

1.INTRODUCTION

Max Healthcare Institute Limited, based in Delhi, operates 19 hospitals with 4,000+ beds across North India. It includes divisions like Max Lab for pathology and Max@Home for home medical services. Max Smart Super Speciality Hospital in Saket, a 250-bed facility, offers advanced care in Cardiac Sciences, Orthopaedics, Urology, Neurology, Paediatrics, Obstetrics, and Gynaecology. Mr. Abhay Soi is Chairman and Managing Director.

2. VISION

To be the most regarded healthcare provider in India committed to the highest standards of clinical excellence and patient care, supported by latest technology and cutting edge research.

MISSION

To serve With commitment and compassion in our heart, we deliver the highest standard of patient- centered care to those we serve.
To Excel From a dream team of doctors and specialists to support staff that goes the extra mile to deliver quality care, excellence is in our DNA.

4.THEORETICAL VS PRACTICAL KNOWLEDGE

Studying theory provided a foundational understanding of health service organization. Practical experience demonstrated how these concepts apply in real-world scenarios. By integrating theory with hands-on learning, I've developed the skills to deliver effective health services and achieve successful outcomes.

5. SWOT ANALYSIS (RADIOLOGY)

- Advanced technology and equipment
 - Highly trained staff
 - Efficient workflow,
 - Strict safety protocol
- STRENGTH**

- Less seating space
 - Hospital under construction
 - Large patient flow during peak hours
- WEAKNESS**

- Brand Value
 - Highly qualified doctors (renowned doctors)
 - Always introducing new technologies
- OPPORTUNITY**

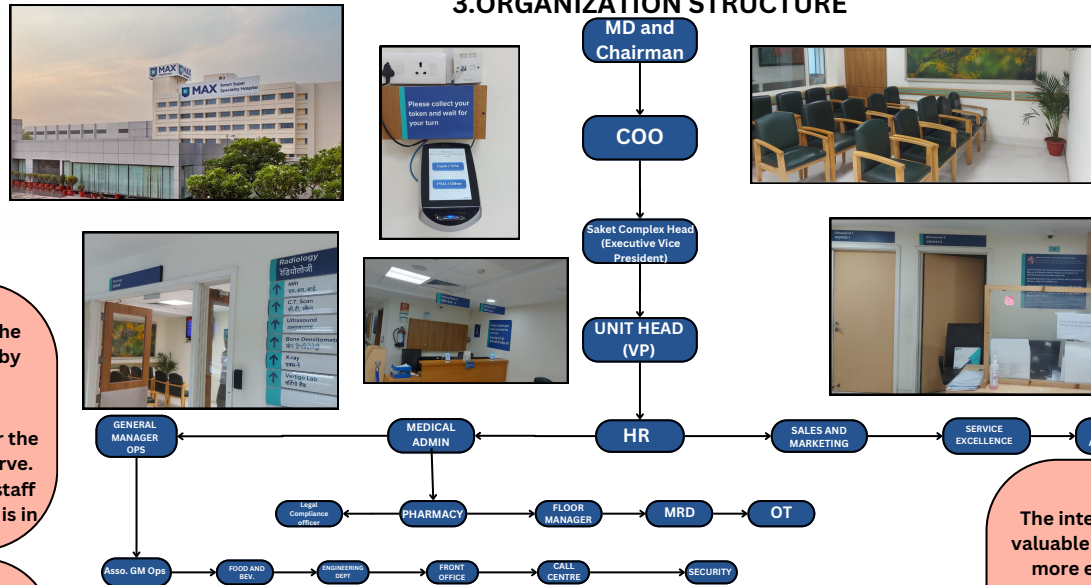
- Booming stand alone Radiology units nearby like, H.O.D. , Mahajan imaging and Labs
 - Lack of patient Conversion
- THREAT**

6.CHALLENGES FACED

The main challenge was collecting waiting time data due to varying scan durations with different radiologists, making it hard to predict when each patient would finish. Another challenge was ensuring patients arrived with a full bladder before ultrasound scans.

PROCEDURE IN THE RADIOLOGY DEPARTMENT

3.ORGANIZATION STRUCTURE



METHODOLOGY

TAT (Turnaround Time): The time from patient arrival to procedure completion, including billing and any waiting time at the desk.

TAT= Billing time + Procedure End time

WT (Waiting time): The time the patient spends waiting from arrival until the start of the ultrasound procedure.

WT= Billing time + Procedure Start time

Exclusion criteria- Report dispatch time not counted.

Inclusion Criteria- Whole Abdomen Ultrasounds only.

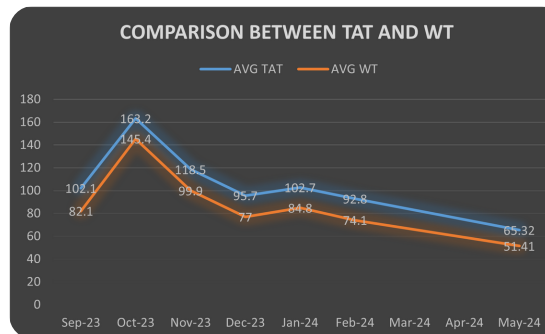
Data Collection: a) Monitored Real-time data from 15 Whole Abdomen ultrasound patients daily for one month.

b) Used Secondary data from HMIS for Comparison.

Analysis: Calculated Average TAT and WT; identified areas for improvement.

Recommendations: Developed strategies to reduce TAT and WT based on the analysis.

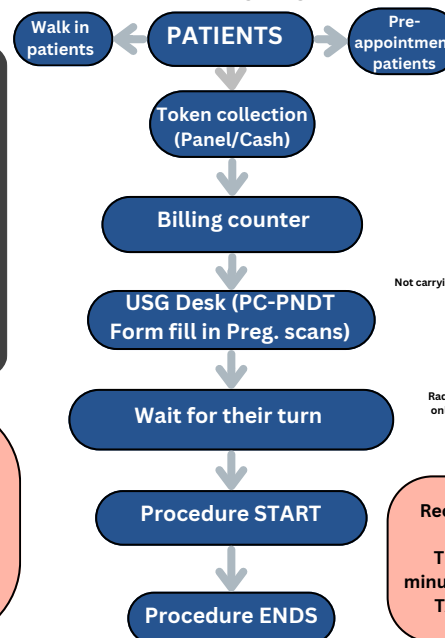
DATA ANALYSIS



DEPARTMENT INFORMATION

Radiology Manager-01
Number of Radiologists for USG-10
Total GDA Staff on the USG- 5
Number of rooms allotted for USG procedure- 05
Type of Scans available-150
Daily patient flow > 100
Seats in the waiting area- 50

PATIENT FLOW CHART



7. LEARNINGS DURING INTERNSHIP

During my Hospital Internship, In Radiology, I improved ultrasound procedure Turnaround Time (TAT), managed patient flow, and reviewed important documents. In the In-Patient Department (IPD), I conducted ward rounds, collected patient feedback, audited files, and used hospital software for discharges. At the TPA desk, I processed pre-authorization documents and assisted patients. Additionally, I learned about medical records and observed Emergency department operations, enriching my understanding of healthcare operations and skills in patient care coordination.

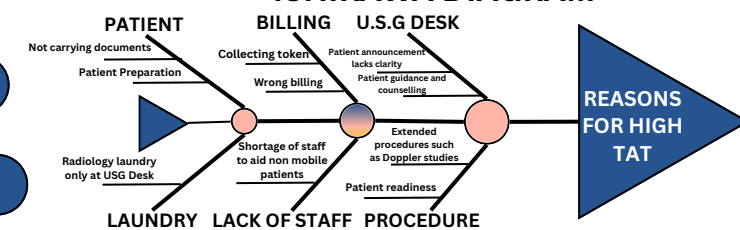
8.USEFULNESS OF INTERNSHIP

The internship was highly useful as it allowed me to provide valuable suggestions to the radiology department for running more efficiently. Additionally, managing the second floor independently provided hands-on experience in real-world floor management, enhancing my practical skills in operational oversight and patient care.

9. SUGGESTIONS

- 1.Patient Information:** Install signage about test preparations, such as fasting. Ensure clear and loud patient announcements.
- 2. Interdepartmental Coordination:** Ensure coordination among all hospital departments.
- 3.Facilities:** Maintain electricity backup, including in the waiting area. Provide sufficient seating space in the waiting area. Assign staff to issue gowns to patients after billing.
- 4.Priority Handling:** Prioritize very young, elderly, and emergency patients.
- 5. Appointment Management:** Give preference to patients with appointments. These steps can enhance patient flow, reduce waiting times, and improve the overall patient experience.

ISHIKAWA DIAGRAM



CONCLUSION

Recent data comparisons reveal significant improvements in the radiology department. In May 2024, real-time monitoring achieved the lowest Turnaround Time (TAT) at 65.32 minutes and Waiting Time (WT) at 51.41 minutes. Previous data from September 2023 to February 2024 showed higher TAT (92.8 to 163.2 minutes) and WT (74.1 to 145.4 minutes), highlighting efficiency gains from process enhancements.