SUMMER INTERNSHIP PROGRAM

at

Paras Health, Udaipur.

From 01.05.2024 to 30.06.2024

A REPORT BY

Prateek Kasana

Master of Business Administration

(Hospital and Health Management)

2023-25

under the Mentorship of

Vidya Bhushan Tripathi (Assistant Professor)

IIHMR UNIVERSITY

Completion Certification from the Organization

CERTIFICATE

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

Date: 29/06/2024

Sailesh Shrimal 29/6/2024

(Signature of organization Mentor)

Name: Mr. Sailesh Shrimal

Designation: SCM Head

(Supply Chain Management)

Stamp of the Organization

PARAS HEALTHCARE PVT. LTD. ★ PARAS HOSPITAL UDAIPUR

IIHMR UNIVERSITY

IIHMR University Faculty Mentor Approval

This is to certify that **Mr. Prateek Kasana** 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.

He has carried out work as per the guidelines. His poster is approved for presentation.

23/07/2024

Date: 23.07.2024

Vidya Bhushan Tripathi

Assistant Professor

Enhancing Hospital Supply Chain Efficiency: Minimizing Turnaround Time from Purchase Intent to Purchase Order and Purchase Order to Goods Received Note.

Name – Mr. Prateek Kasana
Roll no – 1783 (MBA HM 28)
Faculty Mentor – Mr. Vidya Bhushan Tripathi
Organization mentor – Mr. Shailesh Shrimal

Paras Health, Udaipur stands as a beacon of excellence in the healthcare landscape, celebrated for its state-of-the-art infrastructure and steadfast commitment to patient welfare. Equipped with 200 beds and cutting-edge facilities including a Cath lab, MRI, CT scanners, and modular OTs, we provide superior medical services. Our comprehensive care extends to ICU facilities and dialysis units, ensuring holistic patient management

MISSION	Stepping closer with every phase in developing healthcare provisions available for one and all, anywhere/everywhere with a futuristic advancement. Alongside, channelizing and widening the horizons of PARAS HEALTH as a centre of Excellence
VISION	Simplifying Health with World – class medical treatment and Right care.

Difference between practical exposure and theoretical understanding

Theoretically, I have studied how to manage workers and complete the tasks but In practical setting it requires a combination of effective leadership, communication, planning and adaptability which I have learned during live projects.

ORGANISATION STRUCTURE

- Facility Director
- Head HR
- Medical Superintendent – Medical Operations and Quality
- Assistant Manager - IT
- DGN Hospital Operations
- Sr. Manager – Hospital Operations
- Head Sales & Marketing
- Chief Nursing Officer
- Finance Controller

OBJECTIVE:

Reducing TAT from PI to PO and PO to GRN in Hospital Supply Chain

PROBLEM STATEMENT

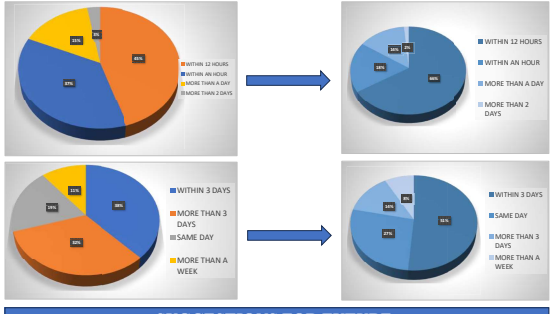
•**Specific Problems:** Increased turnaround time (TAT) from Purchase Indent (PI) to Purchase Order (PO) and from PO to Goods Receiving Notes (GRN).
•**Impact:** Increased number of complaints from doctors about the medications and consumables in the OPD pharmacy.

PROPOSED SOLUTION

- Ensure PIs are raised company wise (e.g., Sun Pharma, Mankind) to simplify the creation of POs and reduce time.
- Implement a system where the night shift staff checks stock levels and lists needed medications.
- Raise PIs before 11 AM with the approval of the head of OPD pharmacy

PROPOSED SOLUTION

- **Research study design**: Observational Study.
- **Method of data collection**: Retrospective and prospective study
- **Evaluation techniques:**
  - ➢ Comparative analysis through data compilation
  - ➢ Conducted a PDCA cycle to analyze the secondary data.
- **Stakeholders involved in this study**



SUGGESTIONS FOR FUTURE:

- Continue monitoring the process to ensure consistent improvement.
- Consider automating parts of the stock checking and PI raising process.
- Regularly review and address any issues with accuracy and rework.

SWOT

S
- Improved Turnaround Time (TAT): The TAT from Purchase Indent(PI) to Purchase Order(PO) was reduced from 48 hours to 24 hours and from PO to Goods Receiving Notes(GRN) was reduced from 5 days to 3 days.

W
- Change Resistance: Initial resistance from staff to adapt to the new processes, indicating a potential challenge in change management.

O
- Further Reduction in TAT: Aim for additional reductions in turnaround time to achieve optimal efficiency.

T
- Consistency in Performance: Maintaining the improved TAT consistently could be challenging if there is variability in staff performance or adherence to the new processes.

LEARNINGS DURING INTERNSHIP

- Understanding the process of Supply Chain Management.
- Use of MS – TOOLS in analyzing the data of Hospital.
- Got hands – on experience on HMIS.
- Understanding ALOS in order to reduce length of stay.
- How to optimally use the resources to improve the surgical packages of the hospital.

USEFULNESS OF INTERNSHIP

- Practical experience – hands on experience in the specific area of clinical operations within a hospital setting.
- Skill Development.
- Career exploration and Clarification.
- Personal and Professional Growth.
- Networking and Professional Connections.

CHALLENGES FACED DURING INTERNSHIP

- Collection of Primary data.
- Coordination with various stakeholders.
- Had to quickly learn and adapt to the new environment processes and tools.

SUGGESTIONS TO ORGANIZATION

- Training the newly joined staff in the induction process.
- Implement a regular tracking system in the ongoing software (My Health) to track the process of PI to PO and PO to GRN.

OTHER PROJECTS:

ALOS

ALOS (Average Length of Stay) refers to the average duration of time that patients spend in a hospital or medical facility. It is calculated by dividing the total number of inpatient days by the number of discharges (including deaths) during a specific period.

• **Methodology :** Patient data collection, Clinical history review, Reason for extended stay and Process mapping.

SURGICAL KIT

OBJECTIVES:
- Standardize Surgical Kit Preparation to ensure uniformity and readiness before surgery.
- Minimize the overstocking and understocking of consumable items by accurately predicting needs, thereby reducing waste and managing costs.
- Enhance Operational Efficiency by streamlining kit assembly to save time and enable quicker surgery turnarounds.
- Establish a feedback loop for continuous monitoring and adjustment of surgical kit contents.

Transportation Optimization for the Rental Vehicle

The primary objective of this project was to evaluate the utilization of the hospital's rental vehicle service and determine if there was any overuse.

Methodology:
A retrospective study was conducted, analyzing data from a month's period. The data collection involved detailed records of the rental vehicle's usage, including the number of trips, purposes, and the distances covered.

Findings:
After an in-depth analysis of the data, it was concluded that the utilization of the rental vehicle was entirely justified. The initial hypothesis, which suggested potential overuse of the vehicle, was nullified.

Compiled Reporting Format

Name of the Organisation: Paras Health, Udaipur.

Area/ Department/ Project of Summer Internship Program: Supply Chain Management.

Name of the Student: Prateek Kasana

Roll no: 1783 **Stream: MBA (Hospital and Health Management)**

Activity Done	1) • Allotment of department and mentor • Induction and Introduction to organisation premises • Discussion and meetings regarding project • Hospital round with mentor for an overview of the departments • Detailed overview of Supply chain management • Analysing and observing critical information like patient discharge, medical consumable, total number of patients in IPD and data collection. • Attended Quality training program in the hospital. • Understanding working management of four type of pharmacy in the organisation (OPD, IPD, OT, GEN. 2) • Started working on TAT (turnaround time) management project in supply chain management department under the guidance of allotted mentor • gathering secondary data from OPD pharmacy and supply store for identifying the gaps in the process • analysed secondary data for identifying gaps and ongoing processes in OPD and IPD pharmacy

	• Started working on Surgical Kit Project by Designing the framework • Discussion with Doctors and OT manager for implementation of Surgical kit • Gathered secondary data from Perioperative Management Record sheets • Identified surgeries commonly performed at PARAS HEALTH • Obtained detailed understanding of commonly used items in surgeries such as LSCS, Laparoscopic, TKR (Unilateral & Bilateral) • Analysed secondary data to identify gaps and ongoing requirements for general surgeries • Collected primary data for Average length of Stay of patients in Hospital across various department to study the variance in the LOS And collected reason for their extended length to stay for comparison. • Started working on a new project in medical administration ALOS (average length of patient stay) by designing the framework. • Collected primary data for the average length of stay of patients in the hospital across various departments to study the variance in LOS and collected reasons for their extended stays for comparison. 3) • Collected secondary data from May 7th to May 13th on TAT (turnaround time) in the supply chain management department under the guidance of the allotted mentor for identifying gaps and ongoing processes in the supply chain department. • Analysed the same data from the OPD pharmacy from May 7th to May 13th and presented the report to Nitin Sir. • Gathered secondary data from RMOs and doctors for surgical kits. • Specifically assigned to the gynecology and neurology departments, I collected information regarding the number of items

	and equipment used in surgeries (LSCS, TLIF, MLD). • Had final discussions with Dr. Akanksha Tripathi and Dr. Sheetal Kaushik (gynecology department) for the implementation of the surgical kit. 4) • Compiled the data and finished my first project in supply chain management, which focused on reducing TAT (turnaround time) in the ongoing process of supply chain management at Paras Hospital by creating a PDCA progress cycle report. • Reported to Nitin Sir and Shailesh Sir with my PDCA cycle and received their approval. • Also got it approved by Akshita Ma'am, HOD of the Quality Department. • Continued working on the Surgical Kit Project and ALOS Project, collecting primary data for the Average Length of Stay (ALOS) of patients across various departments to study the variance and reasons for extended stays, while focusing on reducing the Cost of Goods Sold (COGS) by analysing length of stay data. • Followed up with Dr. Ajit Singh for additional consumable items required during surgery in the OT. • Approved surgical kits for EVD, MLD, TILF, cranioplasty, and craniectomy by Dr. Ajit (neurologist). • Had a discussion with Dr. Richa Kamboj (Dermatologist) to determine consumable needs and create personalized kits for dermatological procedures (Vampire facial, molluscum needling with TCA applicator, comedone extraction, peels). • Compiled the collected data and reported to Shailesh Sir (Head of the Supply Chain Management Department) and the Finance Department for the budgeting process. 5) • Continued analysing and monitoring my project on reducing TAT (turnaround time) in the ongoing process of the supply chain

	that is already implemented in the supply chain management department. • Worked on the implementation and monitoring of the ongoing project on surgical kits. • Prepared for the upcoming NABH visit on 1st and 2nd June 2024. • Helped the medical operations department with putting up signages and direction boards in the hospital premises. • Participated in mock drills for Code Red, Blue, Pink, Yellow, Black, and Purple. • Attended training sessions for emergency situations. • Conducted internal audits with Dr. Hitesh (HOD Medical Operations, AMS). • Worked with the Quality department on QIP (Quality Improvement Projects) for NABH. • Continued improving my PDCA report by finding loopholes in the solution I proposed. 6) • Started a new project on cost reduction of the transportation system in hospital that includes Ambulance, cabs, and rental bikes • Collected data for the same (of past 2 months) and started retrospective study for the same • Main aim of this project was optimizing the use of Ambulance, cabs (rental in hospital) • Continued prospective study of my project on reducing TAT (turnaround time) in the supply chain management department. • attended the NABH surveillance visit on June 1st and 2nd at Paras Health • Basically, I delved into the quality standards, NABH chapters, and the guidelines that ensure a hospital function at its best • Worked on the implementation and monitoring of the ongoing project on surgical kits. • Analysing the primary data collected on length of stay with the aim of reducing the average length to 3 days while prioritizing quality of care.

	7) • Completed the ongoing project on cost reduction of the transportation system in hospital that includes Ambulance, cabs, and rental bikes. • Rejected the hypothesis of the over consumption of the rental cabs and bikes in the hospital. • Analysed the data for same and made a report. • Main aim of this project was optimizing the use of Ambulance, cabs (rental in hospital) • Continued prospective study of my project on reducing TAT (turnaround time) in the supply chain management department. • Worked on the implementation and monitoring of the ongoing project on surgical kits. • Analysing the primary data collected on length of stay with the aim of reducing the average length to 3 days while prioritizing quality of care. 8) • Started working on my final presentation on the projects that I have completed at the hospital. • The projects that I worked on include decreasing TAT from PI to PO and from PO to GRN, surgical kits, ALOS, and transportation management. • Took a final random sample, analysed it for a prospective study, and completed my project on reducing TAT (turnaround time) in the supply chain management department. • Worked on the implementation and monitoring of the ongoing project on surgical kits. 9) • Prepared as well as presented the presentation for the projects that I did

	during my summer internship at Paras Hospital in front of the various stakeholders of the Hospital. • Submitted the report of all the work that I did during my summer internship to my organization mentor. • Continued working on the poster for the summer internship program.
Linking theory (Classroom learning) with practice at your organization	1) • Financial Management: - observed purchase bills in IPD and OPD pharmacy and analysed the profit and loss of department • Organizational Behaviour: - Got a basic understanding of employee's behaviour towards each other. • Business communication: - Observed communication patterns Between employees and managers in the hospital. 2) • Implemented the Surgical Kit Project, by utilizing insights from the Hospital Services module to improve surgical procedures and allocate resources more efficiently to meet patient needs. • Engaged in discussions with Doctors and OT manager, applying principles of business communication to foster effective collaboration, address stakeholder concerns, and ensure successful implementation of project • Gathered secondary data from OPD and IPD pharmacy utilizing research methods to analyse trends, identify areas for improvement, and inform evidence-based decision-making. • Collected primary data on patient length of stay variance to implement targeted interventions aimed at enhancing patient satisfaction, optimizing bed availability, and increasing revenue generation. • Applying the PDSA (Plan-Do-Study-Act) theory in my current ongoing project

	(reducing TAT in supply chain management). • PLAN: Planning and preparing the framework of the task, determining what needs to be done and how to do it. • DO: Started collecting secondary data from different departments. • STUDY: Analysed the gaps in the task and began addressing them with proper preventive measures. • ACT: Thoroughly understanding the data and started making a report on it for presentation. 3) • Identified gaps in floor management of the hospital, specifically miscommunication between floor in charge and nurses. • Noted gaps and several instances of miscommunication among the supply chain management staff regarding the quantity and receiving time of medications. 4) • Continued working on this PDCA the whole week and presented my report. • Applied knowledge of financial management focused on data-driven decision - making, optimizing resource allocation, and enhancing budgeting accuracy. • Implemented principles from the Business Communication and Behavioural Change for resolving communication breakdowns among doctor's assistants regarding surgical item requirements. 5) • Organizational Behaviour: - Got a basic understanding of employee's behaviour towards each other while preparing for NABH

	• Implemented principles from the Business Communication and Behavioural Change for resolving communication breakdowns among staff in completion of documentation for NABH. 6) • Financial Management: - observed total number of KM of ambulance (compared with the required one) and analysed the profit and loss of department • Continued improving my PDCA report by finding loopholes in the solution I proposed.
Gaps identified on the working area.	1) • Increased Turnaround time (TAT) between OPD pharmacy and supply room to generate purchase order (PO). 2) • Identified inefficiencies in file management procedures at the nursing station. • Noted communication breakdowns among OPD pharmacist and supply chain worker regarding the drugs requirement from vendors. 3) • Ensured proper communication and management between vendors and hospital staff to guarantee timely delivery of drugs and medications. • Standardized communication among management staff and doctors to streamline surgical item procurement and reduce delays. 4) • The internal conflict between management and a few doctors over the perceived necessity of surgical kit compliance is hindering its implementation. • Communication breakdowns among doctors and assistants regarding surgical item requirements. • Reluctance among doctors to provide information about the variance in the length of stay.

	• Noted communication breakdowns between OPD pharmacists and supply chain workers regarding the drug requirements from vendors. • Identified gaps in floor management of the hospital, specifically miscommunication between the floor in charge and nurses. • Noted gaps and several instances of miscommunication among the supply chain management staff regarding the quantity and receiving time of medications 5) • Lack of team work and not having any proper channel of communication to get work done on time (documentation) • Reluctance among doctors to provide information about the variance in the length of stay. 6) • Improper data entry of the ambulance and cabs total number of KM in the documents (Operations) • Lack of team work and not having any proper channel of communication to get work done on time (documentation) specifically in NABH • Reluctance among doctors to provide information about the variance in the length of stay.
Suggestions for improvement	1) • Maintain accurate stock reports and submit timely purchase intents (PI) to prevent delays. 2) • Proper communication and management between the vendors and hospital staff to ensure timely delivery of drugs and medication • Standardize communication among OT managers and Doctors to streamline surgical item procurement and reduce delays. • Provide staff training to enhance communication and problem-solving skills.

	3) • Ensured proper communication and management between vendors and hospital staff to guarantee timely delivery of drugs and medications. • Standardized communication among management staff and doctors to streamline surgical item procurement and reduce delays. • Provide staff training to enhance communication and problem-solving skills. 4) • Schedule interdisciplinary meetings to discuss surgical item requirements and address any communication breakdowns. • Establish a feedback mechanism for doctors to voice their concerns and suggestions regarding surgical kit compliance and other procedural changes. • Conduct regular reviews of the collected ALOS data to identify trends and implement corrective actions. • Ensure proper communication and management between vendors and hospital staff to guarantee timely delivery of drugs and medications. • Standardize communication among management staff and doctors to streamline surgical item procurement and reduce delays. • Provide staff training to enhance communication and problem-solving skills. 5) • Proper communication between staff for completion of necessary documents required for NABH • Schedule interdisciplinary meetings to discuss surgical item requirements and address any communication breakdowns. • Establish a feedback mechanism for doctors to voice their concerns and suggestions

	regarding surgical kit compliance and other procedural changes. • Conduct regular reviews of the collected ALOS data to identify trends and implement corrective actions. • Ensure proper communication and management between vendors and hospital staff to guarantee timely delivery of drugs and medications.

Signature of the Student – Prateek Kasana

Approved by the IIHMR University's Mentor