SUMMER INTERNSHIP PROGRAM

at

PUSHPAWATI SINGHANIA RESEARCH INSTITUATE (PSRI), DELHI.

From 06/05/2024 to 05/06/2024

A REPORT BY

MAYUREE RAHANGDALE

MBA HOSPITAL & HEALTH

2023-25

under the Mentorship of

PROFESSOR JAGAJEET PRASAD SINGH

IIHMR UNIVERSITY

PUSHPAWATI SINGHANIA
HOSPITAL & RESEARCH INSTITUTE
A MULTI SPECIALITY HOSPITAL
PSRI
HOSPITAL

Date: 05.07.2024

INTERNSHIP COMPLETION CERTIFICATE

This is to certify that **Ms. Mayuree Rahangdale** of 2023-25 batch of IIHMR university, Jaipur has done her summer internship with our organization from **06th May 2024 to 05th July 2024.**

The overall performance shown by her 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 Faculty Mentor Approval

This is to certify that Ms. Mayuree Rahangdale of academic year 2023-25 of **Institute of Health Management Research** has prepared a poster with respect to her summer internship held during May-July 2024.

She has carried out work as per the guidelines. Her poster is approved for presentation.

Date: 25th July 2024

Signature of Faculty Mentor
Name: **Jagajeet Prasad Singh**
(Professor)
IIHMR UNIVERSITY JAIPUR

Summer Training At PSRI Hospital Delhi

HOSPITAL OPD CHAMBER UTITIZATION

PSRI HOSPITAL
Pushpawati Singhania Hospital & Research Institute

ABOUT HOSPITAL

PSRI is a multi-specialty institute of national &international repute. PSRI hospital is famous for its ambience, quality of care &high-level patient satisfaction PSRI has consistently grown vertically as well as horizontally. Now it is a prestigious multi-speciality 200+ bed super speciality institute having all major super specialities viz.

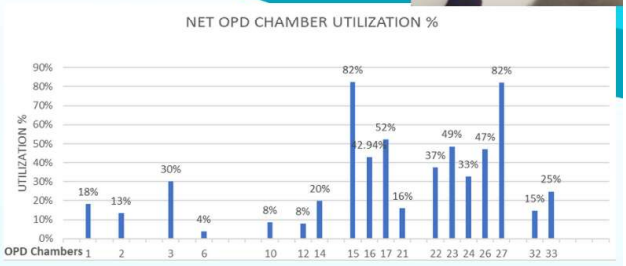
VISION & MISSION

Vision - To achieve excellence in health care delivery system through hard work & human touch.

Misson - To help the ailing people through our chosen specialties. Devote ourselves to professional excellence through original research and academic activities. To work in a team to provide quality services at the most affordable cost.

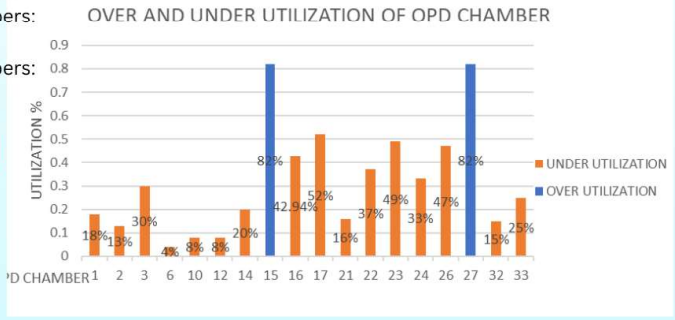
LEARNING DIFFERENCE

- Theoretical knowledge provides a foundation for understanding the world, integrates into hospital operations, & develops critical thinking & problem-solving skill.
- Practical exposure offers insight into healthcare operations, implements theoretical concepts, enhances communication, teamwork, empathy, coordination, and cooperation.



FINDINGS

- Range of utilization rates (4% to 82%).
- High utilization rate chambers: Chambers 15and 27 .
- Low utilization rate chambers: Chambers 1 , 2 , 6 , 10 and 12.
- Benchmark evaluation.



OBJECTIVES

- Assess OPD chamber utilization rates.
- Analyze factors influencing utilization.
- Provide recommendations for enhancement.

FACTORS INFLUENCIN

- Operational hours
- Service specialization
- Appointment scheduling

SWOT

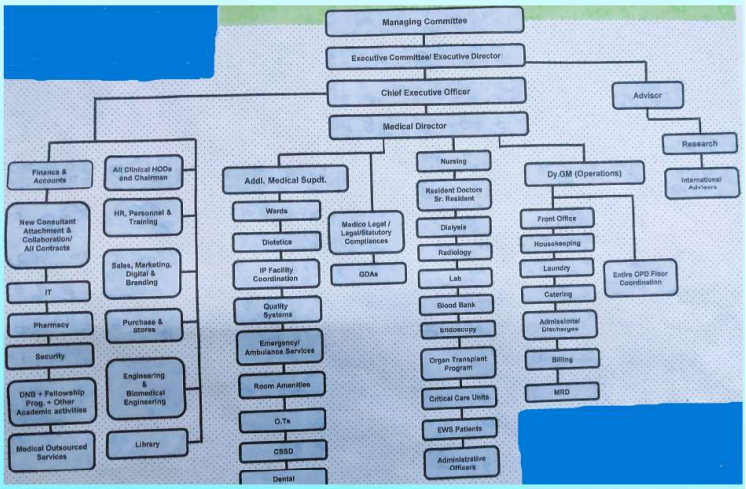
S
- Established Reputation
- Specialized Services
- Comprehensive Data Collection

W
- underutilization of some chambers
- New Doctors integration
- Limited online system

O
- Enhanced appointment management
- implementing online billing system
- patient reminder system
- staff training

T
- Nearby competitors.
- patient loyalty.
- Implementation challenges.

ORGANISATION STRUCTURE



METHODOLOGY

•Research study design:
•Observational study.
•Method of data collection:
•Real time data is collected from OPD chambers of PSRI HOSPITAL for the period of 31 days from 1 may to 31 may,2024.
•Place and duration of study:
•'A' BLOCK and 'B' BLOCK OPD chamber of PSRI HOSPITAL.
•Sample size:
•18 OPD chambers.

DATA CALCULATION

OPD time – 9am to 5 pm (8 hrs.)
Total working hrs. = total days * hours (27*8 = 216 hrs)
Each patient requires - 15 min
Convert working hours to min. (216*60 =12960min.)
Total min./each patient requires min. (12960/15 = 864 total slots available)
Actual number of patients Doctor seen in one month - 450
Calculate utilization rate:
Actual patients seen / maximum capacity *100
450/864*100 = 52%
OPD chamber 17 total utilization rates **52%** (one month)

USEFULLNESS OF INTERNSHIP

- Real world experience
- Understanding of hospital dynamic
- Skill development such as communication, time management, data analysis etc.
- Professional Networking.
- Improved ability to interact with patients.

CHALLENGESS FACED DURING INTERNSHIP

- Lack of cooperation from OPD staff during data collection.
- Restricted Assess to Information.
- Limited Opportunities for hands-on experience.

LEARNING DURNING INTERNSHIP

- Team work and collaboration
- Patients admission, and consultation process
- Data collection and analysis.
- compliance understanding.
- patient interaction and communication skill.

SUGGESTION

- **Analysis Appointment Cancellations**
- **Optimize Appointment Scheduling:** Schedule appointments at different times to avoid overcrowding and keep things running smoothly.
- **Reminder System for Patients**
- **Efficient Use of OPD Rooms:** Monitor room use in real-time and adjust schedules as needed to keep rooms busy all day.
- Online Appointment scheduling with billing.

MAYUREE RAHANGDALE
MBA-HM
ROLL NO. 1748
FACULTY MENTOR: JAGAJEET PRASAD SINGH

Reporting Format

(Weekly)

Name of the Organisation: PUSHPAWATI SINGHANIA RESEARCH INSTITUATE (PSRI), DELHI.

Area/Department/Project of Summer Internship Program: Quality (Rotation)

Name of the Student: Mayuree Rahangdale

Roll no: 1748 **Stream:** Hospital and Health Management.

Week no: 1st **From:** 06/05/2024 **To:**11/05/2024

Activity Done	• Introduction to hospital protocols and procedures. • Orientation: Familiarization with the hospital's layout and departments. • Department Rotation: Assigned to observe various departments (operations, quality, HR) • Joined Quality department under Rramya Ranjith ma'am. • Updated checklist for employee personal files to align with latest NABH standard requirements. • Compiled a task list outlining key responsibilities areas for efficient workflow management. • Attended a training session focused on MOCK DRILL and code blue protocol, enhancing emergency response preparedness.
Linking Theory (Classroom learning) with practice at your Organisation	• Understanding NABH Standards and procedures as we learned in hospital services. • Effective communication with Quality department head for gap identification. • Knowledge about code.

Gaps identified in the working area	• Lack of adherence to NABH standards in MRD department. • Insufficiency in communication between different department.
Suggestions for improvement	• Enhancing documentation practices and record keeping.
Plan for the next week	• Fulfil checklist of clinical departments. • Create a definitive solution for preventing HAPU in patients with diaphragmatic palsy.

Signature of the Student:

Approved by the Organization's Mentor:

Approved by the IIHMR University's Mentor:

Reporting Format

Name of the Organisation: PUSHPAWATI SINGHANIA RESEARCH INSTITUATE (PSRI), DELHI

Area/Department/Project of Summer Internship Program: QUALITY

Name of the Student: MAYUREE RAHANGDALE

Roll no: 1748 **Stream:** Hospital and Health Management.

Week no: 2 **From:** 13/05/2024 **To:**18/05/2024

Activity Done	• Observe and understand the various specialties and their coordination. • Received appreciation for reporting findings and created NABH standards checklist. • Gain deeper insight into the triage area of the Emergency Room (ER). • Learn about the materials, instruments, and equipment required in the ER. • I worked on the HAPU (Hospital-Acquired Pressure Ulcer) quality project under Ramya Ma'am, who is the quality manager, and we successfully completed the project. Through this experience, I learned a lot, such as how to create guidelines, how to map high risks, what FMEA is, and how it works etc. • Participated in training session on quality assessment procedures.
Linking Theory (Classroom learning) with practice at your Organisation	• Deeper insight into emergency room as we learn in Hospital Essentials. • Understanding NABH standards and procedures as we learned in hospital essentials.
Gaps identified in the working area	-
Suggestions for improvement	-
OPD Plan for the next week	• Plan to gain more insight into other departments of hospital.

Signature of the Student: 

Approved by the Organization's Mentor:

Approved by the IIHMR University's Mentor:

Reporting Format

(Weekly)

Name of the Organisation: PUSHPAWATI SINGHANIA RESEARCH INSTITUATE (PSRI), DELHI

Area/Department/Project of Summer Internship Program: Operation (OPD)

Name of the Student: MAYUREE RAHANGDALE

Roll no: 1748 **Stream:** Hospital and Health Management.

Week no: 3 **From:** 20/05/2024 **To:**25/05/2024

Activity Done	I interacted with the junior executives in the admission department to observe the admission process, I gained insight into several key aspects. Firstly, I learned about the different sources of admission, which include emergency cases and patients visiting the Outpatient Department (OPD). Secondly, I familiarized myself with the OPD registration form and the IPD registration form, both of which are essential documents for admitting patients. Additionally, I understood the significance of obtaining consent for admission and treatment from the patients or their guardians. I grasped the significance of the admission request form, which serves as a formal request for a patient's admission into the hospital. Lastly, I learned about the color-coded system used for patient files: green for cash patients, orange for daycare patients, and brown for insurance patients. This system helps streamline the admission process and ensures efficient management of patient records.
Linking Theory (Classroom learning) with practice at your Organisation	• Understanding Admission Processes • Implementing Consent Procedures • Utilizing Documentation Tools • Applying Quality Improvement Principles
Gaps identified in the working area	File Colour Coding System While learning about the color-coded system for patient files, discrepancies or confusion in implementing this system may arise.
Suggestions for improvement	The need for clearer guidelines or training for staff members to ensure consistent use of colour codes and accurate identification of patient categories.

	Training Sessions.
OPD Plan for the next week	The plan for the OPD next week is to gain a deep understanding of billing and registration processes.

Signature of the Student: 

Approved by the Organization's Mentor:

Approved by the IIHMR University's Mentor:

Reporting Format

(Weekly)

Name of the Organisation: PUSHPAWATI SINGHANIA RESEARCH INSTITUATE (PSRI), DELHI

Area/Department/Project of Summer Internship Program: Operation (OPD)

Name of the Student: MAYUREE RAHANGDALE

Roll no: 1748 **Stream:** Hospital and Health Management.

Week no: 4 **From:** 27/05/2024 **To:**01/06/2024

Activity Done	I interacted with the junior executives in the Registration billing and TPA department. I learned about the process for outpatient department billing registration and TPA . Introduction to hospital protocols and procedures. Monitoring turnaround times for patient services. · Study of the hospital's refund policy. · Provision of consultations under supervision. · Observation of billing procedures in the hospital setting.
Linking Theory (Classroom learning) with practice at your Organisation	Importance of thorough departmental inspection for compliance as we learned in organisation behaviour.
Gaps identified in the working area	· Lack of manpower in OPD registration and billing. · Insufficiency in communication between different department. · Refund process is substandard in its current form.

Suggestions for improvement	· Digitization of the OPD registration and billing and refund process.
OPD Plan for the next week	Plan to gain more insight into other departments of hospital.

Signature of the Student: 

Approved by the Organization's Mentor:

Approved by the IIHMR University's Mentor:

Reporting Format

(Weekly)

Name of the Organisation: PUSHPAWATI SINGHANIA RESEARCH INSTITUATE (PSRI), DELHI

Area/Department/Project of Summer Internship Program: Operation (OPD)

Name of the Student: MAYUREE RAHANGDALE

Roll no: 1748 **Stream:** Hospital and Health Management.

Week no: 5 **From:** 03/06/2024 **To:**08/06/2024

Activity Done	I interacted with the junior executives in the corporate department. I learned about the corporate patient admission process. • Admissions • Clearance • Estimate • Bills • Medical /Surgery • Approval and extension • Query They can settle bills through credit or cash, as per the agreement b/w the company and the hospital. Credit approval process involves – • Pre- authorization • Doctor prescription • Medical card • Optionally their Aadhar card • Additionally, an estimate may be required for certain procedures.
Linking Theory (Classroom learning) with practice at your Organisation	Understand the intricacies of the corporate patient admission process. From admissions to bill settlement, I learned about the entire workflow, including clearance procedures, estimation, and credit approval. It was fascinating to see how theoretical concepts, such as streamlined processes and documentation

	importance, seamlessly integrate into practical applications within our organization.
Gaps identified in the working area	-
Suggestions for improvement	-
OPD Plan for the next week	The plan for the OPD next week is to gain a deep understanding of Radiology department.

Signature of the Student: 

Approved by the Organization's Mentor:

Approved by the IIHMR University's Mentor:

Reporting Format

(Weekly)

Name of the Organisation: PUSHPAWATI SINGHANIA RESEARCH INSTITUATE (PSRI), DELHI

Area/Department/Project of Summer Internship Program: Operation (OPD)

Name of the Student: MAYUREE RAHANGDALE

Roll no: 1748 **Stream:** Hospital and Health Management.

Week no: 6 **From:** 10/06/2024 **To:**15/06/2024

Activity Done	• Attending Patient's queries and Maintained their Documents and Records properly • Gone through the scope of services – • MRI • X-RAY • CT-SCAN • ULTRASOUND • INTERVETIONAL RADIOLOGY • FLUOROCOPY • Maintaining proper records of Patients of Ultrasound, CT-SCAN and MRI • Collected Data from OPD for project and report • Get information about various types of investigation in detail Ultrasound, CT-SCAN and MRI • Get to know process of collecting and analysing data
Linking Theory (Classroom learning) with practice at your Organisation	• Effective communication • Departmental coordination and functioning • Methods of collecting and analysing data • Investigations • NABH's guidelines for maintaining Quality and Internal auditing

	• Division of work according to knowledge, capabilities and skills
Gaps identified in the working area	• Lack of proper manpower • Less number of Investigations machine • Long waiting time for patients • Sometimes, patients, problems are ignored and it takes too long to attend to them.
Suggestions for improvement	• Recruitment and Training • Partnerships • Improved Communication • Implement a feedback system • Reducing time for Dispatch of Reports • Managing IPD and OPD both patients effectively
OPD Plan for the next week	• Collect data from OPD FOR Project • Pathology labs and its functioning • Functioning of medical record department • Executive health check up

Signature of the Student: 

Approved by the Organization's Mentor:

Approved by the IIHMR University's Mentor:

Reporting Format

(Weekly)

Name of the Organisation: PUSHPAWATI SINGHANIA RESEARCH INSTITUATE (PSRI), DELHI

Area/Department/Project of Summer Internship Program: Operation (OPD)

Name of the Student: MAYUREE RAHANGDALE

Roll no: 1748 **Stream:** Hospital and Health Management.

Week no: 7 **From:** 17/06/2024 **To:**23/06/2024

Activity Done	✓ Visited the gas manifold unit and received an overview of safety protocols. ✓ Learned about the various medical gases used. ✓ Observed coordination between the gas manifold unit and other hospital department. ✓ Understanding layout and components including vacuum system and air supply machines. ✓ Air supply system at 4 bar for medical (vent.) and 7 bar for CSSD & surgical machines. Colour code identification for medical GAS / PIPE Installations. O2 pipe line – Base colour; canary yellow Brand colour; white N2O pipe line – Base colour; canary yellow Brand colour; French blue M.A. pipe line – Base colour; light blue Brand colour; white &black M.V. pipe line – Base colour; light blue Brand colour; black.
Linking Theory (Classroom learning) with practice at your Organisation	✓ Vacuum system - applied theoretical knowledge of vacuum system to understand their importance in surgical & medical procedure.

	✓ Air supply management ✓ Compressed air system -implemented theoretical understanding of compressed air system. ✓ Automatic changeover panels.
Gaps identified in the working area	_
Suggestions for improvement	_
OPD Plan for the next week	✓ Collect data from OPD FOR Project ✓ Pathology labs and its functioning ✓ Food and beverage department ✓ Laundry services.

Signature of the Student: 

Approved by the Organization's Mentor:

Approved by the IIHMR University's Mentor:

Reporting Format

(Weekly)

Name of the Organisation: PUSHPAWATI SINGHANIA RESEARCH INSTITUATE (PSRI), DELHI

Area/Department/Project of Summer Internship Program: Operation

Name of the Student: MAYUREE RAHANGDALE

Roll no: 1748 **Stream:** Hospital and Health Management.

Week no: 8 **From:** 24/06/2024 **To:**29/06/2024

Activity Done	Meet with food & beverage department head for an introduction. Tour the hospital kitchen, dining areas, and food storage facilities. Observe the food preparation process in kitchen. Learn about food safety and sanitation protocols. Review the meal planning and menu development process. Introduced to the housekeeping team and briefed about their roles and responsibilities. Overview of the hospitals layout and critical areas requiring regular cleaning and maintenance. Learn importance of proper waste management in maintaining a safe hospital environment.
Linking Theory (Classroom learning) with practice at your Organisation	During this week, I had the opportunity to directly apply several concepts from my classroom learning to practical scenarios within PSRI's Operations department. For instance, the theoretical understanding of food safety and sanitation protocols was crucial as I observed the kitchen operations and learned about their rigorous adherence to hygiene standards.
Gaps identified in the working area	Communication Between Departments - I noticed occasional gaps in communication between the food and beverage department and the housekeeping team.
Suggestions for improvement	**Training Sessions:** Organizing joint training sessions for staff from different departments, such as food service and housekeeping, would foster better understanding and collaboration. This could include cross-training initiatives to

	familiarize staff with each other's roles and responsibilities, thereby improving teamwork and efficiency.
OPD Plan for the next week	For the upcoming week, my OPD plan includes working on my project and completing it, followed by giving a project presentation.

Signature of the Student: 

Approved by the Organization's Mentor:

Approved by the IIHMR University's Mentor:

❖ INTRODUCTION:

PSRI - A renowned multispecialty hospital with national and international recognition is Pushpawati Singhania Hospital & Research Institute (PSRI Hospital). The PSRI Hospital is renowned for its atmosphere, excellent medical service, and high degree of patient satisfaction.
Founded in 1996, PSRI Hospital is the premier medical and surgical facility in South East Asia and India offering cutting edge care for disorders connected to the digestive system. Now it is a reputed multi-speciality 200+ bed super speciality institute with all major super specializations viz. An essential experience in translating hospital and health management theory into real-world applications was the internship at PSRI. This report outlines the tasks completed, realizations attained, difficulties encountered, and suggestions for enhancement. A renowned multispecialty hospital with national and international recognition is Pushpawati Singhania Hospital & Research Institute (PSRI Hospital). PSRI Medical Center

❖ Activities Done:

- **Introduction to Hospital Protocols and Procedure**

A Particular Procedures including departmental workflows, emergency response, and patient admission. The internship at PSRI connected classroom learning with real-world applications by offering invaluable practical experience in hospital and health management. It covered a range of divisions, procedures, and initiatives, with a focus on upholding NABH standards and improving operational effectiveness.

- **Orientation**: Knowledge of the hospital's design and departmental operations, which is essential for comprehending patient care pathways and workflow. Rotation of Departments
- **Department Rotation**: **Operations**: Notes on workflow management across multiple departments with an emphasis on effectiveness and patient happiness. **Quality**: Particular duties carried out under the direction of the Quality Department, such as updating employee personal file checklists to comply with NABH requirements under Ramya Ranjith ma'am's supervision.
- **QUALITY DEPARTMENT WORK**

1. **Department Checklist:** Activities: I helped prepare and maintain checklists for several departments. This meant making sure that all required components were present and that safety and quality standards were being followed. I also took part in the recurring evaluations that made sure every department was fulfilling the checklist obligations.
2. **Signage**: Activities: I made sure all of the hospital's signs were readable, positioned correctly, and adhered to NABH guidelines by performing a thorough audit of the signage. In order to improve safety and navigability, I also offered suggestions for better signpost placement and clarity.
3. **Emergency Codes & Mock Drills :**Code Red (Fire): Participated in mock drills to make sure staff members understood evacuation routes and fire safety protocols.
   Code Blue (Medical Emergency): To evaluate and enhance the hospital's ability to handle medical emergencies, I took part in drills.
   Code Pink (Infant Abduction): Assisting with the planning of exercises to teach personnel how to stop and react to scenarios involving infant abduction.
   Code Orange (Hazardous Material Spill)*: Took part in drills to manage spills of

hazardous materials in a safe manner.
Code Purple (Hostage Situation) : Drills were observed and assessed in order to get staff ready for any security concerns.

- **Emergency Room Insights:** A thorough understanding of the supplies, tools, and machinery used in the emergency room is essential for providing emergency patient care. An extensive inventory of the supplies, tools, and machinery frequently seen in the triage area.
  Materials and Supplies: 1. Triage Forms: Electronic systems or standardized forms to document patient data, such as vital signs, chief complaints, and preliminary assessment notes.
  2. Emergency Cart or Trolley: Holds vital drugs (such aspirin and epinephrine), supplies for intravenous (IV) therapy, instruments for managing airways (including laryngoscopes and endotracheal tubes), and a defibrillator for quick use.
  3. Vital sign equipment, bandages and dressings, and patient identification tags
  4. Blood Pressure Cuff: A device for taking blood pressure readings.
  5. Stethoscope: Required to auscultate lung and heart sounds. A pulse oximeter gauges the blood's oxygen saturation.
  6. Thermometer: For taking a person's temperature.
  7. Glucometer: Quickly determine blood glucose levels using this device.
  8. Pain Assessment Tools: To measure and record the degree of pain, use pain scales (such as the visual analog scale and the numerical rating scale).
  9. Supplies for Wound Care: Bandages, dressings, and wound cleansing agents for first assessment and treatment of wounds.
  10. Oxygen Delivery Tools: flow meters, nasal cannulas, and oxygen masks to deliver more oxygen as needed.
  11.Amining Instruments: Penlight or flashlight: Used for general examination and pupil response measurement. Ophthalmoscope: For eye examination. Otoscope: For examining the ears. Personal Protective Equipment (PPE) and Gloves.
- **HAPU Quality Project**: Participation in the Hospital-Acquired Pressure Ulcer (HAPU) initiative, which involves creating guidelines and putting risk assessment techniques like Failure Modes and Effects Analysis (FMEA) into practice.A vital component of patient care is preventing hospital-acquired pressure ulcers (HAPUs), and the National Accreditation Board for Hospitals & Healthcare Providers (NABH) offers recommendations in its fifth edition standards to guarantee high-quality medical care. According to NABH guidelines, the following particular interventions can be used to prevent HAPU risk in individuals with diaphragmatic palsy.

1. **Risk Assessment**
2. **Care Planning**
3. **Skin Assessment**
4. **Pressure Redistribution Surfaces**
5. **Repositioning**
6. **Nutritional Support**
7. **Education and Training**
8. **Documentation and Monitoring**
9. **Continuous Quality Improvement**

- **MAPPING OF HIGH-RISK PATIENTS**: Make a map of the hospital that shows the whereabouts of high-risk patients on different floors or sections. Incorporate patient names, risk assessments, and relevant medical data to enable focused actions and ongoing observation.
- **Failure Mode and Effect Analysis (FMEA):** Identifying failure modes, determining failure effects, assigning severity ratings, identifying causes and current controls, assigning occurrence ratings, assigning detection ratings, calculating risk priority numbers (RPNs), and developing action plans are all part of the Failure Mode and Effect Analysis (FMEA) process.
- **OTHER DEPARTMENTS**
  Admission: Through my interactions with the junior executives in the admissions department, I was able to watch the admissions process and learned a number of important details. First, I became familiar with the various admittance sources, such as patients seeking care in the Outpatient Department (OPD) and emergency cases. I understood the purpose of the formal request for a patient's admission to the hospital, the admission request form. Last but not least, I discovered that patient files are color-coded: insurance patients are brown, daycare patients are orange, and cash patients are green. This solution guarantees effective patient record management and facilitates a more efficient admissions procedure. I gained knowledge of the TPA and billing registration procedures for the outpatient department.

Patient Admission: **Registration**: A patient's personal information and identification are entered into the hospital system upon their arrival.

Medical History: Should it be updated, a quick medical history may be obtained.

Examination and Triage:

•Triage: To ascertain the severity of a patient's condition and establish a treatment priority, patients are evaluated in the triage area.

•Examination: As needed, initial testing and medical examinations are carried out.

Evaluation and Therapy by the Physician:

•Doctor's Evaluation: After performing an examination, the attending physician makes a diagnosis and recommends any required procedures or treatments for the patient.

• Therapy: Surgical or medical procedures are carried out as needed.

Estimate and Acquired Funds:

•Estimation: The hospital provides an estimate of costs to the patient or their representative for operations or treatments that call for it. When a patient arrives at the hospital, they are registered into the hospital system with their personal details and identification.

Bill Generation: Following the completion of treatment, the hospital prepares a bill that lists all services rendered, drugs used, and additional expenses.

• Payment Options: In accordance with hospital policy, patients may pay their bills using cash, credit cards, or other accepted means. Process of Billing and Payment

- **Corporate Patient Admission Process:**

Business Partnership: Agreement: The hospital and corporate entities have a written contract for the provision of healthcare services. Admission Procedure: Under these agreements, corporate patients are admitted according to certain **procedures.**

Acceptance and Verification: Pre-authorization: Corporate patients frequently need pre-authorization from their insurance company or employer before being admitted. Medical Card: Providing official identity or a company medical card for validation. Aadhar Card (Selective): Aadhar card verification is one kind of identification that may be needed. Billing and Approval: Estimate and Approval: The business entity receives an estimate for approval in relation to certain operations or treatments. Credit Approval: Depending on the terms of the arrangement, this could entail checking for compliance with company policies, a doctor's prescription, and medical necessity.

Payment and Disbursement: The billing procedure Bills are produced based on services rendered, just like with ordinary patients. Payment: The hospital and the corporate entity agree on a means of paying the bills, such as direct billing or reimbursement.

Answering any questions or concerns corporate patients may have about treatment, insurance coverage, or billing.

Management of Documents: Record-keeping: Making sure that all paperwork pertaining to business patients, such as invoices and medical data, is kept safe and compliant with legal requirements.

- **Gas Manifold**: Acquiring knowledge regarding safety procedures and medical gas management is essential for hospital operations.

✓ Got a tour of the gas manifold unit and a rundown of safety procedures.
✓ Gained knowledge of the many medicinal gases available.
✓ Noted the gas manifold unit's cooperation with other hospital departments.
✓ Being aware of the design and its constituent parts, such as the air supply and vacuum systems.
✓ A 4-bar air supply system for medical equipment (vents) and a 7-bar system for surgical and CSSD machines.
✓ Identification of medical gas and pipe installations using color codes.
✓ O2 pipe line: canary yellow for the base color and white for the brand
✓ N2O pipe line: Canary yellow for the base color and French blue for the brand
✓ M.A. pipe line: light blue for the base color and white and black for the brand
✓ M.V. pipe line: light blue for the base color and black for the brand.

- **Food & Beverage**: seeing how the kitchen is run, paying particular attention to menu planning, sanitary procedures, and food safety.

• Have an introduction with the director of the food and beverage department. Take a tour of the hospital's dining rooms, kitchen, and food storage facilities.
• Watching how the kitchen is run, paying particular attention to menu planning, sanitary procedures, and food safety.

- **Housekeeping**: The significance of sanitation, effective waste management, and their influence on upholding hospital hygiene protocols.

• Presented to the housekeeping staff and given an overview of their duties.

• A summary of the hospital's design and the main areas that need to be maintained and cleaned on a regular basis.
• Acknowledge the significance of effective waste management in preserving a secure medical setting.

❖ **PROJECT ON OPD CHAMBER UTILIZATION:**
OPD OVERVIEW: Function as the patient's main point of contact.
Services offered: Diagnostics, ongoing care, consultations, etc.
crucial to the system of healthcare delivery. Use of OPD chambers Effective administration of consultation spaces. maximizing the ability to provide timely patient treatment. influence on patient satisfaction and waiting times.

- ✓ **AIM:** To set an 80% capacity standard for optimal utilization. The goal of the study is to pinpoint areas where patient flow management and resource allocation could be strengthened by analysing existing utilization rates.
- ✓ **OBJECTIVE:** This study's goal is to evaluate and analyse PSRI HOSPITAL's OPD chamber utilization rates over the course of a month in order to determine how well these resources are used in relation to patient visits that are seen.
- ✓ **METHODOLOGY: Research study design-** Observational study.
- ✓ **Method of data collection:** Real time data is collected from OPD chambers of PSRI HOSPITAL for the period of 31 days from 1 may to 31 may,2024.
- ✓ **Place and duration of study**: 'A' BLOCK and 'B' BLOCK OPD chamber of PSRI HOSPITAL.
- ✓ **Sample size:** 18 OPD chambers.

CALCULATION

- ✓ **Example -** OPD Chamber 17
- ✓ **OPD time – 9am to 5 pm (8 hrs.)**
- ✓ Total working hrs. = total days * hours (27*8 = 216 hrs)
- ✓ Each patient requires - 15 min
- ✓ Convert working hours to min. (216*60 =12960min.)
- ✓ Total min./each patient requires min. (12960/15 = 864 total slots available)
- ✓ Actual number of patients Doctor seen in one month - 450
- ✓ **Calculate utilization rate:**
- ✓ Actual patients seen / maximum capacity *100
- ✓ 450/864*100 = 52%
- ✓ OPD chamber 17 total utilization rates **52%** (one month)

OPD CHAMBERS UTILIZATION RATE (MAY 1st to 31st may 2024)

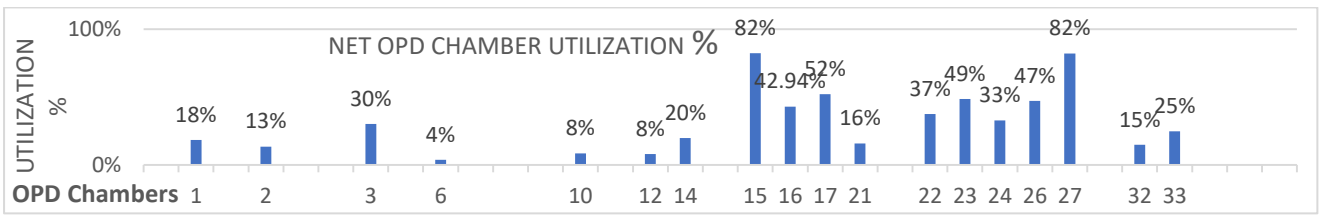


Figure 1. Showing net OPD chamber utilization rate

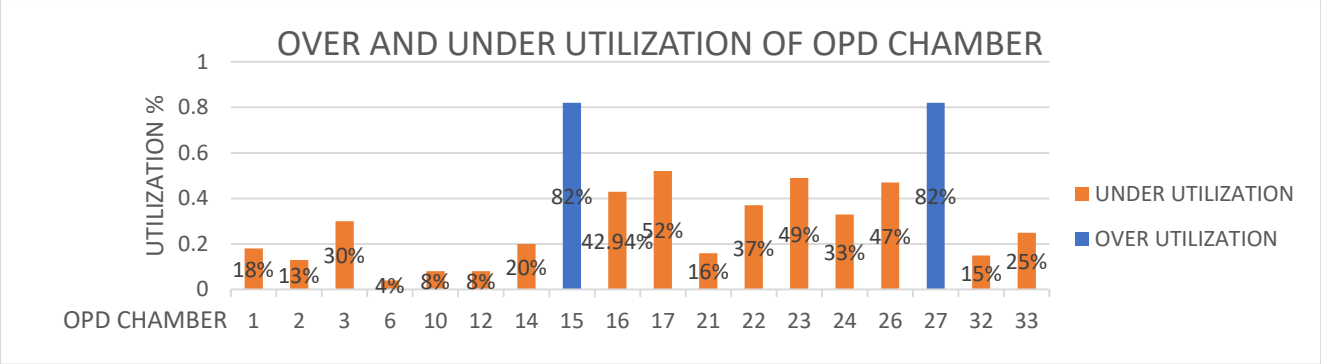


Figure 2. showing over and under Utilization rate of OPD chamber

- **FINDINGS:**

- Utilization rates range from 4% to 82%
  Chambers with a high rate of use are 15 and 27.
  The following chambers have low use rates: 1, 2, 6, 10, and

- **Linking Theory with Practice**

- Comprehending NABH Guidelines and Protocols : In-class learning: Examining hospital services in accordance with NABH standards.

  Practical Application: Putting these guidelines into practice on a daily basis to guarantee adherence and raise the standard of treatment.

  As an illustration, conduct routine audits to evaluate how well various departments are adhering to NABH requirements, find any gaps, and put remedial measures in place to fulfill standards.

- Good Communication for Gap Identification with the Head of the Quality Department In-class Learning: Acquiring knowledge of efficient communication techniques in medical environments.

  Practical Application: Communicating with the director of the Quality Department on a regular basis to identify and discuss any gaps in patient care and quality systems.

  As an illustration, consider working together to strengthen lines of communication between administrative and clinical teams in order to expedite quality reporting and feedback systems.

- Understanding of Codes: In-class learning: Recognizing the use and significance of codes (such as billing and medical codes). Use of uniform coding schemes for invoicing, documentation, and medical records is a practical application.

  As an illustration, make sure that diagnoses and procedures are accurately coded in order to streamline insurance claims and preserve financial transparency.

- Greater Understanding of Emergency Department Procedures: In-class learning: Hospital Essentials, which covers emergency department procedures and patient management.

  Practical Application: Using information to handle urgent circumstances, prioritize patient care, and streamline operations in emergency rooms.

  As an illustration, take part in emergency scenarios or simulations to learn quick evaluation, prompt intervention, and triage.

- Comprehending Admissions Procedures: In-class Learning: Acquiring knowledge of patient admission protocols and necessary paperwork.

  Useful Application: Ensuring efficient admission procedures, from patient arrival to bed assignment and preliminary evaluation.

  As an illustration, consider streamlining the admissions process to reduce wait times and enhance patient flow inside the hospital.

- Making Use of Documentation Tools: In-class instruction: covering documentation standards and electronic health record (EHR) systems.

  Practical Application: EHR should be used efficiently to track progress, record patient data, and promote cross-disciplinary collaboration.

  As an illustration, make sure that patient care activities are accurately and promptly documented. This promotes continuity of care and quality control.

- Utilizing the Principles of Quality Improvement: In-class learning: Examining approaches for quality improvement (e.g., Six Sigma, PDCA cycle).

  Real-World Application: Overseeing or taking part in initiatives to improve processes and results for quality.

  As an illustration, consider applying data analysis to pinpoint patient care delivery bottlenecks and enacting modifications that increase effectiveness and patient satisfaction.

- Comprehending the Corporate Patient Admission Procedure: In-class learning: Examining the process from patient admittance to invoicing and payment.

  Useful Application: Effectively handling corporate patient admissions, including credit approval, estimating, and discharge procedures.

  As an illustration, work together with the billing and finance departments to guarantee timely payment and correct invoicing, improving financial openness and patient satisfaction.

- Putting Theoretical Knowledge into Practice Sanitation and Food Safety Procedures: In-class learning: reviewing hygienic procedures and food safety laws.

Practical Application: Monitoring kitchen activities to guarantee hygienic standards are being followed, reducing the chance of foodborne infections.

As an illustration, put procedures in place for handling, preparing, and storing food in order to uphold strict guidelines for food safety.

❖ **Gaps Identified**

- ✓ 1.Noncompliance with NABH Standards in MRD Department: Instances include missing signatures or dates that are essential for compliance, as well as inconsistent or incomplete documentation in patient medical records.
- ✓ Impact: Failure to comply may result in problems getting accreditation, compromising patient treatment because of missing information, and perhaps facing legal repercussions.
- ✓ 2. Inadequate Communication Between the Admission and Corporate Departments: One instance of this would be if patient admission data was not sent to the corporate department in a timely manner so that insurance or payment could be processed.
- ✓ Impact: A rise in administrative errors and a delay in payment or approval processing, which can cause financial problems and unhappiness among patients.
- ✓ 3.Problems with the File Color Coding System's Implementation in the Admissions Department: For instance, patient files may not always be correctly or consistently colored coded, making it difficult to find information fast.
- ✓ Impact: Potentially longer wait times for treatment or consultation; slower patient processing times; and a higher chance of lost files.
- ✓ 4. Inadequate Staffing in the OPD Registration and Billing Department: This might lead to long lines at registration counters and delayed billing.
  Impact: lengthier wait times for patients, inefficient revenue collection, and an increased risk of billing errors.
- ✓ 5.Inadequate Departmental Communication: One example is when clinical departments—like radiology and lab—miscommunicate with administrative units, which causes test results or treatment plans to be delayed.
  Impact: Potential medical errors, a delay in patient care, and a rise in operational inefficiencies.
- ✓ 6.Fewer Investigative Machines: As an illustration, there may be fewer diagnostic machines (such as CT scanners and MRIs) available, which would result in lengthier test wait times.
  Negative Effects: Potential patient loss to other facilities, delayed diagnosis and treatment, and increased patient suffering.
- ✓ 7. Prolonged Waiting Times in the Registration and Billing Department: As an illustration, patients may have to wait a long time to finish the registration or billing process.
  Impact: Reduced patient satisfaction, annoyance for both patients and caregivers, and possible patient loss to rival providers.
- ✓ 8. Delayed Attention to Patient Issues in OPD: For instance, patients who must wait a long period of time to see a doctor or receive a consultation.
  Impact: Unhappiness on the part of the patient, possible deterioration of medical conditions, and lowered care quality. Communication Deficits Between the Housekeeping and Food and Beverage Departments:
- ✓ 9.As an illustration, consider a misunderstanding that causes insufficient food service preparations or delays in cleaning the patient's room after discharge.

- ✓ Impact: A reduction in patient comfort, possible hygienic problems, and general discontent with hospital care.
- ✓ 10.Communication Deficits Between the Housekeeping and Food and Beverage Departments: As an illustration, consider a misunderstanding that causes insufficient food service preparations or delays in cleaning the patient's room after discharge.
- ✓ Impact: A reduction in patient comfort, possible hygienic problems, and general discontent with hospital care.

- **Ossicle Effects on Patient Care and Hospital Operations**:
  •Operational Efficiency: Staff workloads are raised, processing times are prolonged, and inefficiencies are caused by communication breakdowns and a lack of personnel.
  • Patient Experience: Mistakes, delays, and inattention to needs of patients result in patient unhappiness, which may have an impact on patient retention and hospital reputation.
  • Compliance and Safety: Violating policies and guidelines (such as refund policies or NABH standards) may jeopardize accreditation status, legal compliance, and patient safety.
  • Financial Impact: Ineffective revenue cycle management, poor billing procedures, and delays in processing refunds can result in monetary losses and the misallocation of resources.

❖ **Suggestions for Improvement**

Improving Procedures for Documentation and Record-Keeping:
Recommendations: Establish uniform forms for documentation, guaranteeing precision and thoroughness. Implement routine audits to ensure adherence to documentation guidelines.
Advantages: Reduced treatment and billing errors, enhanced continuity of care, and increased patient record accuracy.
Timeline: Phase 2: Implementation and first audits (6 months), Phase 1: Template creation and staff training (3 months).

More Detailed Instructions or Staff Training Regarding Color Codes and Patient Categories:
Recommendations: Write a manual with precise instructions on patient category identification and color coding. Use real-world case studies in training sessions.
Advantages: Better patient safety, quicker reaction times, and less confusion.
Schedule: Creation of training materials (two months), implementation of training sessions (four months).

Digitization of OPD Billing, Refund, and Registration Process: o
Recommendations: Put in place an electronic system that is easy to use for billing, refunds, and registration. Connect with the hospital's current administration systems.
Advantages: Less paperwork, quicker turnaround times for processing, and more patient satisfaction.
Timeline: Pilot testing and implementation (8 months), system selection and customisation (4 months).

Putting in Place a comments System: Recommendations: Provide a way for staff and patients to provide comments. Make use of suggestion boxes and questionnaires, and form a committee to periodically analyse input.
Advantages: Ongoing enhancement, better patient satisfaction, increased staff morale.
Timeline: Four months for the design and implementation of the feedback system; continuing reviews and adjustments.

Cutting Down on Report Dispatch Time: Recommendations: Automate processes for report creation and dispatch. Simplify departmental routes of communication.
Advantages: Shorter wait times, better patient care, quicker diagnostic turnaround.
Timeline: Three months for system evaluation and update, six months for implementation and testing.
Effectively Managing Patients in IPD and OPD: Recommendations: Create distinct protocols for the management of patients in IPD and OPD. Improve the processes for outpatient follow-up and discharge planning.
Advantages: Better patient outcomes, less overcrowding, and better resource allocation.
Schedule: Four months for developing the protocol, six months for staff training and rollout.
Better Communication: Recommendations: Put in place a consolidated platform for communication (such as an intranet or message service). Make sure that information is distributed clearly and with regular updates.
Advantages: improved collaboration, less misunderstanding-related errors, quicker emergency reaction.
Timeline: training and launch (6 months), platform setup and selection (3 months).
Recruitment and Training: Recommendations: Establish a methodical hiring procedure with clearly defined positions and duties. Provide ongoing professional development opportunities for current employees.
Advantages: Higher skill levels, lower job turnover, and higher employee satisfaction.
Timeline: Training program implementation (ongoing), recruitment process reform (three months).
Partnerships: Recommendations: Form alliances with other medical professionals or companies that offer specialized services (such as diagnostic services or telemedicine).
Benefits: include increased patient access to specialized care, financial savings, and a broader range of services offered.
Timeline: Pilot partnership launch (9 months), partner identification and negotiation (6 months).

- **Conclusion**: My summer internship at PSRI Hospital allowed me to connect theory to practice in hospital and health administration, which was a life-changing experience. I was able to observe firsthand PSRI's dedication to providing excellent patient care and operational excellence, which gave me significant insights into the many departments and protocols. In summary, my internship at PSRI enhanced my comprehension of hospital operations and furnished me with useful abilities and perspectives that will surely Mold my future profession in hospital and health administration. I am appreciative of Professor Jagajeet Prasad Singh and the entire PSRI team for their mentorship and educational opportunities, which have greatly aided in my professional development.

Signature of the Student:

Approved by the IIHMR University's Mentor: