SUMMER INTERNSHIP PROGRAM

At

Fortis Hospital, Mohali

From 01/05/2024 to 30/06/2024

A REPORT BY

RISHIKA BHATIA

Master of Business Administration

Hospital and Health Management

2023-25

under the Mentorship of

Dr. Neetu Purohit

Professor

IIHMR UNIVERSITY

Fortis HOSPITAL
Mohali

Fortis Hospital
Sector 62, Phase-VIII
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29th June 2024

TO WHOM SO EVER IT MAY CONCERN

This is to certify that **Dr. Rishika Bhatia** has completed her internship in **"Medical Administration Department"** of Fortis Multispecialty Hospital Mohali (373 bedded) from 01-May-2024 to 29-June-2024.

She possesses keen observation and incorporates herself with confidence.

We wish her success in her future endeavors and pursuit of her career goals.

For Fortis Hospital

FORTIS HOSPITAL VERIFIED Sector 62, Mohali

Promila Deswal
SBU Learning & Development Lead- HR

IIHMR UNIVERSITY

IIHMR University Faculty Mentor Approval

This is to certify that **Dr. Rishika Bhatia** of academic year 2023-25 of **INSTITUTE OF HEALTH MANAGEMENT RESEARCH** has prepared a poster with respect to her summer internship held during May-June 2024.

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

Date: 22/07/2024

(Signature of the Faculty Mentor)

Dr. Neetu Purohit
Professor
IIHMR UNIVERSITY
JAIPUR

SUMMER INTERNSHIP AT FORTIS HOSPITAL, MOHALI

ABOUT THE ORGANISATION

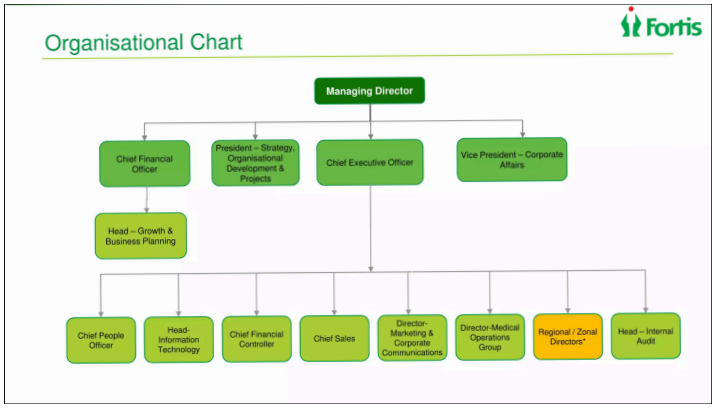
Fortis Hospital Mohali, founded in 2001 by Mr. Malvinder and Mr. Shivinder Mohan Singh, is a top multispecialty hospital in Northern India known for cardiology, orthopedics, neurosciences, and oncology. It is accredited by NABH and JCI(2007), excelling in patient care and clinical standards through innovative practices and community health programs.

VISION

To create a world-class integrated healthcare delivery system in India, entailing the finest medical skills combined with compassionate patient care.

MISSION

To be a globally respected healthcare organisation known for Clinical Excellence and Distinctive Patient Care.



THEORETICAL EXPOSURE

- Studied about process mapping
- Quality tools
- Principles of management
- Research methods
- Statistics and data analysis.
- Learned about patient relations management

PRACTICAL EXPOSURE

- Organisational behaviour- communication
- Digital health- HIS
- Applied Fishbone diagram
- Learnt about various aspects of insurance department by working in the TPA department
- Importance of patient experience and satisfaction in healthcare marketing.
- Process flow of different departments.

USEFULNESS

- Practical application of theoretical knowledge
- Skill development-Communication,data analysis,problem solving
- Industry exposure
- Professional network
- Personal growth-Adaptability,confidence

LEARNINGS

- Understanding hospital operations
- Team Dynamics: Understood the importance of teamwork and collaboration
- Data interpretation
- Information management
- Process mapping , streamlining workflow
- Professionalism

CHALLENGES FACED

- Adjusting to the hospital's organizational culture and working dynamics during the initial phase.
- Understanding the complexity of different processes.
- Restricted access to some departments .

SWOT ANALYSIS

STRENGTHS
- Advanced medical technology
- Strong brand reputation
- Specialized services(robotic)
- Accreditations- NABH, JCI
- Operational efficiency
- Experienced medical staff

WEAKNESS
- High operational costs
- High staff turnover
- Capacity issues during peak times
- Communication gaps
- Electronic medical records are not used.

OPPORTUNITIES
- Medical tourism
- Partnerships with other organizations
- Technological advancements

THREATS
- Staff non compliance
- Intense competition from leading hospitals in the region
- Regulatory changes

TIME MOTION STUDY OF DISCHARGE PROCESS

AIM

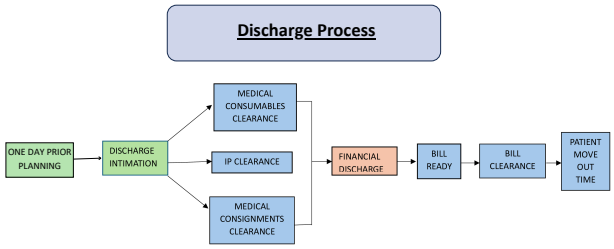
To analyze the discharge process by calculating and comparing the Turn Around Time (TAT) for cash patients and TPA patients against the defined TAT, and identifying the causes of delays in discharge.

OBJECTIVES

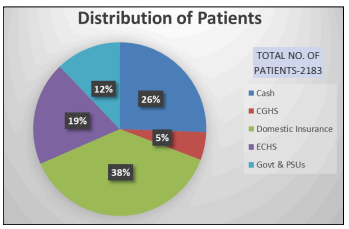
- To study the process of discharge.
- To calculate the TAT(Turn around time) for different categories of patients in comparison to the defined TAT.
- To identify the causes of delays in discharge .

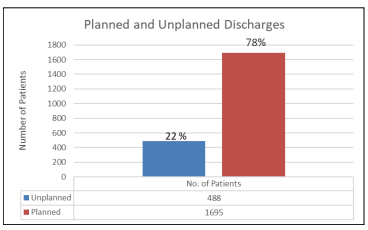
METHODOLOGY

- No. of patients.-2176 patients
- Study period- 45 days
- Type of Study-Descriptive
- Inclusion criteria- Patients from all wards
- Exclusion criteria- International patients
- Type of Data- Qualitative and quantitative
- Benchmark TAT
  Cash Patients- 90 minutes
  TPA Patients- 240 minutes

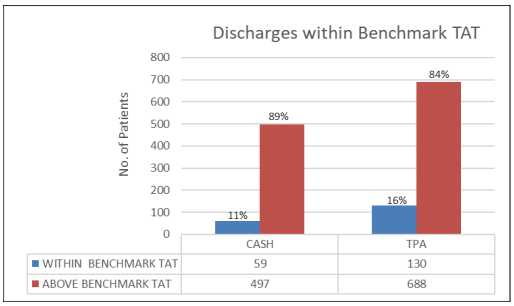


DATA ANALYSIS

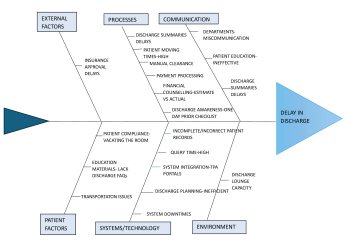




Type of Patients	TAT 1(Intimation to IP,MCS,MC)	TAT-2 Bill Making	TAT-3 (Bill Making to Clearance)	TAT-4(Clearance to PMO)	TAT-5(LOD)
Cash	0:08:55	0:48:11	0:57:55	0:58:39	3:27:23
TPA	0:10:51	1:19:41	0:33:03	0:42:52	6:00:54



FISHBONE ANALYSIS



SUGGESTIONS

- Patient portal where they can track the progress. Can be projected on a screen
- Planned discharges should be actively followed by: Draft summary preparation for discharge and Pharmacy issue return.
- One day prior checklist should be maintained.
- Keep at least two people at the front desk after 5 :30 pm.
- Set up automated alerts for critical steps in the billing process such as delayed claims, approvals, urgent queries
- Other suggestions which could help in reducing discharge time are-
  Increase the capacity of discharge lounge
  Improve the ambulance services.
  Use of EHR/EMR.

PRESENTED BY- DR. RISHIKA BHATIA
ROLL NO.-1796
HM FIRST YEAR
UNIVERSITY MENTOR : DR. NEETU PUROHIT
ORGANISATION MENTOR : DR. NIVEDITA SINGH & DR. NIDHI GUPTA

REFERENCE:

- Mundodan JM, Sarala KS, Narendranath V. A Study to Assess the Factors Contributing to Delay in Discharge Process in a Teaching Hospital. Int J Res Found Hosp Healthc Adm. 2019;7(2):63-66

SUMMER INTERNSHIP WEEKLY REPORT

WEEK -1

Organization: Fortis Hospital, Mohali

Department/Project: Medical Operations

Student Name: Rishika Bhatia
Roll No: 1796

Stream: MBA-Hospital and Health Management

Week No: 1

Duration: 1st May 2024 to 4th May 2024

Activities Done:

1. Orientation and rounds of various departments including the utility and support services
2. Observed senior staff members to understand patient record management practices in various departments.
3. Assisted in organizing and updating patient records in accordance with hospital protocols.
4. Observed various processes going on in IPD and OPD

Linking Theory (Classroom Learning) with Practice at Your Organization:

Connected theoretical knowledge about patient record management acquired in the classroom to practical experiences within the hospital's medical operations department.

This included the use of Digital health in managing information with a cloud database.

The theories learnt in organizational behavior helped me to communicate properly with my seniors and colleagues.

Gaps Identified in the Working Area:

Noticed inconsistencies in the documentation of patient records across different departments, leading to potential errors and inefficiencies.

Inefficiency in communication between the staff and attendants of patients **Suggestions**

for Improvement:

Proposed standardization of patient record management practices and additional training for staff members involved in record keeping ensuring accuracy and compliance with regulatory standards.

Plan for the Next Week:

Plan to continue observing staff members in various departments to gain further insights into patient record management practices. Additionally, aim to assist in implementing any recommended improvements identified during this week's observations.

Signature of the Student: Rishika Bhatia

Approved by the IIHMR University's Mentor: [Signature]

SUMMER INTERNSHIP WEEKLY REPORT

WEEK -2

Organization :Fortis Hospital, Mohali

Department/Project: Medical Operations

Student Name: Rishika Bhatia

Roll No: 1796

Stream: MBA-Hospital and Health Management

Week No: 2

Duration: 6th May 2024 to 11th May 2024 **Activities**

Done:

- Understood the matrix of the discharge process of the hospital of patients of different categories.
- Took rounds of the wards to gain practical knowledge of the discharge process.
- Documented all the data for the week.
- Collected data to monitor Patient Reported Outcome Measures (PROM)

Linking Theory (Classroom Learning) with Practice at Your Organization:

- Learned why monitoring Clinical outcomes is important- Patient engagement, Payor engagement, clinician engagement, policy preparedness, accreditation, branding, and marketing.
- Linked all the international patient safety goals with the practices followed in the hospital.

Gaps Identified in the Working Area:

- The IPSG goal no.2 i.e. enhancing communication in not up to the mark.
- Inadequate signposting in the X-Ray department
- Guide maps are inadequate.

• High fatigue factor observed in the staff.

Suggestions for Improvement:

• The signposting should be changed according to the needs.

• Better grievance resolution for the staff

• Better support to the patients in terms of emotional needs.

Plan for the Next Week:

• Continue collecting the data.

• Start with speeding up cross referral.

• Understanding the working of Medical Records Department **Signature of the Student**:

Rishika Bhatia

Approved by the IIHMR University's Mentor: [Signature]

SUMMER INTERNSHIP WEEKLY REPORT

WEEK -3

Organization: Fortis Hospital, Mohali

Department/Project: Medical Operations

Student Name: Rishika Bhatia
Roll No: 1796

Stream: MBA-Hospital and Health Management

Week No: 3

Duration: 13th May 2024 to 18th May 2024

Activities Done: • Collection and compilation of discharge

data of 6 wards.

- Observed and understood the processes in Medical Records Department- Assembling, indexing, deficit reporting, auditing, storing, destroying.
- Understanding few activities and processes of IPD department

Linking Theory (Classroom Learning) with Practice at Your Organization:

- Use of Lean Six Sigma methodology in medical records department to reduce the Turn Around time(TAT).
- The application of hospital planning taught to us in planning of various departments.
- Communication theories used in communicating to colleagues and seniors.

Gaps Identified in the Working Area: • Less space for storage

and maintenanceof medical records.

- Less utilization of information,communication,education material.
- Inadequate maintenanceof lifts, lighting.
- Inadequate use of OPD for teaching purposes

Suggestions for Improvement:

- Enhanced Utilization of Educational Materials: Increase the use of information, communication, and education materials to improve staff training and patient education.

- Facility Upgrades: Advocate for the regular maintenance of lifts and lighting to ensure a safe and efficient working environment.
- OPD for Teaching: Promote the use of the OPD for educational purposes to enhance practical learning opportunities for staff and students.

Plan for the Next Week: • Work with the patient experience department to enhance patient relations. • Get familiar with TPA /Insurance system in the hospital

- Continue collectiong data regarding discharges.

Signature of the Student: Rishika Bhatia

Approved by the IIHMR University's Mentor: [Signature]

SUMMER INTERNSHIP WEEKLY REPORT

WEEK -4

Organization: Fortis Hospital, Mohali

Department/Project: Medical Operations, Patient experience department

Student Name: Rishika Bhatia

Roll No: 1796

Stream: MBA-Hospital and Health Management

Week No: 4

Duration: 20th May 2024 to 25th May 2024

Activities Done:

1. Conducted comprehensive rounds of the Patient Experience Department, Discharge Unit, and associated support services.
2. Conducted interviews with patients and their families to gather detailed feedback on their hospital experience.
3. Documented the steps involved from discharge decision to patient exit, noting any delays or issues.
4. Helped address patient concerns and questions regarding their hospital stay and discharge.
5. Analyzed patient feedback data to identify common areas for improvement.

Linking Theory (Classroom Learning) with Practice at Your Organization:

Working with data management processes helped me understand how important it is to keep patient records accurate and updated quickly. This is crucial for making sure patients have a good experience at the hospital.

Utilized communication strategies learned in the Communication Skills course to effectively interact with patients, their families, and hospital staff.

The Marketing of Healthcare Services course highlighted the role of patient experience in building a hospital's reputation

Gaps Identified in the Working Area:

- Noted that feedback collection methods varied widely across departments, leading to inconsistent data quality.
- Observed that patients and their families often lacked clear, timely information about the discharge process, causing confusion and dissatisfaction.

Suggestions for Improvement:

- Implement uniform feedback forms and procedures across all departments to ensure consistent and comprehensive data collection.
- Regular post discharge calling initiative for feedback.
- a dedicated discharge coordinator role to streamline communication between departments and expedite the discharge process.
- Develop and distribute clear, easy-to-understand discharge instruction booklets for patients and families.

Plan for the Next Week:

- Linking NPS(Net Promoter Score) to various processes like admission, discharge and patient satisfaction.
- Follow up on patient feedback to evaluate the impact of changes and identify any further areas for improvement.
- Continue observing and documenting patient experience and discharge processes to gather more data.

Signature of the Student: Rishika Bhatia

Approved by the IIHMR University's Mentor: [Signature]

SUMMER INTERNSHIP WEEKLY REPORT

WEEK -5

Organization: Fortis Hospital, Mohali

Department/Project: Medical Operations

Student Name: Rishika Bhatia

Roll No: 1796

Stream: MBA-Hospital and Health Management

Week No: 5

Duration: 27th May 2024 to 1st June 2024

Activities Done:

1. Implemented Net Promoter Score (NPS) surveys for patients at various touchpoints, including admission, discharge, and post-discharge follow-up.
2. Analyzed NPS data to identify areas of excellence and improvement within the hospital.
3. Developed a plan to address areas with low NPS scores, focusing on process improvements and staff training.

Linking Theory (Classroom Learning) with Practice at Your Organization:

1. The concept of NPS helped me understand how patient satisfaction can be quantified and used as a powerful tool for driving improvements.
2. Data analysis techniques learned in class were applied to interpret NPS data and identify meaningful trends and patterns.
3. The importance of qualitative data collection, as emphasized in the Research Methods course, was evident in gaining a deeper understanding of patient experiences.

Gaps Identified in the Working Area: 1. Inconsistent use of NPS surveys across

departments, leading to incomplete data.

2. Lack of timely follow-up on negative feedback, resulting in unresolved patient concerns.
3. Insufficient training for staff on the importance of NPS and patient satisfaction.

Suggestions for Improvement:

1. Standardize the use of NPS surveys across all departments and ensure their proper administration.
2. Implement a system for promptly addressing negative feedback and ensuring patient concerns are resolved.
3. Encourage department heads to incorporate NPS scores into performance evaluations and incentive structures.

Plan for the Next Week: • Continue monitoring NPS scores and patient feedback to track the impact of improvements. • Working in TPA department to understand and analyze the reasons for delays in discharge of insurance patients.

Signature of the Student: Rishika Bhatia

Approved by the IIHMR University's Mentor: [Signature]

SUMMER INTERNSHIP WEEKLY REPORT

WEEK -6

Organization: Fortis Hospital, Mohali

Department/Project: Medical Operations

Student Name: Rishika Bhatia

Roll No: 1796

Stream: MBA-Hospital and Health Management

Week No: 6

Duration: 3rd May 2024 to 8th June 2024

Activities Done:

1. Continued monitoring of Net Promoter Score (NPS) surveys and patient feedback.
2. Performed an Excel analysis to identify patterns and factors contributing to prolonged stays for insurance patients.
3. Compared discharge processes for TPA and cash patients, highlighting differences and potential areas for improvement.
4. Took a round of the CSSD department to understand the processes.

Linking Theory (Classroom Learning) with Practice at Your Organization:

1. Applied analytical skills learned in class to interpret Excel data and identify trends in patient discharge times.
2. Utilized problem-solving techniques to propose solutions for reducing discharge delays, reflecting on operations management principles.
3. Gained a practical understanding of the complexities involved in insurance claim processing and its impact on patient stays.

Gaps Identified in the Working Area:

1. Inadequate staffing: Insufficient number of staff to handle the volume of insurance claims and discharge processes, leading to delays and potential errors.
2. Inefficient dispute resolution process: Lack of a streamlined and timely process for resolving disputes with insurance providers, impacting cash flow and patient satisfaction.

3. Delay in discharge summaries.

Suggestions for Improvement:

1. Inefficient dispute resolution process: Lack of a streamlined and timely process for resolving disputes with insurance providers, impacting cash flow and patient satisfaction.
2. Standardize data entry procedures to improve data accuracy and facilitate more effective analysis.
3. Standardize data entry procedures to improve data accuracy and facilitate more effective analysis.
4. Utilize data analytics tools to identify trends, patterns, and bottlenecks in the insurance claim process.
5. Conduct regular patient satisfaction surveys specifically targeting insurance and discharge processes.

Plan for the Next Week:

1. Continue monitoring NPS scores and work with department heads to address patient concerns.
2. Initiate improvements in the TPA department based on the suggestions provided, focusing on streamlining the authorization process.
3. Start making my project poster.

Signature of the Student: Rishika Bhatia

Approved by the IIHMR University's Mentor: [Signature]

SUMMER INTERNSHIP WEEKLY REPORT

WEEK -7

Organization: Fortis Hospital, Mohali

Department/Project: Medical Operations

Student Name: Rishika Bhatia
Roll No: 1796

Stream: MBA-Hospital and Health Management

Week No: 7

Duration: 10th May 2024 to 15th June 2024

Activities Done:

- Conducted data analysis on patient discharge times to identify patterns and areas for improvement.
- Evaluated the efficiency of the discharge process for insurance patients and proposed potential enhancements.
- Attended a fire safety training session to understand emergency protocols and safety measures.
- Worked on designing and preparing my project poster, summarizing the key findings and suggestions.

Linking Theory (Classroom Learning) with Practice at Your Organization:

- Applied statistical methods learned in class to analyze patient feedback and discharge data, identifying key trends and areas needing attention.
- Enhanced understanding of risk management through practical exposure gained during fire safety training.

Gaps Identified in the Working Area:

- Insufficient Training in fire safety.
- Limited cross training of staff w.r.t multiple roles.
- No use of electronic medical records.

Suggestions for Improvement:

- Include practical drills and scenario-based training to ensure staff are well-prepared for emergencies.
- Implement a certification program to ensure all employees are up-to-date with the latest fire safety protocols.
- Rotate staff through different departments to enhance their understanding and skills across various functions.
- Integrate EMR with existing hospital management systems for seamless data flow and better coordination between departments.

Plan for the Next Week:

- Continue working on my poster.
- Compile and finalize the internship report, incorporating all activities, analyses, and learnings.

Signature of the Student: Rishika Bhatia

Approved by the IIHMR University's Mentor: [Signature]

SUMMER INTERNSHIP WEEKLY REPORT

WEEK -8

Organization: Fortis Hospital, Mohali

Department/Project: Medical Operations

Student Name: Rishika Bhatia
Roll No: 1796

Stream: MBA-Hospital and Health Management

Week No: 8

Duration: 17th 2024 to 22nd June 2024
Activities Done:

1. Went to the housekeeping department to understand the processes and activities done there.
2. Understood the OPD workflow.
3. Drafted the summer internship poster.
4. Started writing the compiled report.

Linking Theory (Classroom Learning) with Practice at Your Organization:

1. Applied analytical skills learned in class to interpret Excel data and identify trends in patient discharge times.
2. Process mapping.

Gaps Identified in the Working Area:

1. Need for continuous staff training.
2. Limited use of data analytics in TPA department 3. Noncompliance of staff in housekeeping department.
4. Less waiting area space in OPD

Suggestions for Improvement:

1. Implement regular and structured training programs for staff.
2. Invest in advanced data analytics tools and provide staff training.
3. Conduct regular compliance audits and implement incentive programs.

Signature of the Student: Rishika Bhatia

Approved by the IIHMR University's Mentor: [Signature]

SUMMER INTERNSHIP REPORT

Name of the Organization: Fortis Hospital, Mohali

Area/ Department/ Project of Summer Internship Program: Medical Operations

Name of the Student: Rishika Bhatia

Roll no:1796

Stream: MBA-Hospital and Health Management

Activities Done:

During my internship at Fortis Hospital Mohali, I was involved in multiple activities across various departments and operations. Below is the detailed account of all the activities I was involved in:

1. Understanding Discharge Processes and performed a time motion study on discharge-The discharge process is a critical component of hospital operations, directly impacting patient satisfaction, bed turnover rates, and overall hospital efficiency

   Aim- To analyze the discharge process by calculating and comparing the Turn Around Time (TAT) for cash patients and TPA patients against the defined TAT, and identifying the causes of delays in discharge

   Objectives-

   To study the process of discharge

   To calculate the TAT (Turnaround time) for different categories of patients in comparison to the defined TAT.

   To identify the causes of delays in discharge.

   Methodology-

   No. of patients-2176 patients

   Study period- 45 days

   Type of Study-Descriptive

   Inclusion criteria- Patients from all wards (6 wards)

Exclusion criteria- International patients

Type of Data- quantitative

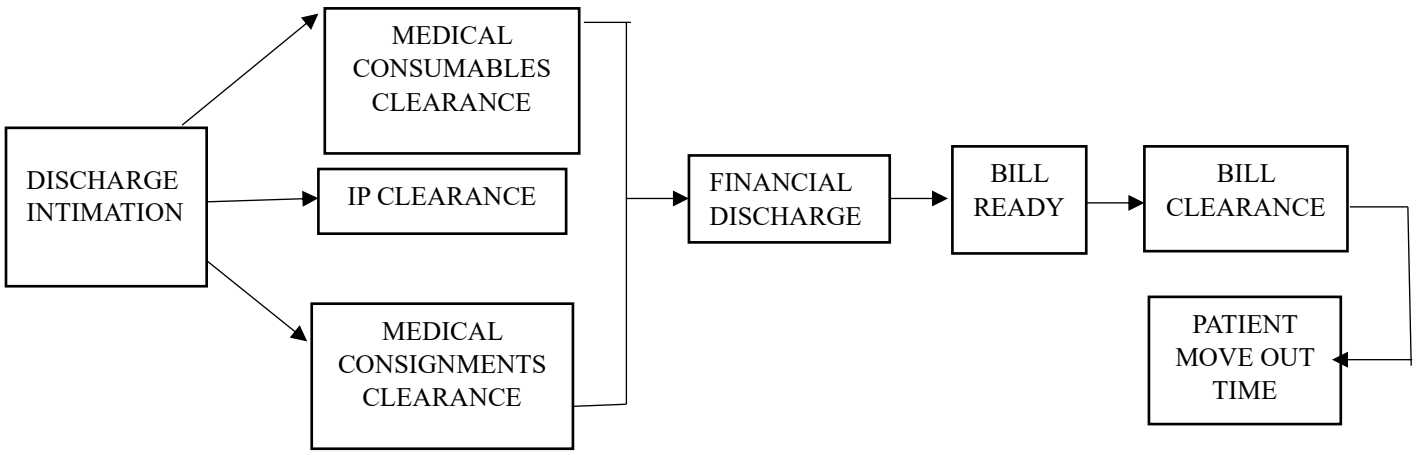
Primary- through tentative discharge sheets,

Secondary-Through Hospital information system(HIS)

Benchmark TAT Cash Patients- 90 minutes TPA Patients- 240 minutes

Data Analysis- Through Excel

DISCHARGE PROCESS



DATA ANALYSIS

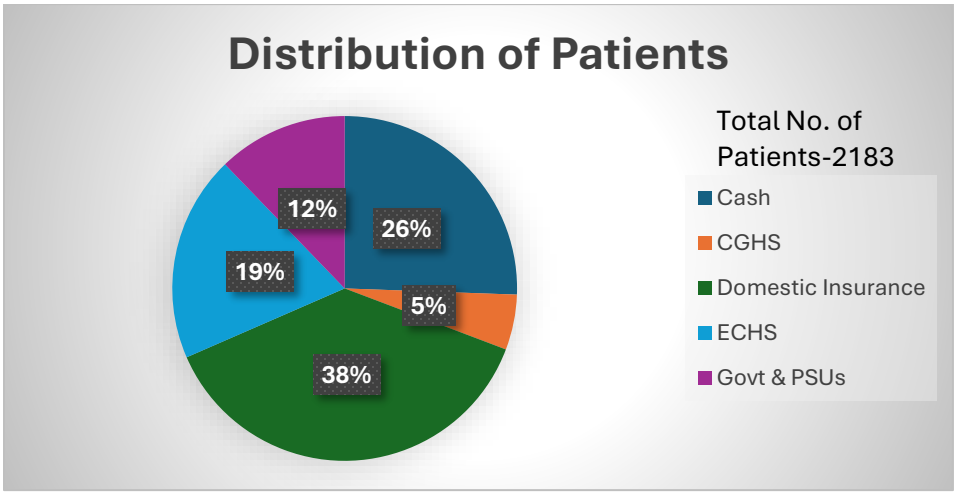
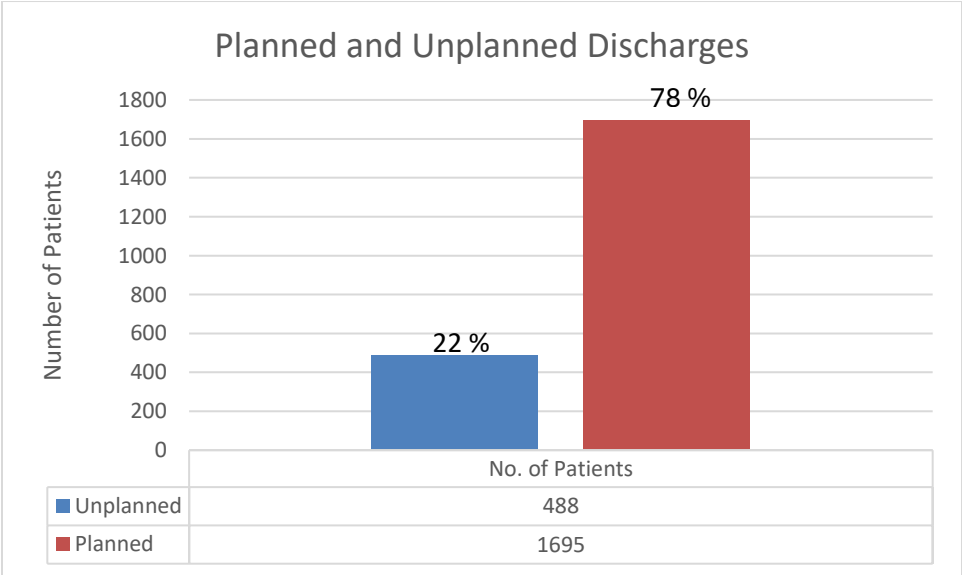


Chart 1: Distribution of Patients

This pie chart illustrates the proportion of patients under various payment categories out of a total of 2,176 patients. The largest segment, representing 38%, consists of patients covered by Domestic Insurance. This is followed by Cash payments, which account for 26% of the total. ECHS (Ex-Servicemen Contributory Health Scheme) patients make up 19%, while those covered by Government and PSUs (Public Sector Undertakings) constitute 12%. The smallest segment, at 5%, includes patients under CGHS (Central Government Health Scheme). This distribution highlights the predominant proportion of Domestic Insurance among the patient population.



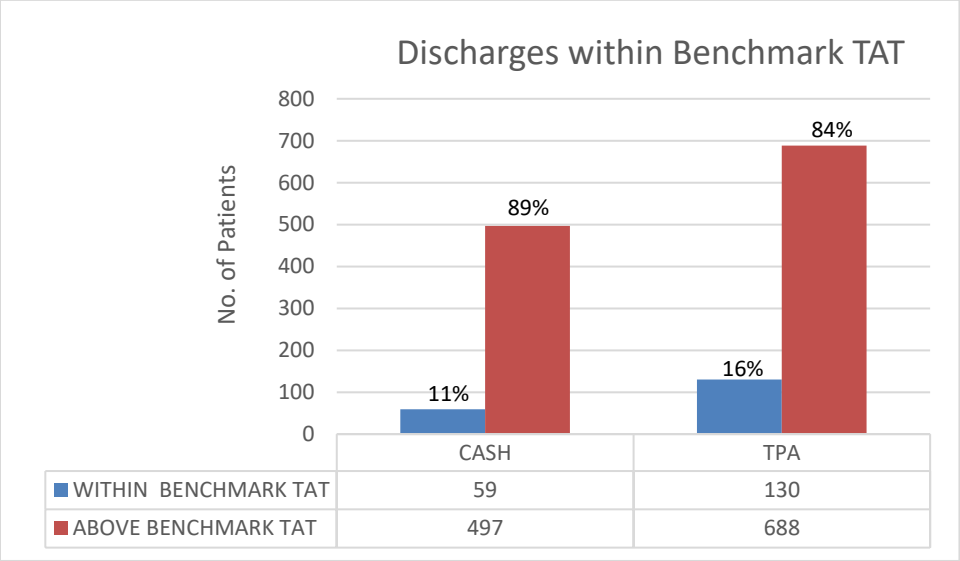
Graph 1:Planned and Unplanned Discharges

The bar graph compares the number of patients discharged as planned versus unplanned. Out of a total of 2,183 patients, 1,695 (77.6%) had planned discharges, while 488 (22.4%) had unplanned discharges. The significant difference in the numbers highlights that most discharges were planned. The blue bar represents the unplanned discharges, which account for 22% of the total, whereas the red bar represents the planned discharges, making up 78% of the total discharges.

Type of Patients	TAT-1 (Intimation to IP, MCS, MC)	TAT-2 Bill Making	TAT-3 (Bill Making to Clearance)	TAT-4 (Clearance to PMO)	TAT-5 (LOD)
Cash	0:08:55	0:48:11	0:57:55	0:58:39	3:27:23
TPA	0:10:51	1:19:41	0:33:03	0:42:52	6:00:54

Table 1: Turn Around Time of Cash vs TPA Patients

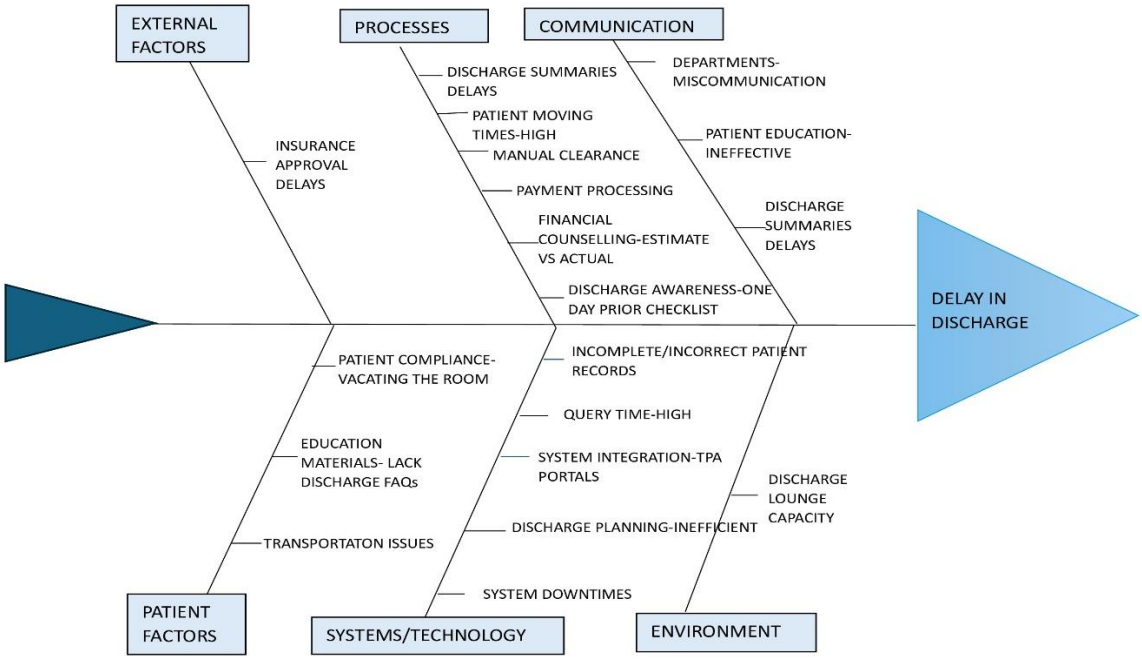
The table outlines the turnaround times (TAT) for various stages of the discharge process for Cash and TPA (Third Party Administrator) patients. For Cash patients, the times are as follows: 8 minutes and 55 seconds for intimation to inpatient services (TAT-1), 48 minutes and 11 seconds for bill making (TAT-2), 57 minutes and 55 seconds from bill making to clearance (TAT-3), 58 minutes and 39 seconds from clearance to PMO (TAT-4), and 3 hours, 27 minutes, and 23 seconds for the Letter of Discharge (LOD) (TAT-5). For TPA patients, the corresponding times are 10 minutes and 51 seconds (TAT-1), 1 hour, 19 minutes, and 41 seconds (TAT-2), 33 minutes and 3 seconds (TAT-3), 42 minutes and 52 seconds (TAT-4), and 6 hours and 54 seconds (TAT-5). This comparison reveals that TPA patients generally experience longer turnaround times at each stage, especially in bill making and LOD preparation.



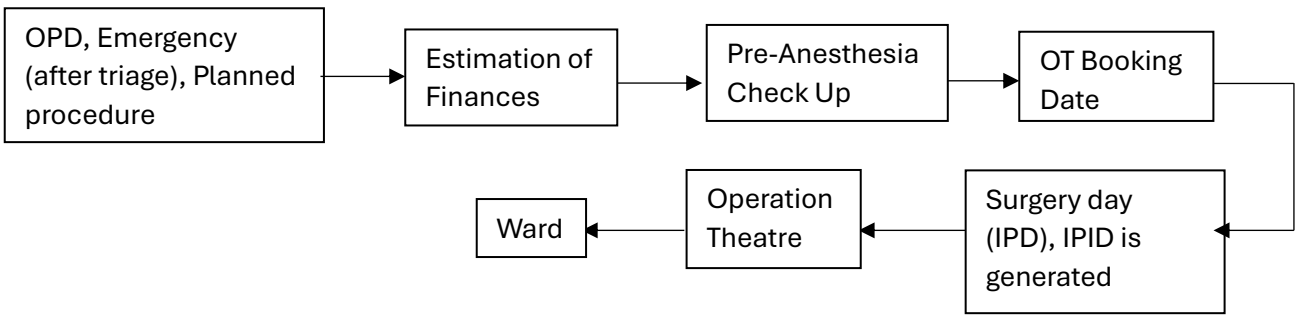
Graph 2: Discharges within and above benchmark TAT of Cash and TPA patients

This bar graph displays the number of patients discharged within and above the benchmark turnaround time (TAT) for two payment methods: Cash and TPA (Third Party Administrator). For Cash payments, 59 patients (10.6%) were discharged within the benchmark TAT, while 497 patients (89.4%) were discharged above the benchmark TAT. For TPA payments, 130 patients (15.9%) were discharged within the benchmark TAT, whereas 688 patients (84.1%) were discharged above the benchmark TAT. This indicates that a significant majority of patients in both categories were discharged above the benchmark TAT.

- Performed the Fishbone Analysis to identify the root causes of delay in discharge:



2. Observation of IPD Process Flow



3. Observed the workflow in OPD-

Patient Arrives
↓
Registration
↓
Waiting Area
↓
Consultation Room
↓
Investigations
↓
Follow-up Consultation
↓
Prescription & Treatment
↓
Billing & Payment
↓
Pharmacy (if required)
↓
Exit

4. Patient Reported Outcome Measures (PROM) and Clinical outcomes Data collection-

Fortis Healthcare is the first hospital network in India to measure and monitor clinical outcomes, which are the changes in health or quality of life from patient care. This helps improve patient health and care quality. It was started in January 2013 By using Patient-Reported Outcomes Measures (PROMs), Fortis includes patients' views, enhancing their engagement and experience.Fortis checks the progress of diseases, quality of care, success of treatments, and benefits felt by patients. They publish these results to show their commitment to transparency and to keep improving their healthcare services.(source- https://www.fortishealthcare.com/clinical-outcomes-fortis-healthcare)

In order to monitor the outcomes, I called the patients for the same.

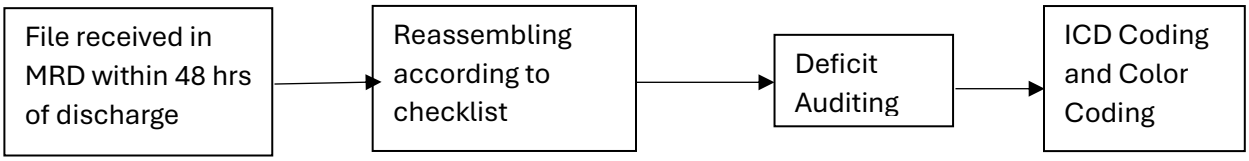
The clinical outcomes are measured for the following:

- Coronary artery bypass graft-1 month follow up.
- Percutaneous Transluminal Coronary Angioplasty (PTCA)- 1 month follow up
- Kidney Transplant-1 month, 3-month, 6-month, 1 year follow up
- Radiation Oncology
- Endoscopic Retrograde Cholangio Pancreatography (ERCP)-1 month
- Caesarean Section

- Hysterectomy-1 month follow up.
- Liver Transplant- 1 month follow up, 1 year follow up.
- Total Knee Replacement-3-month, 6 months follow up.

5. Medical Records Department
   - Observed and understood processes in the Medical Records Department, including assembling, indexing, deficit reporting, auditing, storing, and destroying records.

Process flow of Medical Records Department is as follows:



- Color coding followed in Medical Records Department
  Normal File- Blue
  Death case- Black
  Medico legal Case- Red
- Timeline for keeping the files intact.
  Normal file- 6years
  Death File-10 years
  Medico legal case- 10 years

6. Central supply service Department

- Observed and understood the processes in CSSD. CSSD has a U-shaped Layout. It included the decontamination area, packing and sterilization area.
- Several types of equipment in CSSD were- Ultrasonic washer, autoclaves, ETO sterilizer, Plasma sterilizer.
- Learned how inventory of CSSD is maintained, including tracking usage, maintaining stock and ordering supplies.
- Understood the importance of quality assurance practices in the CSSD to maintain high standards of sterility and safety. For assuring the same the engineering team of the hospital does quarterly checks and maintenance
- Observed the coordination between CSSD and various hospital departments to ensure timely supply of sterile instruments like OT and ICU
- Understood how regular documentation of the sterilization cycles is done.

7. Housekeeping Department Orientation-

Effective housekeeping in a hospital is vital to ensure a safe, clean, and hygienic environment.Housekeeping staff can significantly contribute to the hospital's overall functioning and patient care quality.

My learnings are as follows:

- The housekeeping services of the hospital inhouse but the workforce is outsourced
- The department took care of various services like cleaning of the hospital premises, Laundry, Glass cleaning, Maintenance of the garden and Pest control.
- Cleaning Protocols and Standards-
  Daily Cleaning Routines: Tasks to be performed daily in patient rooms, restrooms, and common areas.
  Terminal Cleaning: Intensive cleaning process for rooms after patient discharge, especially for isolation rooms.
  Operating Room Cleaning: Special procedures for cleaning and disinfecting surgical areas before and after procedures.
  Linen Handling: Procedures for collecting, transporting, and laundering hospital linens to prevent cross-contamination.

8. Patient Experience Department:
   - Conducted comprehensive rounds of the Patient Experience Department, Discharge Unit, and associated support services.
   - Conducted interviews with patients and their families to gather detailed feedback on their hospital experience.
   - Documented the steps involved from discharge decision to patient exit, noting any delays or issues.
   - Helped address patient concerns and questions regarding their hospital stay and discharge.
   - Monitored the NPS(Net promoter score) of the hospital for a period of two weeks. During that period the NPS by 4 points i.e from 58 to 62.
9. TPA Department Analysis
   - Understood the process flow pf the TPA department.

Patient Admission

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Insurance Verification

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Pre-authorization Process

↓

Treatment (if pre-authorization approved)

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Discharge Process

↓

Claim Submission

↓

Claim Processing

↓

Settlement

↓

Patient Notification

↓

Closure

- Performed an Excel analysis to identify patterns and factors contributing to prolonged stays for insurance patients. The times between each step were notes from the Claimbook system and the email of the TPA desk of the hospital
- Compared discharge processes for TPA and cash patients, highlighting differences and potential areas for improvement.

Linking Theory (Classroom Learning) with Practice at Your Organization:

The internship at Fortis Hospital allowed me to apply the theoretical knowledge I gained during my MBA program at IIHMR University, Jaipur, in a practical setting. Following are the areas where I gained practical exposure-

- Observed how socio-economic factors influence the patient demographics of the hospital.
- Role of a hospital in catering to the needs of the community
- Applied management principles (planning, organizing) to coordinate activities across various departments, ensuring efficient hospital operations.
- Collected and analyzed patient data, including the data from different wards and TPA department. Organized this data into different forms of tables and charts in order to perform data analysis.
- Utilized communication strategies to effectively interact with staff, patients, and their families, addressing and resolving communication gaps.
- Identified staff fatigue and proposed improvements in staffing levels and support systems to enhance employee well-being and performance.
- Gained practical exposure to the fund pooling mechanism learnt in economics while I worked in the TPA department in the case of insurance patients.
- Managed patient feedback systems, ensuring clear and consistent communication with patients and their families. It enhanced the patient experience .

- I could co-relate the planning, layout, process flow, KPIs of various departments of the hospital on the basis of theoretical knowledge (IPD, OPD ,Nursing station, CSSD, MRD, Housekeeping)
- Conducted systematic observations and data analysis to identify trends, gaps, and areas for improvement in hospital operations.
- The HIS (Health Information System) is based on cloud data management learnt in Digital health.

Gaps Identified in the Working Area:

During my internship, I identified several gaps in the working area that hindered the efficiency of hospital operations and affected patient satisfaction:

1. Inadequate signposting and guide maps, causing confusion.
2. Inefficiencies in communication between staff and patient attendants, amongst the staff.
3. High fatigue factor observed among staff due to insufficient staffing levels and workload.
4. Resource Constraints:
    - Inadequate space for medical record storage.
    - Maintenance issues, such as inadequate lifts and lighting, affected operational efficiency.
5. No use of electronic health records, leading to more manual work.
6. Less utilization of information, communication, and education materials for staff training and patient education.
7. Less use of Data analysis to identify trends, patterns, problematic areas.

Suggestions for Improvement:

Based on the gaps identified, I propose the following suggestions to improve hospital operations and enhance patient satisfaction:

- Install clear and comprehensive signposting throughout the hospital to guide patients and visitors effectively, especially at the key points of the hospital, such as entrances and waiting areas.
- Implement regular breaks and rotate staff assignments to prevent burnout.
- Expand storage facilities for medical records to ensure adequate space and efficient organization.
- Regularly maintain and upgrade hospital infrastructure, including lifts and lighting, to ensure a safe and efficient environment.
- Implement an EHR system to reduce manual work, streamline patient record management, and enhance data accuracy. Provide a comprehensive training to the staff for the same.
- Increase the use of information, communication, and education materials to improve staff training and patient education.
- Implement a system for regularly collecting and analyzing patient feedback to identify areas for improvement.

Suggestions specific to discharge process:

- Patient portal where they can track progress. Can be projected on a screen
- Planned discharges should be actively followed by: Draft summary preparation for discharge and Pharmacy issue return.
- One day prior checklist should be maintained.
- Keep at least two people at the front desk after 5 :30 pm.
- Set up automated alerts for critical steps in the billing process such as delayed claims, approvals, urgent queries
- Other suggestions which could help in reducing discharge time are-
  Increase the capacity of discharge lounge
  Improve the ambulance services.
  Use of EHR/EMR.