SUMMER INTERNSHIP PROGRAM

at

PARAS HEALTH, UDAIPUR

From 1 MAY 2024 to 29 JUNE 2024

A REPORT BY

Dr. Khushboo Thakur

Master of Business Administration

(Hospital and Health Management)

2023-25

under the Mentorship of

Dr. Susmit Jain, Associate Professor

IIHMR UNIVERSITY

PARAS
HEALTH

PHPL/HR-Rel./2024/00183

29th June 2024

TO WHOM SO EVER IT MAY CONCERN

This is to certify that **Dr. Khushboo Thakur** has completed her Internship at Paras Hospitals, Udaipur from **01-May-24 to 29th-June-24** under the supervision of **Ms. Nilanjana Sen (GRE Head)** at **Guest Relations Department.**

The Management acknowledges & appreciates her contributions to the Organization during her tenure and wishes her all the best for her future endeavours.

For Paras Health, Udaipur

Ms. Shalini Tyagi
Head - Human Resources

IIHMR UNIVERSITY

IIHMR University Faculty Mentor Approval

This is to certify that **Dr. Khushboo Thakur** of academic year 2023-25 of Institute of Health Management Research has prepared a poster with respect to her summer internship held during May-June 2024.

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

Susmit Jain 18.7.2024

Date: 18/07/2024

(Signature of Faculty Mentor)
Name: **Dr. Susmit Jain**
Designation: Associate Professor

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ANALYZING THE POTENTIAL CAUSES FOR DELAYS IN ADMISSION AND DISCHARGE TURNAROUND TIME (TAT)

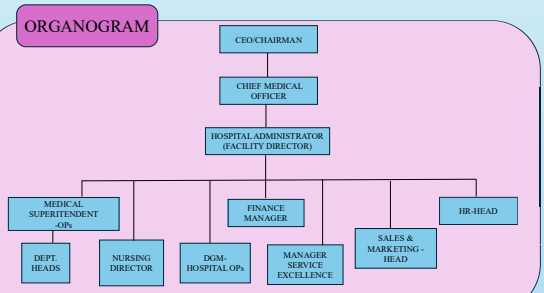
ABOUT ORGANISATION

- Foundation: Paras Healthcare was established in 2006 with the opening of its first hospital, Paras Hospitals, in Gurgaon (now Gurugram), Haryana.
- Expansion: Over the years, the organization expanded its presence to various other cities in India, including Patna (Paras HMRI Hospital), Darbhanga (Paras Global Hospital), Panchkula, and Udaipur. Each of these hospitals serves as a multispecialty healthcare facility catering to the needs of the local population.
- Rebranding: Paras Hospitals rebranded itself as Paras Health to reflect its broader scope of services and its commitment to holistic healthcare.

VISION AND MISSION

Vision: Simplifying Health with World class Medical Treatment and Right Care.
Mission: Stepping Closer with every phase in developing healthcare provisions available for one and all, anywhere/everywhere with a futuristic advancement Alongside, channelizing and widening the horizons of PARAS HEALTH as a centre of Excellence

ORGANOGRAM



ORGANISATIONAL EXPOSURE V/S UNIVERSITY LEARNING

Organizational Exposure (Paras Health):
•Applied theoretical knowledge directly to real healthcare scenarios.
•Developed hands on skills in patient care, conflict resolution, and NABH compliance.
•Focused on practical problem solving and operational efficiency.
•Gained deep insights into healthcare operations and patient management.

University Learning:
•Studied theoretical concepts in healthcare management and quality standards.
•Emphasized critical thinking and understanding of broader healthcare frameworks.
•Prepared to analyze and propose solutions based on theoretical models.
•Provided foundational knowledge for understanding healthcare policies and organizational behavior.

SWOT ANALYSIS OF PARAS HEALTH

Strengths:
- Comprehensive healthcare services with advanced technology.
- Strong brand reputation and quality accreditation.

Weaknesses:
- Dependency on urban centres and operational challenges.

Opportunities:
- Expansion into underserved areas and telemedicine integration.

Threats:
Competitive market, regulatory changes, and economic fluctuations

CHALLENGES FACED DURING INTERNSHIP

- **Data Collection:** Maintaining a constant overview of all cases and discharge processes while simultaneously building rapport with hospital stakeholders to extract data and understand the complete admission and discharge procedures. Additionally, gathering data from multiple departments, individuals, and at different times proved to be time consuming and exhausting
- **Balancing Roles:** The need to uphold a professional demeanor to avoid disrupting the workflow of regular employees while simultaneously gaining trust and data access posed a significant challenge.
- **Data Management:** Tracking the progress of each inpatient and subsequently compiling and analysing the discharge data to determine turnaround time (TAT) proved to be a complex and demanding task

LEARNINGS FROM INTERNSHIP

1. GRE Roles and Patient Treatment Monitoring:
Gained hands on experience in performing GRE duties, ensuring smooth patient experiences, and monitoring patient treatment processes.

2. Conflict Management and Interdepartmental Collaboration:
Developed skills in managing conflicts and facilitating collaboration between different departments to ensure seamless operations.

3. Patient Feedback and Complaint Management:
Learned effective methods for collecting and managing patient feedback and complaints, using this information to improve service quality.

4. Communication and Time Management:
Practiced effective communication with patients, attendants, and staff, while honing time management skills to handle multiple responsibilities efficiently.

5. NABH Protocols and Guidelines:
Applied theoretical knowledge of NABH protocols in a practical setting, ensuring compliance with quality standards.

6. Resource Allocation and Lean Management:
Optimized resource allocation and implemented Lean Management principles to enhance operational efficiency and reduce waste.

7. Patient and Attendant Advocacy:
Advocated for the needs of patients and attendants, ensuring their concerns were addressed promptly and effectively.

8. Bed Assignments and Patient Transfers:
Coordinated bed assignments and patient transfers, gaining insight into the logistics and coordination required for efficient hospital operations.

9. Maintaining OPD Standards:
Maintained high standards in the OPD areas, ensuring a clean, organized, and welcoming environment for patients.

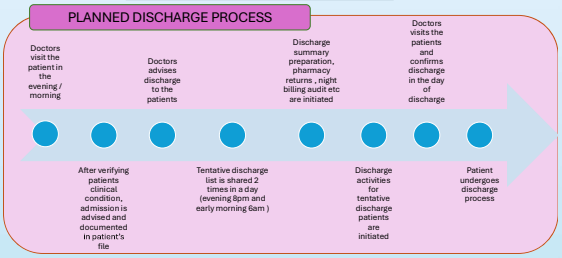
10. Admission Process Improvement:
Analysed recurring issues in the admission process, identifying areas for improvement and suggesting practical solutions.

PROJECTS UNDERTAKEN DURING SUMMER INTERNSHIP

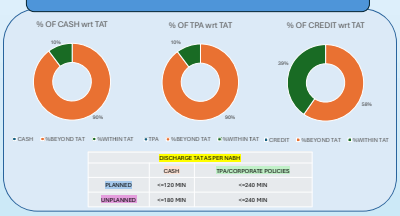
1. TO ANALYSE THE POTENTIAL CAUSES FOR DELAYS IN DISCHARGE TURNAROUND TIME (TAT)

Methodology-
Type of study- cross-sectional observational study
sample size- 730 (IPD pts)
Duration- from 1 may to 1June, 2024

PLANNED DISCHARGE PROCESS

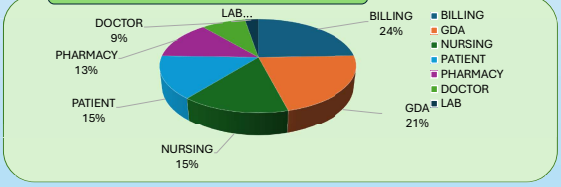


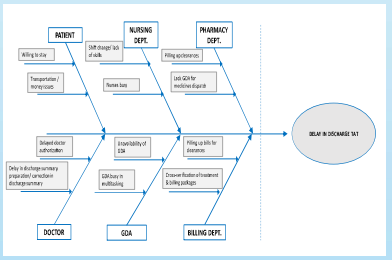
PAYOR CATEGORY –WISE DISCHARGE TAT

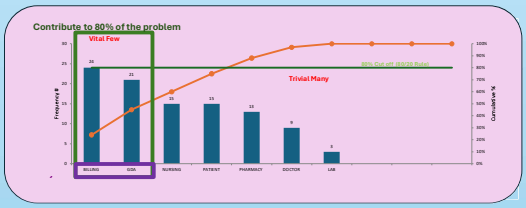


DISCHARGE TAT AS PER NABH		
	CASH	TPA/CORPORATE POLICIES
PLANNED	<=120 MIN	<=240 MIN
UNPLANNED	<=180 MIN	<=240 MIN

DEPARTMENT WISE POTENTIAL DELAYS







MAJOR CAUSES

- Delay in preparation of final bill
- Delay in financial clearance
- Delay in pharmacy return and dispatch of bedside medication
- Delay in discharge authorization
- Delay in discharge summary preparation

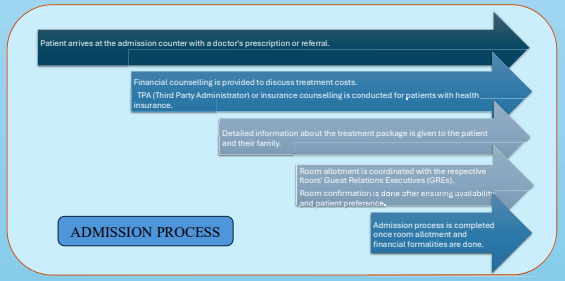
RECOMMENDATIONS:

- Streamline Processes for Planned Discharges
- Standard treatment packages should be followed
- Improve Handling of Unplanned Discharges
- Enhance Communication and Coordination
- Leverage Technology
- Continuous Monitoring and Improvement
- Opting proactive approach to ensures smooth transition, minimizes delays

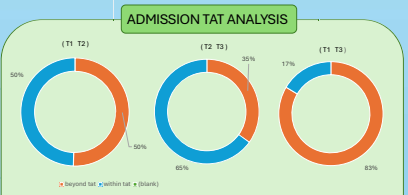
2. TO ANALYZING THE POTENTIAL CAUSES FOR DELAYS IN ADMISSION TURNAROUND TIME (TAT)

Methodology-
Type of study- cross-sectional observational study
sample size- 103 (IPD pts)
Duration- from 15 June to 25 June 2024

ADMISSION PROCESS



ADMISSION TAT ANALYSIS



(T1) FOA patient arrival time at front office
(T2) ADM patient's HIS admission
(T3) MA mark arrival time / acknowledgement time by nursing station
(normal TAT should be 30 min)

INTERPRETATION

- Room Preparation
- GDA Staff and Nursing Station
- Administrative Delays
- Patient Communication and Administrative Tasks
- Patient Related Delays

RECOMMENDATIONS:

- Streamline Room Preparation
- Enhance Staff Coordination
- Optimize Front Office Operations
- Leverage Technology

USEFULNESS OF INTERNSHIP

- Practical Application:
Applied patient treatment monitoring and GRE roles.
Managed conflicts and facilitated interdepartmental collaboration.
Collected and managed patient feedback.
Implemented NABH protocols and Lean Management principles.
Advocated for patient and attendant needs.
- Identifying and Addressing Gaps:
Recognized excessive workload and suggested staffing solutions.
Proposed improved interdepartmental communication.
Addressed delays in doctor rounds and pharmacy approvals.
Recommended strategic allocation and monitoring of GDAs.
Suggested digital token systems and optimized front office operations.
Proposed separate parking, entry points, and dedicated areas for belongings.
- Professional Skills:
Enhanced communication and time management skills.
Developed problem solving and team coordination abilities.
- Technological Integration:
Identified improvements for HIS utilization.
Proposed digital solutions like a digital token system and HIS alerts.
- Overall Contribution:
Directly applied theoretical knowledge to real world challenges.
Made meaningful contributions to operational improvements.
Gained valuable skills and insights for a future career in healthcare management

SUGGESTIONS

1. Biometric Attendance: Implement for all staff, including doctors.
2. GDA Allocation: Assign to specific departments and floors.
3. Medicine Availability: Ensure bedside medicine before discharge.
4. Parking Segregation: Separate parking for staff and patients.
5. Entry and Visitor Pass Checks: Separate entry points for OPD and IPD patients.
6. Digital Token System: Introduce for patient appointments.
7. Discharge Registers: Separate time column from date.
8. Quality Inspections: Conduct regular inspections for file accuracy.
9. Mock Drills: Conduct frequent emergency code practices.
10. Bed Management Meetings: Hold timely meetings to optimize resource allocation.
11. Pneumatic Shoots: Consider for efficient item transportation.
12. Room Preparation: Streamline with real time monitoring.
13. Staff Coordination: Improve communication and training.
14. Front Office Operations: Increase staffing during peak hours; introduce an appointment-based system.
15. Technology Alerts: Use HIS alerts for potential delays.

SUBMITTED BY –
Dr. KHUSHBOO THAKUR

- MBA HM (2023 25)
- ROLL NO. – 1731
- SECTION A
- FACULTY MENTOR – SUSMIT JAIN
- ORGANISATION MENTOR
MS. NILANJANA SEN

9 WEEKLY REPORTS

WEEKLY REPORT - 1

Name of the Organisation: PARAS HOSPITAL

Area/ Department/ Project of Summer Internship Program: PUBLIC RELATIONS

Name of the Student: Dr. Khushboo Thakur

Roll no: 1731 (section-A) **Stream: MBA - HM**

Week no: 1 **From:1 May,2024 to 4 May,2024**

Activity Done	1May-24 • Had a board meeting with all the department heads. • Mentor allotment. • Mentor-mentee interaction and discussion. • Hospital department visits and navigation of all departments • Detail description of the Guest Relation Department (roles and responsibility of Guest Relation Executives) • Orientation along with team meeting in the afternoon • OPD, accident and emergency department rounds and observation 2MAY-24 • IPD rounds at floor-4,5,6(Inpatient department) • IPD patients' orientation after bed allotment • Guiding patients for their feedback and quality of care • Patients' escorting from lobby to OPDs and IPDs • Observing the conflict management by GRE (Guest Relation Executive) regarding wrong X-ray taken by technician and refund process • Observing GRE advocating (CCU admitted patient's) attendant and providing her a discounted package of treatment that she could afford by interacting with different departments (CCU supervisor, CCU surgeon, billing dept.) 3MAY-24 • Observing discharge process of IPD patients

	• Recording the time taken at each step of discharge-way of the patient (from nursing clearance to patient out from the hospital) • Recording and observing the amount of delay in time or reasons for discharge delays (such as software glitch at pharmacy clearance) • Time taken for approval of discharge at every stage of clearance i.e. nurse clearance, pharmacy clearance, billing clearance etc. • Observing the case of refusal of treatment and payment refusal by assault patient (along with attendants) in emergency department • Attending NABH seminar by quality department in the afternoon. • Learning and education regarding NABH standards and safety codes. 4MAY-24 • Assisting GRE with vacant IPD room list making. • Assisting IPD patient admissions and orientation • Monitoring and observing PHC (preventive healthcare center) sessions at OPD • Creating excel format for Discharge TAT Analysis. • Induction session by HR (Mrs. Khyati Trivedi)
Linking theory (Classroom learning) with practice at your organisation	• Learning roles and responsibilities of guest relation executives in assisting, guiding, navigating and educating the patient in the hospital premises. • Monitoring or surveillance of patient's treatment in the hospital • Ensuring the patient's smooth and satisfactory experience while availing the services at the hospital • Conflict management with co-ordination and inter-departmental collaboration • Collecting feedback and complaints/grievances from patients and resolving / managing them
Gaps identified on the working area.	• Overloaded work for GRE • Lack of corporation among departments

Suggestions for improvement	• Reducing the human errors • Clear and effective communication / coordination among departments • Work life balance advocacy for GRE.
Plan for the next week.	• Evaluation of discharge process step by step. (from doctors' approval to Billing clearance)

WEEK-2nd REPORT

Name of the Organisation: PARAS HEALTH HOSPITAL

Area/ Department/ Project of Summer Internship Program: PUBLIC RELATIONS

Name of the Student: Dr. Khushboo THAKUR

Roll no: 1731 **Stream: MBA-HM**

Week no: 2 **From: 6 May 24 to 11 May 24**

Activity Done	6 MAY-24 • Start working on Patient Discharge TAT Analysis project Assigned by organization's mentor. • IPD rounds for discharge confirmation on 1st, 4th, 5th, and 6th floor. • Checking preparedness of discharge summary draft, pharmacy return, pharmacy dispatch and availability of bed side medicine. • Observing discharge summary draft of every doctor and clinical department. • Observing data of pharmacy return from IP pharmacy. • Observing data of pharmacy dispatch from IP pharmacy. • Evaluating the turnaround time from discharge initiation, followed by nursing clearance, then pharmacy clearance, then billing clearance, then approval form insurance company in case if insured patient and lastly financial clearance before the patient leaves the hospital on HIS (my Healthcare portal). • Collect patients and attendant's complaints and feedback on tablet and link. • Discussion with mentor regarding checklist for data collection. 7 MAY-24 • Patient Escorting from Admission counter to allotted rooms. • IPD rounds, checking discharge summary drafts, pharmacy returns, pharmacy dispatch and availability of bed side medicine. • Collecting data of doctor's approval time, nursing clearance time and time of discharge initiation manually. • Assessing the turnaround time for different payor

	categories (Ex-Cash, RGHS, ECHS, CGHS etc.) • Channelizing the reasons for pharmacy return and dispatch delays and billing delays. • Evaluating the time form mark from discharge on system and actual time of patients leaving the room. • Evaluate preparation time of discharge room by GDAs for receiving new patient. • Observing and analyzing the possible reasons for the discharge delays. • Discussion with mentor regarding project and complaints and feedback. <u>8 MAY-24</u> • Monitor the planned and unplanned discharges process. • Escorting new IP patients to their rooms. • Giving orientation to newly admitted patients regarding hospital services and patient rights. • Surveillances (floor rounds) for gathering and advocating for patients and their attendants for any inconvenience. • Following planned discharge steps and evaluating the path barriers that leads to delay in the process. • Assessing the reasons for the high unplanned discharges and their TAT evaluation along with planned ones. • Evaluation of common complaints and perform RCA. • Discussion with mentor on project. <u>9 MAY-24</u> • Monitor the planned and unplanned discharges process. • Collecting information regarding vacant rooms in every floor with checklist. • Collecting the occupied rooms list along with planned discharge list of the patients. • Perform Bed management procedure. • Collecting data from IPD pharmacy regarding the pharmacy return, dispatch, and pharmacy clearance of the planned discharge. • Escorting new admission of patients post lunch. • Collection of registration time and room check in time for admission TAT analysis. • Discussion with mentor on project updates and complains received. <u>10 MAY-24</u>

	• Escorting emergency patients to the OT, ICU, and wards. • Counselling the patients regarding the services and how to avail the services. • Coordinating with the front office (admission counter) regarding the availability of rooms on each floor (IPD) • Tracking the patients discharge progress on HIS and compare with manual data collection. • Attending NABH and IPSG programs at hospital auditorium regarding patient safety. • Emergency code mock drill practices at hospital premises. • Discussion with mentor on project. <u>11MAY-24</u> • Monitor the planned and unplanned discharges process and data collection. • Compiling the data (collected) on the excel sheet. • Evaluating the discharge TAT data. • Escorting new admission of patients post lunch. • Discussion with mentor on poster /presentation topics. • Attended program on International Nurse Day at hospital auditorium.
Linking theory (Classroom learning) with practice at your organisation	• Practicing GREs responsibilities and understanding the gravity of the role. • Effective communication for extracting data from the respective staff (nurses, at pharmacy dept, billing dept.) • Time management for allocation of bed.
Gaps identified on the working area.	• Delayed Doctors round. • Stocking up on uncleared pharmacy approvals. • Lack of coordination among GDAs leads to delays in transport of pharmacy return, pharmacy dispatch and documents. • Multiple roles of GDA leads to delay on documents transfer. • Non availability of bedside medicine. • Complaints regarding haphazard parking.
Suggestions for improvement	• Biometric and attendance record keeping of all staff including doctors.

	• Allocation of GDA's to departments and floors wise. • Checking of bedside medicine before discharge counselling. • Assigned parking facilities for staff and patient separately.
Plan for the next week	• Gathering data for the admission and discharge process of the patients in the hospital.

WEEK-3RD REPORT

Name of the Organisation: PARAS HEALTH HOSPITAL

Area/ Department/ Project of Summer Internship Program: PUBLIC RELATIONS

Name of the Student: Dr. Khushboo Thakur

Roll no: 1731 (section - A) **Stream: MBA-HM**

Week no: 3 **From: 13 May to18 May, 2024**

Activity Done	MAY 13 2024 • Monitoring the planned discharge process of patients. • Evaluation of numbers of unplanned discharges and tracking the (unplanned)discharge process • Collecting information regarding vacant rooms on each floor • OPD and emergency department rounds were taken • Escorting new admissions of patients and evaluating their TAT • Collecting data from IPD pharmacy and IPD billing department for both planned / unplanned patients discharges • Counselling the patients and attendants along with their feedbacks and patient experience at hospital stay • Discussion with mentor on project and the data (collected) 14 MAY 2024 • Conducting floor rounds in IPD • Collecting information regarding vacant rooms in IPDs floors • Supervised bed management procedure • Collecting the planned discharge list that was prepared previous day • Evaluating the discharges (unplanned)along with the planned discharges on each floors(IPDs) • Noted doctors round time • Escorting new admissions of patients post lunch • Collecting pharmacy and billing clearance (discharge TAT) along with TPA approval for discharging patient

	• Discussion with mentor on project updates and evaluation of the collected data • BLS(basic life support) training program attended at hospital auditorium for the upcoming visit of NABH <u>15 MAY 2024</u> • Starting with OPD and emergency rounds • Collecting planned discharged lists from GREs • Collecting information regarding vacant rooms on each floors(IPD) • Escorting new admission patients to their allotted rooms • Orientation of the room and floor services was given to the new admission patient • Recording the doctors round • Monitoring doctors/discharged authorization for planned/unplanned patients • Collecting data from IPD pharmacy , billing for discharged patients • Tracking the patients discharge progress on HIS and comparing it with manual data • Discussion with mentor on projects data and evaluation of data is done <u>16 MAY 2024</u> • IPD and OPD rounds conducted. • Collected planned discharged list from GREs. • Collected vacant and occupied room lists of floors from GREs • Tracking the number of unplanned discharges and its progress on HIS and manually also • Collecting data from housekeeping department regarding room vacated by patient and time required by housekeeping to prepare the same room for new admission patients. • Escorting newly admitted patients after lunch • Collecting data from TPA and billing department regarding the discharges • Discussion with mentor regarding discharge process TAT analysis <u>17 MAY 2024</u> • Conducted IPDs floor rounds. • Collected planned discharged lists from GREs. • Surveillance of a case under mentors' supervision • Allotment of admission process and lobby area supervision

	• Escorting new admission patients and handing them over to the respective floor GREs • Managing the crowd in the lobby area • Proper management of registration and pharmacy ques to avoid havocs • Ensuring the lobby and porch services (like stretcher, wheelchair) to needed patients • Ensuring the delivery of and maintenance of porch and lobby standards up to time and need of hour • Discussion with mentor regarding some problems that are being encountered in order to fulfill the GREs roles and responsibilities <u>18 MAY 2024</u> • Conducting OPDs and emergency rounds • Navigating OPD patients to their respective consultation rooms • Maintaining the OPD crowd and IPD attendants in the lobby area • Maintaining the registration ques and pharmacy ques in order • Escorting the patients from OPDs to IPD rooms and consulting the attendants regarding the services and facilities that are offered by the hospital and how to avail those services • Educating the patients and their attendants regarding the feedback or their in hospital stay experience or their OPD experiences , quality of care that are provided to them in the hospital • Collected admission TAT of the newly admitted patients • Discussion with the mentor regarding the collected data.
Linking theory (Classroom learning) with practice at your organisation	• Practicing GREs responsibilities and understanding the gravity of the role. • Stakeholders management at hospital premises • Resourceful and informative management among staff, GREs and patients/attendants • Effective communication for extracting data from the respective staff (nurses, at pharmacy dept, billing dept.) • Time management for allocation of bed.
Gaps identified on the working area.	• Difficult to differentiate between the OPD patients and IPD patients' attendants while entering in the hospital • Non-punctual doctors round in IPDs

	• Unavailability of GDAs on each floors • Overworking GDAs at each floors • Overcrowding in front of sample collection area (no sitting space and manual calling system of patients for sample collection)
Suggestions for improvement	• Visitors pass should be checked on every entry and there should be different entries point for OPD and IPD patients • Biometric system for the doctors and staff • Work management training and proper communication and separate GDAs for separate work can be appointed • Digitalized coupon system should be used to properly align the patients appointment / turn at sample room
Plan for the next week	• Evaluating the admission process TAT • Assessing the discharge process for IPD patients

WEEK-4TH REPORT

Name of the Organisation: PARAS HEALTH HOSPITAL

Area/ Department/ Project of Summer Internship Program: PUBLIC RELATIONS

Name of the Student: Dr. Khushboo Thakur

Roll no: 1731 (Section -A) **Stream: MBA - HM**

Week no: 4 **From: 20th May to 25th May , 2024**

Activity Done	20th MAY 2024 • Conducted IPD rounds. • Collected lists of vacant and occupied rooms from GRE • Navigating OPD patients to their respective doctors consultation rooms • Maintaining proper pharmacy and registration ques • Managing crowd in the lobby area • Ensuring the services/facilities such as wheelchair, stretcher to vulnerable patients(such as pregnant ladies, elderly person or children) • Managing proper seating/ waiting area place for patients and their attendants • Escorting newly admitted patients to their respective rooms. • Collecting information/ data regarding both planned/unplanned discharges from nursing station, IPD pharmacy and billing department • Collecting financial clearance slip with time on it from the guards when the patients leaves the hospital • Discussion with mentor about the challenges/obstacles faced in collecting the data 21ST MAY 2024 • Conducted rounds in both IPD and OPD • Collected the planned patient discharge list from the respective floor GREs • Noting the doctor's consultation round(time) in IPD • Collecting planned discharge list from GRE • Collecting information about the doctor's round in IPD

	• Collected lists of vacant and occupied rooms from GRE • Monitoring the unplanned discharges after the doctor's round • Evaluating the discharge summary time and nursing clearance update on HIS • Collecting TAT of discharged files reaching from each nursing station to pharmacy department (for pharmacy return and clearance) and billing department (for clearance) • Collecting data from the pharmacy and billing department about the receiving and clearance of the patients discharge formalities • Discussion with mentor related to the observations and data obtained on the discharge project <u>22ND MAY 2024</u> • IPD rounds taken • Collected planned discharged lists from GREs • Collected vacant and occupied patients lists of the IPD • Maintaining the lobby crowd • Ensuring proper ques formation and smooth working of ques at pharmacy and registration counter • Ensuring the services/facilities such as wheelchair, stretcher to vulnerable patients (such as pregnant ladies, elderly person or children) • Navigating patients to their respective doctor's consultation room, to sample room, to RGHS counter or to report collection desk • Escorting newly admitted patients to their respective IPD rooms • Collecting TAT of newly admitted patients • Noting time of doctors and dieticians round on IPD floors • Collecting data from nursing station, pharmacy and billing departments for planned/ unplanned discharges • Discussion with mentor regarding the data collected for discharges and admission TAT <u>23RD MAY 2024</u> • IPD rounds conducted • Collected planned discharged lists from GRE • Collected vacant and occupied rooms list from GREs of their respective IPD floors • OPD and lobby round conducted • Noting doctor's and dietician's round on each IPD

	floors • Evaluating the unplanned discharge process on each IPD floors after doctor's round • Navigating the OPD patients to their respective doctors consultation room • Managing the lobby standard of working and maintenance • Escorting newly admitted patients to their respective IPD rooms • Collecting TAT of newly admitted patients • Discussion with mentor regarding the collected data on admission TAT <u>24TH MAY 2024</u> • IPD rounds conducted • Vacant /occupied rooms lists were collected from the respective GREs of the respective floors • Collected planned discharged lists from GRE • Noting the doctors and dietician's rounds on each IPD floor • evaluating the discharge process of unplanned patients after doctors round • Collecting data from nursing station, pharmacy and billing departments for planned/ unplanned discharges • Collecting financial clearance slip along with mentioned time of patient leaving the hospital • Discussion with mentor related to the observations and data obtained on the discharge project <u>25TH MAY 2024</u> • IPD rounds conducted. • Collected planned discharged lists from GRE. • Collected vacant and occupied room lists from GREs of respective IPD floors. • Noting doctor and dietician rounds • OPD and lobby area standard maintenance • Escorting the patients from OPDs to IPD rooms and consulting the attendants regarding the services and facilities that are offered by the hospital and how to avail those services. • Educating the patients and their attendants regarding the feedback and hospital stay experience, quality of care and services that are provided to them in the hospital • Data collection from pharmacy i.e. pharmacy return received, and pharmacy return accept and pharmacy dispatch, billing, TPA and RGHS and PSU credit and physical patient discharges from

	time office for discharge TAT. • Discussion with mentor regarding some problems that are being encountered to fulfill the GREs roles and responsibilities
Linking theory (Classroom learning) with practice at your organisation	• Effective communication with other stakeholders for proper time management. • Practicing GREs responsibilities and understanding the gravity of the role. • Effective communication for extracting data from the respective staff (nurses, at pharmacy dept, billing dept.) • Stakeholders' management at hospital premises for effective data record keeping. • Time management for allocation of bed, OPD to IPD shifting, ER to IPD shifting • Managing proper OPD standards in the lobby and porch area • Providing patient/ attendants advocacy regarding admission, consultation, discharge and navigating around the hospital premises
Gaps identified on the working area.	• Long hour waiting patients as doctors are not available in OPD in their respective given time • Delay in doctors IPD rounds are also seen frequently • Dietician not regularly taking IPD rounds of admitted patients • Unavailability of GDAs on each floor. • Overworking GDAs at each floor. • Overcrowding in front of sample collection area (no sitting space and manual calling system of patients for sample collection) • Not mentioning time of receiving the documents from other department and blaming other department for delay. • Difficult to differentiate between the patient and attendants while entering in the hospital
Suggestions for improvement	• Biometric system for the doctors and other staff(such as dietician) • Visitors pass and attender pass should be checked on entry and limit the crowd at entry level to prevent chaos at lobby and there should be different entries point for OPD and IPD patients

	• Digitalized token system should be used to properly align the patient's appointment / turn • Time column should be separated from date column which helps in developing habit of mentioning time in the discharge register.
Plan for the next week	• Evaluating the discharge process TAT • Assessing the admission process for patients.

WEEK-5TH REPORT

Name of the Organisation: PARAS HEALTH HOSPITAL

Area/ Department/ Project of Summer Internship Program: PUBLIC RELATIONS

Name of the Student: Dr. KHUSHBOO THAKUR

Roll no: 1731 **Stream: MBA -HM**

Week no: 5 **From: 27th May to 2nd June, 2024**

Activity Done	27TH MAY, 2024 • IPD rounds conducted. • Collected planned discharged lists from GRE. • Collected vacant and occupied rooms list from GREs of their respective IPD floors. • OPD and lobby round conducted. • Collected timing of doctor's and dietician's round on each IPD floor • Ensuring proper ques formation and smooth working of ques at pharmacy and registration counter • Ensuring the services/facilities such as wheelchair, stretcher to vulnerable patients (such as pregnant ladies, elderly person, or children). • Navigating patients to their respective doctor's consultation room, to sample room, to RGHS counter or to report collection desk. • Escorting newly admitted patients to their respective IPD rooms. • Collecting TAT of newly admitted patients. • Reading material shared by mentor on patient rights and education for upcoming NABH inspection • Collecting data from nursing stations, pharmacy, and billing departments for planned/ unplanned discharges. • Collecting financial clearance slip along with mentioned time of patient leaving the hospital. • NABH inspection preparation with mentor and GRE team • Discussion with mentor regarding challenges faced while collecting the data . 28TH MAY, 2024

	• IPD rounds conducted. • Collected planned discharged lists from GRE. • Collected vacant and occupied room lists from GREs of respective IPD floors. • Collect timing of the doctor and dietician rounds. • OPD and lobby area standard maintenance. • Monitoring the unplanned discharges after the doctor's round. • Collecting information from RMO (on duty) regarding reasons of unplanned discharges for patients on their respective IPD floors • Escorting the patients from OPDs to IPD rooms and consulting the attendants regarding the services and facilities that are offered by the hospital and how to avail them of those services. • Educating the patients and their attendants regarding the feedback and hospital stay experience, quality of care and services that are provided to them in the hospital. • Evaluating the discharge summary time and nursing clearance update on HIS. • Collecting TAT of discharged files reaching from each nursing station to pharmacy department (for pharmacy return and clearance) and billing department (for clearance). • NABH inspection preparation and FAQs preparation with mentor and GRE team <u>29TH MAY, 2024</u> • Conducted IPD rounds. • Collected lists of vacant and occupied rooms from GRE. • Navigating OPD patients to their respective doctor's consultation rooms. • Maintaining proper pharmacy and registration ques. • Managing crowd in the lobby area. • Board meeting held regarding upcoming NABH inspection (on 1st and 2nd June 2024) including all management interns headed by Quality and HR supervisors • Guided and instructed all interns regarding the roles, responsibilities and how to communicate with higher management and how to help/ assist the staff during inspection • Allocated the respective IPD and OPD floors to respective interns for NABH surveillance • Ensuring the services/facilities such as wheelchair, stretcher to vulnerable patients (such as pregnant

	ladies, elderly person, or children). • Managing proper seating/ waiting area place for patients and their attendants. • Escorting newly admitted patients to their respective rooms • Collecting data from nursing stations, pharmacy, and billing departments for planned/ unplanned discharges. • Collecting financial clearance slip along with mentioned time of patient leaving the hospital • Discussion with mentor regarding the NABH board meeting and discussing roles , responsibilities and floors assigned to intern GREs in the meeting <u>30TH MAY, 2024</u> • IPD rounds conducted. • Collected planned discharged lists from GRE. • Collected vacant and occupied room lists from GREs of respective IPD floors. • Collected timing of the doctor and dietician rounds. • OPD and lobby area standard maintenance. • Navigating patients to their respective doctor's consultation room, to sample room, to RGHS counter or to report collection desk • Escorting the patients from OPDs to IPD rooms and consulting the attendants regarding the services and facilities that are offered by the hospital and how to avail them of those services. • Ensuring proper file management and checking the crash cart location at every IPD floors • Educating the patients and their attendants regarding the feedback and hospital stay experience, quality of care and services that are provided to them in the hospital. • Conducted as well as participated in mock drills for various code(alert codes) in hospital premises amid NABH inspection • Data collection from pharmacy i.e. pharmacy return received, and pharmacy return accept and pharmacy dispatch, billing, TPA and RGHS and PSU credit and physical patient discharges from time office for discharge TAT • Collect data from housekeeping of room readiness time • Arranging all files and documents properly and systematically in the GREs office with mentor and GRE team

	• Discussion with mentor related to GREs code and conduct for NABH inspection 31ST MAY,2024 • Both IPD and OPD rounds conducted • Collected planned discharged lists from GRE • Collected vacant and occupied room lists of IPD floors from their respective GREs • Noting doctors and dieticians IPD round time • Collecting data from housekeeping of first floor for the missing days • Participating in all mock drills practices of emergency codes • Learning some FAQs related to NABH inspection • Attending the meeting with mentor and GRE team • Conducted as well as participated in mock drills for various code(alert codes) in hospital premises amid NABH inspection • Collecting data from nursing stations, pharmacy, and billing departments for planned/ unplanned discharges. • Ensuring proper file, folder and register maintenance on every nurse station of IPD • Collecting financial clearance slip along with mentioned time of patient leaving the hospital • Discussion with mentor related to GREs code and conduct for NABH inspection 1ST JUNE, 2024 • Board meeting with NABH members and hospital administrative and authoritative members • Assigned respective floors(5th and 6th) to each intern for surveillance • Checking files for proper documentation and consents filled by patient/attendants and by staff • Proper segregation of documents and forms in the patient files (like doctors documents , admission /discharge documents, consent forms, nurse documentation , infection control documents, physiotherapy notes etc) • Checking and inspecting few patients files and sending them for assessment to administrative office • Assuring the completion of unfilled forms in the patients file by nurses • Assessing the conduct and arrangement of floor nursing stations for proper maintenance of files, folders and registers

	• Learning some FAQs related to NABH inspection • NABH members conducted mock drills on ground floor , basement and emergency departments • Monitoring the arrangement of files , documents and registers (billing , blood transfer, patient transfer, RMO handover registers) at nursing station of assigned floors • Providing data and files of the patients to the assessors on the IPD floors (5^{th} and 6^{th}) rounds • Discussion with mentor and AHM about the NABH inspection and assessment that has been done by assessors on other floors / departments 2^{nd} JUNE, 2024 • Through surveillance of the assigned floors done • Checking files for proper documentation and consents filled by patient/attendants and by staff • Assessing the conduct and arrangement of floor nursing stations for proper maintenance of files, folders and registers • Monitoring the arrangement of files , documents and registers (billing , blood transfer, patient transfer, RMO handover registers) at nursing station of assigned floors • Facility rounds taken by NABH assessors on the 5^{th} and 6^{th} floor
Linking theory (Classroom learning) with practice at your organisation	• Acknowledging NABH rules and regulation(protocols) • Following proper NABH protocols • Implementation of NABH guidelines in the hospital premises • Managing proper OPD standards in the lobby and porch area and maintaining checklist. • Practicing GREs responsibilities and understanding the gravity of the role for NABH inspection • Providing patient/ attendants advocacy regarding admission, consultation, discharge and navigating around the hospital premises. • Providing transparent information regarding treatment, fees and procedure helps build trust and leads to increased patient satisfaction • Effective communication with other stakeholders for proper time management • Time management for allocation of bed, OPD to IPD shifting, ER to IPD shifting

Gaps identified on the working area.	• Improper staff surveillances on daily basis/ regular basis (NC for dialysis, as there was no RMO on duty) • Improper advocacy for both staff and patients (Signages was missing on some area/ facility services) • Lack of comradeship among the employees of the organization (Difficulty in explaining the whereabouts of the employs of the organization who resigned recently) • Lack of skillful handling of emergency situations (NABH mock drills conducted which was not skillfully managed by the assigned candidates) • Unplanned discharges after doctor rounds is an continuous practice which often leads to delay in discharges process thus degrades the patient experience at hospital stay • Delays in doctor's IPD rounds are also seen frequently. • Dieticians do not regularly take IPD rounds of admitted patients. • Unavailability of pool GDA (transporter) • Overworking GDAs on each floor • Long waiting hours for patients as doctors are not available in OPD at their respective given time. • Difficult to differentiate between the patient and attendants while entering the hospital.
Suggestions for improvement	• Proper inspection should be done by quality department on regular basis regarding the files, folder or register maintenance on each floors • Frequent practices of mock drills and emergency codes in the hospital premises to train the staff for any mishappening / emergency situation • One day prior Online/ offline doctors authorization so that the RMO and nurses can prepare the discharge summary along with medicine return before the day of discharge itself thus reduces the inconvenience and time of patient and the staff • Biometric system for the doctors and other staff's presence in the hospital premises • Visitors pass and attender pass should be checked on entry and limit the crowd at entry level to prevent chaos at lobby and there should be different entries point for OPD and IPD patients. • Regular implementation of NABH protocols in the hospital premises to improve the quality of care

	that we are delivering at the hospital • A digitalized token system should be used to properly align the patient's appointment / turn. • Time column should be separated from date column which helps in developing habit of mentioning time in the discharge register. • Telling the importance of physical pharmacy return sheet to staff leads in development of separate box for return and delivery sheet. • Need timely meetings with admission desk regarding bed management. • Pneumatic shoot (capital intensive idea) can help in transportation.
Plan for the next week	• Evaluating the discharge process TAT. • Assessing the admission process for patients. • Continue to implement NABH guidelines and protocols in hospital settings.

WEEK-6TH REPORT

Name of the Organisation: PARAS HEALTH HOSPITAL

Area/ Department/ Project of Summer Internship Program: PUBLIC RELATIONS

Name of the Student: Dr. KHUSHBOO THAKUR

Roll no: 1731 **Stream: MBA- HM**

Week no: 6 **From: 3 MAY 2024 to 8 MAY 2024**

Activity Done	**3RD JUNE 2024** • Performed rounds in the OPD and IPD. • The doctor's consultation round time was noted in the IPD. • Gathering data on the doctor's round in the IPD • Obtaining lists of occupied and vacant rooms from GRE • Obtaining the anticipated discharge list from GRE • Following the doctor's round, keeping an eye on the unscheduled discharges • Assessing the discharge summary time and the nursing clearance update on HIS Gathering information from the pharmacy and billing departments regarding the receipt and clearance of the patients' discharge paperwork • Collecting TAT of discharged files that reach from each nursing station to the pharmacy department (for pharmacy return and clearance) and the billing department (for clearance). • Talking with the mentor about the data and observations from the discharge project **4TH JUNE 2024** • Performed rounds of IPD. • Gathered listings from GRE of rooms that are occupied and unoccupied. • Guiding OPD patients to the appropriate physician consultation rooms • Maintaining appropriate pharmacy and registration lines • Controlling the flow of people in the lobby area; ensuring that vulnerable patients such as expectant mothers, the elderly, or children have access to wheelchairs and stretchers

	• Overseeing appropriate seating and waiting areas for patients and their attendants • Taking recently admitted patients to their rooms. • Gathering information and data from the nursing station, IPD pharmacy, and billing department about both scheduled and unplanned discharges • Obtaining a financial clearance slip from the guards when the patient leaves the hospital • Having a conversation with a mentor about the difficulties encountered in gathering the data **5TH JUNE 2024** • IPD rounds were carried out, planned discharge lists were gathered from GREs • Lists of occupied and available rooms were gathered from GREs of the corresponding IPD floors. • Conducting the lobby and OPD rounds • Recording the dietician's and doctor's rounds on each IPD floor • Assessing the unplanned discharge procedure on each IPD floor following the doctor's round • Leading patients from the outpatient department to their designated doctor's consultation room • Overseeing the upkeep and operation of the lobby • Escorting recently admitted patients to their designated IPD rooms • Attended board meeting headed by FD of the hospital regarding mid-internship reviews and work progress. • Gathering the TAT of recently admitted patients • Having a conversation with a mentor about the data gathered on admission TAT **6TH JUNE 2024** • IPD rounds were carried out • Lists of occupied and vacant rooms were gathered from the corresponding GREs of the various floors. • Gathered lists of scheduled discharges from GRE Recording the rounds of physicians and dieticians on each IPD floor • Assessing the discharge procedure for patients who were not scheduled after the rounds of physicians • Gathering information from the nursing station, pharmacy, and billing departments regarding planned and unscheduled discharges. • Gathering the financial clearance slip and noting the patient's departure time from the hospital

	• Organising the collected data into the excel sheet • Talking with the mentor about the data and observations gathered for the discharge project. **7TH JUNE 2024** • IPD rounds were completed • Anticipated discharge lists were gathered from GREs • Lists of both occupied and unoccupied patients were gathered from the IPD. • Keeping the throng in the lobby Supervising the formation of appropriate lines and the efficient operation of lines at the pharmacy and registration desk • Ensuring the provision of services and amenities, such as wheelchairs and stretchers, to vulnerable patients (e.g., pregnant women, elderly people, or children) • Guiding patients to their designated doctor's consultation rooms, sample rooms, RGHS counters, or report collection desks • Accompanying newly admitted patients to their designated IPD rooms; Gathering information from the nursing station, pharmacy, and billing departments regarding planned and unplanned discharges • Having a conversation with a mentor regarding the data organised for the discharge TAT project **8TH JUNE 2024** • IPD rounds are carried out. • Collected lists of scheduled discharges from GRE. • Gathered lists of occupied and unoccupied rooms from the GREs of the corresponding IPD floors. • Noting rounds by physicians and dieticians. • OPD and lobby area upkeep as usual. • Escorting patients from outpatient departments (OPDs) to intensive care units (IPDs) and interacting with attendants about hospital services and amenities, including how to use them. • Teaching the patients and those who accompany them about the hospital stay, the services and care they receive, and the comments they have left. • Data gathering from the pharmacy, such as pharmacy returns that are accepted and received, billing, TPA, RGHS, and PSU credit, as well as the physical patient discharges from the time office for the discharge target time.

	• Organising the collected data into the excel sheet regarding pharmacy return generation and return acknowledgement • Discussion with a mentor regarding the data organised for the discharge TAT project.
Linking theory (Classroom learning) with practice at your organisation	• Good contact with various parties involved to manage time well. • Practicing GRE duties and realizing how serious the position is. • Good staff communication to obtain data (nurses, pharmaceutical department, billing department) Management of stakeholders on hospital grounds for efficient data documentation. • Time management for bed assignment, ER to IPD, and OPD to IPD shifting. • Keeping the porch and lobby areas up to suitable OPD standards. • Advocating on behalf of patients and visitors for admission, consultation, discharge, and mobility within the hospita
Gaps identified on the working area.	• Doctors' IPD rounds are frequently delayed • Dieticians do not routinely take IPD rounds of admitted patients • Patients must wait for extended periods of time because doctors are not accessible in the OPD at their designated times. • GDAs are not available on every floor. • Overworking floor-by-floor GDAs. • Not specifying the time of receiving the paperwork from other departments and blaming other departments for delays • Overcrowding in front of the sample collection place (no seating room and manual calling mechanism of patients for sample collection). • It is challenging to tell the patient from the attendants when they first enter the hospital.
Suggestions for improvement	• There should be separate access points for OPD and IPD patients, visitors' and attendees' passes should be checked upon arrival to prevent pandemonium in the lobby. • Doctors and other staff members, including the dietician, should use biometric systems.

	• Time and date columns should be kept apart to encourage patients to make time entries in the discharge register. • A digital token system should be utilized to accurately align the patient's appointment and turn.
Plan for the next week	• Concluding and extracting findings of the TAT from the collected data on discharge process. • Evaluating the patient admission procedure.

WEEK-7TH REPORT

Name of the Organisation: PARAS HEALTH

Area/ Department/ Project of Summer Internship Program: PUBLIC RELATIONS

Name of the Student: Dr. KHUSHBOO THAKUR

Roll no: 1731 **Stream: MBA - HM**

Week no: 7 **From: 10 JUNE 2024 to 15 JUNE 2024**

Activity Done	**10 JUNE** • Conducting rounds in the emergency room and OPD • Navigating OPD patients to their respective consultation rooms • Maintaining the OPD crowd and IPD attendants in the lobby area • Maintaining the registration ques and pharmacy ques in order • Ensuring that patients who are vulnerable (such as expectant mothers, elderly individuals, or children) receive services and facilities like wheelchairs and stretchers • Escorting recently admitted patients to their appropriate IPD rooms • Educating the patients and their attendants regarding the feedback and hospital stay experience, quality of care and services that are provided to them in the hospital • Collecting the turnaround time (TAT) for patients undergoing financial counselling, followed by escorting them to their respective IPD room and providing care for their progress. • Solving patients' queries related to test refunds or corrections o the prescription page. • Directing patients and attendants to the emergency department for disease prognosis and to inform them of the required physician's name so their registration slip can be prepared. • Discussion with mentor regarding the patients feedback and complaints registered by GREs in the lobby area **11 JUNE** • Keeping the lobby's patronage steady • Guiding OPD patients to their appropriate consultation rooms • Keeping the OPD crowd and IPD attendants in the lobby area • Directing patients and attendants to waiting area seats to prevent the lobby from becoming disorganized or crowded, thu maintaining lobby standards. • Keeping the pharmacy and registration lines organized. • Providing wheelchairs and stretchers to patients who are fragile (e.g., expectant mothers, elderly people, or toddlers) and ensuring that lines form properly and operate smoothly at pharmacies and registration counters

	• Leading patients to the appropriate doctor's office, sample room, RGHS counter, or report collecting desk • Escorting recently admitted patients to their appropriate IPD rooms • Managing proper seating/ waiting area place for patients and their attendants • Gathering newly admitted patients TAT. • Discussion with mentor regarding the difficulties that GREs faces while maintaining the lobby crowd at OPD hours. **<u>12 JUNE</u>** • completing rounds in the OPD and emergency room • Transporting patients from the OPD to their designated consultation rooms • keeping IPD attendants and the OPD crowd in the lobby area • Keeping the pharmacy and registration forms up to date • Guaranteeing that patients who are susceptible (e.g., youngsters, elderly people, or expecting moms) receive resources and amenities such as wheelchairs and stretchers • taking freshly admitted patients to the proper IPD rooms • Informing hospitalized patients and their companions about the standard of care and services received, as well as feedback and experiences throughout their hospital stay • Gathering the turnaround time (TAT) from patients receiving financial counselling, bringing them to the appropriate IPD room, and seeing to their progress after that. • Addressing concerns raised by patients about test reimbursements or prescription adjustments • Discussion with mentor regarding the collection of admission TAT of the patients **<u>13 JUNE</u>** • Standard upkeep of the lobby area and OPD • Supervising the maintenance and functioning of the lobby • Guiding patients from the outpatient department to their assigned doctor's consultation room • Keeping up proper registration and pharmacy lines • Regulating the number of persons entering the lobby • Escorting newly admitted patients to their assigned IPD rooms • Ensuring proper facilitation of wheelchair and stretcher services for those in need. • Gathering the acknowledgement time of newly admitted patients from their respective nursing stations on the IPD floors. • Collecting the admission TAT for normal IPD patients, excluding those in oncology day care and dialysis. • Conversation on the most common difficulty we encounter carrying out our duties and responsibilities in the lobby area

	with our mentor and the GREs team. **<u>14 JUNE</u>** • Emergency and OPD rounds were conducted • Sustaining the lobby audience • Assuring that lines form properly and run smoothly at the pharmacy and registration desk • Arranging seats for attendants or patients to sit and wait, maintaining the decorum of the lobby and hospital by keeping the noise level down and preventing chaos. • Providing vulnerable patients with services and amenities like wheelchairs and stretchers • Leading patients to the appropriate doctor's office, sample room, RGHS counter, or report collecting desk • Escorting recently admitted patients to their appropriate IPD rooms • Gathering newly admitted patients TAT. • Discussion with mentor regarding how to manage the patients and attendants in the waiting area of the lobby **<u>15 JUNE</u>** • Conducting the OPD and lobby round • Overseeing the lobby's upkeep and standard of operation • Keeping the masses in the entrance hall ensuring that the lines at the pharmacy and registration desk are organized appropriately and run smoothly • Making sure vulnerable patients (older adults, pregnant women and children) receive services and facilities like wheelchairs and stretchers. • Frequently receive queries about why patients with appointments do not receive any advantages during registration compared to those without appointments, which can be disheartening for them. • Directing patients to the appropriate doctor's consultation rooms, sample rooms, RGHS counters, or report collection desks. • Escorting recently admitted patients to their appropriate IPD rooms • Gathering TAT from recently admitted patients • Had a conversation with a mentor about the data gathered on admission TAT
Linking theory (Classroom learning) with practice at your organisation	• Effective communication with all stakeholders to effectively manage time. • Getting used to GRE duties and appreciating the gravity of the role • Effective staff communication to collect data (from front office, GREs of respective floors etc.) • Stakeholder management within hospital premises to ensure

	effective data documentation. • Managing time for bed assignment, transferring from ER to IPD, and from OPD to IPD. • Maintaining appropriate OPD standards in the lobby and porch spaces. • Speaking out for patients and guest's rights to admission, consultation, discharge, and hospital mobility • Close analysis of common reasons for the most frequently occurring problems in admission process
Gaps identified on the working area.	• Patients must wait for extended periods of time because doctors are not accessible in the OPD at their designated times. • GDAs are not available in porch and lobby area. • Overworking OPD and pool GDAs. • Overcrowding in front of the sample collection place (no seating room and manual calling mechanism of patients for sample collection). • There is no advantage for patients who have taken an online appointment at the front office; they still must wait in the queue for registration alongside non-appointment patients. • It is challenging to tell the patient from the attendants when they first enter the hospital. • There is no facility such as a lost and found area to help people search for their belongings. • Due to the lack of a cloakroom or locker room, patients and attendants usually leave their belongings at their seats in the lobby area, which may result in lost items.
Suggestions for improvement	• To avoid chaos in the lobby, special entrance points for OPD and IPD patients should be provided, and visitor and attendee passes should be checked upon arrival. • Biometric systems should be used by medical professionals and other employees • People should have access to a locker room or other space where they can store their possessions rather than leaving them there. • To precisely match the patient's appointment and turn around, a digital token system should be used. • There should be arrangements for a separate counter for online appointment patients so that they don't have to wait in the queue with non-appointment patients for registration. • There should be a lost and found counter or helpline to assist attendants in locating their belongings.
Plan for the next week	• Data collection and analysis of admission TAT for IPD patients

WEEK-8TH REPORT

Name of the Organisation: PARAS HEALTH HOSPITAL

Area/ Department/ Project of Summer Internship Program: PUBLIC RELATIONS

Name of the Student: Dr. KHUSHBOO THAKUR

Roll no: 1731 **Stream: MBA- HM**

Week no: 8 **From:17 JUNE to 22 JUNE 2024**

Activity Done	**17TH JUNE** • Completing rounds in the OPD and emergency room. • Transporting patients from the OPD to their assigned consultation rooms. • Managing IPD attendants and the OPD crowd in the lobby area. • Keeping pharmacy and registration ques organized . • Monitoring the time of patient arrival at the admission counter. • Ensuring that vulnerable patients, such as children, elderly individuals, or expectant mothers, receive necessary resources and amenities like wheelchairs and stretchers. • Escorting newly admitted patients to their assigned IPD rooms. • Informing hospitalized patients and their companions about the standard of care and services provided, as well as gathering feedback on their hospital experience. • Collecting turnaround time (TAT) data from patients receiving financial counseling, escorting them to the appropriate IPD room, and monitoring their progress afterward. • Frequent complaints and queries regarding detailed hospital bills by the patients/ attendants noted • Evaluating the duration spent on admitting patients, assigning rooms, and guiding them to their designated rooms by floor-specific GREs. • Discussing with a mentor the collection of admission TAT for patients.

	18TH JUNE • Regular maintenance of the lobby area and OPD. • Overseeing the upkeep and operation of the lobby. • Directing patients from the outpatient department to their designated doctor's consultation room. • Maintaining orderly registration and pharmacy lines. • Controlling the number of people entering the lobby. • Recording the time when patients arrive at the admission counter. • Cross-verification of treatment packages by receptionist from doctors takes time as doctors availability/ reachability is uneasy • Accompanying newly admitted patients to their designated IPD rooms. • Ensuring the availability of wheelchair and stretcher services for those in need. • Collecting the acknowledgment time for newly admitted patients from their respective nursing stations on the IPD floors. • Gathering admission turnaround time (TAT) for regular IPD patients, excluding those in oncology day care and dialysis. • Assessing the time allocated to admit patients, allocate rooms, and escort them to their designated rooms by GREs assigned to specific floors. • Discussing common challenges faced due to lack of coordination among nursing station (for HIS checkout of patient), housekeeping(room not prepared)and GREs(room are not vacant on the HIS). **19TH JUNE** • Conducted rounds in the emergency and OPD. • Maintaining a steady flow of visitors in the lobby. • Ensuring orderly and efficient lines at the pharmacy and registration desk. • Tracking the time patients reach the admission counter. • Arranging seating for attendants and patients, keeping the lobby and hospital calm and organized. • Providing services and amenities like wheelchairs and stretchers for vulnerable patients. • Mismanagement of room allotment and room availability on HIS thus manual confirmation and allotment is done • Directing patients to the appropriate doctor's office, sample room, RGHS counter, or report collection

	desk. • Evaluating the time dedicated to admitting patients, assigning rooms, and escorting them to their designated rooms by GREs designated to specific floors. • Escorting newly admitted patients to their designated IPD rooms. • Collecting turnaround time (TAT) data for newly admitted patients. • Discussing with a mentor how to manage improve bed management at IPD floors and bed allocation to new patients smoothly and fast. **20TH JUNE** • Performing rounds in the emergency room and outpatient department (OPD). • Guiding OPD patients to their designated consultation rooms. • Managing the OPD crowd and inpatient department (IPD) attendants in the lobby. • Keeping registration and pharmacy queues organized. • Ensuring that vulnerable patients, such as expectant mothers, the elderly, or children, receive necessary services and facilities like wheelchairs and stretchers. • Keeping track of when patients arrive at the admission counter. • Accompanying newly admitted patients to their assigned IPD rooms. • Informing patients and their attendants about feedback, hospital stay experience, and the quality of care and services provided. • Gathering turnaround time (TAT) data for patients undergoing financial counseling , then escorting them to their respective IPD rooms and overseeing their care. • Assessing the time devoted to admitting patients, assigning rooms, and guiding them to their designated rooms by GREs assigned to particular floors. • Discussion with mentor regarding patient feedback and inconvenience faced by patients during admission process. **21ST JUNE** • Maintaining a steady flow of visitors in the lobby. • Directing OPD patients to their designated consultation rooms. • Managing the presence of OPD patients and IPD

	attendants in the lobby area. • Guiding patients and attendants to waiting area seats to prevent disorganization or overcrowding, ensuring lobby standards are upheld. • Organizing the pharmacy and registration queues. • Providing wheelchairs and stretchers to vulnerable patients, such as expectant mothers, elderly individuals, or toddlers • Ensuring smooth operation of pharmacy and registration lines. • Directing patients to the appropriate doctor's office, sample room, RGHS counter, or report collection desk. • Accompanying newly admitted patients to their assigned IPD rooms. • Evaluating the duration spent on admitting patients, assigning rooms, and escorting them to their designated rooms by floor-specific GREs. • Ensuring proper seating arrangements in the waiting area for patients and their attendants. • Collecting turnaround time (TAT) data for newly admitted patients. • Discussing with a mentor regarding GREs to update patients checkout from HIS as patients discharged **22ND JUNE** • Conducting rounds in the OPD and lobby. • Overseeing the upkeep and operational standards of the lobby. • Managing the crowd in the entrance hall and ensuring the lines at the pharmacy and registration desk are organized and efficient. • Monitoring the arrival times of patients at the admission counter. • Ensuring that vulnerable patients (such as elderly adults, pregnant women, and children) receive necessary services and facilities like wheelchairs and stretchers. • Directing patients to the appropriate doctor's consultation rooms, sample rooms, RGHS counters, or report collection desks. • Assessing the time taken for admitting patients, allocating rooms, and escorting them to their designated rooms by GREs assigned to specific floors. • Escorting newly admitted patients to their designated IPD rooms. • Collecting turnaround time (TAT) data from newly admitted patients.

	• Discussing the bottle necks for possible delay in admission with a mentor.
Linking theory (Classroom learning) with practice at your organisation	• Integration of Health Information Technology (HIT) is crucial for improving healthcare delivery. • Systematic allocation of rooms based on patient needs and availability is an example of resource management. • Lean Management emphasize reducing waste and improving efficiency in healthcare processes by assessing the time spent on admitting patients, assigning rooms, and escorting them to their designated room. • Efficiently communicating with all stakeholders to manage time effectively. • Acclimating to GRE duties and understanding the importance of the role. • Facilitating effective staff communication to gather data from the front office and GREs on respective floors. • Managing stakeholders within hospital premises to ensure accurate data documentation. • Coordinating bed assignments, transfers from ER to IPD, and from OPD to IPD. • Upholding appropriate OPD standards in lobby and porch areas. • Advocating for patient and guest rights concerning admission, consultation, discharge, and hospital mobility. • Thoroughly analyzing common reasons for frequently occurring issues in the admission process.
Gaps identified on the working area.	• HIS system utilization needs to be improved and updated as per the recent scenario • Patients are facing confusion and inconvenience due to unclear and costly service charges on their hospital bills, which surpass the estimates provided during their financial counseling. • Patients are requesting a detailed breakdown of the charges associated with their hospital stay. • Re-verification or cross-confirmation of packages by receptionists from respective physicians results in delay in admission process • Patients experience prolonged waiting times because doctors are not available in the OPD

	during their scheduled hours. • There is a lack of GDAs in the porch and lobby area. • OPD and pool GDAs are being overworked. • There is overcrowding near the sample collection area, with insufficient seating and a manual patient calling system. • Patients who have booked appointments online do not receive priority at the front office and must wait in line for registration alongside non-appointment patients. • It is difficult to differentiate between patients and their attendants upon their initial entry into the hospital. • There is no lost and found area available to assist people in locating their belongings. • The absence of a cloakroom or locker room prompts patients and attendants to leave their belongings unattended in the lobby area, leading to potential losses.
Suggestions for improvement	• Continues and regular updated should be done in HIS for proper and smooth coordination among the staff for admission process • Proper and clear financial counselling of patient should be done to reduce their future billing concerns and distrust behaviour • To maintain order in the lobby, designated entrances for OPD and IPD patients should be established, with verification of visitor and attendant passes upon arrival. • Medical professionals and staff should utilize biometric systems for secure access. • Facilities should be provided where individuals can securely store their belongings, rather than leaving them unattended. • Implementing a digital token system would ensure precise scheduling and turnaround times for patient appointments. • Online appointment patients should have access to a separate counter to expedite registration, separate from non-appointment patients. • A lost and found counter or helpline should be available to assist attendants in locating lost belongings**.**
Plan for the next week	• Data collection and analysis of admission TAT for IPD patients

	• PowerPoint preparation of discharge TAT analysis project • Presentation of all internship projects

WEEK-9TH REPORT

Name of the Organisation: PARAS HEALTH

Area/ Department/ Project of Summer Internship Program: PUBLIC RELATIONS

Name of the Student: Dr. KHUSHBOO THAKUR

Roll no: 1731 **Stream: MBA-HM**

Week no: 9 **From:24 JUNE To 29 JUNE 2024**

Activity Done	**<u>24 JUNE</u>** • Conducted rounds in the emergency department and outpatient clinic. • Maintained a steady flow of visitors in the lobby. • Ensured orderly and efficient queues at the pharmacy and registration desk. • Tracked the time patients reached the admission counter. • Arranged seating for attendants and patients, keeping the lobby and hospital calm and organized. • Provided services and amenities like wheelchairs and stretchers for vulnerable patients. • Due to mismanagement of room allotment and availability on the HIS, manual confirmation and allotment were done. • Directed patients to the appropriate doctor's office, sample room, RGHS counter, or report collection desk. • Evaluated the time dedicated to admitting patients, assigning rooms, and escorting them to their designated rooms by GREs assigned to specific floors. • Escorted newly admitted patients to their designated IPD rooms. • Collected turnaround time (TAT) data for newly admitted patients. • Discussed with a mentor how to improve bed management on IPD floors and expedite bed allocation for new patients. **<u>25 JUNE</u>** • Performing rounds in the emergency room and outpatient department (OPD). • Guiding OPD patients to their designated consultation rooms

	• Managing the OPD crowd and inpatient department (IPD) attendants in the lobby. • Keeping the registration and pharmacy queues organized. • Ensuring that vulnerable patients, such as expectant mothers, the elderly, or children, receive necessary services and facilities like wheelchairs and stretchers. • Keeping track of when patients arrive at the admission counter. • Accompanying newly admitted patients to their assigned IPD rooms. • Informing patients and their attendants about feedback, hospital stay experience, and the quality of care and services provided. • turnaround time (TAT) data for patients undergoing financial counselling, then escorting them to their respective IPD rooms and overseeing their care. • Assessing the time devoted to admitting patients, assigning rooms, and guiding them to their designated rooms by GREs assigned to particular floors. • Discussing with a mentor the patient feedback and any inconveniences faced by patients during the admission process. **<u>26 JUNE</u>** • Conducting rounds in the OPD and lobby. • Overseeing the upkeep and operational standards of the lobby. • Managing the crowd in the entrance hall and ensuring organized and efficient lines at the pharmacy and registration desk. • Monitoring the arrival times of patients at the admission counter. • Ensuring that vulnerable patients, such as elderly adults, pregnant women, and children, receive necessary services and facilities like wheelchairs and stretchers. • Directing patients to the appropriate doctor's consultation rooms, sample rooms, RGHS counters, or report collection desks. • Assessing the time taken for admitting patients, allocating rooms, and escorting them to their designated rooms by GREs assigned to specific floors. • Escorting newly admitted patients to their designated IPD rooms.

	• Collecting turnaround time (TAT) data from newly admitted patients. • Discussing the bottlenecks causing possible delays in admission with a mentor. **<u>27 JUNE</u>** • Data was collected and organized in an Excel spreadsheet • Data was analysed and interpreted to extract key insights • Findings, root causes, and suggestions/recommendations were compiled into a PowerPoint presentation • Presentation was created to effectively communicate results and insights • Presentation was discussed with mentor to obtain feedback and suggestions • Corrections and revisions were made based on mentor's input **<u>28 JUNE</u>** • Information was gathered and systematically arranged in an Excel spreadsheet for ease of analysis. • The data was thoroughly examined and interpreted to uncover crucial discoveries and trends. • The key findings, underlying causes, and proposed solutions were condensed into a clear and concise PowerPoint presentation. • The presentation was crafted to effectively convey the results and insights in a visually engaging manner. • The presentation was reviewed with my mentor to solicit feedback and guidance, and subsequently refined based on their expert input. **<u>29 JUNE</u>** • Meeting started at 9:00 AM • Attendees included hospital supervisors and mentors • Presentations were held and reports were reviewed in detail • Discussions centred around learnings and takeaways from the internship experience • A gratitude and acknowledgment session were held after lunch • The final presentation was submitted to my mentor

	• I received the Certificate of Internship Completion, marking the end of my internship journey
Linking theory (Classroom learning) with practice at your organisation	• The successful implementation of Health Information Technology (HIT) is vital for enhancing healthcare services. • Optimizing resource allocation, such as assigning rooms based on patient needs and availability, is a key aspect of effective management. • Suggestions based on data-driven insights • Lean Management principles focus on streamlining healthcare processes, reducing waste, and boosting efficiency, including analyzing patient admission, room assignment, and escort times. • Effective communication with all stakeholders is crucial for managing time efficiently. • Acclimating to GRE responsibilities and recognizing the significance of this role is essential. • Facilitating seamless communication among staff to gather data from the front office and GREs on respective floors is vital. • Managing stakeholders within the hospital to ensure accurate data documentation is a key responsibility. • Coordinating bed assignments, transfers from the ER to IPD, and from OPD to IPD, is a critical task. • Maintaining high standards in OPD areas, including the lobby and porch, is essential. • Advocating for patient and guest rights throughout the admission, consultation, discharge, and hospital navigation processes is a priority. • Conducting thorough analyses of recurring issues in the admission process to identify areas for improvement.
Gaps identified on the working area.	• HIS system utilization needs to be improved and updated as per the recent scenario • Patients are facing confusion and inconvenience due to unclear and costly service charges on their hospital bills, which surpass the estimates provided during their financial counselling. • Patients are requesting a detailed breakdown of the charges associated with their hospital stay. • Re-verification or cross-confirmation of packages by receptionists from respective physicians results

	in delay in admission process • Patients experience prolonged waiting times because doctors are not available in the OPD during their scheduled hours. • There is a lack of GDAs in the porch and lobby area. • OPD and pool GDAs are being overworked. • There is overcrowding near the sample collection area, with insufficient seating and a manual patient calling system. • Patients who have booked appointments online do not receive priority at the front office and must wait in line for registration alongside non-appointment patients. • It is difficult to differentiate between patients and their attendants upon their initial entry into the hospital. • There is no lost and found area available to assist people in locating their belongings. • The absence of a cloakroom or locker room prompts patients and attendants to leave their belongings unattended in the lobby area, leading to potential losses.
Suggestions for improvement	1. Streamline Room Preparation: - Introduce a real-time monitoring system to track room preparation status. 2. Enhance Staff Coordination: - Improve communication between stakeholders. - Conduct training sessions to emphasize efficient patient handling and adherence to TAT. 3. Optimize Front Office Operations: - Increase staffing during peak hours to manage rush at admission counters. - Introduce an appointment-based system to evenly spread patient arrivals throughout the day. 4. Leverage Technology: - Implement an alert system within the HIS to notify relevant departments of potential delays.

COMPILED REPORT

Name of the Organisation: PARAS HEALTH

Area/ Department/ Project of Summer Internship Program: PUBLIC RELATIONS

Name of the Student: Dr. KHUSHBOO THAKUR

Roll no: 1731 (Section – A) **Stream: MBA - HM**

Week no: 1 to 9 **From:1 MAY 2024 To 30 JUNE,2024**

Activity Done	1 May, 2024 • Board meeting with department heads, mentor allotment, and initial mentor mentee interaction. • Hospital department tours, focusing on the Guest Relation Department. • Orientation and team meeting in the afternoon. • Rounds and observation in OPD, accident, and emergency departments. 2 May ,2024 • Rounds in the inpatient department (IPD) on floors 4, 5, and 6. • Orienting IPD patients post bed allotment and collecting patient feedback. • Escorting patients from lobby to OPDs and IPDs. • Observing conflict management by Guest Relation Executives (GRE). 3 May, 2024 • Observing IPD patient discharge processes and recording time taken at each step. • Attending a seminar by the quality department on NABH standards and safety codes. 4 May, 2024 • Assisting GRE with creating vacant IPD room lists and patient admissions. • Monitoring preventive healthcare center sessions. • Creating an Excel format for discharge TAT

	analysis. • Attending an induction session by HR. 6 May, 2024 • Started working on Patient Discharge TAT Analysis project. • Conducted IPD rounds for discharge confirmation. • Observing discharge summary drafts and pharmacy returns/dispatches. • Evaluated turnaround time for various discharge steps and collected feedback. 7 May ,2024 • Escorting patients, checking discharge summaries, and collecting data on discharge times. • Assessing turnaround time for different payor categories and identifying delays. 8 May ,2024 • Monitoring discharge processes and gathering data. • Conducting surveillance for patient advocacy. • Evaluating reasons for high unplanned discharges and common complaints. 9 May, 2024 • Monitoring discharges and collecting room vacancy information. • Performing bed management and evaluating admission TAT. • Discussing project updates and complaints with the mentor. 10 May ,2024 • Escorting emergency patients and coordinating with the front office. • Tracking discharge progress and attending NABH programs. • Participating in emergency code mock drills. 11 May, 2024

	• Monitoring discharge processes, compiling data, and evaluating discharge TAT. • Discussing poster/presentation topics with the mentor and attending International Nurse Day program. 13 May, 2024 • Monitoring discharge processes and tracking unplanned discharges. • Collecting data from pharmacy and billing departments. • Counselling patients and gathering feedback. 14 May ,2024 • Conducting IPD floor rounds and supervising bed management. • Collecting data on planned and unplanned discharges. • Attending BLS training. 15 May ,2024 • Conducting rounds and collecting data on planned discharges and room vacancies. • Escorting new admissions and monitoring discharge progress. • Discussing project data and evaluation with the mentor. 16 May, 2024 • Conducting IPD and OPD rounds and tracking unplanned discharges. • Collecting data from housekeeping regarding room turnover times. • Ensuring the proper management of lobby and porch services. 17 May ,2024 • Conducting floor rounds, managing admission processes, and crowd control in the lobby. • Ensuring the proper management of registration and pharmacy queues. • Discussing problems encountered in GRE roles

	with the mentor. 18 May ,2024 • Conducted OPDs and emergency rounds • Maintained OPD and IPD crowd management • Escorted patients from OPDs to IPD rooms • Collected admission TAT of newly admitted patients • Linked theory with practice: Practiced GRE responsibilities, stakeholder management, and effective communication for data extraction. 20^{TH} - 25^{TH} May ,2024 • Conducted IPD rounds, collected data on vacant/occupied rooms • Managed OPD and IPD patient navigation and crowd control • Collected TAT for admissions and discharges • Evaluated discharge process and nursing clearance • Discussed challenges and data with mentor 27 – 31 May , 2024 • Conducted IPD rounds and OPD lobby maintenance • Prepared for NABH inspection with mock drills and data collection • Educated patients on hospital services and feedback • Participated in board meetings and coordinated with GRE team for inspection 1 JUNE,2024 • Board meeting with NABH members and hospital administration. • Assigned interns to respective floors (5th and 6th) for surveillance. • Checked files for proper documentation and consent forms. • Ensured proper segregation of documents in patient files. • Assessed patient files and sent them for administrative review.

	• Monitored the maintenance of nursing stations. • Participated in NABH mock drills. • Provided patient data and files to assessors. • Discussed NABH inspection and assessment with mentor and AHM. 2 JUNE,2024 • Conducted thorough surveillance of assigned floors. • Monitored file and register maintenance at nursing stations. • Assisted NABH assessors during facility rounds on 5th and 6th floors. 3 JUNE,2024 • Conducted OPD and IPD rounds. • Collected data on doctor's consultation round time in IPD. • Monitored unscheduled discharges. • Assessed discharge summary time and nursing clearance update on HIS. • Discussed discharge project data with mentor. 4 JUNE,2024 • Performed IPD rounds and gathered room occupancy lists from GRE. • Guided OPD patients and maintained lobby and registration lines. • Collected data on scheduled and unplanned discharges. • Discussed data collection challenges with mentor. 5 JUNE,2024 • Conducted IPD rounds and gathered GRE lists of occupied and available rooms. • Monitored lobby and OPD areas. • Recorded dietician's and doctor's rounds in IPD. • Discussed mid internship reviews and work progress with the board.

	6 JUNE,2024 • Conducted IPD rounds and gathered GRE lists. • Assessed discharge procedures and collected data from various departments. • Organized data in excel sheets and discussed with mentor. 7th JUNE,2024 • Conducted IPD rounds and gathered anticipated discharge lists from GRE. • Maintained lobby and OPD areas. • Guided patients and ensured proper seating and services. • Discussed data organization with mentor. 8 JUNE,2024 • Conducted IPD rounds and gathered discharge lists from GRE. • Maintained lobby and OPD areas. • Guided and educated patients and attendants. • Collected and organized data regarding pharmacy returns and discharges. • Discussed data organization with mentor. 10 JUNE,2024 • Conducted rounds in the emergency room and OPD. • Guided OPD patients and maintained lobby order. • Collected TAT for financial counselling and discussed patient feedback with mentor. 11 JUNE,2024 • Maintained lobby and guided OPD patients. • Organized pharmacy and registration lines. • Collected TAT for newly admitted patients and discussed lobby crowd management with mentor. 12 JUNE,2024 • Conducted OPD and emergency room rounds.

	• Addressed patient queries and gathered admission TAT. • Discussed admission TAT data collection with mentor. 13 JUNE,2024 • Maintained lobby and OPD areas. • Escorted newly admitted patients and ensured proper services. • Gathered acknowledgment time of newly admitted patients and admission TAT. • Discussed common difficulties with mentor and GRE team. 14 JUNE,2024 • Conducted emergency and OPD rounds. • Sustained lobby audience and managed pharmacy and registration desk lines. • Arranged seating for attendants, maintained lobby decorum. • Provided services like wheelchairs and stretchers to vulnerable patients. • Directed patients to appropriate locations (doctor's office, sample room, etc.). • Escorted newly admitted patients to IPD rooms and gathered TAT. • Discussed patient management with mentor. 15 JUNE,2024 • Conducted OPD and lobby rounds, oversaw upkeep and operation. • Managed pharmacy and registration desk lines. • Assisted vulnerable patients with wheelchairs and stretchers. • Addressed patient queries about appointment advantages. • Directed patients to appropriate locations. • Collected TAT from newly admitted patients. • Discussed admission TAT with mentor. 17 JUNE,2024 • Completed OPD and emergency rounds. • Transported patients to consultation rooms. • Managed IPD attendants and OPD crowd. • Ensured smooth pharmacy and registration queues.

	• Monitored patient arrival times at admission counter. • Escorted newly admitted patients to IPD rooms. • Collected TAT data and gathered feedback on hospital experience. • Evaluated admission process and discussed with mentor. 18 JUNE,2024 • Maintained lobby and OPD. • Directed patients to consultation rooms. • Managed registration and pharmacy lines. • Ensured wheelchair and stretcher services for vulnerable patients. • Collected acknowledgment time for newly admitted patients. • Gathered admission TAT for IPD patients. • Discussed challenges with mentor. 19 JUNE,2024 • Conducted emergency and OPD rounds. • Managed lobby flow and organized lines. • Provided amenities for vulnerable patients. • Directed patients to appropriate locations. • Evaluated admission process. • Collected TAT data and discussed bed management with mentor. 20 JUNE,2024 • Performed emergency and OPD rounds. • Guided patients to consultation rooms. • Managed OPD crowd and attendants in the lobby. • Monitored admission counter times. • Collected TAT data and discussed patient feedback with mentor. 21 JUNE,2024 • Maintained lobby flow and organized lines. • Directed patients to appropriate locations. • Provided services for vulnerable patients. • Collected TAT data and discussed discharge process with mentor. 22 JUNE,2024 • Conducted OPD and lobby rounds. • Managed crowd and organized lines. • Provided services for vulnerable patients.

	• Collected TAT data and discussed admission delays with mentor. 24 JUNE,2024 • Conducted emergency and OPD rounds. • Managed lobby flow and organized lines. • Provided amenities for vulnerable patients. • Directed patients to appropriate locations. • Evaluated admission process and discussed with mentor. 25 JUNE,2024 • Performed emergency and OPD rounds. • Guided patients to consultation rooms. • Managed OPD crowd and attendants in the lobby. • Monitored admission counter times. • Collected TAT data and discussed patient feedback with mentor. 26 JUNE,2024 • Conducted OPD and lobby rounds. • Managed crowd and organized lines. • Provided services for vulnerable patients. • Collected TAT data and discussed admission delays with mentor. 27 JUNE,2024 • Collected and organized data in Excel. • Analyzed and interpreted data for key insights. • Compiled findings into a PowerPoint presentation. • Discussed presentation with mentor and made revisions. 28 JUNE,2024 • Gathered and arranged data in Excel. • Examined data for crucial discoveries. • Created a PowerPoint presentation to convey results. • Reviewed presentation with mentor and refined based on feedback. 29 JUNE,2024 • Conducted final meeting with hospital supervisors and mentors. • Presented findings and discussed learnings. • Submitted final presentation and received Internship Completion Certificate.

Linking theory (Classroom learning) with practice at your organisation	• Learned GRE roles, patient treatment monitoring, and ensuring smooth patient experiences. • Managed conflicts and facilitated interdepartmental collaboration. • Collected and managed patient feedback and complaints. • Practiced GRE responsibilities, effective communication, and time management. • Applied NABH protocols and guidelines. • Optimized resource allocation and implemented Lean Management principles. • Advocated for patient and attendant needs. • Coordinated bed assignments and patient transfers. • Maintained high standards in OPD areas. • Analysed recurring issues in the admission process for improvement.
Gaps identified on the working area.	• Overloaded with work for GREs. • Lack of cooperation among departments. • Delayed doctor rounds and pharmacy approval issues. • Lack of coordination among GDAs and availability of bedside medicine. • Complaints about parking. • Difficulty differentiating between OPD patients and IPD attendants. • Non-punctual doctor rounds and dietician visits. • Unavailability and overworking of GDAs. • Overcrowding at sample collection areas. • Delay in document processing and lack of proper time recording. • Inconsistent IPD rounds by dieticians. • Long waiting times for OPD patients. • Overworked and insufficient GDAs. • HIS system utilization needs improvement and updates. • Unclear and costly service charges on patient bills. • Delays due to re-verification of packages by receptionists from physicians. • Lack of GDAs in porch and lobby areas. • Overworked OPD and pool GDAs. • Overcrowding and insufficient seating near sample collection areas. • No priority for patients with online appointments. • No lost and found area for belongings.

	• Absence of cloakroom or locker room, leading to unattended belongings.
Suggestions for improvement	• Implement biometric attendance for all staff, including doctors. • Allocate GDAs to specific departments and floors. • Ensure bedside medicine availability before discharge. • Separate parking for staff and patients. • Separate entry points and visitor pass checks for OPD and IPD patients. • Digitalized token system for patient appointments. • Separate time column from the date in discharge registers for better tracking. • Implement regular quality inspections for file maintenance. • Conduct frequent mock drills and emergency code practices. • Conduct timely meetings for bed management. • Consider pneumatic shoots for transportation. • Streamline room preparation with real - time monitoring systems. • Enhance staff coordination through improved communication and training sessions. • Optimize front office operations by increasing staffing during peak hours and introducing an appointment - based system. • Leverage technology with an alert system within the HIS to notify departments of potential delays.

PLAGARISM REPORT

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