# SUMMER INTERNSHIP PROGRAM

**at**

# KOKILABEN DHIRUBHAI AMBANI HOSPITAL AND RESEARCH INSTITUTE, MUMBAI

From 2nd May 2024 to 29th June 2024

A REPORT BY

**NIYATI NIKUNJ NAIK**

Master of Business Administration

MBA (HOSPITAL AND HEALTH MANAGEMENT)

**2023-25**

under the Mentorship of

**DR. ANOOP KHANNA**

Professor

Institute of Health Management Research

IIHMR University, Jaipur

Kokilaben Dhirubhai Ambani
hospital & medical research institute
MUMBAI

*Every Life Matters*

KDAH/HR/OL/2024/06/487

Date: 29.06.2024

**TO WHOMSOEVER IT MAY CONCERN**

This is to certify that **Ms. Niyati Nikunj Naik** has successfully completed her **2 months** period of **Internship** from 02.05.2024 to 29.06.2024 in the **Department of Clinical Administration** at **Kokilaben Dhirubhai Ambani Hospital & Medical Research Institute,** under the guidance of General Manager - Clinical Administration, Dr. Dhaval Bhatt.

She has completed her tenure entirely to the satisfaction of the hospital management.

We wish her all the best in her future endeavor.

Best Regards,
**For Kokilaben Dhirubhai Ambani Hospital & Medical Research Institute,**

**Rashma Nathani**
**Asst. General Manager - Human Resources**

IIHMR UNIVERSITY

# IIHMR University Faculty Mentor Approval

This is to certify that **Dr. Niyati Nikunj Naik** 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 Faculty Mentor)
Dr. Anoop Khanna
Professor

1, Prabhu Dayal Marg, Near Sanganer Airport, Jaipur- 302029, Rajasthan, India.
Ph.: 0141- 3924700, 2791431- 32, Fax: 0141 3924738, E-mail: iihmr@iihmr.edu.in, Web.: www.iihmr.edu.in

# IMPROVING THE EFFICIENCY, PATIENT EXPERIENCE AND TAT IN THE HEALTH CHECK-UP DEPARTMENT FOR CORPORATE PATIENTS


Presented by: **Dr. Niyati Nikunj Naik**
Roll no: 1758
Batch: MBA HM 28
University mentor: Dr. Anoop Khanna
Organization mentor: Dr. Dhaval Bhatt


## ABOUT THE ORGANIZATION

Kokilaben Dhirubhai Ambani Hospital and Research Institute is a multispeciality 750-bed quaternary-care hospital that became operational in 2009. It is one of the leading hospitals in Mumbai, with **full-time doctors for full-time care.**
Headed by Anil Ambani, the hospital emphasizes excellence in clinical services, diagnostic facilities and research.
It has 4 quality accreditations- NABH, JCI, NABL and CAP.

## VISION

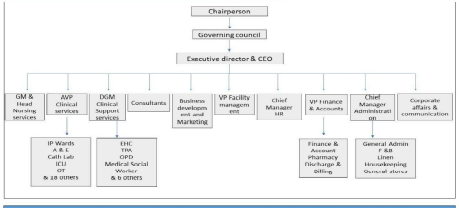
" We aim to be a global healthcare institution that combines the best in medical treatment with strong ethical principles and a culture of care and compassion. "
- Late Shri. Dhirubhai Ambani

## MISSION

" To be an institution that offers comprehensive quality healthcare services under one roof through transparent patient-centric care ensuring patient safety, privacy and dignity. An institution where Every Life Indeed Matters. "

HEALTH CHECK-UP DEPARTMENT (EHC)

## ORGANIZATION STRUCTURE




## DIFFERENCE BETWEEN PRACTICAL EXPOSURE AT SIP ORGANISATION AND THEORETICAL UNDERSTANDING :

- Co-related the concepts learned in Essentials of Hospital Services to understand the location, layout and placement of signages in different hospital departments.
- Applied Marketing concepts to do the SWOT analysis of the health check-up department and design questions for the survey form.
- Used knowledge of Biostatistics for graphically representing data in projects.
- Applied the concept of 'edutainment' learned in Behavior Change Communication to suggest health pamphlet as a patient engagement tool.

## SWOT ANALYSIS

### STRENGTHS:

- Established reputation and strong brand name
- Operates with its dedicated resources for five tests and physician consultation
- Customized patient check-up packages per their demographics, needs, medical history, etc.
- Calming ambiance, designed to make patients feel comfortable during their visit

### WEAKNESSES:

- Dependency on other units such as Cardiac, ENT, etc. for certain investigations/ check-ups
- Appointment scheduling delays during peak periods may affect patient satisfaction
- Changing tariffs by the hospital may cause the no. of patients to decline as a result of higher health check-up costs

### OPPORTUNITIES:

- Inculcating health education and hospital promotion at EHC
- Partnering with more no. of corporate organizations
- Telemedicine integration
- Engaging in community health initiatives through health awareness campaigns

### THREATS:

- Increasing competition from other hospitals and standalone diagnostic centers offering similar services
- Economic factors: Patient's capacity to pay for check-ups is impacted by economic crisis
- Rapid technological changes could render existing tools and procedures outdated, needing large investments

## ABOUT THE PROJECT:

### INTRODUCTION :

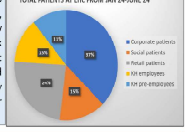
The health check-up department at KDAH, also known as 'EHC' (Executive Health Checkup) provides a comprehensive medical assessment and preventive strategy in the form of health check-up packages.

It is designed with an objective to detect potential disease conditions along the lines of 'Prevention is better than Cure.'

Their tagline is – *"Your first step towards better health."*

### NEED FOR THE STUDY:

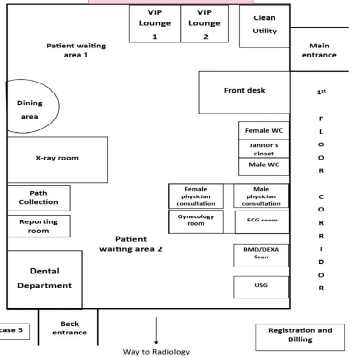
The health check-up unit partners with 35 corporate organizations, serving 37% of all patients. This study aims to streamline check-ups for quick return to work, enhancing patient experience, retaining clients, and attracting new ones. This will solidify the hospital as a preferred provider for corporate health check-ups.




### OBJECTIVES:

- To study the patient flow and operations at EHC and suggest ways to improve efficiency for corporate patients.
- To calculate the average TAT for corporate patients at EHC.
- To identify places with longer waiting times and to provide improvement strategies.
- To plan patient engagement activities to enhance their experience at EHC.

### EHC LAYOUT




## WORK DONE DURING THE PROJECT:

- Observed patient flow, department operations, and noted EHC package types.
- Calculated average TAT for corporate patients using a random sample of 150.
- Tracked 10 corporate patients to identify bottlenecks and areas with longer waiting times.
- Conducted a retrospective study of patient feedback from Jan-May 2024 to identify improvement opportunities.
- Administered survey forms to 30 corporate patients to understand their EHC experience and analyzed results.
- Designed and implemented patient engagement tool in the form of health pamphlets.
- Proposed solutions to improve overall efficiency at EHC.

## FINDINGS:

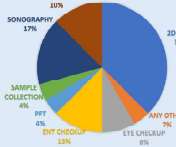
❑ OBSERVATIONS:

- Inconvenience faced by patients to locate EHC and report at the billing counter.
- The existing direction signages (on the floors) in the department are ineffective.
- EHC patients are given lower priority compared to OPD and IPD patients in 2D Echo and ENT departments.
- The television in waiting area 1 is turned off at most times.

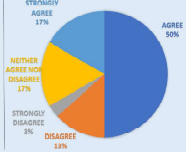
❑ AVERAGE TAT OF CORPORATE PATIENTS AT EHC: **5 hours 16 minutes**

| Sr NO. | NAME OF THE TEST | AVERAGE WAITING TIME | REASONS |
|---|---|---|---|
| 1. | 2D Echo | 88.1 mins | Junior technician allotted for EHC patients taking 25 mins to perform one test |
| 2. | ENT Check-up | 51.4 mins | Fixed time slots assigned for EHC patients: 9-10 am and 4-5 pm only |
| 3. | USG | 29.9 mins | Consulting radiologist reporting nearly 1 hour late at EHC unit almost daily. |

PROPORTION OF CORPORATE PATIENTS FACING LONGER WAITING TIMES FOR DIFFERENT TESTS




OPINION OF CORPORATE PATIENTS ON IF THERE SHOULD BE SOME HEALTH RELATED ENGAGEMENT ACTIVITY PLANNED FOR THEM




## CHALLENGES FACED DURING INTERNSHIP:

- Predefined time allotted to observe, collect & analyze data, give suggestions and finish the project in EHC.
- Convincing the corporate patients to fill out the survey form.
- Difficulty in timely gathering of data from departments and coordinating project work with the heads of those departments as per their schedule.
- Limited access to certain areas of the hospital, to carry out project-related activities.
- Proposing financially feasible solutions to improve efficiency at EHC.

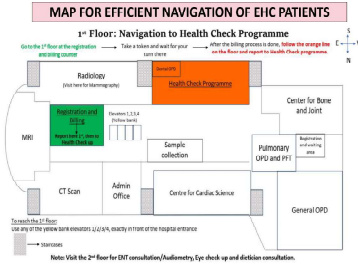
## LEARNINGS AND VALUE ADDITIONS:

- Gained knowledge about the functioning of some of the hospital departments such as Health Check-up, TPA desk, Free OPD, and admission desk.
- Learned how to work as a team effectively by collaborating on insights from different departments while working on a project.
- Learned the importance and role of effective interpersonal communication in an organization.
- Learned how to work with available resources, in a limited time.
- Inbuilding in self:
  - Problem solving
  - Lateral thinking
  - Confidence building

## USEFULNESS OF INTERNSHIP:

- Opportunity to work on real-time projects.
- Opportunity to interact and work with industry experts.
- Application of data organizing and analysis while working on projects.
- Have begun adopting a managerial perspective while evaluating dynamics in any organizational set-up.
- My internship provided invaluable mentorship that broadened my perspective on my career path and where I envision working in the future.

## MAP FOR EFFICIENT NAVIGATION OF EHC PATIENTS




## SUGGESTIONS:

❑ TO IMPROVE EFFICIENCY AND REDUCE TAT:

- Provide a digital map to patients in the appointment confirmation e-mail.
- Place the direction signages at eye level in a readable font and color.
- Alter the patient flow sequence for corporate patients, to streamline the process and optimizing resource utilization.
- Allot one bed of the four beds in 2D echo room exclusively for health check-up patients.
- Train junior technicians performing 2D echo to improve their efficiency.
- The management could carry weekly meetings with doctors for addressing topics such as serving all types of patients in the best possible way, doctor's punctuality, patient feedback on doctors, etc.

❑ TO IMPROVE PATIENT EXPERIENCE:

- Use the KDAH app for booking appointments to allow corporate patients to schedule them conveniently.
- Provide corporate patients with a dedicated representative to assist them throughout their visit and promptly handle any concerns.
- Offer patient engaging activities, such as informational brochures, magazines, health-related videos on TV, etc.
- Regularly analyze patient feedback, implement changes and monitor their effectiveness.

### PATIENT ENGAGEMENT TOOL

## OTHER ACTIVITIES DONE DURING INTERNSHIP:

- Created an animated video on the pre-authorization steps of cashless hospital transactions for the TPA desk.
- Designed a booklet for hospital donors under the CSR department.
- Developed a proposal for a Neonatal Transport Unit(NTU).
- Prepared a survey form for CCOs at the admission desk, for root cause analysis of delays in planned and unplanned admissions.
- Visited the Navi Mumbai hospital branch to understand the working of insurance/TPA portals.

# Weekly Report -Summer Internship Programme (SIP)

## (Week 1)

**Name of the Organisation:** Kokilaben Dhirubhai Ambani Hospital and Research Institute, Mumbai

**Area/ Department/ Project of Summer Internship Program:** Clinical administration

**Name of the Student:** Dr Niyati Nikunj Naik

**Roll no: 1758** **Stream:** MBA Hospital and Health Management

**Week no:** 1 **From:** 01-05-2024 to 04-05-2024

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| **Activity Done** | • Took a hospital tour to understand the layout, design, and location of various departments within the hospital building.<br>• Noted the hospital's emergency color codes.<br>• Started working on the first project assigned by the organization mentor-which was about improving the efficiency, TAT, and quality of experience of corporate patients at the health check programme unit:<br>1. Understood the types of patients coming for health check-ups (retail corporate, social), saw the layout of the unit, and noted the corporates and social groups which have tied up with the hospital.<br>2. Observed the patient flow within the EHC (Executive Health Check) unit<br>3. Noted the working of EHC from investigations to compilation of reports and finally courier to the patient.<br>4. Did a detailed time tracking of the flow of 4 corporate patients from entry to exit, at every investigation station of the EHC.<br>• Observed various IEC materials in the hospital.<br>• Downloaded the hospital's mobile app – 'KDAH App' and analyzed its features and services.<br>• Have been given a brief of the second project related to the insurance/TPA department- Comparing the use of various insurance/TPA portals v/s the current process used by the hospital through the WinClien software and assessing their efficiency and feasibility on various parameters. |
| **Linking theory (Classroom learning) with practice at your organisation** | • The hospital fulfills all its functions in terms of providing a range of services- Promotive, preventive, curative, rehabilitative and ambulatory.<br>• Majority of the departments are located as per the ideal model:<br>-Accident and Emergency near the main road, at the hospital entrance.<br>-MRD, Radiology, Laundry and linen in the basement.<br>-Reception, Inquiry desk, pharmacy, gift shop, food court, etc on the ground floor.<br>- OPDs are easily accessible on the 1st and 2nd floors.<br>-ICUs and OTs are located on the upper floors, away from the crowd and noise.<br>• The layout of the EHC unit and OPDs follows a single corridor |

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| | double-loaded pattern.<br>• The OPD, IPD, CSSD, OT, etc are all divided into the zones as we studied in the essentials of hospital service. |
| **Gaps identified on the working area.** | • The direction signs in EHC are placed on the floor, which is often missed by patients.<br>• Some of the labels of the investigation rooms are placed on the door, which is kept open inwards. Thus, it cannot be read by the patients.<br>• There are about 9 IEC posters in EHC, 5 of which are specifically for cancers only. The content of the message in some of the posters is confusing and misleading.<br>For example, one of the posters says 'Get your smile back. Get your life back!'-It seems as if this is related to the dental unit; however, the bottom right corner of the same poster reads 'Pain management and Palliative care clinic.'<br><br>Another example is a poster that states, 'Lung cancer kills more people each year than other cancers combined.' The call for action part is not being addressed here, as in, what is a patient supposed to do after reading this information, has not been clarified.<br>So not all posters have addressed the '7 Cs of effective communication.' |
| **Suggestions for improvement** | • The direction signs should be at eye level on the corridor walls. The signage should be legible and readable from a distance.<br>• The name label of the investigation room can be placed right above the door, in clearly visible font and color. This will avoid confusion and unnecessary time waste in finding check-up rooms by patients.<br>• More NCDs like Diabetes, Hypertension, Stroke, Obesity etc could be addressed in the IEC material. |
| **Plan for the next week** | • Study the health packages of different corporate organizations and no. of investigations in each.<br>• Track at least 6 more patients from the time of entry till the time of exit to identify the bottlenecks and areas with relatively longer waiting times.<br>• Find a solution to make the waiting time of EHC patients an opportunity to plan patient engagement.<br>• Design an assessment tool to understand the need for an intervention to improve the quality and efficiency of corporate patients at EHC and reduce their TAT.<br>• Start working on second project. |

| Signature of the Student | Approved by the Organization Mentor | Approved by IIHMR University's Mentor |
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# Weekly Report -Summer Internship Programme (SIP)

## (Week 2)

**Name of the Organisation:** Kokilaben Dhirubhai Ambani Hospital and Research Institute, Mumbai

**Area/ Department/ Project of Summer Internship Program:** Clinical administration

**Name of the Student:** Dr Niyati Nikunj Naik

**Roll no: 1758** **Stream:** MBA Hospital and Health Management

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

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| **Activity Done** | • Captured the MOUs of different corporate health packages.<br>• Tracked 6 patients from the time of entry at EHC till the time of exit.<br>• Identified the 3 areas with relatively longer waiting times and analyzed the reasons for the same:<br>1. 2D echo/stress – This resource is shared with the hospital. So, OPD and daycare patients are given priority here over the 'healthy' EHC patients. An average of 28 is the daily footfall for 2D echo test, of which the no. of EHC patients is variable depending the packages. It takes nearly 13-14 mins to do one 2D echo.<br>2. Sonography – Patients have to keep waiting and drinking water until their bladder is full. It takes nearly 8-10 mins to do one USG of abdomen and pelvis.<br>3. ENT check-up – Audiometry has fixed slots for EHC: 9-10 am and 4-5 pm.<br>This is by the ENT specialist to avoid any inconvenience for their OPD patients. So, if an EHC patient comes a little late around 10, he will have to wait until 4 pm just to get his audiometry done. It takes nearly 10 mins to do one audiometry.<br>• Did some brainstorming on planning patient engagement activities.<br>• Designed a feedback questionnaire for corporate patients and discussed the same with our organization mentor.<br>• Understood the ASIS process of insurance claims at the hospital – From the preauthorization form to the last step of handing the file to the finance department after final approval.<br>• Worked on 2 portals – IHX and Bajaj Allianz – noted the column fields and calculated TAT.<br>• Visited the Central Sterile Supply Department to understand the workflow, areas and functioning.<br>• Saw the management of Code Violet (Violent patient/attendant) |
| **Linking theory (Classroom learning) with practice at your organisation** | • Saw the application FIFO mechanism in determining the patient flow at EHC as well as at dependency units such as Ophthal OPD, ENT OPD, cardiac OPD, etc.<br>• Designed the assessment tool by applying CNA. |

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| | • Linked theoretical knowledge of CSSD- the zones, process, methods of sterilization, etc. while visiting the department. |
| **Gaps identified on the working area.** | • The location of the billing counter is relatively far from EHC unit<br>• The date on which the check-up was done was not mentioned on any of the cover pages of the file, it was only on the ECG report. This created an inconvenience for the report compilation at the back office.<br>• The checkout time was missing in some patient's files.<br>• All patients were not escorted to the dependency units due to various reasons.<br>• The data entered in the Cardiac OPD register lacked validity as the no. of patients getting 2D echo done written there date-wise and that written in the EHC register did not match<br>• The ASIS process for insurance claims was facing some challenges such as longer response time, overburdening of Insurance Desk staff, and dependency on the Finance department. |
| **Suggestions for improvement** | • Each file should be thoroughly checked to fill in all the details before the patient exits.<br>• There has to be a separate flow process of corporate patients, which is different from the retail and social ones at EHC so that they can be prioritized without compromising the experience of other patients.<br>• The coordination with the dependency units can be improved.<br>• Waiting time could be used as an opportunity for health education and hospital promotion- For example, playing health awareness talk videos by hospital doctors on the TV in the waiting area, giving health crosswords and puzzles in the form of brochures or pamphlets.<br>• A separate day like Saturday could be allotted exclusively for corporate patient check-ups. Other patients can be taken under overbooking. |
| **Plan for the next week** | • Redesign and implement the assessment tool among a sample size of 30 corporate patients.<br>• Perform a retrospective analysis of patient feedbacks of the last 3 months about their experience at EHC.<br>• Visit the finance department and understand the steps after the process of final claim approval. |

| Signature of the Student | Approved by the Organization Mentor | Approved by IIHMR University's Mentor |
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# Weekly Report -Summer Internship Programme (SIP)

## (Week 3)

**Name of the Organisation:** Kokilaben Dhirubhai Ambani Hospital and Research Institute, Mumbai

**Area/ Department/ Project of Summer Internship Program:** Clinical administration

**Name of the Student:** Dr Niyati Nikunj Naik

**Roll no: 1758** **Stream:** MBA Hospital and Health Management

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

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| **Activity Done** | • Did the SWOT analysis of EHC department at KDAH.<br>• Went to the 2D Echo unit to an in-depth analysis of the situation there. Noted the average daily no. of patients along with the time taken to perform a single test by the doctor and junior technician.<br>• Made a list of common issues faced by patients at EHC through a retrospective study of the feedback in the hospital data from January 2024 till 2nd week of May,<br>• Redesigned our assessment tool as per suggestions by the organization mentor.<br>• Came up with an idea of making a health brochure/pamphlet with health facts and puzzles and started working on it. This will be used to engage patients during waiting time in the form of edutainment.<br>• Visited the Central Pharmacy department located on the lower basement of the hospital which is primarily for the IPD patients.<br>• We were sent to KDAH, Navi Mumbai to understand the AS-IS process of their TPA desk and the working of portals used for cashless transactions. |
| **Linking theory (Classroom learning) with practice at your organisation** | • Applied the concept of internal environment scanning to do the SWOT analysis of the EHC department.<br>• NABH Standards followed in the Central Pharmacy as mentioned in Chapter 8 of the book. · A few observations are: double door lock system for narcotic and psychotropic drugs · Installation of eye washer in the medication preparation room.<br>• Understood the flow process at the TPA desk relating it to concepts learnt in lean management. |
| **Gaps identified on the working area.** | • There is no standard protocol followed for the patient flow at 2D Echo and most of the time, there is no staff at the help desk of the cardiac unit, often leaving the waiting patients and their queries unattended.<br>• The 2D Echo, which should ideally be performed by doctors is done by junior technicians in case of EHC patients. They take longer time to perform one test. (20 mins, which is more compared |

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| | to an ideal time of 10 mins taken by a doctor)<br>• A lot of complaints on the food taste and availability of options given to EHC patients at the dining area of health check department.<br>• The TPA desk at KDH is short of staff when looking at the daily footfall and no. of preauths and discharges per day. |
| **Suggestions for improvement** | • Need to streamline the patient flow at 2D Echo. There are 4 beds out of which only 2 are operational due to the availability of 2 test performing staff. So, either 3 beds can be used for OPD and IPD patients and 1 for EHC patients by increasing the staff by 2 members; or for IPD patients, portable machines can be carried to their floors and 2D Echo can be performed floor-wise at one time of the day for all the ward IPD patients who need it.<br>• To make workflow efficient, it would be recommended to increase manpower and make space for future expansions in areas where case-load seems to be high (ex: TPA desk, Cardiac department) |
| **Plan for the next week** | • Administer the assessment tool among 5-10 patients to start with.<br>• Design and finalize the health pamphlet for May and start implementing this patient engagement activity.<br>• Document the AS-IS process and learnings from the TPA desk, Navi Mumbai branch of KDAH, and collect data about the TAT of the last 4 months, to compare it with WinClient. (A hospital data management software used by KDAH, Andheri)<br>• Understand the HIMS of the hospital.<br>• Visit the Linen and Laundry department of the hospital to understand it's functioning. |

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| Signature of the Student | Approved by the Organization Mentor | Approved by IIHMR University's Mentor |

# Weekly Report -Summer Internship Programme (SIP)

## (Week 4)

**Name of the Organisation:** Kokilaben Dhirubhai Ambani Hospital and Research Institute, Mumbai

**Area/ Department/ Project of Summer Internship Program:** Clinical administration

**Name of the Student:** Dr Niyati Nikunj Naik

**Roll no: 1758** **Stream:** MBA Hospital and Health Management

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

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| **Activity Done** | • Administered the survey form of EHC to 10 corporate clients.<br>• Got the patient engagement pamphlet for May month printed and kept it in the shelf at the front desk, to understand the response towards it.<br>• Documented the AS-IS process of TPA desk of KDAH, Navi Mumbai and collected all the data of portals including no. of cases, discharge TAT, initial approval TAT from January-April 2024.<br>• Traced down the no. of cases and discharge TAT at KDAH, Andheri branch of 10 insurance companies (using WinClient software).<br>• Learned about Top up policies offered by insurance companies.<br>• Understood the difference between 2-tier and 3-tier HIS used at the hospital.<br>• Received a new project of CSR department: To design a booklet/brochure for the donors of a hospital, as a token of gratitude for their contribution.<br>• Visited the Free OPD located at the Accidents and Emergency department, run by medical social worker, to understanding it's functioning. |
| **Linking theory (Classroom learning) with practice at your organisation** | • Used the concepts learnt in Communication Planning Management to design the EHC pamphlet.<br>• Applied the concept of edutainment learnt in BCC to initiate a behaviour change among patients, towards healthier habits. |
| **Gaps identified on the working area.** | • Found some inaccuracies in data recording of the TPA process (At some places in the system, the date was incorrectly entered while at some places, the check-out time was missing in the data.)<br>• Lack of a well-planned management system for running the free OPD efficiently. |
| **Suggestions for improvement** | • The check out timings can be entered at the time of transferring the case file to the finance department itself to avoid |

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| | forgetfulness on part of the CCO.<br>• One of the CCO can check all the data entered into the system for the day at the end of their shift, this can be done in turns by different CCOs day-wise.<br><br>• A SOP can be made for the patient flow at the free OPD. |
| **Plan for the next week** | • Document a detailed report on the Health Check Programme.<br>• Calculate the average TAT of corporate clients at EHC.<br>• Do a data analysis of case load and discharge TAT of around 10 selected insurance companies to do a comparative study of use of portals vs use of WinClient software.<br>• Design the health pamphlet for June 2024.<br>• Start working on CSR department project of designing a booklet for the hospital donors. |

| Signature of the Student | Approved by the Organization Mentor | Approved by IIHMR University's Mentor |
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# Weekly Report -Summer Internship Programme (SIP)

## (Week 5)

**Name of the Organisation:** Kokilaben Dhirubhai Ambani Hospital and Research Institute, Mumbai

**Area/ Department/ Project of Summer Internship Program:** Clinical administration

**Name of the Student:** Dr Niyati Nikunj Naik

**Roll no: 1758** **Stream:** MBA Hospital and Health Management

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

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| **Activity Done** | • Documented all details of EHC- Location, layout, health packages offered, staffing pattern, appointment booking system, report compilation, AS-IS process etc.<br>• Processed the collected data of check in and check out timings of corporate clients and calculated the average TAT.<br>• Designed the pamphlet for June 2024 as per the theme for the month and got it printed.<br>• Analysed the data of portals vs WinClient software to do a comparative study on them- assessed both of them and different parameters and listed their advantages and disadvantages.<br>• Tried making an animated video for counselling the patients about the TPA steps for preauthorisation.<br>• Started working on the booklet for donors:<br>  o Made a list of all charitable and CSR activities going on by the hospital<br>  o Enlisted the major donors of the hospital<br>  o Collected data of different outreach camps conducted by the hospital in the last 5 years.<br>  o Spoke to the medical social worker and finance representative to understand the admission process of indigent and weaker section patients.<br>  o Made a template of 10 paged booklet to roughly plan what data will go on which page<br>• Received a new task of preparing a survey form for the customer care officers at the admission desk to understand the reasons for delay in admission and discharge process.<br>• Visited the admission desk and noted the types of admissions, hospital tariff for room wise charges, required documents at admission and types of tokens at the desk.<br>• Read the admission desk feedbacks of the months April and May. |

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| **Linking theory (Classroom learning) with practice at your organisation** | • Used the concepts learnt in Principles of Management to understand about the corporate social responsibility activities of the organisation.<br>• Used concepts learnt in biostatistics for data analysis.<br>• Applied concepts learnt in Behavior Change Communication to design the EHC pamphlet for June. |
| **Gaps identified on the working area.** | • The 2nd waiting area in EHC, just outside the Phlebotomy room and near the sonography room does not have any table/ shelf/ newspaper section to keep something for patient engagement.<br>• There is no communication of hospital's CSR activities to the patients and visitors of the hospital.<br>• As compared to the daily operations at the admissions desk, the no. of CCOs is less.<br>• There is no self-help brochure for admissions, as there is for the TPA desk. |
| **Suggestions for improvement** | • A small table can be kept in the center of 2nd waiting area of the EHC unit, so that newspapers, magazines, health brochures etc can be kept there too.<br>• There is a big LED screen on the ground floor of the hospital, near the entrance, where usually promotional material of different clinical departments is displayed.<br>Here, a provision can be made to display the CSR activities which may serve as one of the ways to attract more no. of patients.<br>• At least one more CCO can be hired or internally transferred at the admissions desk.<br>• Need to design an instruction manual for the admissions desk. |
| **Plan for the next week** | • Keep the copies of June pamphlet in the shelf of EHC front desk and see the response of patients, take verbal feedbacks from them.<br>• Continue giving the survey questionnaire to corporate clients.<br>• Sort and organise all the data collected from different departments about the CSR activities and start designing the booklet for donors.<br>• Observe the admissions process and try to trace down the potential causes for delay in discharge.<br>• Start making a presentation on the work done so far in the EHC and TPA project. |

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| Signature of the Student | Approved by the Organization Mentor | Approved by IIHMR University's Mentor |

# Weekly Report -Summer Internship Programme (SIP)

## (Week 6)

**Name of the Organisation:** Kokilaben Dhirubhai Ambani Hospital and Research Institute, Mumbai

**Area/ Department/ Project of Summer Internship Program:** Clinical administration

**Name of the Student:** Dr Niyati Nikunj Naik

**Roll no:** 1753 **Stream:** MBA Hospital and Health Management

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

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| **Activity Done** | • Administered the survey form to 20 more corporate clients.<br>• Talked to 5 corporate clients regarding the feedback of the June health pamphlet.<br>• Studied the admission guidelines and understood the admission tariff.<br>• Observed the AS-IS process at the admission desk.<br>• Talked to the CCOs at admission desk about different modes of receiving admission request, how do they manage the planned and unplanned admissions, how they communicate with nurses for bed allotment.<br>• Tested the working of bed booking on the KDAH app.<br>• Finalized the content of gratitude message for donors.<br>• Sorted the photographs for the donor booklet. |
| **Linking theory (Classroom learning) with practice at your organisation** | • Used the concepts learnt in Business communication to write the content of the gratitude letter for the donors.<br>• Understood the role and importance of interpersonal communication in an organization.<br>• Correlated the concepts learnt in Communication planning: application of SMCR model along with importance of feedback, while noting the response for June health pamphlet.<br>• Correlated the concepts learnt in In Patient Department chapter of Essentials of hospital services module.<br>• Corelated the concepts of job rotation at the admission desk learnt in Human Resource Management module. |
| **Gaps identified on the working area.** | • The consulting radiologist at the EHC unit has been coming about 1.5 hours later than his allotted time. Because of this, patients are often kept waiting.<br>• There is no form of health education conducted at the EHC unit.<br>• There are no clear instructions about the token system at the admissions desk.<br>• Any information about the admission declaration form and the isolation form has not been mentioned in the admission guidelines. |

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| | • The data of the ongoing CSR activities is maintained in a vague manner. Errors were found while sorting the data such as missing age, missing date, missing gender, etc. in some of the columns.<br>• There seems to be a scope for improvement in the co-ordination and interpersonal communication between various departments associated with the CSR activities. |
| **Suggestions for improvement** | • The consulting radiologist could be counseled on punctuality, because if the sonography starts earlier at 8 am as it is supposed to be (in contrast to the current practice of starting at 9:30 am)- this will not only improve patient satisfaction but also reduce the overall TAT.<br>• The television in the EHC waiting area, where usually songs are played; this can be replaced with health awareness talks by the hospital's doctors.<br>• A small board can be placed next to the token vending machine at the admission desk, which explains exactly which token is to be taken for what purpose.<br>• Admission form and isolation form instructions should be printed too on the admission guidelines document.<br>• As CSR is also an important department of the hospital and serves as a medium to attract more no. of patients, data about the CSR activities should be meticulously managed and monitored. This will also aid to show the donors when, where and how exactly are their funds utilized.<br>• The interdepartmental communication of CSR related bodies such as Finance, Medical social worker, ENT, Pediatrics, etc. can be more organized through regular meetings conducted at the end of every CSR activity, so that all the data can be correctly and entered at one place, accessible whenever needed. |
| **Plan for the next week** | • Note the response of at least 5 more patients at EHC on the June health pamphlet.<br>• Perform an analysis of the data collected through survey forms at EHC.<br>• Wrap up the TPA project and make a final comparison of portals vs hospital software to arrive at a conclusion.<br>• Visit the wards, observe the discharge process there in order to understand the possible reasons for delay.<br>• Complete designing the donor booklet.<br>• Prepare the survey form for the CCOs at admission desk. |

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| Signature of the Student | Approved by the Organization Mentor | Approved by IIHMR University's Mentor |

# Weekly Report -Summer Internship Programme (SIP)

## (Week 7)

**Name of the Organisation:** Kokilaben Dhirubhai Ambani Hospital and Research Institute, Mumbai

**Area/ Department/ Project of Summer Internship Program:** Clinical administration

**Name of the Student:** Dr Niyati Nikunj Naik

**Roll no:** 1758 **Stream:** MBA Hospital and Health Management

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

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| **Activity Done** | • Analyzed, compiled and graphically presented the data on funds spent indigent and weaker section patients at the hospital in the last 5 years.<br>• Completed designing 18 pages of the donor's booklet and showed it to organization mentor, noted his suggestions and information that has to be added.<br>• Learnt about 80G certificate given to donors.<br>• Prepared a navigation map for EHC patients, which was added to the appointment confirmation email sent to them.<br>• Noted the response of 3 more patients on the June health pamphlet.<br>• Visited the general ward to understand the discharge process, and noted around 8 reasons for delay in discharge.<br>• Prepared a sample survey questionnaire for the CCOs at admission desk, and discussed it with our mentor. Noted his suggestions for the same. |
| **Linking theory (Classroom learning) with practice at your organisation** | • Used the concepts learnt in Biostatistics for data presentation in the donor's booklet.<br>• Understood how IPD processes are linked to allied services at a hospital such as pharmacy, transport, administration, etc.<br>• Correlated the concepts learnt in Communication planning: application of SMCR model along with importance of feedback, while noting the response for June health pamphlet.<br>• Used concepts learnt in marketing while designing some of the pages of the donor's booklet. |
| **Gaps identified on the working area.** | • There is no clear point of contact who can be referred if someone wishes to donate funds for the hospital.<br>• Some of the outreach camps that are not conducted in a way where the hospital gets recognition that they are doing such kind of activities.<br>• Inspite of the provision of online booking through the KDAH app, this facility is not being utilized for appointmemt booking at EHC unit.<br>• If on some day, the doctor is not available in the morning for |

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| | his rounds at the ward due to OT / rush of patients at the OPD, the patient lined up for discharge is not communicated about it. This leads to delayed entry of physician approval and discharge summary in case file, eventually delaying the discharge process. |
| **Suggestions for improvement** | • The point of contact for people who wish to donate can be communicated either through display on posters/standy/banners/LED screens in the hospital premises or on their website.<br>• Hospital banners should be carried at all outreach camps.<br>• Just like bed booking facility is available on KDAH app through a scanner at the admission desk, EHC appointment booking can be made done on the app too. This will not only improve patient satisfaction but also help to reduce the workload on CCOs.<br>• Co-ordinating the doctor's schedule between OPD, IPD and OT could be done. |
| **Plan for the next week** | • Perform the mapping of new admissions and trace the ongoing processes at the admissions desk.<br>• Modify the survey questionnaire for admission desk CCOs as per the suggestions of mentor.<br>• Add the remaining 2 pages of donor's booklet as suggested by mentor, complete the work and get a printed copy of the booklet.<br>• Perform an analysis of the data collected through survey forms at EHC.<br>• Discuss suggestions to improve the efficiency of processes at EHC unit with organization mentor.<br>• Prepare a PowerPoint presentation on work done at Health Check Programme.<br>• Prepare the content of a self-help video to be played on the screen at the TPA desk.<br>• Wrap up the TPA project and make a final comparison of portals vs hospital software to arrive at a conclusion. |

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| Signature of the Student | Approved by the Organization Mentor | Approved by IIHMR University's Mentor |

# Weekly Report -Summer Internship Programme (SIP)

## (Week 8)

**Name of the Organisation:** Kokilaben Dhirubhai Ambani Hospital and Research Institute, Mumbai

**Area/ Department/ Project of Summer Internship Program:** Clinical administration

**Name of the Student:** Dr Niyati Nikunj Naik

**Roll no:** 1758 **Stream:** MBA Hospital and Health Management

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

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| **Activity Done** | • Collected and organized data of pediatric orthopedics to add in the booklet<br>• Suggested titles for the pediatric orthopedic initiative<br>• Designed remaining two pages of the donor's booklet and got it approved<br>• Received briefing on New Project- Neonatal Transport Unit with respect to its need and vision of developing it as a unimodel<br>• Understood the Transport incubator -its parts and working of it via head nurse.<br>• Designed a patient guide on steps for cashless pre-authorization-TPA<br>• Made content on self-help video for pre-authorization-TPA<br>• Finalized admission desk questionnaire and discussed with mentor.<br>• Performed analysis of the data collected through survey forms at EHC.<br>• Visited the marketing department of the hospital and gained few insights on the functioning. |
| **Linking theory (Classroom learning) with practice at your organisation** | • Used concepts learnt in marketing while designing some of the pages of the donor's booklet.<br>• Used concepts of biostatistics to analyze survey forms in EHC. |
| **Gaps identified on the working area.** | • There is no point of contact or reference for those people who wish to donate funds to the hospital.<br>• Hardcopy- Data on list of patients of previous month is being discarded following the next month at EHC file, eventually delaying the discharge process. |
| **Suggestions for improvement** | • Make presence for point of contact at hospital who receives and manages funding from donors.<br>• At EHC, hardcopy of data should be stored for at-least a year before discarding them. |

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| **Plan for the next week** | • Make presentation on TPA project and EHC project.<br>• Start making animated video for the TPA of Pre-Auth<br>• Trace remote locations from where the neonates have been transferred up till now from Medical Social worker.<br>• Gain insights on the transport incubator and meet pediatric cardiologist to understand the same.<br>• Drafting the proposal for the need of Neonatal Transport Unit Design July pamphlet for EHC. |

| Signature of the Student | Approved by the Organization Mentor | Approved by IIHMR University's Mentor |
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# Weekly Report-Summer Internship Programme

(Week 9)

**Name of the Organisation:** Kokilaben Dhirubhai Ambani Hospital and Research Institute, Mumbai

**Area/ Department/ Project of Summer Internship Program:** Clinical administration

**Name of the Student:** Dr. Niyati Nikunj Naik

**Roll no:** 1758 **Stream:** MBA Hospital and Health Management

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

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| **Activity Done** | • Made an animated video on pre-authorization guide for TPA department and got it approved by mentor after making the corrections<br>• Collected information related to NTU (Neonatal Transport Unit) from pediatric cardiologist<br>• Collected information about the requirements, budget, and challenges to make the NTU from the HOD of biomedical engineering<br>• Suggested idea for the appeal of NTU project to be presented to the donors<br>• Prepared a presentation on the proposal of NTU -need, vision, concept, advantages, set-up plan etc<br>• Designed the health brochure for July<br>• Prepared presentation on the EHC project and discussed the suggestions and interventions done with mentor |
| **Linking theory (Classroom learning) with practice at your organisation** | • Analyzed data of NTU using concept of biostatics – graphical data representation<br>• Did a SWOT analysis of the current transport incubator for neonates using marketing concepts<br>• Utilized the concept of edutainment learnt in OB while designing health brochure |
| **Gaps identified on the working area.** | |
| **Suggestions for improvement** | • Display QR code for the animated video on pre-auth steps at the TPA desk- which will reduce the load on TPA staff concerning counselling process and also keep the patients in waiting engaged |
| **Plan for the next week** | • Prepare a complied report of SIP<br>• Start working on SIP Poster |

Signature of the Student

Approved by the Organization Mentor

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# Compiled Reporting Format

**Name of the Organisation:** Kokilaben Dhirubhai Ambani Hospital and Research Institute, Mumbai

**Area/ Department/ Project of Summer Internship Program:** Clinical administration

**Name of the Student:** Dr Niyati Naik

**Roll no:** 1758 **Stream:** MBA HM

| **Activity Done** | **A] Acclimatizing and understanding the hospital:**<br><br>o Took a hospital tour to understand the floor-wise distribution and location of various clinical and non-clinical departments within the hospital building.<br>o Observed the layout of the OPD setup and the display of different IEC materials in the corridors and waiting area there.<br>o Noted the hospital's emergency color codes and the mode of communication to inform about the occurrence of any of the codes, so that it can be announced in the hospital.<br>o Downloaded the hospital's mobile app – 'KDAH App' and studied the features and services it offers.<br>o Took note of the scope of services offered at the hospital.<br>o Heard the activation and deactivation of a few hospital emergency codes on the hospital PA system and saw the management of one of them: Code Purple (Acute stroke), Code Violet (Violent patient/attendant), Code Blue (Adult respiratory arrest), and Code Yellow (Internal disaster).<br><br>**B] Health Check Programme:**<br><br>-Received a project on 'Improving the efficiency, patient experience and TAT of Corporate patients at Health Check Programme.'<br>This is also known as EHC. (Executive Health Check)<br>Did the following activities under this project:<br>o Understood the layout, staffing pattern, areas, types of patients, appointment booking, registration and billing, etc. in EHC.<br>o Noted the different types of health check packages offered.<br>o Made a list of services offered at EHC and services where EHC shares its resources with the hospital.<br>o Analyzed the proportion of different types of patients from Jan 2024-June 2024, and concluded that the highest proportion is of |
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| | the corporate patients.<br>o Noted the tie-up corporates and collected MOUs of some of them.<br>o Observed the workflow process and tracked 10 patients from time of entry to time of exit and identified a few bottleneck areas with longer waiting times.<br>o Did a retrospective analysis of patient feedback over the past 4.5 months and designed a survey form to identify areas to work on.<br>o Analyzed the results of the survey form administered to 30 corporate patients.<br>o Calculated the average TAT of a sample size of 150.<br>o Came up with an idea for patient engagement – Heath brochures. Designed the same for May, June, and July; of which May and June health brochures were implemented as an engagement activity.<br>o Prepared a navigation map for EHC patients, which was added to the appointment confirmation email sent to them.<br><br>**C] Hospital TPA desk:**<br><br>-Received a project on 'Feasibility study on the effectiveness of Insurance Portals at the TPA desk.' Did the following activities under this:<br>o Understood the AS-IS process at the hospital TPA desk from the step of pre-authorization till final approval.<br>o Understood the working of WinClient software and use of 2-tier and 3-tier HMIS.<br>o Noted the TPA and Insurance tie-ups with the hospital.<br>o Visited KDAH, Navi Mumbai for 3 days to understand AS-IS and working of portals under the TPA department and collected data of estimated TAT maintained by them of every month.<br>o Compared the software and portals based on seven parameters to judge the feasibility of insurance portals at the 750 bedded KDAH, Andheri.<br>o Documented the advantages, disadvantages and similarities of portals and WinClient software.<br>o Learned about to-up policies offered by insurance companies.<br>o Designed a patient guide on steps for cashless pre-authorization-TPA in the form of a simplified flowchart.<br>o Designed animated video for pre-authorization guide for the TPA desk and got it approved by the organization mentor.<br><br>**D] CSR Department:**<br><br>-Received a project on 'Designing a CSR activity booklet for hospital donors.'<br>o Visited the free OPD and discussed the data collection process |

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| | related to CSR activities with the medical social worker, and understood about the hospital's charity records.<br>o Collected data from various departments such as Finance, Pediatric cardiology, Pediatric orthopedics, Bone marrow transplant unit, ENT, etc.<br>o Analyzed all the collected data, organized it according to demographics, and graphically presented it.<br>o Made a graph that recorded the amount of funds spent on weaker section and indigent patients in the last 5 years.<br>o Prepared a customized gratitude letter for the donors.<br>o Suggested a few titles for the pediatric orthopedic initiative and the title 'The Happy Bone Journey' was finalized.<br>o Designed an 18-page donor booklet- Content, layout, photos, design, etc. and got it approved by the mentor.<br><br>**E] Pediatric Cardiology:**<br><br>-Received a project titled 'Preparing a Proposal for developing a Neonatal Transport Unit.'<br>o Visited the NICU and understood the parts, uses and functioning of the present NICU transport incubator of the hospital through the head nurse.<br>o Met the Pediatric cardiologist and collected data on areas from where the babies are transported and condition in which they are brought.<br>o Met the HOD of Biomedical engineering to discuss about requirements and budget.<br>o Worked on the vision, concept, benefits and appeal for NTU.<br>o Prepared a presentation for proposal of NTU to be presented in front of Hospital Founder, CEO and donors.<br><br>**F] Admission Desk:**<br><br>o Visited the admission desk and noted the types of admissions, hospital tariff for room-wise charges, required documents at admission and types of tokens at the desk.<br>o Read the admission desk feedback of the months April and May.<br>o Observed the AS-IS process at the admission desk.<br>o Talked to the CCOs at the admission desk about different modes of receiving admission request, how do they manage the planned and unplanned admissions, how they communicate with nurses for bed allotment, what types of forms they upload on the HIS, etc. |

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| | ○ Visited the general ward to understand the discharge process, and noted around 8 reasons for delay in discharge.<br>○ Prepared a sample survey questionnaire for the CCOs at admission desk, and discussed it with our mentor. Noted his suggestions for the same and modified accordingly for the supervisor for root cause analysis.<br><br>**G] Others:**<br><br>○ Visited the CSSD department located in the lower basement and understood the functioning and workflow there.<br>○ Visited the Central Pharmacy department which is designed primarily for IPD patients and understood the workflow there.<br>○ Visited the marketing department of the hospital and gained a few insights on their functioning. |
| **Linking theory (Classroom learning) with practice at your organisation** | **A] Acclimatizing and understanding the hospital:**<br><br>○ The hospital fulfills all its functions in terms of providing a comprehensive range of services- Promotive, preventive, curative, rehabilitative, and ambulatory.<br>○ Majority of the departments are located as per the ideal model:<br>- A & E Department: its location and easy approach from the main road, on the ground floor, functioning for 24 hours.<br>-MRD, Radiology, Laundry and linen in the basement.<br>-Reception, Inquiry desk, pharmacy, gift shop, food court, etc. on the ground floor.<br>-ICUs and OTs are located on the upper floors, away from the crowd and noise.<br>○ The layout of the EHC unit and OPDs follows a single corridor double-loaded pattern.<br>○ The OPD, IPD, CSSD, OT, etc. are all divided into the zones as we studied in the essentials of hospital services module.<br>○ Saw the practice of FIFO mechanism across the departments.<br><br>**B] Health Check Programme:**<br><br>○ Applied the concept of internal environment scanning to do the SWOT analysis of the EHC department.<br>○ Used the concepts learned in Communication Planning Management to design the EHC pamphlet.<br>○ Applied the concept of edutainment learned in BCC to initiate a behavior change among patients, towards healthier habits.<br><br>**C] Hospital TPA desk:**<br><br>○ Practice of the FIFO mechanism.<br>○ Used concepts learned in biostatistics for data analysis. |

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| | **D] CSR department:**<br>o Used the concepts learned in Business communication to write the content of the gratitude letter for the donors.<br>o Used concepts learned in biostatistics for data representation<br>o Used concepts learned in marketing while designing some of the pages of the donor's booklet.<br><br>**E] Pediatric Cardiology:**<br>o Analyzed data of NTU using the concept of biostatics – graphic data representation<br>o Did SWOT analysis learned in the Marketing module of the current transport incubator for neonates.<br><br>**F] Admission Desk:**<br>o Correlated the concepts of job rotation at the admission desk learned in the Human Resource Management module.<br><br>**G] Others:**<br>o Linked the theoretical knowledge of CSSD- zones, processes and methods of sterilization<br>o NABH Standards followed in the Central Pharmacy as mentioned in Chapter 8 of the book.<br>- A few observations are: double door lock system for narcotic and psychotropic drugs<br>- Installation of an eyewasher in the medication preparation room |
| **Gaps identified on the working area.** | **A] Acclimatizing and understanding the hospital:**<br><br>o There is no facility for burns management and psychiatric ward/IPD in the hospital.<br>o The CSSD department is located away from the OT, ICU, and A&E departments.<br>o The direction signage is on the floor, often missed by the patient's sight. This creates confusion among patients and either they are lost or they end up asking the staff for directions. Hence the effectiveness of the current signage at the hospital is very low.<br>o Awareness of the KDAH app among patients is low.<br><br>**B] Health Check Programme:**<br><br>o Lack of effective directions for patients to locate and report at EHC.<br>o Misleading and confusing content on some wall hoardings in the EHC department. |

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| | o The date on which the check-up is done is not mentioned on the cover page of the case file.<br>o Inefficient technicians in their learning phase who perform 2D Echo of EHC patients.<br>o The 2nd waiting area in EHC, just outside the Phlebotomy room and near the sonography room does not have any table/ shelf/ newspaper section to keep something for patient engagement.<br>o Despite the provision of online booking through the KDAH app, this facility is not being utilized for appointment booking at EHC unit.<br><br>**C] Hospital TPA desk:**<br>o There is a shortage of staff at the TPA desk as compared to the caseload.<br>o There is no form of patient engagement for those who are waiting in the queue.<br>o There is no means to know about the claim status, therefore patients are often kept waiting and confused as to what is the update and how much more time will it take for final approval.<br>o The help desk where the self-help guide and pre-auth forms are kept is located at a place, that is not even in sight from the TPA desk.<br>o The pre-auth TAT using Winclient is longer than portals.<br><br>**D] CSR department:**<br>o There is no means of communicating the CSR activities to the patients and visitors of the hospital.<br>o The data of the ongoing CSR activities is maintained in a vague manner. Errors were found while sorting the data such as missing age, missing date, missing gender, etc. in some of the columns.<br>o Lack of clear co-ordination and interpersonal communication between various departments associated with the CSR activities<br>o There is no clear point of contact who can be referred if someone wishes to donate funds to the hospital.<br>o Some of the outreach camps are conducted in a way where the hospital's recognition is not present in the form of banner, etc.<br><br>**E] Pediatric Cardiology:**<br><br>o Delay in receiving data from the CCO at pediatric cardiology unit.<br>o Lack of coordination between doctor and Department of Biomedical Engineering. |

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| | ○ Limited availability of alternative options for NTU.<br><br>**F] Admission Desk:**<br><br>○ CCOs have not divided tasks amongst themselves for smooth operations at the Admission desk as they handle more than 100 admissions per day<br>○ There are no clear instructions about the token system at the admissions desk.<br><br>**G] Others:**<br>- |
| **Suggestions for improvement** | **A] Acclimatizing and understanding the hospital:**<br><br>○ The direction signs should be at eye level on the corridor walls.<br>○ The signage should be legible and readable from a distance.<br>○ More awareness needs to be created about the KDAH app.<br><br>**B] Health Check Programme:**<br><br>The efficiency of processes can be improved through:<br>○ Increasing the utilization of booking an appointment facility on the KDAH app in areas such as EHC will not only smoothen the booking system but also help to reduce the workload on CCOs.<br>○ Provide a map/guide along with instructions written in bold for reporting first at the registration counter, 1st floor, and then at EHC.<br>○ Flow process can be tailored for corporate patients.<br>○ A separate day like Saturday could be allotted exclusively for corporate patient check-ups. Other patients can be taken under overbooking.<br>○ Each file should be thoroughly checked to fill in all the details before the patient exits.<br>The patient experience can be improved through:<br>○ Planning meaningful patient engagement activities such as health awareness videos playing on TV in the waiting area, health magazines and brochures etc.<br>○ Continuously working on feedback received, especially in areas such as reducing waiting times, improving food variety, etc.<br>The TAT can be reduced through:<br>○ The coordination with the dependency units can be improved.<br>○ Training of junior technician at 2D Echo to improve efficiency.<br><br>**C] Hospital TPA desk:** |

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| | o Display QR code for the animated video which will decrease one step of counseling done at the TPA desk.<br>o Wait till a uniportal comes up that has all insurance companies on board.<br><br>**D] CSR department:**<br>o As CSR is an important activity run by hospital, it serves as a medium to Hospital's recognition, attract more no. of patients, data about the CSR activities should be meticulously managed and monitored.<br>o This will also aid to show the donors when, where and how exactly are their funds utilized.<br>o Hospital banners should be carried at all outreach camps.<br>o The interdepartmental communication of CSR related bodies such as Finance, Medical social worker, ENT, Pediatrics, etc. can be more organized through periodical meetings so that all the data can be correctly found and entered at one place, accessible whenever needed.<br><br>**E] Pediatric Cardiology:**<br>-<br>**F] Admission Desk:**<br><br>o Need to design an instruction manual for the admissions desk<br>o A small board can be placed next to the token vending machine at the admission desk, which explains exactly which token is to be taken for what purpose.<br>o Co-ordinating the doctor's schedule between OPD, IPD and OT could be done.<br><br>**G] Others:**<br>- |

**Signature of the Student:**

**Approved by the IIHMR University's Mentor:**