stream: HM

Week no: 3

From: 20th May 2024 **To** 25th May 2024

Activity Done	During the 3rd week, I was assigned to the hospital's Call Centre. Here, I gained insights into the telephonic consultation booking process. Additionally, the call centre serves as a vital communication hub, facilitating interactions between various hospital departments. Important announcements, including codes and critical messages, are relayed through the call centre. Furthermore, the call centre hosts a repository of various Transaction Management Systems (TMS) for efficient hospital operations.
Linking theory (Classroom learning) with practice at your organisation	My responsibilities in the Call Centre included scheduling doctor appointments over the phone, which required a strong understanding of telehealth care systems and effective patient management. Leveraging my background knowledge of hospital codes and critical message protocols, I contributed to the smooth operation and enhanced coordination of hospital services.
Gaps identified on the working area.	The call centre is currently operating with a limited staff of two experienced agents and three less experienced ones. Unfortunately, the average call duration has exceeded our expectations, and the consultation booking process is taking longer than desired. Additionally, when relaying messages to other departments, it is essential to repeat them three to five times to ensure effective communication.
Suggestions for improvement	Enhanced training for the team is crucial to optimize efficiency and minimize time wastage. Hospital code announcement should be only done by experienced staff to avoid wrong calls.
Plan for the next week	Next week, I will be assigned to admission counter, where I will be observing about patient's admission process, pre-admission, document required for the patient at the time of admission, bed management.

Signature of the Student: Saloni Dhaka

4th Week Report

Name of the Organisation: MAX SUPER SPECIALITY HOSPITAL, DELHI

Area/ Department/ Project of Summer Internship Program: OPERATIONS

Name of the Student: SALONI DHAKA

Roll no:1809

Stream: HM28

Week no: 04

From: 27th MAY 2024 **TO:** 1st JUNE 2024

Activity Done	At the admission counter, I ensured smooth patient intake by conducting pre-admission assessments and facilitating the entire admission process. I created attendant and visitor passes to maintain hospital security and effectively track visitors. Additionally, I assisted patients in filling out admission forms, providing necessary guidance and clarification as needed. To streamline the process for future patients, I compiled a list of necessary documents required for admission.
Linking theory (Classroom learning) with practice at your organisation	I applied my theoretical knowledge of hospital administration through direct patient interaction and documentation. By utilizing my management skills, I effectively coordinated the flow of information between patients and hospital staff. Additionally, I practiced communication techniques to bridge gaps between patients' understanding and staff instructions.
Gaps identified on the working area.	I noted occasional communication gaps between staff and patients, which led to confusion and delays. Additionally, I observed a lack of coordination between the admission staff and the nursing station, affecting the efficiency of patient care.
Suggestions for improvement	I suggest creating a standardized communication procedure to guarantee accurate and consistent information sharing between staff and patients in order to address these problems. To further coordinate patient care efforts, I propose holding regular coordination meetings between nurse stations and admission staff. Creating a document checklist will also help patients during the admissions process, making it more efficient overall and simplifying their experience.
Plan for the next week	Next week I'll be assigned to TPA (Third Party Administration) where I'll be closely observing the process, documents required- patient needs in claiming insurance, how TPA acts link between patient and insurance company.

Signature of the Student: SALONI DHAKA

5th Week Report

Name of the Organisation: MAX SUPER SPECIALITY HOSPITAL, DELHI

Area/ Department/ Project of Summer Internship Program: OPERATIONS

Name of the Student: SALONI DHAKA

Roll no:1809

Stream: HM28

Week no: 05

From: 3rd JUNE 2024 **TO:** 8th JUNE 2024

Activity Done	During my week at the Third-Party Administration (TPA) department, I Gained insights on how TPA serves as a crucial intermediary between the hospital and insurance companies. Observed the variety of documents required for policyholders/patients to obtain pre-authorization and about the steps involved in claiming insurance. Guided patients through the insurance process and assisted them in filling out pre-authorization forms.
Linking theory (Classroom learning) with practice at your organisation	Related the knowledge of insurance company, about which I gained awareness during the academics. Got to learn about various companies in the market.
Gaps identified on the working area.	A notable gap in the TPA department is the limited space and staffing: The TPA counter's small area and single-person capacity create a bottleneck, reducing efficiency and patient privacy.
Suggestions for improvement	Expanding the space or adding additional staff could improve functionality and patient service. Providing a checklist of necessary documents to patients at admission could streamline the pre-authorization process, saving valuable time for both staff and patients.
Plan for the next week	Next week I'll be assigned to BTB (Bill Till Date) department.

Signature of the Student: SALONI DHAKA

6th Week Report

Name of the Organisation: MAX SUPER SPECIALITY HOSPITAL, DELHI

Area/ Department/ Project of Summer Internship Program: OPERATIONS

Name of the Student: SALONI DHAKA

Roll no:1809

Stream: HM28

Week no: 06

From: 10th JUNE 2024 **TO:** 15th JUNE 2024

Activity Done	During this week I was assigned to BTB (bill till date) which works in coordination with discharge counter, where I informed IPD patient's attendants about their bills, who had outstanding bill of more than 50k. Updated the excel sheet of the IPD patients about the calls. Observed the discharge intimation list and learned about the queries of the patient related to bill. Also learned about the discharge process: starting from the doctor's approval of discharge to the bill settlement. Also did bill settlements.
Linking theory (Classroom learning) with practice at your organisation	Got better understanding about essentials in hospital administration, in what ways IPD functions differently from OPD.
Gaps identified on the working area.	Delays occurred in discharge process, due to coordination between staff members, TPA approval delays, payment delays by patient, nursing clearance time lag after discharge summary is made.
Suggestions for improvement	Training nurse and making them well-versed in the discharge process, efficient. Discharge rounding- following which patient is to be discharged one day after and planning accordingly would save time.
Plan for the next week	Next week I'll be assigned in the Emergency department.

Signature of the Student: SALONI DHAKA

7th Week Report

Name of the Organisation: MAX SUPER SPECIALITY HOSPITAL, DELHI

Area/ Department/ Project of Summer Internship Program: OPERATIONS

Name of the Student: SALONI DHAKA

Roll no:1809

Stream: HM28

Week no: 07

From: 17th JUNE 2024 **TO:** 22nd JUNE 2024

Activity Done	During the 7 th week, I was designated in the Emergency Department. My primary objective was the understand the process of the department and to analyse the gaps lacking to improve patient experience. Learned about the triage system, registration process, billing, bed allocation, admission to ward/ ICU from ER, also the discharge process includes (LAMA/ DAMA). After establishing a foundational understanding of the Emergency Department, I transitioned into observing multiple footfall instances within ER. This involved closely monitoring patient movements, staff activities, delay in treatment and staff interaction to identify areas of congestion and inefficiency.
Linking theory (Classroom learning) with practice at your organisation	My contacts with the duty manager, ER manager, and staff improved my capacity to apply academic concepts—such as comprehending organizational dynamics, communication styles, administrative procedure, and teamwork—to real-world difficulties in healthcare settings.
Gaps identified on the working area.	There were some discrepancies in the billing procedure, and there might have been some delays in the start of bed distribution. It appeared that staff members were not properly trained in established processes for managing specific billing instances, which could have caused confusion for both patients and staff. Additionally, in some situations, interactions between the staff and the patients produced disturbance and disturbed the otherwise efficient framework.
Suggestions for improvement	Implementing a comprehensive training program for staff to improve soft skills and stating clear guidelines to billing staff for patient interactions can maintain a conducive environment for patient while ensuring the decorum of the hospital.
Plan for the next week	Next week I will be assigned in the IPD department.

Signature of the Student: SALONI DHAKA

8th Week Report

Name of the Organisation: MAX SUPER SPECIALITY HOSPITAL, DELHI

Area/ Department/ Project of Summer Internship Program: OPERATIONS

Name of the Student: SALONI DHAKA

Roll no:1809

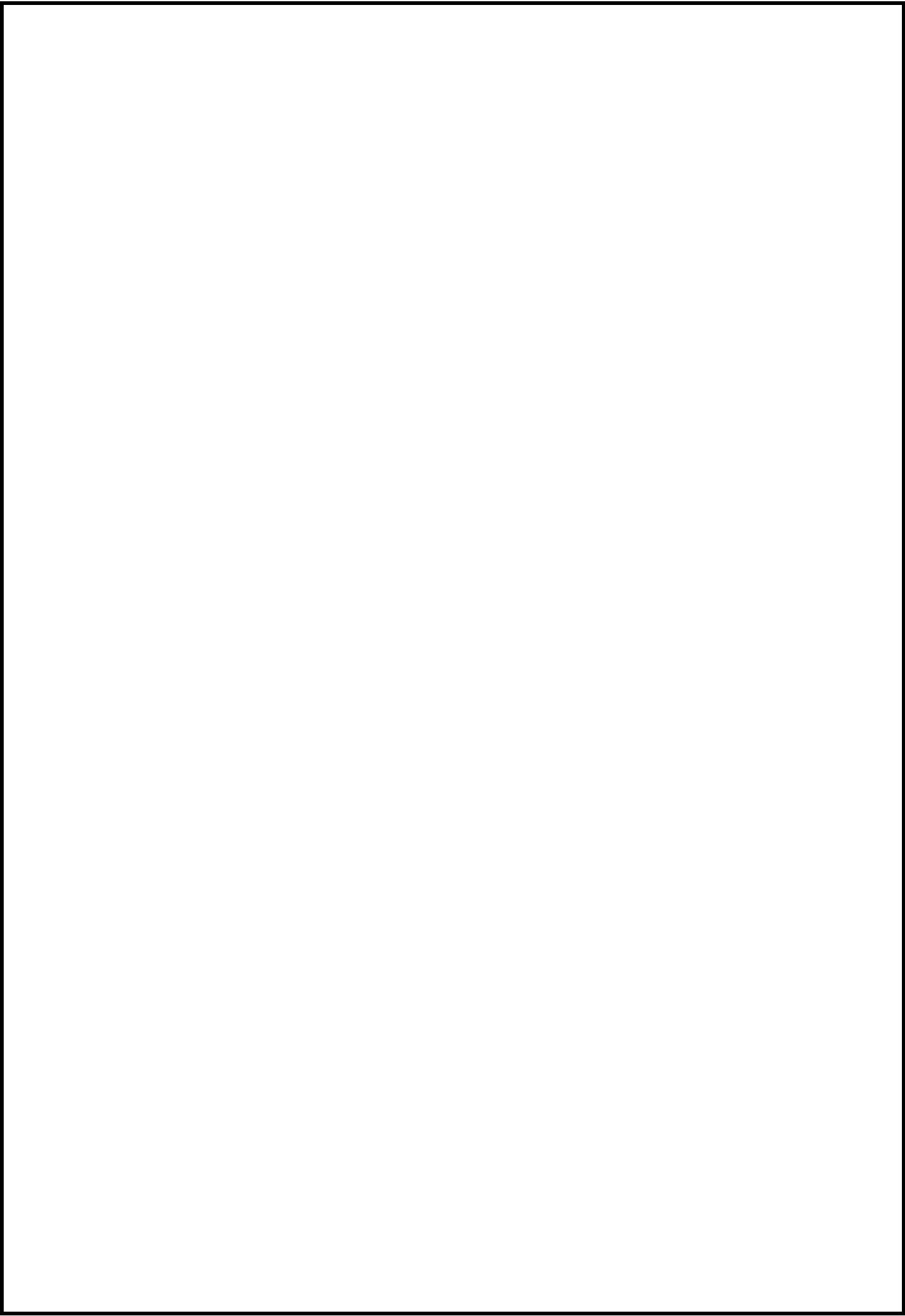
Stream: HM28

Week no: 08

From: 24th JUNE 2024 **TO:** 29th JUNE 2024

Activity Done	I was assigned with the Floor Manager (7 th and 8 th floor) for patient experience management. I collaborated with the floor manager to conduct IPD rounds. During these rounds, we engaged with patient in each room, inquiring about their hospital stay experience and any concerns related to services provided such as nursing, housekeeping, food & beverages (F&B) department. After completing our rounds, we focused on resolving any issues faced by patients by coordinating with other utility and support services department. Also did discharge TAT follow. Additionally, making post-discharge calls to the patients discharged one day earlier, and asking them to fill the feedback form. Later in the afternoon, upper management convened for a one-hour meeting to discuss and address these matters.
Linking theory (Classroom learning) with practice at your organisation	I applied my theoretical knowledge of hospital administration through direct patient interaction. By utilizing my management skills, I effectively coordinated the flow of information between patients and hospital staff. Additionally, I practiced in handling patient concerns and ensuring better patient experience.
Gaps identified on the working area.	I noted occasional communication gaps between staff and patients, which led to confusion and delays. Additionally, I observed a lack of coordination between the management staff and the nursing station, affecting the efficiency of floor management process.
Suggestions for improvement	To address these issues, I propose implementing a standardized communication protocol to ensure clear and consistent information exchange between staff and patients. Additionally, I suggest introducing regular coordination meetings between management staff and nursing stations to synchronize patient care efforts. Furthermore, developing a document checklist will assist patients need, streamlining their experience and improving overall efficiency.
Plan for the next week	Next week I'll continue in the same department.

Signature of the Student: SALONI DHAKA



Compiled Report

Name of the Organisation: MAX SUPER SPECIALITY HOSPITAL, DELHI

Department/ Project of Summer Internship Program: OPERATIONS

Name of the Student: Saloni Dhaka

Roll no:1809

Stream: HM

Activity Done	Outpatient department (OPD)- Billing counter: observed the processes involved in registering for and billing for investigations, consultations, and other medical treatments. In addition, I gained knowledge about the differences between cash billing and panel billing, and various panels, the steps involved in starting refund requests so that patients receive them in a timely manner (24–48 hours). I also learnt about the significance of KYC (Know Your Customer) for future reference, documentation, and audits, as well as the Document Management System (DMS), which is where patient documents are kept in the Hospital Information System (HIS). Lastly, in order to benefit and to get hands-on experience, I actively engaged in OPD billing activities. Renal and nephrologist OPD billing counter: Learned to make cash bills and government panel bills. Made document bunch required for panel bills. Learned about TMS (transaction management system) where panel patients get registered at government site. Also coordinated patient with doctors. Call Centre for the hospital: Observed the telephonic counselling, appointment booking process. The call centre also provides an important communication link between different hospital departments. The call centre conveys most of the important announcements, codes and critical messages. In addition, the call centre supports a range of Transaction Management Systems (TMS) for hospital operations. Admission counter: Assisted in completing pre-admission process, compiled list of required documents, while guiding the patient through all processes of admission and filling admission forms. Did OT bookings. Made attendant and visitor passes to maximize the hospital security
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as well as visit tracking. Also, I have supported people answering questions when required.

Third-Party Administration (TPA)

department: Gained insights on how TPA serves as a crucial intermediary between the hospital and insurance companies. Observed the variety of documents required for policy holders/patients to obtain pre-authorization and about the steps involved in claiming insurance. Guided patients through the insurance process and assisted them in filling out pre-authorization forms. Did patient counselling. Also, at the estimation counter, observed how estimations are made before the admission of patient and tagged with patient during admission.

BTD (bill till date) and Discharge counter:

Informed IPD patient's attendants about their bills, who had outstanding bill of more than 50k. Updated the excel sheet of the IPD patients about the calls. Observed the discharge intimation list and learned about the queries of the patient related to bill. Learned about the discharge process: starting from the doctor's approval of discharge to the bill settlement. Also did bill settlements and solved patient's queries regarding the same.

Emergency Department: Observed the process of the ER department. Learned about the triage system, registration process, billing, bed allotment, admission to ward/ ICU from ER to IPD, also the discharge process includes (LAMA/ DAMA). Closely monitored patient movements, staff activities, delay in treatment and staff interaction to identified areas of congestion and inefficiency.

IPD (In-Patient-Department): I was assigned with the Floor Manager (7th and 8th floor) for patient experience management. Along with the floor manager, I conduct IPD rounds. During these rounds, we engaged with patient in each room, inquiring about their hospital stay experience and any concerns related to services provided such as nursing, housekeeping, food & beverages (F&B) department. After completing our rounds, we focused on resolving any issues faced by patients by coordinating with other utility and support services department. Also did

	discharge TAT follow. Additionally, making post-discharge calls to the patients discharged one day earlier, and asking them to fill the feedback form. Later in the afternoon, upper management convened for a one-hour meeting to discuss and address these matters. Observed the software for patient experience of the hospital- Patient delight, used to analyse patients experience& RCA (Root Cause Analysis).
Linking theory (Classroom learning) with practice at your organisation	OPD Department Organizational Dynamics: Cooperation between different departments and significance of organisational culture and its impact on others. Effective Communication: Acknowledged the significance of having clear lines of communication channels between management, their employees, and patients; and how effective communication can bridge gaps between staff and patients. Collaboration and Teamwork: Acknowledged the importance of cross-functional cooperation and coordination, in guaranteeing seamless operations. Worked with groups to comprehend the same. Patient management and healthcare systems: Utilized expertise in hospital management and patient flow to oversee the OPD billing counter. arranged for interactions between patients and doctors. Got better understanding of HIS (Hospital Management System). Emergency Department Enhancing Efficiency in the ER: Bottlenecks were found by analysing the ER workflow. Staff interaction: Among the doctors, nurses, management and its importance in seamless and smooth functioning to optimise the patient care. IPD Department Patient-Centric Approach: The IPD Department placed a strong emphasis on the satisfaction and well-being of its patients. Efficiency and sensitivity were frequently balanced. Using Academic Ideas to Solve Practical Issues: Handled patient complaints and made sure that direct communication resulted in a better patient experience.

	Adaptability and Leadership: Acknowledged the influence of leadership on the effectiveness of the team and patient satisfaction. Realized how crucial it is to be flexible in changing healthcare settings. Distinguishing between the functions of the IPD and OPD: Acquired a deeper comprehension of the fundamentals of hospital administration. Feedback and Documentation: Patient comments and concerns were recorded. Participated in the ward's ongoing attempts to improve continuously.
Gaps identified on the working area.	OPD Observations: Lack of staff training and absence of standardized protocols for handling billing scenarios. Delays in refunds initiation. Staff not using mics at the counters, which increases waiting time. Staff-patient interactions cause disruptions. Physicians conduct rounds during OPD intervals. Call Center Observations: Only one experienced staff is there. Limited staff in the call center. Exceeded average call duration. New staff is not well trained. Importance of clear message relay. Admission counter Observations: Inconsistent billing process. Delays due to limited resources. Delays in bed allocation initiation. Need for staff training and streamlined protocols. Third Party Administration Observations: Limited space and only one staff at TPA counter, creates bottleneck situations. Efficiency and patient privacy impacted. ER Observations: Communication gaps between staff and patients. Lack of coordination between admission staff and nursing station. Impact on patient care efficiency. Discharge Observations: Communication gaps affect discharge efficiency.

	Delays observed between doctor clearance and nursing clearance. Documents checklist not priorly informed to patients causing delay in discharges. Coordination challenges between management and nursing. IPD Floor Management Observations: Managers overburdened with operational and patient experience responsibilities. Importance of effective coordination. Balancing patient experience and operational efficiency.
Suggestions for improvement	Doctor Rounds and Coordination: Unless there is an emergency, physicians should refrain from performing in-patient rounds during OPD hours. Improved coordination guarantees efficient patient flow. Soft Skills and Staff Training: Provide employees with thorough training courses. To improve patient relationships, pay attention to soft skills. Document checklist: Should be provided before-hand to the patients wherever necessary (Admission, TPA, Discharge) to save time. Guidelines: To preserve professionalism, billing staff should follow clear norms. Standardized protocols for communication: are essential for effective communication. Coordinating efforts for patient care is achieved through regular meetings. Efficiency Gains: Increase workspace or hire more workers as necessary. Checklists for documents simplify procedures (admission, discharge). Patient-Centric Approach: Emotional intelligence and practicality should be balanced. Improve the patient experience by communicating clearly. Adaptability in Leadership: In the ever-changing healthcare landscape, leaders must be flexible.

	Discharge: Nurses can keep a checklist of patients going to be discharged, and as soon as doctor gives clearance, should start with the nursing clearance without any time lag. Panel patient can be informed one day prior of the discharge about the documents they need to present at the time of discharge.
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Signature of the Student- SALONI DHAKA

Approved by the IIHMR University's Mentor

