SUMMER INTERNSHIP PROGRAM

at

PSRI MULTISPECIALITY HOSPITAL, NEW DELHI

From MAY 6TH 2024 to JULY 5TH 2024

A REPORT BY

NITISH CHAUHDHRI

Master of Business Administration

(HOSPITAL & HEALTH MANAGEMENT)

2023-25

under the Mentorship of

Dr PIYUSHA MAJUMDAR

ASSOCIATE PROFESSOR

PUSHPAWATI SINGHANIA HOSPITAL & RESEARCH INSTITUTE
A MULTI SPECIALITY HOSPITAL

PSRI HOSPITAL

Date: 05.07.2024

INTERNSHIP COMPLETION CERTIFICATE

This is to certify that **Dr. Nitish Chaudhri** of 2023-25 batch of IIHMR university, Jaipur has done his summer internship with our organization from **06th May 2024 to 05th July 2024.**

The overall performance shown by him during the period was excellent.

This certificate is being issued to meet the requirements of the IIHMR University.

Dr. Anju Wali
Medical Director

Pushpawati Singhania Hospital & Research Institute * New Delhi *

Dr. Kaushalendra Pratap Singh
Deputy General Manager-Operations

IIHMR UNIVERSITY

IIHMR University Faculty Mentor Approval

This is to certify that **Dr NITISH CHAUDHRI** 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.

Date: 23/07/2024

(Signature of Faculty Mentor)

Name: **Dr. PIYUSHA MAJUMDAR**

Designation: **Associate Professor**

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RELATIONSHIP BETWEEN THE PATIENT'S SATISFACTION & READMISSIONS FOR PATIENTS ADMITTED TO IPD WARDS

PSRI HOSPITAL
A MULTI SPECIALITY HOSPITAL

IIHMR UNIVERSITY

SUBMITTED BY:
Dr NITISH CHAUDHRI
ROLL NO: 1768
MBA HM 28

UNDER THE GUIDANCE OF:
Dr PIYUSHA MAJUMDAR
(UNIVERSITY MENTOR)

Dr KAUSHALENDRA SINGH
(ORGANIZATION MENTOR)

ABOUT THE ORGANISATION

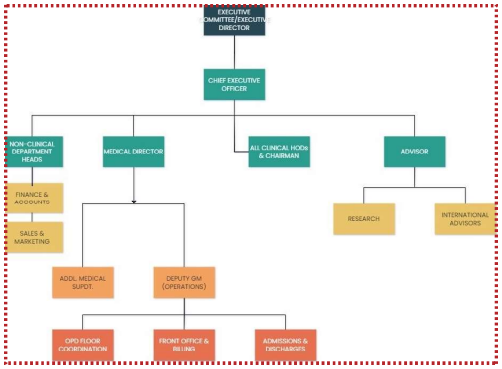
Pushpawati Singhania Hospital & Research Institute (PSRI Hospital) is a multi-specialty institute of national & international repute. It was established in the year 1996 as South East Asia's first and India's foremost institute providing advanced and comprehensive medical and surgical treatment for digestion-related diseases. The state-of-the-art facilities coupled with the latest equipment and renowned consultants ensure that patients from various states of India and foreign countries come for highly specialized tertiary-level treatment. It is promoted by the JK Group one of the leading business houses in India

MISSION & VISION OF THE HOSPITAL

Help the ailing people through chosen specialities by providing the best possible preventive, curative and promotive services for restoring their health and personal productivity.

Not to compromise with the values and the standards laid down & to achieve excellence in the healthcare delivery system, through hard work and human touch.

ORGANISATION STRUCTURE



USEFULNESS OF INTERNSHIP

- Gaining work experience in a hospital.
- Recognize the conditions necessary for different hospital subsystems to operate smoothly from the administrator's point of view.
- Building professional networks.
- Corelate theoretical concepts with day-to-day practical experiences.

ABOUT THE PROJECT

AIM

This study aims to determine whether and to what degree a patient's experience in the IPD Wards of the hospital influences the hospital's business in terms of readmissions

OBJECTIVES

To determine any relation between patient experience and satisfaction from hospital services in the IPD Wards and the hospital's business in terms of readmissions.

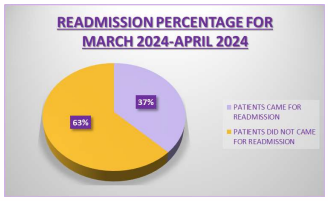
To determine the percentage of feedback received from the patients at the time of discharge.

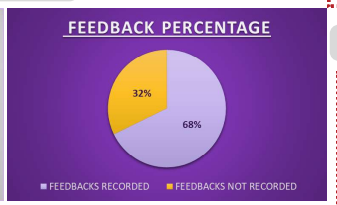
To study the factors contributing positively and negatively towards the patient's experience.

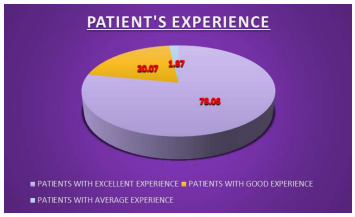
METHODOLOGY

•The study was carried out for the patients discharged between March 1st 2024 to April 30th 2024 under the specialties Oncology and Nephrology which were 397 patients.
•Secondary data was gathered from structured questionnaires that patients had completed and submitted at the time of discharge.
•The raw data was transferred to Excel using the mathematical tool, Standard Mean.

FINDINGS







SUMMARY

Total no. of patients discharged b/w March -April 2024	1930
Number or Percentage of patients who took readmission	723 or 37.46%
Number or Percentage of patients who did not took readmission	1207 or 62.53%
Readmission percentage for Oncology Department from March-April 2024	113 out of 178 or 63.48%
Readmission percentage for Nephrology Department from March – April 2024	104 out of 219 or 47.48%
Total no. of patients discharged from Oncology & Nephrology Departments b/w March – April 2024	397
No. of feedbacks recorded among these 397 patients	269
No. of feedbacks not recorded among these 397 patients	128
Average Highest Feedback Score	87.5 in category Treating Consultant
Average Lowest Feedback Score	75.65 in category Discharge Process
Out of these 269 patients, Patients with Excellent experience	210
Out of these 269 patients, Patients with Good experience	54
Out of these 269 patients, Patients with Average experience	5
Average Feedback Score for patients who took readmission	85.94
Average Feedback Score for patients who did not took readmission	78.45

DIFFERENCE B/W THEORETICAL UNDERSTANDING & PRACTICAL EXPOSURE

THEORETICAL UNDERSTANDING

- The hospital's wards are designed as per Rigg's or Nightingale's model.
- Hospital is considered as a system and has subsystems such as support services, clinical & nursing services, administrative services, etc.

PRACTICAL EXPOSURE

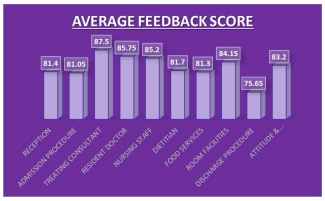
- Hospital wards and services are planned based on available space and capital, rather than strictly adhering to theoretical concepts.
- A hospital's systems must work efficiently together to ensure a satisfactory patient experience, as any inefficiency in one system impacts the overall experience.

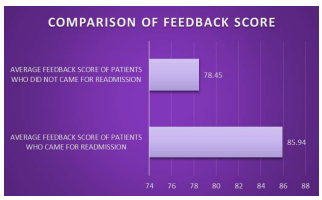
CHALLENGES FACED DURING INTERNSHIP

- Resistance faced in some departments in gaining information & experience.
- Lack of defined protocols and processes for interns sometimes led to confusion b/w staff members and interns.
- Coordinating with different departments to obtain data related to my project.

LEARNINGS DURING INTERNSHIP

- Hands-on experience of working in a hospital setup.
- Experience on collecting data, recording data, analyzing data and interpreting results.
- A close observation on international patient's catering practices.





Weekly Report: 1

Name of the Organisation: PSRI MULTISPECIALITY HOSPITAL, DELHI

Area/ Department/ Project of Summer Internship Program: IPD DEPARTMENT

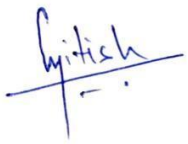
Name of the Student: NITISH CHAUDHRI

Roll no: 1768 **Stream: MBA HOSPITAL & HEALTH MANAGEMENT**

Week no: 01 **From: May 6, 2024 to May 11, 2024**

Activity Done	**1. Visited & explored all the departments of the hospital on the very first day.** **2. I was allotted the IPD department for the next 15 days and met Dr Kulvinder (Asst. Medical Superintendent).** **3. I shadowed the floor in charge and observed day-to-day operations in the IPD department.** **4. Reviewed patient's file to understand all kinds of documents used in the hospital during a patient's stay in the IPD ward.** **5. Observed and understood the workflow in the IPD department from patient admission to patient discharge and the responsibilities of all human personnel.** **6. I accompanied one of the staff members to understand how HMIS is used in the hospital and how they request services such as pharmacy, investigations through it.** **7. I interacted with patients whenever they pressed the call bell to understand what services patients required and which staff member caters to which requirement.** **8. I accompanied the Floor in charge, Housekeeping supervisor, GDA supervisor and Nurse supervisor during their morning rounds to take feedback regarding the services.** **9. I read the NABH handbook for doctors, which included guidelines by the NABH and specific guidelines by the PSRI management for the processes and norms to be followed in the hospital.**
Linking theory (Classroom learning) with practice at your organisation	**1. The design of the wards is as per the space available and models such as Nightingale and Rigg's are not rigidly followed and are modified accordingly.**

	2. All the functions of the IPD read in the classroom are practically visible.
Gaps identified on the working area.	**1. Incorrect nurse-to-patient ratio leading to work overload on nurses.** **2. Intercommunication b/w departments happens only on call which sometimes delays the process, is unreliable, and creates confusion as the conversation is not documented anywhere.** **3. Sometimes HMIS does not work properly due to inadequate technical configurations in the hospital.** **4. No use of ICD 11 or SNOMED CT in coding the diseases.**
Suggestions for improvement	**1. Recruitment and staffing of an appropriate number of nurses to manage the workload and provide effective services to the patient.** **2. A systematic approach is required for communication between departments using current digital methods rather than just relying on phone calls.** **3. Better IT support structure.**
Plan for the next week	**1. I will try to get stationed in the ICU or OT department to better understand the functioning of these departments as well.** **2. I will discuss my topic for the poster presentation with the organisation mentor and will try to finalise it so as to start working on it.**



(NITISH CHAUDHRI – 1768)

Signature of the Student

Approved by the IIHMR University's Mentor

Weekly Report: 2

Name of the Organisation: PSRI MULTISPECIALITY HOSPITAL, DELHI

Area/ Department/ Project of Summer Internship Program: OT & CSSD

Name of the Student: NITISH CHAUDHRI

Roll no: 1768 **Stream: MBA HOSPITAL & HEALTH MANAGEMENT**

Week no: 02 **From: May 13, 2024 to May 18, 2024**

Activity Done	**1. I was given the topic "What is IPD" by Ramiya Ma'am and had to submit a report on the same.** **2. I prepared a report on "What is IPD" and submitted it to Ramiya Ma'am.** **3. I was stationed at OT for the first three days of the week to observe different processes in the OT.** **4. The first day I spent my time in the Pre-Op Ward understanding all the procedures and processes that are done while transferring the patient from the ward and preparing the patient before surgery.** **5. On The second day I spent my time in the Post-Op Ward to understand how the patient is taken care once he/she comes back after surgery, what all documentation is done and by what criteria the patient is transferred back to the ward.** **6. I went inside the OT in the clean and aseptic zone on the third day to observe the processes. There are 5 OTs in the PSRI with 1 OT equipped with a Da Vinci robot for robotic surgeries. I also observed one complete surgery from the very initial step of disinfecting the OT till the time sign-out was done.** **7. Observed all the different medical devices used in the OT.** **8. I discussed with Mr. Dileep (OT Manager), who explained to me different processes to be taken care of in the OT by him from the administrative point of view.** **9. I also visited the CSSD department for a brief period, the manager showed me the workflow in the department & uni-direction flow of receiving contaminated instruments to dispensing sterilised instruments.** **10. I prepared an Excel sheet of Revised Medical Charges of procedures under CGHS for NABH Accredited Hospitals, given by Dr Kaushal Sir.** **11. I attended a training cum lecture session on the scope of services.**

Linking theory (Classroom learning) with practice at your organisation	**1. The OT is adjacent to the ICU and is very near to the ICU as conveyed in the classroom for better functioning and efficiency of hospitals.** **2. The process of sign-in, Time Out and sign-out is followed in every surgery.** **3. Laminar airflow is always maintained in all the OTs.** **4. All the zones of OT can be practically seen in the hospital.** **5. Uni-directional flow is maintained in the CSSD department.**
Gaps identified on the working area.	**1. Incorrect nurse-to-patient ratio leading to work overload on nurses.** **2. Intercommunication b/w departments happens only on call which sometimes delays the process, is unreliable, and creates confusion as the conversation is not documented anywhere.** **3. The hospital does not have a surgery scheduling option in the current HMIS, so it's been done on Excel.** **4. Patients are sometimes not clearly instructed about the investigations and procedures to be done before the surgery which later delays the surgery.**
Suggestions for improvement	**1. Recruitment and staffing of an appropriate number of nurses to manage the workload and provide effective services to the patient.** **2. A systematic approach is required for communication between departments using current digital methods rather than just relying on phone calls.** **3. Proper instructions must be given regarding post-op and pre-op investigations and procedures so that the patient comes timely for the surgery.** **4. The latest versions of HMIS can be used to streamline the processes.**
Plan for the next week	**1. I will try to get stationed in the ICU department to better understand the functioning of that department as well.** **2. I will discuss my topic for the poster presentation with the organisation mentor and will try to finalise it so as to start working on it.**

	3. We have been informed that for the remaining 1.5 months we will be allotted one department to observe and work on our project so I will decide which department to opt to.

(NITISH CHAUDHRI – 1768)

Signature of the Student

Approved by the IIHMR University's Mentor

Weekly Report: 3

Name of the Organisation: PSRI MULTISPECIALITY HOSPITAL, DELHI

Area/ Department/ Project of Summer Internship Program: ICU & IPD Billing

Name of the Student: NITISH CHAUDHRI

Roll no: 1768 **Stream: MBA HOSPITAL & HEALTH MANAGEMENT**

Week no: 03 **From: May 20, 2024 to May 25, 2024**

Activity Done	**1. I was stationed in the ICU and IPD Billing department for this week.** **2. I observed all the procedures that take place in the ICU both clinical and non-clinical.** **3. I also saw isolation rooms in the ICU which were maintained in the negative pressure.** **4. I made a list of all the documents maintained in the ICU for the smooth functioning of day-to-day activities.** **5. I made a record of most of the medical equipments which were being used in the ICU and tried to understand their purpose, I also evaluated their current market cost to understand the day-to-day expenses involved in ICU.** **6. While stationed in the IPD Billing department, I met Mr Surender Sir, the in charge of IPD Billing who gave me an overview of the processes involved in the department and the challenges.** **7. The IPD Billing department is functional 24x7 and uses AKHIL HIS for billing.** **8. I observed & learnt how billing for different patients, based on payment type, room category, etc. is different.** **9. I attended a training cum lecture on the topic Front office of the hospital.**
Linking theory (Classroom learning) with practice at your organisation	**1. The infection control measures are up to the mark and are followed sincerely.** **2. The Billing department is a support system in the hospital and works round the clock for the smooth functioning of the hospital.**
Gaps identified on the working area.	**1. The Nurse-to-patient ratio in the ICU is 1:3, which can be improved.**

Suggestions for improvement	**1. The Nurse-to-patient ratio can be improved by recruiting and staffing appropriate nursing staff to deliver quality patient care without overburdening the nursing staff.**
Plan for the next week	**1. I will be stationed in the OPD Department next week.** **2. I discussed my topic for the poster presentation with the organisation mentor, received some suggestions, will work on it and will finalise the topic.**

(NITISH CHAUDHRI – 1768)

Signature of the Student

Approved by the IIHMR University's Mentor

Weekly Report: 4

Name of the Organisation: PSRI MULTISPECIALITY HOSPITAL, DELHI

Area/ Department/ Project of Summer Internship Program: OPD REGISTRATION & BILLING AND ADMISSIONS

Name of the Student: NITISH CHAUDHRI

Roll no: 1768 **Stream: MBA HOSPITAL & HEALTH MANAGEMENT**

Week no: 04 **From: May 27, 2024 to June 01, 2024**

Activity Done	**1. I was stationed at the OPD Registration & Billing Department and the Admissions Department this week.** **2. Being stationed in the OPD Registration & Billing department I was able to observe and go through in detail regarding all the processes of the department and how it operates its day-to-day activities.** **3. I observed how the front desk executives registered the new patient as per their category of payment, i.e. self-pay or any corporate panel tie-up with the hospital, how they made bills for patients regarding investigations and procedures, and how they handled different queries of the patients.** **4. I helped the executives in their work so that I could have a hands-on experience too.** **5. Being stationed in the Admissions department I was able to understand the procedure of admitting patients in the hospital be it IPD Ward or ICU or admitting patients for daycare procedures or surgery.** **6. I observed the process and even helped the executives in completing the admitting procedure whenever the flow of patients was large and they needed help so that I could experience how things are done in the system.** **7. The admission process is slightly different for different kinds of patients depending on their payment category, admission criteria, and room category preference.** **8. They also do the admission process for EWS patients, which includes zero payment from the patient and an approval from the medical director.**

Linking theory (Classroom learning) with practice at your organisation	1. **The Admissions department is a support system in the hospital and works round the clock for the smooth functioning of the hospital.** 2. **The OPD Registration & Billing counter acts as a shop window for the hospital as every patient coming to the hospital comes here for answers to their queries.**
Gaps identified on the working area.	1. **The hospital still uses a lot of paperwork while registering and admitting their patient, which increases the time of the process and creates a hassle for the patient and they complain about the same sometimes.** 2. **IPD & OPD registration forms are not available in Hindi.** 3. **The timings of the doctors in the OPD Department are not displayed anywhere due to which patients sometimes come early and wait for long.** 4. **Proper directions need to be in place for new patients or old age patients so that they can reach to the admission or registration desk easily.**
Suggestions for improvement	1. **The hospital can incorporate better HMIS Systems or an app so that major paperwork can be transformed into digital processes.** 2. **The registration form should be available in Hindi and English so that patients who are not very educated can fill it out without assistance.** 3. **The timings of the doctors should be displayed on the website or app or hospital premises to better suit the patients.**
Plan for the next week	1. **I will be stationed in the other departments of Operations in the next week.** 2. **My topic for the summer poster presentation has been finalised and has been approved by Dr Kaushalendra Sir (Industry Mentor). I will start working on the same from the next week.**

(NITISH CHAUDHRI – 1768)

Signature of the Student

Approved by the IIHMR University's Mentor

Weekly Report: 5

Name of the Organisation: PSRI MULTISPECIALITY HOSPITAL, DELHI

Area/ Department/ Project of Summer Internship Program: CORPORATE DESK & TPA DESK

Name of the Student: NITISH CHAUDHRI

Roll no: 1768 **Stream: MBA HOSPITAL & HEALTH MANAGEMENT**

Week no: 05 **From: June 03, 2024 to June 08, 2024**

Activity Done	**1. I was stationed at the Corporate & TPA Desk this week.** **2. Being stationed at the Corporate Desk, I was able to observe and go through in detail regarding all the processes of the department and how it operates its day-to-day activities.** **3. I observed how the Corporate Desk Executive helps patients registered under different panels (CGHS, DMRC, etc) get admitted to the hospital.** **4. The different panels in collaboration with the hospital offer patients different payment options such as cashless credit service or self-pay at discounted rates for different services.** **5. I helped the executives in their work so that I could have a hands-on experience too.** **6. Being stationed at the TPA Desk I was able to understand the process involved in receiving approval for cashless admission and treatment for patients having medical insurance.** **7. I observed different documents used in the department as well as learned the flow of processes involved in getting approval, replying to the queries raised by the insurance companies and getting final approval against patient's bills.** **8. I even helped the executives in completing the admitting procedure whenever the flow of patients was large and they needed help so that I could experience how things are done in the system.** **9. The patients need to be followed up daily so that they can be informed in case the approval from the insurance company is not the same as estimated.**
Linking theory (Classroom learning) with practice at your organisation	**1. The Corporate Desk is a part of the Operations department. It acts as a support system in the hospital and caters to every patient registered**

	under the panel that comes to the hospital for treatment. 2. The TPA Desk is dedicated for the smooth flow of processes for all the patients who have insurance and come to the hospital for treatment.
Gaps identified on the working area.	1. The hospital still uses a lot of paperwork which increases the time of the process and creates a hassle for the patient and they complain about the same sometimes. 2. The corporate desk needs more staff to smoothly attend to all the patients, the same is needed for the TPA Desk. 3. There should be clear and effective communication between the patients and the executives.
Suggestions for improvement	1. The hospital can incorporate better HMIS Systems or an app so that major paperwork can be transformed into digital processes. 2. The hospital should hire adequate staff to cater to the patients.
Plan for the next week	1. I will be stationed in the other departments of Operations in the next week. 2. I have received data for my project from the departments and now I will start using it for my project.

(NITISH CHAUDHRI – 1768)

Signature of the Student

Approved by the IIHMR University's Mentor

Weekly Report: 6

Name of the Organisation: PSRI MULTISPECIALITY HOSPITAL, DELHI

Area/ Department/ Project of Summer Internship Program: INTERNATIONAL PATIENTS DESK & LOUNGE

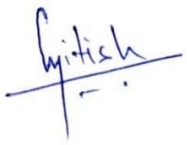
Name of the Student: NITISH CHAUDHRI

Roll no: 1768 **Stream: MBA HOSPITAL & HEALTH MANAGEMENT**

Week no: 06 **From: June 10, 2024 to June 15, 2024**

Activity Done	**1. I was stationed at the International Patients Desk & Lounge this week and started working on my project.** **2. Being stationed at the International Patients Desk & Lounge, I was able to observe and go through in detail regarding all the processes of the department and how it operates its day-to-day activities.** **3. I observed how the Executives in this department coordinate and communicate with international patients who come to the hospital either for OPD or IPD services.** **4. The hospital has tied up with many partners who operate to bring international patients from different countries to the hospital. The marketing team executives handle these operations.** **5. For registering & admitting any international patient, the Passport & Visa of the patient are required. Once the patient is admitted, a C form is filled and submitted to the FRRO (Foreign Regional Relations Officer) within 24 hours. A fit-to-fly form is necessary for any international patient who is willing to travel through airlines and has come for treatment at the hospital on a medical visa.** **6. I helped the executives in their work so that I could have a hands-on experience too. I filled out the C form, prepared a fit-to-fly certificate for the patients, and also had discussions with doctors regarding patients' queries to give them a rough cost estimate of the treatment.** **7. I also had discussions with my organization mentor on how I could use the data I had received to make a meaningful interpretation.**

Linking theory (Classroom learning) with practice at your organization	**1. The International Patients Desk & Lounge is a part of the Operations department. It acts as a support system in the hospital and caters to every international patient who comes to the hospital for treatment.**
Gaps identified on the working area.	**1. The billing for international patients is done on the same counter as for normal patients which sometimes creates confusion and hustle for international patients due to the language barrier.** **2. Many times, there is a lack of proper communication due to the language barrier mostly if the patient does not even understand English.**
Suggestions for improvement	**1. The hospital can incorporate all the operations related to international patients in one place so that they can be better managed and the patients don't need to move to different places and talk to many people.** **2. The hospital can hire staff who can understand and speak multiple languages (or at least one foreign language) and should not rely solely on the interpreters from the marketing partners, to cater to the patients effectively.**
Plan for the next week	**1. I will be stationed in the other departments of Operations in the next week.** **2. I will complete data recording and other steps of my project.**



(NITISH CHAUDHRI – 1768)

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Approved by the IIHMR University's Mentor

Weekly Report: 7

Name of the Organisation: PSRI MULTISPECIALITY HOSPITAL, DELHI

Area/ Department/ Project of Summer Internship Program: WORKED ON MY PROJECT

Name of the Student: NITISH CHAUDHRI

Roll no: 1768 **Stream: MBA HOSPITAL & HEALTH MANAGEMENT**

Week no: 07 **From: June 17, 2024 to June 22, 2024**

Activity Done	**1. I dedicated this entire week to completing my project.** **2. I collected a list of all the patients who were admitted and discharged in the months of March and April and calculated the number of readmissions in the hospital.** **3. I then collected feedback forms of patients for the month of March and April 2024.** **4. I recorded the raw data from feedback forms in the excel in a systematic format.** **5. After all the data collection and recording were done, I started analysing the data to find the results for my objectives.** **6. I completed all the calculations and got the results from which I made certain conclusions and recommendations.**
Linking theory (Classroom learning) with practice at your organization	**1. I was able to observe how different systems of a hospital contribute together to provide a satisfactory experience to the patient. If any one system does not operate efficiently, the patient's overall experience is affected.**
Gaps identified on the working area.	**1. There is room for improvement in the feedback recording percentage.** **2. The discharge process is the main area of concern to provide a better patient experience as most of the patients gave poor feedback to it.**
Suggestions for improvement	**1. The staff should be made aware of the importance of the feedback system so that the feedback recording percentage can be improved.** **2. Processes regarding discharge should be made more quick and smooth and must be completed within the TAT.**
Plan for the next week	**1. I will be stationed in the other departments of Operations, majorly Radiology and Emergency in the next week.**

	2. I will get approval from my organisation mentor on the work done regarding my project and then will prepare the same in a ppt to present at the hospital.

(NITISH CHAUDHRI – 1768)

Signature of the Student

Approved by the IIHMR University's Mentor

Weekly Report: 8

Name of the Organisation: PSRI MULTISPECIALITY HOSPITAL, DELHI

Area/ Department/ Project of Summer Internship Program: RADIOLOGY

Name of the Student: NITISH CHAUDHRI

Roll no: 1768 **Stream: MBA HOSPITAL & HEALTH MANAGEMENT**

Week no: 08 **From: June 24, 2024 to June 29, 2024**

Activity Done	**1. I was stationed at the Radiology department this week.** **2. I observed all the processes taking place in the radiology department.** **3. The radiology department is outsourced and offers X-ray, Ultrasound, CT scan and MRI services to patients of PSRI Hospital.** **4. I observed the types of consent forms used in the department for different services.** **5. I observed all the department's high-end medical equipment and machines and tried to understand the prerequisites and norms to be followed to equip them.** **6. I tried to understand the challenges faced by the staff in the department in their day-to-day activities.** **7. I received approval from my organisation mentor regarding my project's report and prepared a PowerPoint presentation on the same.**
Linking theory (Classroom learning) with practice at your organization	**1. I was able to observe how different systems of a hospital contribute together to provide a satisfactory experience to the patient. If any one system does not operate efficiently, the patient's overall experience is affected.** **2. The radiology department is built in such a way that it is easily accessible to OPD patients as well as to patients admitted in the hospital. Moreover, it had adequate waiting areas for patients to sit and wait comfortably.**
Gaps identified on the working area.	**1. There is a lot of waiting time for patients who come to the radiology department for investigations.** **2. The flow of patients is not smooth as sometimes patients are missed and then they come and complain that they have been waiting for too long.** **3. Reports dispatch takes a long time as there is only one doctor to perform the investigation as well as prepare reports, especially for ultrasound.**

Suggestions for improvement	**1. The patients should be informed properly regarding the waiting time as well as a proper sequence needs to be followed for taking patients for the investigations.** **2. OPD patients need to be entertained separately so that they don't need to wait for long due to IPD patients or patients coming in on an emergency basis.** **3. As per the daily inflow of patients for ultrasound and related investigations, the number of devices and number of doctors can be improved.**
Plan for the next week	**1. I will be giving a presentation on my project.** **2. I will get the signatures of the mentor and the internship completion certificate as per the guidelines.** **3. I will explore some more areas in the hospital.**

(NITISH CHAUDHRI – 1768)

Signature of the Student

Approved by the IIHMR University's Mentor

COMPILED REPORT

Name of the Organisation: PSRI MULTISPECIALITY HOSPITAL, DELHI

Area/ Department/ Project of Summer Internship Program: OPERATIONS DEPARTMENT

Name of the Student: Dr NITISH CHAUHDRI

Roll no: 1768 **Stream: MBA HOSPITAL & HEALTH MANAGEMENT**

Activity Done	**1. Visited & explored all the departments of the hospital on the very first day.** **2. I was allotted the IPD department for a few days and met Dr Kulvinder (Asst. Medical Superintendent).** **3. I shadowed the floor in charge and observed day-to-day operations in the IPD department.** **4. Reviewed patient's file to understand all kinds of documents used in the hospital during a patient's stay in the IPD ward.** **5. Observed and understood the workflow in the IPD department from patient admission to patient discharge and the responsibilities of all human personnel.** **6. I accompanied one of the staff members to understand how HMIS is used in the hospital and how they request services such as pharmacy, investigations through it.** **7. I interacted with patients whenever they pressed the call bell to understand what services patients required and which staff member caters to which requirement.** **8. I accompanied the Floor in charge, Housekeeping supervisor, GDA supervisor and Nurse supervisor during their morning rounds to take feedback regarding the services.** **9. I read the NABH handbook for doctors, which included guidelines by the NABH and specific guidelines by**

	the PSRI management for the processes and norms to be followed in the hospital. **10. I was given the topic "What is IPD" by Ramiya Ma'am and had to submit a report on the same. I prepared a report and submitted it to Ma'am.** **11. I was stationed at OT to observe different processes in the OT.** **12. I spent my time in the Pre-Op Ward understanding all the procedures and processes that are done while transferring the patient from the ward and preparing the patient before surgery.** **13. I spent some time in the Post-Op Ward to understand how the patient is taken care of once he/she comes back after surgery, what documentation is done and by what criteria the patient is transferred back to the ward.** **14. I went inside the OT in the clean and aseptic zone to observe the processes. There are 5 OTs in the PSRI with 1 OT equipped with a Da Vinci robot for robotic surgeries. I also observed one complete surgery from the very initial step of disinfecting the OT till the time sign-out was done.** **15. Observed all the different medical devices used in the OT.** **16. I discussed with Mr. Dileep (OT Manager), who explained to me different processes to be taken care of in the OT from the administrative point of view.** **17. I also visited the CSSD department for a brief period, the manager showed me the workflow in the department & uni-direction flow of receiving contaminated instruments to dispensing sterilised instruments.** **18. I prepared an Excel sheet of Revised Medical Charges of procedures under CGHS for NABH Accredited Hospitals, given by Dr Kaushal Sir.** **19. I attended a training cum lecture session on the scope of services.** **20. I observed all the procedures that take place in theICU both clinical and non-**

	clinical. **21. I also saw isolation rooms in the ICU which were maintained in the negative pressure.** **22. I made a list of all the documents maintained in the ICU for the smooth functioning of day-to-day activities.** **23. I made a record of most of the medical equipments which were being used in the ICU and tried to understand their purpose, I also evaluated their current market cost to understand the day-to-day expenses involved in ICU.** **24. While stationed in the IPD Billing department, I met Mr Surender Sir, the in charge of IPD Billingwho gave me an overview of the processes involved in the department and the challenges.** **25. The IPD Billing department is functional 24x7 and uses AKHIL HIS for billing.** **26. I observed & learnt how billing for different patients, based on payment type, room category, etc. is different.** **27. I attended a training cum lecture on the topicFront office of the hospital.** **28. Being stationed in the OPD Registration & Billingdepartment I was able to observe and go through in detail regarding all the processes of thedepartment and how it operates its day-to-dayactivities.** **29. I observed how the front desk executives registeredthe new patient as per their category of payment, i.e. self-pay or any corporate panel tie-up with the hospital, how they made bills for patients regarding investigations and procedures, and howthey handled different queries of the patients.** **30. I helped the executives in their work so that I couldhave hands-on experience too.** **31. Being stationed in the Admissions department I was able to understand the procedure of admittingpatients in the hospital be it IPD Ward or ICU or admitting patients for daycare procedures or surgery.**

	32. **I observed the process and even helped the executives in completing the admitting procedure whenever the flow of patients was large and they needed help so that I could experience how things are done in the system.** 33. **The admission process is slightly different for different kinds of patients depending on their payment category, admission criteria, and room category preference.** 34. **They also do the admission process for EWS patients, which includes zero payment from the patient and approval from the medical director.** 35. **Being stationed at the Corporate Desk, I was able to observe and go through in detail all the processes of the department and how it operates its day-to-day activities.** 36. **I observed how the Corporate Desk Executive helps patients registered under different panels (CGHS, DMRC, etc) get admitted to the hospital.** 37. **The different panels in collaboration with the hospital offer patients different payment options such as cashless credit service or self-pay at discounted rates for different services.** 38. **I helped the executives in their work so that I couldhave hands-on experience too.** 39. **Being stationed at the TPA Desk I was able to understand the process involved in receiving approval for cashless admission and treatment for patients having medical insurance.** 40. **I observed different documents used in the department as well as learned the flow of processes involved in getting approval, replying to the queries raised by the insurance companies and getting final approval against patient's bills.** 41. **I even helped the executives in completing the admitting procedure whenever the flow of patients was large and they needed help so that I could experience how things are done in the system.**

	42. **Being stationed at the International Patients Desk & Lounge, I was able to observe and go through in detail regarding all the processes of the department and how it operates its day-to-day activities.** 43. **I observed how the Executives in this department coordinate and communicate with international patients who come to the hospital either for OPD or IPD services.** 44. **The hospital has tied up with many partners who operate to bring international patients from different countries to the hospital. The marketing team executives handle these operations.** 45. **For registering & admitting any international patient, the Passport & Visa of the patient are required. Once the patient is admitted, a C form is filled and submitted to the FRRO (Foreign Regional Relations Officer) within 24 hours. A fit-to-fly form is necessary for any international patient who is willing to travel through airlines and has come for treatment at the hospital on a medical visa.** 46. **I helped the executives in their work so that I could have hands-on experience too. I filled out the C form, prepared a fit-to-fly certificate for the patients, and also had discussions with doctors regarding patients' queries to give them a rough cost estimate of the treatment.** 47. **I dedicated an entire week to complete my project.** 48. **I collected a list of all the patients who were admitted and discharged in March and April and calculated the number of readmissions in the hospital.** 49. **I then collected feedback forms from patients for March and April 2024.** 50. **I recorded the raw data from feedback forms in Excel in a systematic format.** 51. **After all the data collection and recording were done, I started analysing the data to find the results for my objectives.**

	52. I completed all the calculations and got the results from which I made certain conclusions and recommendations. **53. I observed all the processes taking place in the radiology department.** **54. The radiology department is outsourced and offers X-ray, Ultrasound, CT scan and MRI services to patients of PSRI Hospital.** **55. I observed the types of consent forms used in the department for different services.** **56. I observed all the department's high-end medical equipment and machines and tried to understand the prerequisites and norms to be followed to equip them.** **57. I tried to understand the challenges faced by the staff in the department in their day-to-day activities.** **58. I submitted a detailed report of my project to my organisation mentor and presented my project in front of the Medical Director, Quality Head & DGM Operations of PSRI Hospital.**
Linking theory (Classroom learning) with practice at your organisation	**1. The design of the wards is as per the space available and models such as Nightingale and Rigg's are not rigidly followed and are modified accordingly.** **2. All the functions of the IPD read in the classroom are practically visible.** **3. The OT is adjacent to the ICU and is very near to the ICU as conveyed in the classroom for better functioning and efficiency of hospitals.** **4. The process of sign-in, Time Out and sign-out is followed in every surgery.** **5. Laminar airflow is always maintained in all the OTs.** **6. All the zones of OT can be practically seen in the hospital.** **7. Uni-directional flow is maintained in the CSSD department.** **8. The infection control measures are up to the markand are followed sincerely.**

	9. **The Billing department is a support system in the hospital and works round the clock for the smoothfunctioning of the hospital.** 10. **The Admissions department is a support system in the hospital and works round the clock for the smooth functioning of the hospital.** 11. **The OPD Registration & Billing counter acts as a shop window for the hospital as every patient coming to the hospital comes here for answers to their queries.** 12. **The Corporate Desk is a part of the Operations department. It acts as a support system in the hospital and caters to every patient registered under the panel that comes to the hospital fortreatment.** 13. **The TPA Desk is dedicated for the smooth flow of processes for all the patients who have insurance and come to the hospital for treatment.** 14. **The International Patients Desk & Lounge is a part of the Operations department. It acts as a support system in the hospital and caters to every international patient who comes to the hospital for treatment.** 15. **I was able to observe how different systems of a hospital contribute together to provide a satisfactory experience to the patient. If any one system does not operate efficiently, the patient's overall experience is affected.** 16. **The radiology department is built in such a way that it is easily accessible to OPD patients as well as to patients admitted to the hospital. Moreover, it had adequate waiting areas for patients to sit and wait comfortably.**
Gaps identified on the working area.	1. **Incorrect nurse-to-patient ratio leading to work overload on nurses.** 2. **Intercommunication b/w departments happens only on call which sometimes delays the process, is unreliable and creates confusion as the conversation is not documented anywhere.** 3. **Sometimes HMIS does not work properly due to inadequate technical**

	configurations in the hospital. **4. Incorrect nurse-to-patient ratio leading to work overload on nurses.** **5. The hospital does not have a surgery scheduling option in the current HMIS, so it's been done on Excel.** **6. Patients are sometimes not clearly instructed about the investigations and procedures to be done before the surgery which later delays the surgery.** 7. **The Nurse-to-patient ratio in the ICU is 1:3, whichcan be improved.** **8. The hospital still uses a lot of paperwork while registering and admitting their patient, which increases the time of the process and creates a hassle for the patient and they complain about thesame sometimes.** **9. IPD & OPD registration forms are not available inHindi.** **10. The timings of the doctors in the OPD Department are not displayed anywhere due to which patients sometimes come early and wait for long.** 11. **Proper directions need to be in place for new patients or old age patients so that they can reach to the admission or registration desk easily.** **12. The hospital still uses a lot of paperwork which increases the time of the process and creates a hassle for the patient and they complain about the same sometimes.** **13. The corporate desk needs more staff to smoothly attend to all the patients, the same is needed for theTPA Desk.** **14. There should be clear and effective communication between the patients and the executives.** **15. The billing for international patients is done on the same counter as for normal patients which sometimes creates confusion and hustle for international patients due to the language barrier.** **16. Many times, there is a lack of proper communication due to the language barrier mostly if the patient does not even understand English.** **17. There is room for improvement in**

	the feedbackrecording percentage. **18. The discharge process is the main area of concern to provide a better patient experience as most of the patients gave poor feedback to it.** 19. **There is a lot of waiting time for patients who come to the radiology department for investigations.** 20. **The flow of patients is not smooth as sometimes patients are missed and then they come and complain that they have been waiting for too long.** **21. Reports dispatch takes a long time as there is only one doctor to perform the investigation as well as prepare reports, especially for ultrasound.**
Suggestions for improvement	**1. Recruitment and staffing of an appropriate number of nurses to manage the workload and provide effective services to the patient.** **2. A systematic approach is required for communication between departments using current digital methods rather than just relying on phone calls.** **3. Better IT support structure.** **4. Recruitment and staffing of an appropriate number of nurses to manage the workload and provide effective services to the patient.** **5. A systematic approach is required for communication between departments using current digital methods rather than just relying on phone calls.** **6. Proper instructions must be given regarding post-op and pre-op investigations and procedures so that the patient comes timely for the surgery.** **7. The latest versions of HMIS can be used to streamline the processes.** **8. The Nurse-to-patient ratio can be improved by recruiting and staffing appropriate nursing staff to deliver quality patient care without overburdeningthe nursing staff.** **9. The hospital can incorporate better HMIS Systems or an app so that major paperwork can be transformed into digital processes.** **10. The registration form should be**

	available in Hindiand English so that patients who are not very educated can fill it out without assistance. 11. The timings of the doctors should be displayed on the website or app or hospital premises to better suit the patients. 12. The hospital should hire adequate staff to cater tothe patients. 13. The hospital can incorporate all the operations related to international patients in one place so that they can be better managed and the patients don't need to move to different places and talk to many people. 14. The hospital can hire staff who can understand and speak multiple languages (or at least one foreign language) and should not rely solely on the interpreters from the marketing partners, to cater to the patients effectively. 15. The staff should be made aware of the importanceof the feedback system so that the feedback recording percentage can be improved. 16. Processes regarding discharge should be made more quick and smooth and must be completed within the TAT. 17. The patients should be informed properly regarding the waiting time as well as a proper sequence needs to be followed for taking patients for the investigations. 18. OPD patients need to be entertained separately so that they don't need to wait for long due to IPD patients or patients coming in on an emergency basis. 19. As per the daily inflow of patients for ultrasound and related investigations, the number of devices and number of doctors can be improved.

Signature of the Student

Approved by the IIHMR University's Mentor