SUMMER INTERNSHIP PROGRAM

at

MAX Super Speciality Hospital, Delhi.

From 02/05/2024 to 01/07/2024

A REPORT BY

Pratap Jha

Master of Business Administration

Hospital and health management

2023-25

under the Mentorship of

Dr. Vidya Bhushan Tripathi

IIHMR UNIVERSITY

Certificate No – 2024/16748

CERTIFICATE

OF ACHIEVEMENT

MAX Healthcare

Max Institute of Medical Education

Certifies that

Pratap Jha

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

Dr. Gurpreet Kaur

Head of the Department

Vinitaa Jha

Dr Vinitaa Jha
Director - Research & Academics
Max Healthcare Institute Ltd

MAX Healthcare

CERTIFICATE OF PROJECT COMPLETION

This is to certify that **Mr. Pratap jha** a student of **IIHMR UNIVERSITY, JAIPUR** has successfully completed a project titled on Revenue generation by operation department and workflow of TPA (Hospital Operations). under the guidance of **Dr. Gurpreet Kaur** in the organization MAX super speciality hospital Shalimar Bagh, Delhi for a period from 02/05/2024 to 01/07/2024.

Signature and stamp of Organization:

Max Super Speciality Hospital Shalimar Bagh MAX Healthcare

Dr. Gurpreet Kaur

Date: 02/07/2024

Place: MAX Super Speciality Hospital
Shalimar Bagh, Delhi.

IIHMR UNIVERSITY

IIHMR University Faculty Mentor Approval

This is to certify that **Mr. Pratap Jha** of academic year 2023-25 of **Institute of Health Management Research** has prepared a poster with respect to his summer internship held during May-July 2024.

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

22/07/2024

Date: 22/07/2024

(Signature of Faculty Mentor)

Name: Dr. Vidya Bhushan Tripathi

Designation: Assistant professor

1, Prabhu Dayal Marg, Near Sanganer Airport, Jaipur- 302029, Rajasthan, India.
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THIRD PARTY ADMINISTRATOR (MAX SUPER SPECIALITY HOSPITAL)

ABOUT MAX:-

Max Super Speciality Hospital is a very well reputed health care system situated in New Delhi, India. Max Healthcare opened its **first medical centre at Panchsheel Park, south Delhi in 2000**. Abhay Soi is the chairman and managing director of Max Hospital. It is Fully Accredited by the National Accreditation Board for Hospitals & Healthcare Providers **(NABH) in 2017**. Super Specialty Hospital has more than **400+ beds** and serve many sub-specialties in medical field. As compared to conventional surgical procedures, **robotic surgery performed by robot at Max Hospital Shalimar Bagh Delhi** is a modernized minimally invasive type of surgical treatment using robotics technology for accomplishing complex surgeries with higher accuracy, versatility & control.

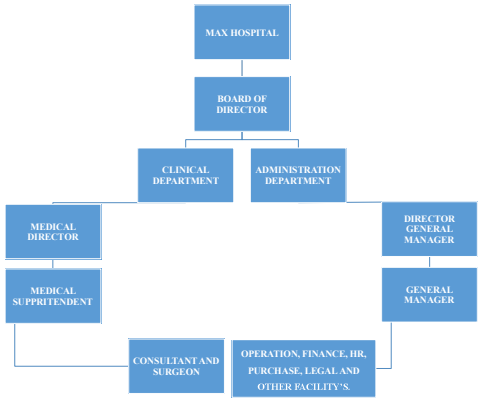
VISION:-

MAX HOSPITAL is to be the most reputable healthcare provider in India, providing the best possible clinical and patient care.

MISSION:-

MAX HOSPITAL is to be the top option for both doctors and patients, while also setting unmatched standards for medical and service results.

ORGANOGRAM



OBJECTIVES:

- To identify operational ambiguities by analysing the operational cycle and developing solutions to address inefficiencies.
- To understand the workflow of Third Party Administrators (TPA) to ensure effective coordination and integration with hospital operations.
- To develop strategies for better performance to ensure smooth and efficient hospital operations.
- To identify and address day-to-day challenges in hospital management to enhance operational efficiency and improve patient care.

STRATEGY:

- Daily observation and got to know about problems from staff.
- Interacted with patient and relatives of patient to understand basic needs and problems.
- Coordinated OPD of doctors and worked along with floor manager to understand process & cause of delay.
- Daily rounds in a departments to know hurdles.
- Discussed about proper staff training with manager for fast process.

WHAT IS TPA:-

In the context of hospitals and insurance, TPA stands for Third-Party Administrator. They act as an intermediary between you (the patient), the hospital, and your insurance company. Responsibility of TPA department is to handle all insurance and cashless claims pertaining to hospital stays and medical costs.

Here's a breakdown of their role in the hospital insurance process:

- Facilitating cashless claims.
- Claim process.
- Communication link.

GIPSA (General Insurance Public Sector Association).

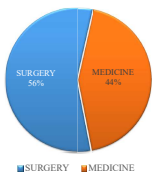
Group of four public sector insurance companies in India:

- National Insurance Company Ltd.
- Oriental Insurance Company Ltd.
- New India Assurance Company Ltd.
- United India Insurance Company Ltd.

The Indian government owns and controls the General Insurance Public Sector Association, a non-profit that offers a variety of general insurance. GIPSA is to enhance the quality of services, and benefit policyholders. About 80% of the nation's market for cashless insurance is covered by GIPSA. Hospitals must adhere to standardized pricing and adopt GIPSA regulations in order to become GIPSA hospitals. Those that agree to this are considered PPNs and come under the GIPSA purview.

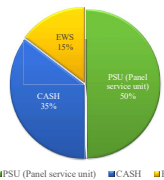
OBSERVATION

PROPORTION OF THE CASHLESS PATIENT IN MAX HOSPITAL



DATA OF **7,800** PATIENT'S (IP)

CATEGORY PATIENT FLOW IN OPD



DATA OF **52,342** PATIENT'S (OPD)

TURN AROUND TIME OF TPA DISCHARGE	1:13:28

Theoretical V/s Practical exposure.

Theoretically we only get to know about the departments and general idea about hospital. Practical exposure fully comprehends me about route cause and inadept knowledge of hospital departments. In a practical exposure I acquire a skill of how to manage any situation and patient and communicate in a way so that the situation can be controlled. Practical exposure is way different then theoretical learning because we face different type of challenges in our day to day working.

STRENGTH:

- In any problem patient or relative can directly reach out to duty managers so they don't have to suffer more and get faster and easy response.
- Have more than one doctor for a specific department.
- More skilled or best specialized doctors and professionals.
- Offer best robotic surgery facility.
- Targeting more cancer patients, one whole building of 12 floor is for cancer patients.

WEAKNESS:

- Seating capacity of a waiting area in a OPD is less as per the patient flow.
- Little bit confusing infrastructure.
- Patients wait more as per their appointment timings.
- Again & again attendees have to ask often about status of TPA case.
- Food and beverages department is worst and not working in a appropriate way.

OPPORTUNITY:

- Expansion of more branch centres.
- Telemedicine facility is offered by hospital.
- MAX hospital also offer home care services to ensure patient satisfaction.
- Offering more jobs and for a beginner in an industry.
- Integration of advance technology.

THREAT:

- Prices are higher.
- More cashless patients flow.
- Competitive market and have direct competition with apollo, Manipal, fortis etc.

Challenges faced during internship:-

- Sometimes I was confused what to do and it little bit hampers by exposure.
- Managing time was difficult sometimes.
- Faced little bit problem while any clinical term was used and about that, as being a non-medico.

Learning during internship:-

- While working on a ground level I got to learn about ground reality of the industry and how the cycle of system works.
- Learned the way or manner of communication.
- Faced day to day challenges and solved that, sometimes by taking help of mangers.
- Patient dealing.
- Gained knowledge about TPA department which is not mentioned or discussed in a theory or class.

USEFULNESS OF INTERNSHIP:-

- Improved coordination and communication skills.
- Practice exposure and increases learning.
- Understood which way to go in carrier.
- Got to know about industry.

ROOT CAUSE ANALYSIS

Actual consultation timings vary from appointment timings. → Improper and insufficient training of staff. → Unsatisfactory results from F&B Department → More workload and less nurse's which cause bad experience. → Nursing clearance took more time.

SUGGESTIONS:-

- Hospital should generate a system so that Patient or relatives get Integrated on time tracking link so that they can access their insurance case status.
- Management should do multidisciplinary meetings, trice in a week.
- More GDA staff should be hired, and wheelchairs should be on a every area of OPD and on a every floor.
- There should be dedicated patient experience team.

PRESENTED BY:

Pratap Jha

MBA-HM, 1st Year
IIHMR University, Jaipur.

FACULTY MENTOR:

Dr. Vidya Bhushan Tripathi

Assistant Professor
IIHMR University, Jaipur.

ORGANIZATION MENTOR:

Dr. Gurpreet Kaur

Head of department (operations)
MAX Hospital

Reporting Format

(Weekly)

Name of the Organisation: MAX Super Speciality Hospital, Shalimar Bagh (DELHI)

Area/ Department/ Project of Summer Internship Program: Hospital operations.

Name of the Student: Pratap Jha.

Roll no: 1782 **Stream: MBA Hospital and Health Management.**

Week no: 1(02nd May-24 to 11th May-24) **From: 02nd May 2024 to 01st July 2024.**

Activity Done	- Induction of hospital on 02nd-03rd may. - Preface of software, which is used in a Hospital, E-Prapti (All PT data), REMEDINET (TPA), HIS (Patient IP, OPD, Bed management, Bill's, inventory, Stock etc). Comprehending Public sector unit department (CGHS, NDMC, DGHS, ECHS, Air India, DU etc.) - Process and policy of PSU patient, Required documents for IPD and OPD. - Understanding and getting brief of reception area, OPD Billing, IP Billing, and TPA.
Linking theory (Classroom learning) with practice at your organisation	- Role of a Hierarchy and management. - Work system of Department which help smooth patient flow. - Role of Front office departments. - Way of communication to make a smooth process. - Staff behaviour and coordination in department.
Gaps identified on the working area.	- Sometimes patient attendees have to ask often about file and process status. - In a front TPA desk there is only one staff or counter sometimes which is also a reason of rush.
Suggestions for improvement	- Effective communication between healthcare providers and patient's attendee about cashless discharge process and Attendees should have one tracking link by which they can see where their file is and status of case.
Plan for the next week.	- TPA department - Preface IPD Process. - Finding common problems of IPD.

Signature of the Student

Approved by the IIHMR University's Mentor

Reporting Format

(Weekly)

Name of the Organisation: MAX Super Speciality Hospital, Shalimar Bagh (DELHI)

Area/ Department/ Project of Summer Internship Program: Hospital operations.

Name of the Student: Pratap Jha.

Roll no: 1782 **Stream: MBA Hospital and Health Management.**

Week no: 2 (13th May-24 to 18th May-24) **From: 02nd May 2024 to 01st July 2024.**

Activity Done	- Acquired a knowledge of TPA/Insurance department. - Counselling of Patient/Relatives for a process and documents required. - Steps of an Insurance case (Registration, OPD, IP, Pre-Auth, Initial approval, Final bill submission, Final approval, Discharge. - Required form fill. - Solving query of an insurance case. - Understanding how to manage rush. - Got to learn how to prepare an estimate of a patient and counselling them for a cash or Insurance process. - Worked on a DMS.
Linking theory (Classroom learning) with practice at your organisation	- Role of a coordination between departments. - Work environment in a department.
Gaps identified on the working area.	- Sometimes patient attendees have to ask often about file and process status. - In a front TPA desk there is only one staff or counter sometimes which is also a reason of rush.
Suggestions for improvement	- Effective communication between healthcare providers and patient's attendee about cashless discharge process and Attendees should have one tracking link by which they can see where their file is and status of case. - Query solving process is little bit slow which cause slow Initial approval or final approval.
Plan for the next week.	- Estimation department. - Preface IPD Process. - Finding common problems of IPD.

Signature of the Student

Approved by the IIHMR University's Mentor

Reporting Format

(Weekly)

Name of the Organisation: MAX Super Speciality Hospital, Shalimar Bagh (DELHI)

Area/ Department/ Project of Summer Internship Program: Hospital operations.

Name of the Student: Pratap Jha.

Roll no: 1782 **Stream: MBA Hospital and Health Management.**

Week no: 3 (20th May-24 to 25th May-24) **From: 02nd May 2024 to 01st July 2024.**

Activity Done	- Managing the floor with floor manager Ms (Pooja kapoor) - Acquired a knowledge about IP patient Software in which status of every case is mentioned (Discharge status, Discharge summary is signed or not and on which time, Approval time, Room is vacant or not, Category of the patient). - Goes on a round with floor manager and got to know how to manage or arrange the resources or on a time as per the requirement of the patient or relative of the patient. - Coordinating with management about patient and problems of the patient, because patient is our first priority so it's our responsibility to provide them healthy or comfortable environment. - How to instruct staff about any work which should be done or not done. - How to communicate with patient or their relatives while the are facing some problem and how to convince them.
Linking theory (Classroom learning) with practice at your organisation	- Role and responsibility of Floor Manger - Patient dealing.
Gaps identified on the working area.	- On a nursing station also, they should have something by which they got to know immediately about patient case. - Housekeeping service is not that much quick, dishes of breakfasts were there in a room even after 2 hours of breakfast timing and also on morning dustbin's was full.
Suggestions for improvement	- They should also have software from which they can track a Patient's case status or Insurance department should also send them a mail. - HOD of housekeeping should go for a morning or evening round regularly.
Plan for the next week.	- Floor management. - IP management.

Signature of the Student

Approved by the IIHMR University's Mentor

Reporting Format

(Weekly)

Name of the Organisation: MAX Super Speciality Hospital, Shalimar Bagh (DELHI)

Area/ Department/ Project of Summer Internship Program: Hospital operations.

Name of the Student: Pratap Jha.

Roll no: 1782 **Stream: MBA Hospital and Health Management.**

Week no: 4 (27th May-24 to 01st june-24) **From: 02nd May 2024 to 01st July 2024.**

Activity Done	- Solved Problem of some patient or relatives of the patient. - Counselling of the patient. - Coordinating PHC (preventive health checkup patient). - Coordinating with Doctor's. - Comprehending benefits of MAX App. - Got to know about some hospital rules and policy. - Understand IP Billing process and Policy of the billing. - Preface discharge process and things required while doing discharge. - Understand discharge summary, things which is mentioned on discharge summary. - Checked MRD file.
Linking theory (Classroom learning) with practice at your organisation	- How counselling can be helpful. - Patient dealing. - Role of digitalization in a hospital.
Gaps identified on the working area.	- After discharge of the patient sometimes patients pay half day charge of the room because of internal factors. - Even after paying by app or site for an appointment people have to stand in a queue. - When some counter is closed or temporary closed, they don't use closed or temporary closed board.
Suggestions for improvement	- Staff should coordinate properly and discharge the patient as soon as possible and if discharge is declared they should not collect that day room charges. - Those patients who took an appointment from the app for them the line or desk should be different or can be collect from help desk. - Closed or open Board should be there in any counter.
Plan for the next week.	- On alternative day's round of hospital and find loops. - HOD will assign 2 departments.

Signature of the Student

Approved by the IIHMR University's Mentor

Reporting Format

(Weekly)

Name of the Organisation: MAX Super Speciality Hospital, Shalimar Bagh (DELHI)

Area/ Department/ Project of Summer Internship Program: Hospital operations.

Name of the Student: Pratap Jha.

Roll no: 1782 **Stream: MBA Hospital and Health Management.**

Week no: 5 (3rd june-24 to 08th june-24) **From: 02nd May 2024 to 01st July 2024.**

Activity Done	- Trying to be maintaining TAT of the max by discharging patient before 11 am. - Lead conversion - Understood Post discharge process. - Bill settlement - Solved problems of the patient. - Got to know about room policy and T&C.
Linking theory (Classroom learning) with practice at your organisation	- Revenue generation. - How important Tie-up can be in the hospital. - Patient conversions.
Gaps identified on the working area.	- Clearance process is slow which can be faster. - Room policy should be update and improve.
Suggestions for improvement	- Staff should coordinate properly and discharge the patient as soon as possible and if discharge is declared they should not collect that day room charges. - In some cases, pre submission should be submit for fast approval.
Plan for the next week.	- Discharge department.

Signature of the Student

Approved by the IIHMR University's Mentor

Reporting Format

(Weekly)

Name of the Organisation: MAX Super Speciality Hospital, Shalimar Bagh (DELHI)

Area/ Department/ Project of Summer Internship Program: Hospital operations.

Name of the Student: Pratap Jha.

Roll no: 1782 **Stream: MBA Hospital and Health Management.**

Week no: 6 (10th june-24 to 15th june-24) **From: 02nd May 2024 to 01st July 2024.**

Activity Done	- Settlement of final billing as per the approved amount. - Convert patient TPA to cash. - Understood Room policy. - Got to know about the process when the patient expires. - Follow up calls to patients/ relative of the patients. - Mostly took follow up from those who have more than 50k outstanding. - Preparation of MRD file.
Linking theory (Classroom learning) with practice at your organisation	- Role of nurses in discharge process. - Credit facilities can be important in some hospital. -
Gaps identified on the working area.	- In bill till date which is a part of billing have very less work and staff is more free time there.
Suggestions for improvement	- Staff management should be proper and in a BTD department there is only work of follow up, covering outstanding and deposit work is done by BTD department, so staff should be one there and work scheduling should be done.
Plan for the next week.	- Floor management.

Signature of the Student

Approved by the IIHMR University's Mentor

Reporting Format

(Weekly)

Name of the Organisation: MAX Super Speciality Hospital, Shalimar Bagh (DELHI)

Area/ Department/ Project of Summer Internship Program: Hospital operations.

Name of the Student: Pratap Jha.

Roll no: 1782 **Stream: MBA Hospital and Health Management.**

Week no: 7 (17th june-24 to 22nd june-24) **From: 02nd May 2024 to 01st July 2024.**

Activity Done	- Goes on a round with Floor manager and took all feedback of patient and relative, then worked on it for improvement. - Enter status of discharge patient in MAX hospital portal. - Took feedback from discharged patient and admitted patient. - Mentioned all feedback of discharge patient in portal. - Understood LAMA process of patient. - All about EWS Process. - Call discharged patient for patient experience and feedback.
Linking theory (Classroom learning) with practice at your organisation	- Feedback process. - Role of patient experience in hospital. - Emergency discharge.
Gaps identified on the working area.	- Less GDA staff on a floor. - Wheelchair's is not sufficient in a floor. - Food and beverages department is not working properly. - Daily 2 hours of meeting is not appropriate. - There are not any dedicated patients experience team.
Suggestions for improvement	- Staff Management team should recruit more GDA. - 4 wheelchairs should be available on every floor. - Management should implement some penalty and should also some rules for proper and smooth process. - They should plan 2 meetings in a week and as per my observation 2 day's will be enough. - There should be dedicated patient experience team for working on it.
Plan for the next week.	- MRD and call centre.

Signature of the Student

Approved by the IIHMR University's Mentor

Reporting Format

(Weekly)

Name of the Organisation: MAX Super Speciality Hospital, Shalimar Bagh (DELHI)

Area/ Department/ Project of Summer Internship Program: Hospital operations.

Name of the Student: Pratap Jha.

Roll no: 1782 **Stream: MBA Hospital and Health Management.**

Week no: 8 (24th june-24 to 29th june-24) **From: 02nd May 2024 to 01st July 2024.**

Activity Done	- Understood role of call centre, Active they have to do and protocol in which they have to work. - Announcement of code. - Scheduling OPD of doctor by taking confirmation from their assistant. - Blocking/Hold of OPD. - New slots generate for new doctors for an OPD. - Scheduling patients OPD time and work/resolved other queries of patient related hospital and their issues. - Understood role of credit facility dispatch department, how they settle any file and work for any settlement.
Linking theory (Classroom learning) with practice at your organisation	- First assistant for a hospital is Call centre. - Workflow of dispatch departments.
Gaps identified on the working area.	- Data is not properly maintained by staff. - Remarks of call is not perfectly mentioned on a max call portal. - Staff's still feel hesitate for doing announcements even after spending 6-7 months in the department. - Mismatch of documents because of improper management of files.
Suggestions for improvement	- Data should be managed properly and checked by supervision daily. - Staff should enter proper remarks for better understanding. - Organization should provide proper training of at least 1-2 month and should also conduct monthly basis training session. - File management should be proper by segregating department wise and priority wise, should not file each and every file.
Plan for the next week.	- Last week of internship (N/A)

Signature of the Student

Approved by the IIHMR University's Mentor

Compiled Reporting Format

Name of the Organisation: MAX Super Speciality Hospital, Shalimar Bagh (DELHI)

Area/ Department/ Project of Summer Internship Program: Hospital operations.

Name of the Student: Pratap Jha.

Roll no: 1782 **Stream: MBA Hospital and Health Management.**

Activity Done	- Preface of software, which is used in a Hospital E-Prapti for (All PT data), REMEDINET for (TPA), HIS for (Patient IP, OPD, Bed management, Bill's, inventory, Stock etc). - Comprehending Public sector unit department (CGHS, NDMC, DGHS, ECHS, Air India, DU etc.) - Acquired a knowledge of TPA/Insurance department. - Steps of an Insurance cases (Registration, OPD, IP, Pre-Auth, Initial approval, Final bill submission, Final approval, Discharge). - Solving query of an insurance cases. - Got to learn how to prepare an estimate of a patient and counselling them for a cash or Insurance process and worked on DMS. - Managing the IP patient floor with floor manager. - Acquired a knowledge about IP patient Software in which status of every case is mentioned (Discharge status, Discharge summary is signed or not and on which time, Approval time, Room is vacant or not, Category of the patient). - Goes on a round with floor manager and got to know how to manage or arrange the resources or on a time as per the requirement of the patient or relative of the patient. Coordinating with management about patient and problems. - Instruct staff for doing a work on a time and manage staffs. - How to communicate with patient or their relatives while they are facing some problem and how to convince them. - Coordinating PHC (preventive health checkup patient). - Coordinating with Doctor's by briefing doctor about patient problem and arrange a smooth and hurdle free OPD consultation. - Comprehending benefits of MAX App so that I can council patient for using that for easy process. - Understand IP Billing process and Policy of the billing. - Preface discharge process and things required while doing discharge. - Understand discharge summary, things which is mentioned on discharge summary and Checked file which will be submit in MRD. - Trying to maintain TAT by doing discharge before 11AM. - Lead conversion out patient to in patient by telling them benefits and council them properly and Converted TPA patient to cash. - Got to know about room policy and T&C. - Settlement of final billing as per the approved amount. - Got to know about the process when the patient expires. - Follow up calls to those who have more than 50k outstanding.

	- Preparation of MRD file (BTD). - Goes on a round with Floor manager and took all feedback of patient and relative, then worked on it for improvement. - Enter status of discharge patient in MAX hospital portal so that higher management and departments can check and know about the delay or for their record. - Took feedback from discharged patient and admitted patient while doing round. - Mentioned all feedback of discharge patient in portal with remarks. - Understood LAMA process of patient. - All about EWS Process. - Call discharged patient for patient experience and feedback. - Understood role of call centre, Active they have to do and protocol in which they have to work and Announcement of code. - Scheduling, Blocking/Hold OPD of doctor by taking confirmation from their assistant. - New slot generate for new doctors for an OPD. - Scheduling patients OPD time and work/resolved other queries of patient related hospital and their issues. - Understood role of credit facility dispatch department, how they settle any file and work for any settlement.
Linking theory (Classroom learning) with practice at your organisation	- Role of a Hierarchy and management. - Work environment of Department which help smooth patient flow. - Way of communication to make a smooth process. - Staff behaviour and coordination in department. - coordination between departments. - Role and responsibility of Floor Manager. - Patient dealing. - How counselling can be helpful. - Role of digitalization in a hospital. - Methods of Revenue generation. - How important cashless and credit facility Tie-up can be in the hospital. - Benefits patient conversions. - Role of nurses in discharge process. - Feedback process and benefits of it. - Role of patient experience department in hospital. - Emergency discharge.
Gaps identified on the working area.	- Again & again attendees have to ask often about status of TPA case. - In a front TPA desk there is only one counter and staff, sometimes which is a reason of rush. - On a nursing station also, they should have something by which they got to know immediately about patient case. - Housekeeping service is not that much quick, dishes of breakfasts were there in a room even after 2 hours of breakfast timing and also on morning dustbins was full. - After discharge of the patient sometimes patients pay half day charge of the room because of internal factors. - Even after paying by app or site for an appointment people have to stand in a queue. - When some counter is closed or temporary closed, they don't use closed or temporary closed board. - Room policy should be update and improve. - In bill till date department which is a part of billing have very less work and staff have more free time there which can be utilized. - Less GDA staff on a floor & Wheelchair's is not sufficient on a floor. - Food and beverages department is not working properly.

	- Daily 2 hours of meeting is not appropriate. - There are not any dedicated patients experience team. - Call centre data is not properly maintained by staff. - Remarks of call is not perfectly mentioned on a max call portal. - Staff's still feel hesitate for doing announcements even after spending 6-7 months in the department. - Mismatch of documents because of improper management of files.
Suggestions for improvement	- Effective communication between healthcare providers and patient's attendee about cashless discharge process and Attendees should have one tracking link by which they can see where their file is and status of case. - Query solving process is little bit slow which cause slow Initial approval or final approval. - They should also have software from which they can track a Patient's case status or Insurance department should also send them a mail. - HOD of housekeeping should go for a morning or evening round regularly. - Staff should coordinate properly and discharge the patient as soon as possible and if discharge is declared they should not collect that day room charges. - Those patients who took an appointment from the app for them the line or desk should be different or can be collect from help desk. - Closed or open Board should be there in any counter. - Staff should coordinate properly and discharge the patient as soon as possible and if discharge is declared they should not collect that day room charges. - In some cases, pre submission should be submit for fast approval. - Staff management should be proper and in a BTD department there is only work of follow up, covering outstanding and deposit work is done by BTD department, so staff should be one there and work scheduling should be done. - Staff Management team should recruit more GDA. - 4 wheelchairs should be available on every floor. - Management should implement some penalty and should also some rules for proper and smooth process. - They should plan 2 meetings in a week and as per my observation 2 day's will be enough. - There should be dedicated patient experience team for working on it. - Data should be managed properly and checked by supervision daily. - Staff should enter proper remarks for better understanding. - Organization should provide proper training of at least 1-2 month and should also conduct monthly basis training session. - File management should be proper by segregating department wise and priority wise, should not open case of every file.

Signature of the Student

Approved by the IIHMR University's Mentor