SUMMER INTERNSHIP PROGRAM
AT
KIMS HOSPITAL, HYDERABAD

From 6th of May 2024 to 6th of July 2024

A REPORT BY
KALVA DHARANI

MASTER OF BUSINESS ADMINISTRATION
(HOSPITAL AND HEALTH)

2023-2025

Under the mentorship of
Dr. Piyusha Majumdar(Associate professor)

KIMS HOSPITALS™
GACHIBOWLI

6th July 2024

CERTIFICATE OF COMPLETION

This is to certify that Dr. KALVA DHARANI of batch 2023-25 from IIHMR University (MBA,HHM) has successfully completed her summer internship with our organization from 6th May 2024 to 6th July 2024. During this period, her overall performance was excellent.

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

Signature of the Mentor

Name: Dr. Geetha Ganesh

Designation: HOD-Quality

Authorized Signatory

Name:Dr. Ankita Roy Chawla

Designation: Associate Medical Director

Associate Medical Director
KIMS HOSPITALS
(A Unit of Rajyalakshmi Healthcare Pvt. Ltd)
Survey No. 45, 46, Near
Navkhalsa Village, Gachibowli-500 008.

RAJYALAKSHMI HEALTH CARE PVT LTD

IIHMR UNIVERSITY

IIHMR University Faculty Mentor Approval

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

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

Date:22-07-2024

Piyusha

Dr Piyusha Majumdar
Associate professor

STUDY ON TURNAROUND TIME AND WAITING TIME IN RADIOLOGY DEPARTMENT AT KIMS HOPITAL

University Mentor: Dr. Piyusha Majumdar
Organization Mentor: Dr. Geetha Ganesh

Presented By: Kalva Dharani(1726)
MBA, HHM 28, IIHMR University, JAIPUR

ABOUT THE ORGANISATION:

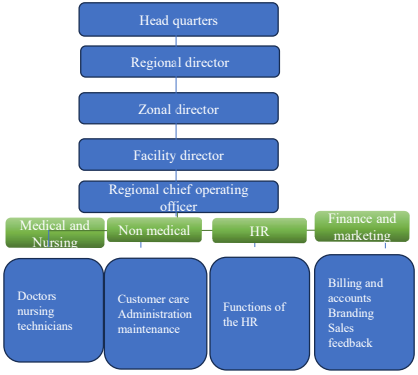
Krishna Institute of Medical Sciences Is an Indian hospital chain based in Telangana. Founded by Dr. Bhaskar Rao Bollineni in 2000 in Nellore. Currently, 12 hospitals in Andhra Pradesh, Telangana and Madhya Pradesh. The hospital group is certified in NABH and NABL. Kims Gachibowli started its journey in 2018 with 250 operational beds offering therapeutic, invasive and non-invasive procedures in all specialities and 24/7 emergency care

VISION: To be the most preferred healthcare services brand by providing affordable care and the best clinical outcomes to patients. And to be the best place to work for doctors and employees.

MISION: Providing affordable quality care to our patients with patient-centric systems and processes.

• Enable clinical outcome-driven excellence by engaging modern medical technology & provide a strong impetus for doctors to pursue academics and medical research

ORGANISATION STRUCTURE:



LEARNINGS:

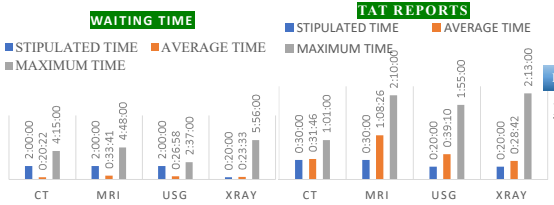
- Turnaround time and waiting time are different metrics that measure different aspects of workflow. TAT is from the time the patient has checked out from the procedure room till the report has been generated
- Waiting time is from when the patient enters the department until check-in into the procedure room.

OBJECTIVE:

- To calculate the turnaround time and waiting time in the radiology department

METHODOLOGY:

- Study design: time-motion study
- Study location hospital, Hyderabad, radiology department
- Sample size: 207 patients(outpatients)
- Sampling technique: Convenient sampling
- Data source: observation and hospital information management system(HIMS)
- Inclusion criteria: OPD patients
- Exclusion criteria: IPD and emergency patients, procedures done post 5:00 PM
- Data analysis: Microsoft Excel



ANALYSIS FOR TAT REPORTS

With the above graph, we can see that the stipulated times for all the procedures are generally exceeded

MRI and USG show the greatest discrepancies of 1hr:08mins and 39 mins. X-ray has the closest average time with notable outliers. The maximum time indicates that there is a need for potential areas for process improvement

ANALYSIS FOR WAITING TIME:

With the graph, we can see that MRI shows the greatest discrepancy, with USG having a small difference between the average and stipulate time which indicates consistency. Xray has a very close average but also has significant outliers with very long waiting time

Overall there is room for improvement in reducing the waiting time.

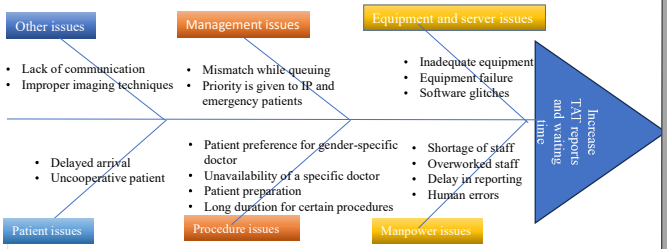
CHALLENGES FACED:

- It was a challenge to monitor the TAT and waiting time during high patient flow
- TAT for reports is more due to a lack of manpower
- Mismatch while quelling the patients causing delay
- Late arrival of patients when called upon leads to delay
- Equipment breakdown leading to increased waiting time

USEFULNESS OF THE INTERNSHIP:

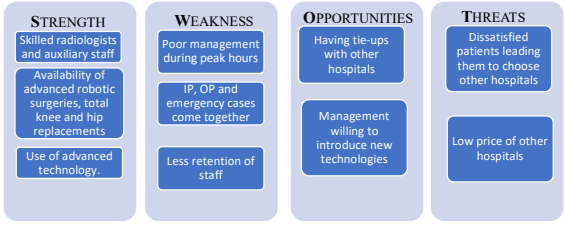
- Helped to understand the different aspects of administration in a hospital
- I have learned to apply theoretical knowledge in practical situations
- It gave me confidence in decision-making and analysis

FISHBONE/ISHIKAWA DIAGRAM:



RECOMMENDATIONS:

- An increase in manpower is necessary
- correction of malfunctioning equipment as early as possible to reduce waiting time
- Recording of the radiologist's notes to avoid delays in the report delivery
- Proper counselling of the patient before the procedure to avoid errors and movement
- Dedicated X-RAY and USG machines for IP and emergency patients
- Use of a token system to prevent the confusion and misplacements of bills during heavy patient flow
- Increase in auxiliary staff during specific days with high patient flow



CONCLUSION:

- With this project, I was able to identify the various factors contributing to increased waiting time and delays in report delivery, and have devised strategies to overcome and improve these services
- Reducing the TAT for reports and waiting time for patients enables better decision-making by healthcare providers and faster responses.
- This has a crucial impact on patient outcomes and the quality of care delivered.
- Shorter waiting times lead to improved customer satisfaction and maintain trust in the organization
- Additionally reducing TAT helps in cost savings by minimizing delays

WEEKLY REPORT

NAME OF THE ORGANIZATION: KIMS HOSPITAL, GACCHIBOWLI, HYDERABAD
AREA OF SUMMER INTERNSHIP: QUALITY
NAME OF THE STUDENT: KALVA DHARANI
ROLL NUMBER :1726
STREAM: HOSPITAL AND HEALTH MANAGEMENT
WEEK NUMBER: ONE
FROM 6TH MAY TO 11TH MAY.

ACTIVITY DONE:

- May 6th: Meeting the HR, for submissions and allotment to the department of interest. Meeting with quality manager Dr. Geetha for orientation. An overview on the wards and departments was given.
- May 7th: audit of hazardous materials in each department of the hospital
- May 8th: audit of hazardous material in each department of the hospital
- May 9th: audit of doctors' initial assessment in the electronic health records of the hospital, done ward wise
- May 10th :audit of nurses' initial assessment in the electronic health records of the hospital
- May 11th: audit of transfer notes, handover notes and assessment notes of all the departments in the hospital.

LINKING THOERY WITH PRACTICE AT YOUR ORGAANIZATION:

- Prior knowledge about hazardous material
- Prior knowledge on EHR (digital health)
- Prior knowledge in hospital planning

GAPS IDENTIFIED ON THE WORKING ARE:

- Lack of visibility of call bells in the wards
- continuous updates missing in the EHR by the doctors and nurses
- turn over time for discharge of the patient is long due to the clearances needed from the departments.

SUGGESTIONS FOR IMPROVEMENT:

- The updates in the EHR can be done by daily audits and proper training to improve the efficiency to both the nursing staff and doctors
- Placement of call bells at a visible area will provide proper and timely response to the patient
- As of discharge turn over time, as soon as the doctor suggests the discharge all departments can be notified to give the clearance to reduce the waiting time of the patient

PLAN FOR TH NEXT WEEK:

- Audit on
    1. Nursing care of patient
    2. Management of medication
    3. Infection control
    4. Spill kits of each department

BY: KALVA DHARANI
HM28
IIHMR UNIVERSITY
ROLL NUMBER 70(1726)

WEEKLY REPORT

NAME OF THE ORGANIZATION: KIMS HOSPITAL, GACCHIBOWLI, HYDERABAD
AREA OF SUMMER INTERNSHIP: QUALITY
NAME OF THE STUDENT: KALVA DHARANI
ROLL NUMBER :1726
STREAM: HOSPITAL AND HEALTH MANAGEMENT
WEEK NUMBER: TWO
FROM:13TH MAY TO 18TH MAY

ACTIVITY DONE:

- May 13th: Holiday due to elections
- May 14th: Audit of handover notes by doctors and nurses of various wards and departments
- May 15th: Audit of various consent forms for the patient
- May 16th: Audit of medication management in the EHR and timely administration of the medication
- May 17th: Audit of transfer notes by the nurses and the doctors in the EHR
- May 18th: : Audit on high-risk medication and double verification of the same in the EHR

LINKING THEORY WITH PRACTICE AT YOUR ORGANIZATION:

- Prior knowledge on EHR (digital health)
- Prior knowledge on medication management and high-risk medication allocation and verification.

GAPS IDENTIFIED ON THE WORKING ARE:

- No proper updates on the EHR
- Missing signatures and names on the consent forms of the patient. Guardians consent when taken the reason for an alternate is missing.

- Transfer and handover notes need to be updated by doctors and nurses to know the flow of the patient from department to department and to make sure their vitals are in a normal range before and after receiving from any department

SUGGESTIONS FOR IMPROVEMENT:

- Proper consents of patients or guardians must be taken before any procedure, with at most care and explanations to avoid further complications
- Double verification of the high-risk medication should be done by 2 nurses to avoid medication errors
- Time to time updates can help in keep the history of the patient and their course of treatment.

PLAN FOR THE NEXT WEEK:

- Reassessment of patients
- Medication administration in each ward and floor

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WEEKLY REPORT

NAME OF THE ORGANIZATION: KIMS HOSPITAL, GACCHIBOWLI, HYDERABAD
AREA OF SUMMER INTERNSHIP: QUALITY
NAME OF THE STUDENT: KALVA DHARANI
ROLL NUMBER :1726
STREAM: HOSPITAL AND HEALTH MANAGEMENT
WEEK NUMBER: THREE
FROM:20TH MAY TO 25TH MAY

ACTIVITY DONE:

- May 20TH: Audit on medication administration in floor 3
- May 21ST: Audit on medication administration in floor 4 and 5
- May 22ND: Audit on incidents registered in the ERH and their progress
- May 23RD: Audit on incidents registered and the progress of them
- May 24TH: Audit on reassessment
- May 25TH: Audit on reassessment

LINKING THEORY WITH PRACTICE AT YOUR ORGANIZATION:

- Prior knowledge of EHR (digital health)
- Prior knowledge of medication management and high-risk medication allocation and verification.
- Prior knowledge of incidents and their management

GAPS IDENTIFIED ON THE WORKING ARE:

- No proper update on the EHR
- Incidents that have been reported are taking time to be resolved
- Reassessment of doctors is incomplete

SUGGESTIONS FOR IMPROVEMENT:

- As medication errors are unacceptable as it is involving the patient, it is important to double-verify the medication.
- Incidents that are being reported should be looked into as soon as possible as they reflect on patient care

PLAN FOR THE NEXT WEEK:

- Nursing standards for NABH
- PREM and PROM in hospital

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WEEKLY REPORT

NAME OF THE ORGANIZATION: KIMS HOSPITAL, GACCHIBOWLI, HYDERABAD
AREA OF SUMMER INTERNSHIP: QUALITY
NAME OF THE STUDENT: KALVA DHARANI
ROLL NUMBER :1726
STREAM: HOSPITAL AND HEALTH MANAGEMENT
WEEK NUMBER: FOUR
FROM:27TH MAY TO 1ST JUNE

ACTIVITY DONE:

- May 27TH: Audit on incidents occurred in the hospital
- May 28TH: Audit on incidents occurred in the hospital
- May 29TH: Review on PREM guidelines and questionnaire
- May 30TH : Review on the nursing standards
- May 31ST: Audit on insurance packages on all departments
- JUNE 1ST: Audit on insurance packages on all departments

LINKING THEORY WITH PRACTICE AT YOUR ORGANIZATION:

- Prior knowledge of incidents and their management
- Prior knowledge on insurance with coverages

GAPS IDENTIFIED ON THE WORKING ARE:

- Incidents that have been reported are taking time to be resolved
- Proper following of the nursing standards is lacking

SUGGESTIONS FOR IMPROVEMENT:

- Incidents that are being reported should be looked into as soon as possible as they reflect on patient care
- Nursing standards should be followed properly to ensure patient safety and quality of care

PLAN FOR THE NEXT WEEK:

- Audit on impres stock in all departments
- Review on PROM guidelines

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WEEKLY REPORT

NAME OF THE ORGANIZATION: KIMS HOSPITAL, GACCHIBOWLI, HYDERABAD
AREA OF SUMMER INTERNSHIP: QUALITY
NAME OF THE STUDENT: KALVA DHARANI
ROLL NUMBER :1726
STREAM: HOSPITAL AND HEALTH MANAGEMENT
WEEK NUMBER: FIVE
FROM: 3RD JUNE TO 8TH JUNE

ACTIVITY DONE:

- JUNE 3RD :Audit on the impress stock in the hospital and to cross check with the central pharmacy
- JUNE 4TH: Audit the impress stock in the hospital and cross-check with the central pharmacy
- JUNR 5TH: Audit the impress stock in the hospital and cross-check with the central pharmacy
- JUNE 6TH: Audit on incidents registered and the progress of them
- JUNE 7TH: Review of literature and suggested loopholes for implementing Patient-reported experience measures in one department

- JUNE 8TH: Review of literature and suggested loopholes for implementing Patient-reported experience measures in one department

LINKING THEORY WITH PRACTICE AT YOUR ORGANIZATION:

- Prior knowledge of EHR (digital health)
- Prior knowledge of medication management and high-risk medication allocation and verification.
- Prior knowledge of incidents and their management

GAPS IDENTIFIED ON THE WORKING ARE:

- No proper update on the HER
- A variety of brands of medications in the impress stock and the medication available in the wards

SUGGESTIONS FOR IMPROVEMENT:

- Updating the checklist to minimise the differences

PLAN FOR THE NEXT WEEK:

- Preparing the project outline and its drawbacks and advantages and proceeding with them.

WEEKLY REPORT

NAME OF THE ORGANIZATION: KIMS HOSPITAL, GACCHIBOWLI, HYDERABAD
AREA OF SUMMER INTERNSHIP: QUALITY
NAME OF THE STUDENT: KALVA DHARANI
ROLL NUMBER:1726
STREAM: HOSPITAL AND HEALTH MANAGEMENT
WEEK NUMBER: SIX
FROM: 10TH JUNE TO 15TH JUNE

ACTIVITY DONE:

- JUNE 10TH: literature review on the turnaround time of radiology department
- JUNE 11TH: literature review on the turnaround time of radiology department
- JUNE 12th: literature review on the patient-reported experience measures in the radiology department
- JUNE 13TH: literature review on the patient-reported experience measures in the radiology department
- JUNE 14TH: calculating the turnaround time in the ultrasound ward
- JUNE 15TH: calculating and making notes on the turnaround time in the CT, MRI and XRAY ward

LINKING THEORY WITH PRACTICE AT YOUR ORGANIZATION:

- Learnings on patient-reported experience measures and patient-reported outcome measure
- Learning about the turnaround time

GAPS IDENTIFIED ON THE WORKING ARE:

Heavy flow of patients in the radiology department
Delay in CT, MRI report

SUGGESTIONS FOR IMPROVEMENT:

Following proper sequence can minimize the chaos
An increase in manpower can help in the delivery of reports faster

PLAN FOR THE NEXT WEEK:

Proceed with the project and its findings

WEEKLY REPORT

NAME OF THE ORGANIZATION: KIMS HOSPITAL, GACCHIBOWLI, HYDERABAD
AREA OF SUMMER INTERNSHIP: QUALITY
NAME OF THE STUDENT: KALVA DHARANI
ROLL NUMBER:1726
STREAM: HOSPITAL AND HEALTH MANAGEMENT
WEEK NUMBER: SEVEN
FROM: 17TH JUNE TO 22TH JUNE

ACTIVITY DONE:

- JUNE 17TH: COLLECTION OF DATA FROM ULTRASOUND
- JUNE 18TH: COLLECTION OF DATA FROM ULTRASOUND
- JUNE 19th: COLLECTION OF DATA FROM MRI AND XRAY
- JUNE 20TH: COLLECTION OF DATA FROM MRI AND XRAY
- JUNE 21ST: COLLECTION OF DATA FROM CT
- JUNE 22ND: COLLECTION OF DATA FROM CT

LINKING THEORY WITH PRACTICE AT YOUR ORGANIZATION:

- Learning about the turnaround time

GAPS IDENTIFIED ON THE WORKING ARE:

Heavy flow of patients in the radiology department
Delay in CT, MRI report

SUGGESTIONS FOR IMPROVEMENT:

Following proper sequence can minimize the chaos
An increase in manpower can help in the delivery of reports faster

PLAN FOR THE NEXT WEEK:

Proceed with the project and its findings

WEEKLY REPORT

NAME OF THE ORGANIZATION: KIMS HOSPITAL, GACCHIBOWLI, HYDERABAD
AREA OF SUMMER INTERNSHIP: QUALITY
NAME OF THE STUDENT: KALVA DHARANI
ROLL NUMBER:1726
STREAM: HOSPITAL AND HEALTH MANAGEMENT
WEEK NUMBER: EIGHT
FROM: 24 JUNE TO 29 JUNE

ACTIVITY DONE:

- JUNE 24: COLLECTION OF DATA FROM ULTRASOUND
- JUN 25TH COLLECTION OF DATA FROM ULTRASOUND
- JUNE 26TH COLLECTION OF DATA FROM MRI AND XRAY
- JUNE 27TH : COLLECTION OF DATA FROM CT
- JUNE 28: COMPILATION OF THE DATA
- JUNE 29TH :COMPILATION OF DATA
- JUNE 30TH: DATA ANALYSIS

LINKING THEORY WITH PRACTICE AT YOUR ORGANIZATION:

- Learning about the turnaround time

GAPS IDENTIFIED ON THE WORKING ARE:

Heavy flow of patients in the radiology department
Delay in CT, MRI report

SUGGESTIONS FOR IMPROVEMENT:

Following proper sequence can minimize the chaos
An increase in manpower can help in the delivery of reports faster