SUMMER INTERNSHIP PROGRAM

at

RUKMANI BIRLA HOSPITAL (RBH)

From 1ST MAY 2024 To 1st JULY 2024

A REPORT BY

HIMANI SHARMA

MBA IN HOSPITAL AND
HEALTH MANAGEMENT
2023-25

Under the Mentorship of
Dr. ANOOP KHANNA
PROFESSOR

IIHMR UNIVERSITY

Completion Certification from the Organization

CERTIFICATE

This is to certify that Dr./Mr./ Ms. HIMANI SHARMA of HM-28 (batch) of IIHMR, JAIPUR (Name of the department/institute) has worked with our organization for his/her summer internship from 1st MAY '24 to 1st JULY '24 (date). The overall performance shown by him/her during the period was excellent/good/average. This certificate is being issued to meet the requirements of the IIHMR University.

Date: 1st JULY '24

(Signature of organization Mentor)

Name: DR. NIHAR BHATIA

Designation: Head Operations

Seal/Stamp of the Organization

IIHMR UNIVERSITY

IIHMR University Faculty Mentor Approval

This is to certify that **Dr. Himani Sharma** 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.

Date: 22nd July, 2024

(Signature of Faculty Mentor)

Dr. Anoop Khanna
Professor
IIHMR UNIVERSITY JAIPUR

NO SHOW ANALYSIS

Presented by - Dr. Himani Sharma Roll no- 1716 Faculty mentor – Dr. Anoop Khanna
Organization Mentor- Dr. Nihar Bhatia

Introduction

Rukmani Birla Hospital (RBH), Jaipur is a 230-bed multispecialty facility that provides extensive inpatient and outpatient care. It has been offering medical care to its patients since its founding, including outpatient services, neurology, gastroenterology, nephrology, cardiology, orthopedics, joint replacement, and more.

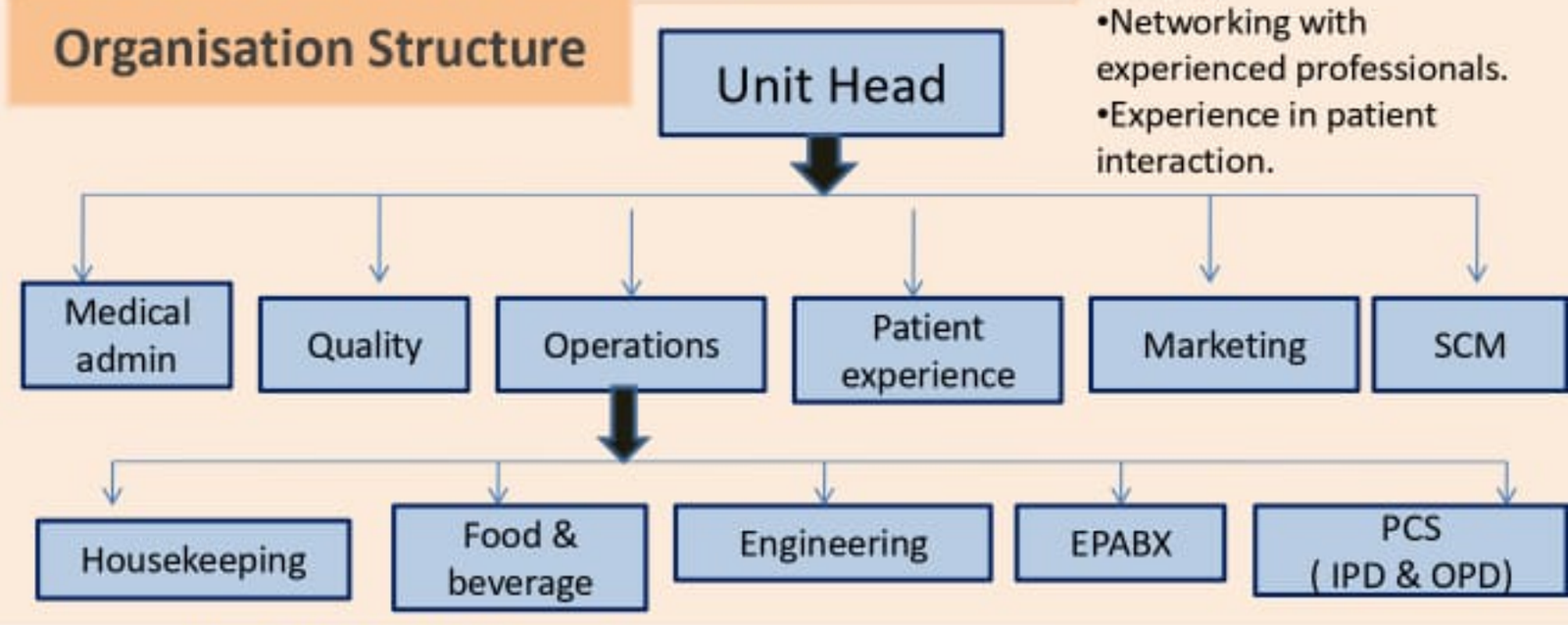
Vision To deliver the highest caliber of clinical expertise and patient care.

Mission To establish clinical centers of excellence with a solid foundation in academics, research, and evidence-based medicine to achieve optimal patient and clinical outcomes.

Core values

- Quality
- Innovation
- Teamwork
- Compassion

Organisation Structure



CHALLENGES FACED

- Data privacy and confidentiality
- Teamwork coordination
- Interdepartmental coordination
- Workload management
- Managing stressed patients during the implementation of new HIS software

USEFULNESS OF INTERNSHIP

- Gaining practical skills and knowledge in the real world healthcare setting
- Gaining confidence in handling new challenges and responsibilities.
- Receiving guidance from experienced and skilled people from medical industry.
- Networking with experienced professionals.
- Experience in patient interaction.

About the project

OBJECTIVES – To reduce the no show % by 3% due to reasons
1) Already took consultation
2) Same day consultation-Appt to walk in

SWOT

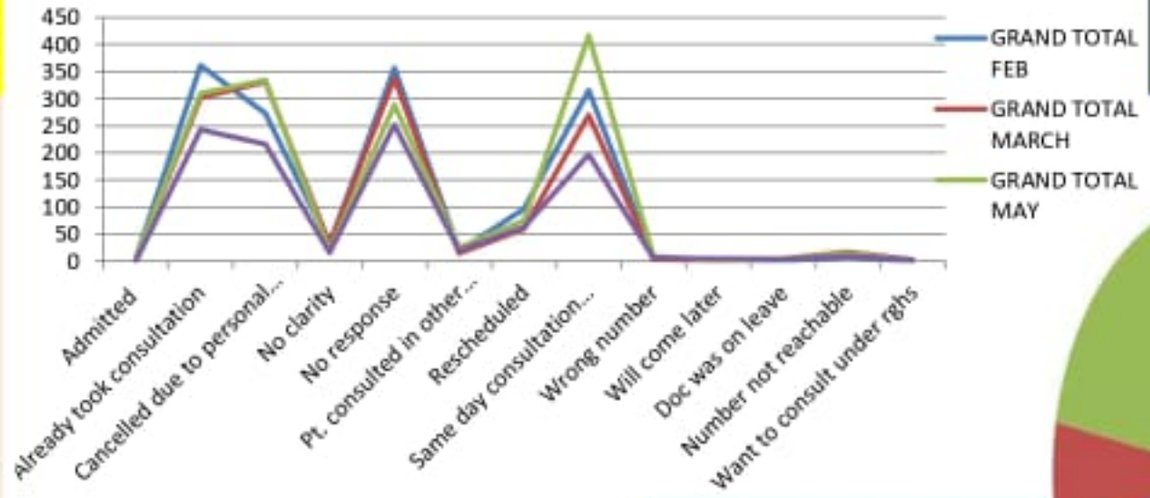
Strengths
- Improved Patient Care
- Higher Appointment Utilization
- Patient Satisfaction
- Data Accuracy

WEAKNESS
- Resource Intensive
- Patient Compliance
- Operational Costs
- Technological Barriers

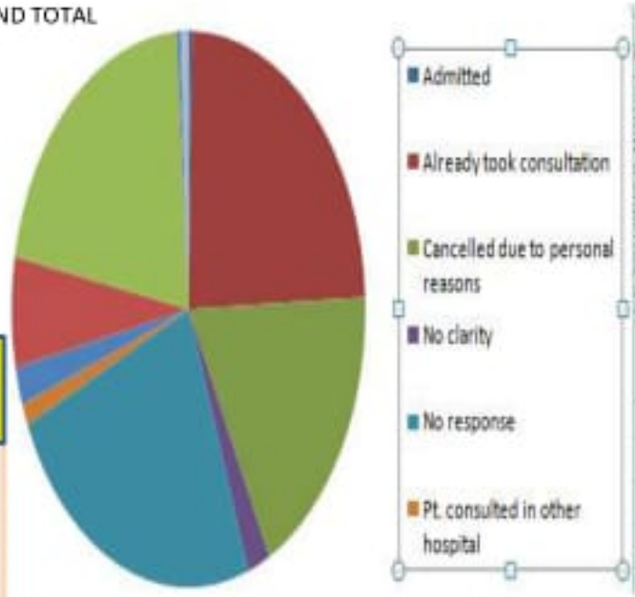
OPPORTUNITIES
- Technology Integration
- Personalized Communication
- Enhanced Patient Records
- Partnerships with Tech Companies

THREATS
- Patient Privacy Concerns
- Staff Resistance
- Technological Failures
- Patient Annoyance

FINDINGS



Reasons for No-Shows



Theoretical understanding

Helped in developing analytical , critical thinking and problem solving skills.

Practical exposure

Hands on experience on how to manage the situation during implementation on new HIS Software. It requires process improvement initiatives, workflow optimization, and patient care coordination.

Value addition

- Tackling anxious patients/ attendants.
- Teamwork skills and coordination
- Life skills – project management, patient coordination, resolving problems.

LEARNINGS

- Functioning of various departments of operations (EPABX , engineering , housekeeping, food and beverage, PCS (IPD & OPD).
- Functioning in EPABX Department and use of various softwares by them such diago, ameyo, qikwell , zoho ,etc ,
- Roles of Saarthis to guide patients.
- Role of engineering department in overall operations of hospital.
- oversight of the engineering department's inventory
- Functioning of STP, COMPOSTING machines,
- Regular audit in engineering department (grooming audit, staff files audit, pre- assessment discharge audit, history card audit for R.O PLANT, CHILLER Plant room, etc..

RECOMMENDATIONS

- For no shows -
- Mandatory rules must be made for the Saarthis to make appointment list before the patient comes & make it available at doctor's table.
- GRE's must maintain a checklist to ensure the patient registers with the same phone number at counter
- Reminder calls to the patient by the saarthis in morning to ensure the patient comes on time.
- Separate billing counters for appointment and walk in-s at OPD.

Report (Week-1)

Name of the Organization: CK Birla Hospital (RBH)
Area/ Department/ Project of Summer Internship Program: OPERATIONS DEPARTMENT
Name of the Student: Dr. HIMANI SHARMA
Roll no: 1716 (S.no-60) **Stream:** MBA HHM (BATCH A)
Week no: 1
From:1-05-2024……to……4-05-2024…….

Activity Done	• Observer ship in EPABX Department of Operations.
Linking theory (Classroom learning) with practice at your organisation	• The hospital is strategically designed with ample room for expansion to cater to various needs. Future growth is vital for the organization's success. While patient flow is satisfactory, effective crowd management is essential.
Gaps identified on the working area.	• Overcrowding in the OPD department. • Prolonged Waiting time. • Delay in Service delivery to the IPD patients and their attendants.
Suggestions for improvement	• Saarthis , acting as doctor coordinators, assist patients in navigating from OPD to billing, investigations, and IPD services. They must ensure patients arrive punctually for appointments, thereby allowing more time for walk-ins and scheduled patients. This approach is expected to decrease the Turnaround Time (TAT) in the OPD. • Additionally, EPABX staff should also prioritize appointment management to streamline OPD operations and allocate more time for handling new inquiries.
Plan for the next week	• Delving deeper into understanding the operations of the OPD, seeking out additional insights into its functioning, and identifying any areas that may need improvement with the help of the information gained in the EPABX Department of operations.

Signature of the Student

Report (Week –2)

Name of the Organization: CK Birla Hospital (RBH)
Area/ Department/ Project of Summer Internship Program: OPERATIONS DEPARTMENT
Name of the Student: Dr. HIMANI SHARMA
Roll no: 1716 (S.no-60) **Stream:** MBA HHM (BATCH A)
Week no: 2
From:6-05-2024……to……11-05-2024…….

Activity Done	• No show analysis done - No shows is the number of individuals for a scheduled appointment and gave no notice. There can be many reasons for no shows. The reasons were enumerated during the week • Observer ship of various department such as neurology, general physician where there were more no shows. • Observation of saarthis or the doctor coordinator of doctors who had more no shows observed at EPABX Department. • Collection of data of previous months was done. Analysis was done to evaluate the necessary measure that needs to be taken for the improvement in situation. • Observation of housekeeping, MRD departments.
Linking theory (Classroom learning) with practice at your organisation	• In a hospital organization with numerous departments, effective coordination among these departments is essential to ensure seamless operations and minimize any gaps in the processes.
Gaps identified on the working area.	• Some of the saarthis were performing satisfactorily while other were inable to work efficiently. Those who couldn't perform efficiently typically the ones lacking an appointment list, often creating it as a mere formality at the end of the day to fulfil the documentation process. Having an appointment list is crucial when patients arrive, ensuring they receive services at their scheduled times, thereby reducing wait times and service delays. • • No prompt was provided at the outpatient department (OPD) to verify whether the patient registered using the same phone number as the one used to schedule the appointment. • • In the EPABX Department, inpatient department (IPD) patients submit requests regarding their room or attendant, leading to tickets being raised in the Diago service request app. However, there has been a rise in the turnaround time (TAT) for these services. Consequently, the issues faced by patients remain unresolved, prompting them to repeatedly

	contact the EPABX Department. • After observing the Medical Records Department (MRD), it became evident that there is insufficient space to store patient data and files beyond a two-month period. • • During the inspection of the housekeeping department, it was discovered that there are issues regarding the shortage of green linen in the operating theatre (OT) and the inappropriate utilization of green linen within the OT. Additionally, there was no documentation regarding the assessment of the quantity of linen used in the Central Sterile Supply Department (CSSD) or the quantity of linen returned from the OT following surgeries.
Suggestions for improvement	• For no shows- reminder by EPABX Department, OPD Staff, Saarthis, doctor coordinators. • Separate billing counters for appointment and walk in-s at OPD. • Strict rules must be made for the saarthis to make appointment list before the patient comes. • • Thorough assessment of the housekeeping staff, as well as the food and beverage staff, and other relevant departments is necessary to understand the reasons behind the delays in serving inpatient department (IPD) patients. Rules should be adjusted accordingly to better accommodate the needs of patients. • Expansion of the MRD department so that there can be proper space for the patient data. • • Keeping records at the Central Sterile Supply Department (CSSD) of the quantity of green linen used in the operating theatre (OT) and the quantity of green linen returned from the OT.
Plan for the next week	• Examining other departments, assessing their processes, and identifying any loopholes or deficiencies which will help in understanding how the organization functions and where there is room for enhancement.

Signature of the Student

Report (Week-3)

Name of the Organization: CK Birla Hospital (RBH)
Area/ Department: OPERATIONS DEPARTMENT
Project of Summer Internship Program: NO SHOW ANALYSIS
Name of the Student: Dr. HIMANI SHARMA
Roll no: 1716 (S.no-60) **Stream:** MBA HHM (BATCH A)
Week no: 3
From:13-05-2024……to……18-05-2024…….

Activity Done	• Synopsis formation, submission, and approval of the project report by the Operation Head. • Posted in engineering department of hospital for next 10-15 days. • Inventory management of engineering department. • Upgraded the condition of the engineering department's storeroom. • Audits by engineering dept. after discharge process of patients. • Observation of water-cooling plant, composting machine, STP, Inverters. • Studied NABH GUIDELINES.
Linking theory (Classroom learning) with practice at your organisation	• Financial management principles in the department are used to allocate resources, control costs, and justify expenditures. Budgeting techniques, return on investments calculations are critical for making informed decisions. • Human resource management is necessary in engineering department too. Various theories can be used to motivate the engineering staff to enhance their productivity and job satisfaction of engineering team. • Regular audits, continuous improvement practices, and adherence to safety standards and regulations is followed by engineering departments ensuring the high standards of quality.
Gaps identified on the working area.	• Initially, there was resistance to change which was a challenge in the engineering department of a hospital. However, they eventually recognized the necessity for change.
Suggestions for improvement	• Sustain the implemented changes within the department.
Plan for the next week	• Enhancing the department by making it more organized and manageable in the future.

Signature of the Student

Report (Week-4)

Name of the Organization: CK Birla Hospital (RBH)
Area/ Department: OPERATIONS DEPARTMENT
Project of Summer Internship Program: No Show Analysis
Name of the Student: Dr. HIMANI SHARMA
Roll no: 1716 (S.no-60) **Stream:** MBA HHM (BATCH A)
Week no: 4
From:20-05-2024……to……25-05-2024…….

Activity Done	• Observation in engineering department. • Grooming audit of the engineering staff. • Pre-assessment after discharge of patients for maintenance. • Observation of housekeeping staff and loopholes in their process performed by them. • Audit for electric store, plumbing store, carpentry store done. • Studied SOP for engineering department. • Data collection for the project for the month of May.
Linking theory (Classroom learning) with practice at your organisation	• Management in an engineering department involves overseeing projects, resources, quality, risks, communication, strategic planning: • Project Management: Plan, execute, monitor, and complete projects on time and within budget. • Resource Management: Efficiently allocate human, financial, and physical resources. • Quality Management: Ensure high standards through quality assurance and continuous improvement. • Risk Management: Identify, mitigate, and monitor risks. • Communication: Facilitate internal and external communication. • Strategic Planning: Align department goals with the business strategy and encourage.
Gaps identified on the working area.	• The engineering department is well-managed, consistently delivering services on time. The housekeeping department shows room for improvement in their responsibility towards patient services, leading to longer turnaround times for housekeeping activities
Suggestions for improvement	• To address the issue of delayed housekeeping services, consider the following suggestions: • Improve Training and Accountability • Enhance Communication: Implement better communication channels between the housekeeping department and other departments, particularly with nursing and patient care teams • Increase Staffing Levels: Assess the current staffing

	levels in the housekeeping department • Incentive Programs: Introduce incentive programs to reward housekeeping staff for excellent performance and timely service delivery.
Plan for the next week	• We will be giving a mid-term presentation on our project, during which we will provide an overview of the project and present our plan. The presentation will cover the problem definition, data collection methods, analysis, project outcomes, and recommendations for improvement. • Data collection will be continued further for the month of June. • More observation and recommendation for improvement in engineering department.

Signature of the Student

Report (Week-5)

Name of the Organisation: CK Birla Hospital (RBH)
Area/ Department/ Project of Summer Internship Program: OPERATIONS DEPARTMENT
Name of the Student: Dr. HIMANI SHARMA
Roll no:1716 **Stream:** MBA HHM
Week no: 5
From:27-05-24……to…1-06-24…….

Activity Done	• Midterm assessment of the project progress report with Unit Head of the hospital • Pre- assessment discharge audit. • Interaction with OPD Department Head for the Project implementation and for the changes in the procedures to be followed by doctor coordinator and Saarthis. • Audits for engineering department. • History card auditing in the chiller plant room, R.O. Plant room which must be maintained quarterly or monthly. • Contingency plan formation for the operations department. • Contribution towards hospital representation on 5thJune, world environment day at Rajasthan State Pollution Control Board. • Details documentation of STP, COMPOST regarding their use, capacity, testing.
Linking theory (Classroom learning) with practice at your organisation	• Managing changes in hospital procedures involves considerations of organizational Behaviour, communication, and employee engagement. Hospitals can facilitate smooth transitions, minimize resistance to change, and ensure staff buy-in for new procedures.
Gaps identified on the working area.	• A relaxed attitude among housekeeping staff has various implications for the hospital's operations and overall service quality, affecting cleanliness and hygiene, customer satisfaction, and operational efficiency.
Suggestions for improvement	• To improve the situation, we can consider implementing following suggestions: training and education, recognition and incentives, morale building of staff.
Plan for the next week	• Sustain the implemented changes and work for new project

Signature of the Student

Report (Week-6)

Name of the Organization: CK Birla Hospital (RBH)
Area/ Department: OPERATIONS DEPARTMENT
Project of Summer Internship Program: No Show Analysis
Name of the Student: Dr. HIMANI SHARMA
Roll no: 1716 (S.no-60) **Stream:** MBA HHM (BATCH A)
Week no: 6
From: 3-06-2024……to……8-06-2024……..

Activity Done	• Contribution towards hospital representation on 5thJune , world environment day at Rajasthan State Pollution Control Board. • Contribution in the plantation drive at hospital. • Secured 3rd position in digital poster making competition conducted for all staff on 5th june , world environment day. • Tried observing the codes of hospital .The different types of "codes" are used to communicate specific emergencies or situations quickly and efficiently. • New HIS Software was implemented in the hospital which caused a lot of discomfort to patients. Many patients were unfamiliar with the new processes, which led to confusion and frustration during check-ins, appointments, and accessing medical information. • Initial glitches and the learning curve associated with the new HIS caused delays in patient care and administrative tasks. • Staff files audit of different department of operations- housekeeping, engineering, food and beverage, etc.
Linking theory (Classroom learning) with practice at your organisation	• Guiding and Supporting Staff: Effective leadership involves guiding staff through the transition, providing training, and ensuring morale is maintained. Supportive leadership helps staff adapt to changes more smoothly. • Team Coordination: Coordinating between different departments (IT, medical, administrative) to ensure a unified approach to implementing the new HIS showcases strong team management skills.
Gaps identified on the working area.	• Although there was an effective planning management for the implementation of new HIS Software but the patients still faced the discomfort due to the initial glitches and learning curve of the staff for the new software. The staff needed more training and more number of days to adapt smoothly. Inadequate training ultimately lead to discomfort to patients.

Suggestions for improvement	• Regular Feedback Collection: Implement a robust system for collecting feedback from patients and staff continuously throughout the implementation phase. Use this feedback to make real-time improvements.

Signature of the Student

Report (Week-7)

Name of the Organization: CK Birla Hospital (RBH)
Area/ Department: OPERATIONS DEPARTMENT
Project of Summer Internship Program: No Show Analysis
Name of the Student: Dr. HIMANI SHARMA
Roll no: 1716 (S.no-60) **Stream:** MBA HHM (BATCH A)
Week no: 7
From:10-06-2024……to……15-06-2024…….

Activity Done	• Staff files audit of engineering department. • Contribution in giving ideas for the NABH Quality oriented competition. • History card auditing in the chiller plant room, R.O. Plant room which must be maintained quarterly or monthly. • Pre- assessment discharge audit. • Maintenance and housekeeping audit for every floor in the hospital.
Linking theory (Classroom learning) with practice at your organisation	• Effective management is crucial for ensuring that daily operations in a hospital run smoothly and efficiently. • For example- Audits play a vital role in maintaining high standards of care and ensuring staff remain attentive and effective in their roles. • **Accountability**: Regular audits hold staff accountable for their actions and adherence to protocols. • **Feedback**: Audits provide constructive feedback, highlighting areas for improvement.
Gaps identified on the working area.	• The staff exhibit resistance to learning new approaches and are hostile towards new methods, it typically stems from their preference for familiarity and routine. They resist change because they perceive it as disrupting their established ways of working, which they are comfortable with.
Suggestions for improvement	• Guiding and Supporting Staff • Coordination.
Plan for the next week	• Try to observe and resolve new challenges that comes in way.

Signature of the Student

Report (Week-8)

Name of the Organization: CK Birla Hospital (RBH)
Area/ Department: OPERATIONS DEPARTMENT
Project of Summer Internship Program: No Show Analysis
Name of the Student: Dr. HIMANI SHARMA
Roll no: 1716 (S.no-60) **Stream:** MBA HHM (BATCH A)
Week no: 8
From:17-06-2024……to……22 -06-2024…….

Activity Done	• Staff files audit of engineering department. • Maintenance and housekeeping audit for every floor in the hospital. • Supervised food services in the food and beverage department following the installation of HIS software, which encountered issues with updating. • Engage in discussions with the Head of the PCS department regarding the project's implementation and consult with the Head of the EPABX department on strategies to further reduce the no-show percentage.
Linking theory (Classroom learning) with practice at your organisation	• Contingency Theory: This emphasizes the need for flexibility and adaptation in management practices. In a hospital, this means tailoring coordination strategies to suit the specific needs of different departments and situations.
Gaps identified on the working area.	• The issue identified was that the staff did not fully understand the challenges faced by patients and used less effective methods to address and resolve their problems.
Suggestions for improvement	• Guiding and Supporting Staff • Team Coordination
Plan for the next week	• Preparation for the project report, poster, and presentation. • Identify additional issues arising in various departments and determine effective solutions for them.

Signature of the Student

Report (Week-9)

Name of the Organization: CK Birla Hospital (RBH)
Area/ Department: OPERATIONS DEPARTMENT
Project of Summer Internship Program: No Show Analysis
Name of the Student: Dr. HIMANI SHARMA
Roll no: 1716 (S.no-60) **Stream:** MBA HHM (BATCH A)
Week no: 9
From:24-06-2024……to……29-06-2024…….

Activity Done	• Supervised food services in the food and beverage department following the installation of HIS software • Food and beverage department audit. • Staff files audit in engineering department. • Collection of data for the month of june.
Linking theory (Classroom learning) with practice at your organisation	• Regular audits, continuous improvement practices, and adherence to safety standards and regulations is followed by engineering departments ensuring the high standards of quality.
Gaps identified on the working area.	• The department is implementing changes, but they are not meeting expectations.
Suggestions for improvement	• Sustain the implemented changes .

Signature of the Student

Compiled Reporting Format

Name of the Organization: Rukmani Birla Hospital (RBH)
Area/ Department: Operations Department
Project of Summer Internship Program: No show analysis
Name of the Student: Dr. Himani Sharma
Roll no:1716 **Stream:** MBA HHM Batch (2023-25)

Activity Done	• **Observation in EPABX Department:** The EPABX department is a hospital's call center, where issues from various sections of the hospital are addressed. During my observation, I learned about the different software used in the call center, such as Ameyo , Diago , Qikwell and Zoho, each serving a specific purpose. I also gained insights into the hospital's background, its specialities, and the codes followed within the institution. The EPABX department plays a crucial role in managing day-to-day problems faced by patients and staff, serving as a central hub for communication. The staff in this department are responsible for handling appointments and ensuring efficient communication throughout the hospital. • **PROJECT WORK- NO SHOW ANALYSIS:** • During the week, an analysis of no-shows was conducted. No-shows refer to individuals who had scheduled appointments but failed to attend without giving any notice. Several reasons for these no-shows were identified and discussed. • I also observed several departments, including neurology and general medicine, where no-shows were particularly prevalent. Additionally, I monitored the activities of the saarthis, who are doctor coordinators, focusing on those who had higher rates of no-shows. This observation was carried out with the help of EPABX department. • Data from previous months was collected and analysed to evaluate the situation and determine the necessary measures for improvement. Furthermore, I observed the housekeeping department to gain a comprehensive understanding of their operations. • Synopsis formation, submission, and approval of the project report to the Operation Head.

	• **Engineering department :** • I was assigned to the engineering department of a hospital for a period. My responsibilities include managing the department's inventory, which involves keeping track of all tools, equipment, and supplies. I've also taken steps to improve the condition of the storeroom where these items are kept. • In addition, I participate in audits conducted by the engineering department following the discharge of patients to ensure everything is in order. My observations cover various systems and equipment, such as the water-cooling plant, composting machine, sewage treatment plant (STP), and inverters. • Throughout my time here, I conduct regular grooming audits of the engineering staff to maintain professionalism and hygiene. • Observation of housekeeping staff and loopholes in their process performed by them. • I have also conducted audits for the various stores within the engineering department, including the electric store, plumbing store, and carpentry store. This involves inspecting and verifying the inventory, ensuring that all tools and materials are accounted for and in good condition. • Additionally, I have studied the Standard Operating Procedures (SOPs) for the engineering department. This includes understanding the protocols and guidelines that govern daily operations, maintenance practices, safety procedures, and emergency response measures. These SOPs are essential for maintaining efficiency and consistency in the department’s activities • .Data collection for the project for the month of May. • Midterm assessment of the project progress report to the Unit Head of the hospital. • Interaction with OPD Department Head for the Project implementation and for the changes in the procedures to be followed by GRE’s and Saarthis. • I participated for conducting comprehensive audits for the engineering department, ensuring

	all operations are up to standard. Part of this includes auditing history cards in the chiller plant room and the R.O. plant room, which need to be maintained either quarterly or monthly. These audits involve verifying maintenance records and ensuring all activities are documented correctly. • Additionally, I studied contingency plans for the operations department. This involves developing strategies and procedures to manage potential emergencies or unexpected situations, ensuring the department can continue functioning smoothly under various circumstances. **World environment day 5th June** • Contribution towards hospital representation on 5thJune, world environment day at Rajasthan State Pollution Control Board. • Details documentation of STP, COMPOST regarding their use, capacity, testing. • Contribution in the plantation drive at hospital. • Participated in the activity where the plants were given to the patients in IPD and OPD. • Secured 3rd position in digital poster making competition conducted on 5th June, world environment day. • Tried observing the codes of hospital. The different types of "codes" are used to communicate specific emergencies or situations quickly and efficiently • Code blue: cardiac arrest • Code pink : infant /child abduction. • Code yellow: external disaster • Code red: Fire • Code violet: Fight • Code Orange: Hazardous chemical spill • Code black: Bomb threat • Code green : polytrauma • Code stemi : ST elevated MI • Code fast : Stroke • Code RRT: To provide rapid response team • **Implementation of HIS :** • The hospital recently implemented a new Hospital Information System (HIS) software, which resulted in significant discomfort for patients. • Many patients were unfamiliar with the new procedures, leading to confusion and frustration

	during check-ins, appointments, and when accessing their medical information. • The initial challenges and learning curve associated with the HIS implementation caused delays in both patient care and administrative tasks. • As the staff adapted to the new system, their efficiency was impacted, resulting in disruptions to the workflow and patient management processes. • These initial issues created a noticeable strain on the hospital's operations as everyone worked to become accustomed to the new system. • Staff files audit of different department of operations- housekeeping, engineering, food, and beverage, etc. • . Contribution in giving ideas for the NABH Quality oriented competition. . • Maintenance and housekeeping audit for every floor in the hospital. • **Food & Beverage Department:** • I supervised the food services in the food and beverage department following the installation of the new HIS software. The software initially encountered issues with updating, which affected the timely delivery of meals to patients. To ensure patients received their breakfast, lunch, and tea on time, I made sure to be present on the floors, monitoring the process closely. In cases where delays did occur, I promptly informed the supervisor to address and rectify the issue as quickly as possible, minimizing any disruption to patient care. • Engage in discussions with the Head of the PCS department regarding the project's implementation and consult with the Head of the EPABX department on strategies to further reduce the no-show percentage. • Food and beverage department audit. • Collection of data for the month of june. • Analysis for the data of the month of june was done. • Strategies for the reduction in no show % was conveyed to the Head of PCS Department for the changes in process.

Linking theory (Classroom learning) with practice at your organisation	• The hospital is strategically designed with ample space to accommodate future expansion, ensuring it can meet a variety of needs as it grows. This foresight is crucial for the organization's long-term success. While the current patient flow is adequate, managing crowds efficiently remains essential to maintain smooth operations. • In an organization with multiple departments, such as a hospital, effective coordination among these departments is crucial. This coordination ensures seamless operations and helps minimize any gaps in processes. By working together efficiently, the hospital can provide better care and maintain a high standard of service. • Financial management principles in the department are used to allocate resources, control costs, and justify expenditures. Budgeting techniques, return on investments calculations are critical for making informed decisions. • Human resource management is necessary in engineering department too. • Various theories can be used to motivate the engineering staff to enhance their productivity and job satisfaction of engineering team. • Regular audits, continuous improvement practices, and adherence to safety standards and regulations is followed by engineering departments ensuring the high standards of quality. • Resource Management: Efficient allocation of resources is crucial for the hospital's operations. This includes managing human resources by ensuring that staffing levels are adequate to meet patient care needs • Quality Management: Maintaining high standards is vital for patient care and overall hospital performance. This involves implementing quality assurance processes to regularly evaluate services and procedures. • Risk Management: Identifying potential risks within the hospital setting is the first step to ensuring patient and staff safety. This includes assessing potential hazards, developing strategies to mitigate these risks, and continuously monitoring the environment to address any issues promptly. • Communication: Effective communication is

	essential both within the hospital and with external stakeholders • Strategic Planning: Aligning departmental goals with the overall business strategy ensures that the hospital moves cohesively towards its objectives. • Managing changes in hospital procedures involves considerations of organizational Behaviour, communication, and employee engagement . Hospitals can facilitate smooth transitions, minimize resistance to change, and ensure staff buy-in for new procedures. • Guiding and Supporting Staff: Effective leadership involves guiding staff through the transition, providing training, and ensuring morale is maintained. Supportive leadership helps staff adapt to changes more smoothly. • Team Coordination: Coordinating between different departments (IT, medical, administrative) to ensure a unified approach to implementing the new HIS showcases dedicated team management skills. • Effective management is crucial for ensuring that daily operations in a hospital run smoothly and efficiently. • For example- Audits play a vital role in maintaining high standards of care and ensuring staff remain attentive and effective in their roles. • **Accountability** • Routine audits play a critical role in ensuring that staff members are responsible for their actions and compliance with hospital protocols. By systematically reviewing procedures, audits confirm that employees are performing their roles correctly and uniformly. This accountability is crucial for maintaining high standards of patient care and operational effectiveness. • **Feedback** • Audits are instrumental in delivering constructive feedback to hospital staff. They pinpoint areas of strength and highlight opportunities for improvement, providing a comprehensive view of what is effective and what needs enhancement. This feedback mechanism is essential for ongoing development, helping staff to continually improve their practices and overall performance.

	• Contingency Theory • The Contingency Theory underlines the necessity of being flexible and adaptable in management approaches. In a hospital environment, this translates to customizing coordination strategies to fit the unique demands of various departments and situations. Each department may have specific challenges and requirements, and an adaptable management strategy ensures that these needs are met efficiently, thereby fostering optimal performance and patient care.
Gaps identified on the working area.	• Overcrowding in the OPD department. Prolonged Waiting time. Delay in Service delivery to the IPD patients and their attendants. • Some of the saarthis were performing satisfactorily, while others were inable to perform efficiently.Those who couldn't perform well were typically the ones lacking an appointment list, often creating it as a mere formality at the end of the day to fulfil the documentation process. Having an appointment list is crucial when patients arrive, ensuring they receive services at their scheduled times, thereby reducing wait times and service delays. • No prompt was provided at the outpatient department (OPD) to verify whether the patient registered using the same phone number as the one used to schedule the appointment. • In the EPABX Department, inpatient department (IPD) patients submit requests regarding their room or attendant, leading to tickets being raised in the Diago service request app. However, there has been a rise in the turnaround time (TAT) for these services. Consequently, the issues faced by patients remain unresolved, prompting them to repeatedly contact the EPABX Department. • After observing the Medical Records Department (MRD), it became evident that there is insufficient space to store patient data and files beyond a two-month period. • During the inspection of the housekeeping department, it was discovered that there are issues regarding the shortage of green linen in the operating theatre (OT) and the inappropriate utilization of green linen within the OT.

	Additionally, there was no documentation regarding the assessment of the quantity of linen used in the Central Sterile Supply Department (CSSD) or the quantity of linen returned from the OT following surgeries. • Initially, there was resistance to change which was a challenge in the engineering department of a hospital. However, they eventually recognized the necessity for change. • The engineering department is well-managed, consistently delivering services on time. In contrast, the housekeeping department demonstrates a lack of responsibility in providing services to patients, resulting in increased turnaround times for housekeeping activities. • A relaxed attitude among housekeeping staff has various implications for the hospital's operations and overall service quality, affecting cleanliness and hygiene, customer satisfaction, and operational efficiency. • Although there was an effective planning management for the implementation of new HIS Software, but the patients still faced the discomfort due to the initial glitches and learning curve of the staff for the new software. The staff needed more training and a greater number of days to adapt smoothly. Inadequate training ultimately led to discomfort to patients. • The staff exhibit resistance to learning novel approaches and are hostile towards new methods, it typically stems from their preference for familiarity and routine. They resist change because they perceive it as disrupting their established ways of working, which they are comfortable with. • The identified issue was that the staff failed to recognize the challenges faced by patients and used less effective methods to address and resolve their problems. • The department is implementing changes, but they are not meeting expectations.

Suggestions for improvement	• **For project no show -** • Saarthis, acting as doctor coordinators, assist patients in navigating from OPD to billing, investigations, and IPD services. They must ensure patients arrive punctually for appointments, thereby allowing more time for walk-ins and scheduled patients. This approach is expected to decrease the Turnaround Time (TAT) in the OPD. • Additionally, EPABX staff should also prioritize appointment management to streamline OPD operations and allocate more time for handling new inquiries • For no shows- reminder by EPABX Department, OPD Staff, Saarthis, doctor coordinators. • Separate billing counters for appointment and walk in-s at OPD. • Strict rules must be made for the saarthis to make appointment list before the patient comes. • GRE's must maintain a checklist to ensure that patient gives same phone number at counter. • Appointment list must be present at doctor's table. • Thorough assessment of the housekeeping staff, as well as the food and beverage staff, and other relevant departments is necessary to understand the reasons behind the delays in serving inpatient department (IPD) patients. Rules should be adjusted accordingly to better accommodate the needs of patients. • Expansion of the MRD department so that there can be proper space for the patient data. • Keeping records at the Central Sterile Supply Department (CSSD) of the quantity of green linen used in the operating theatre (OT) and the quantity of green linen returned from the OT. • Sustain the implemented changes within the department. • **To address the issue of delayed housekeeping services, consider the following suggestions:** • To improve the efficiency and performance of the housekeeping department, we can implement several key strategies: • Improve Training and Accountability: Provide comprehensive training programs to ensure that housekeeping staff are well-versed in cleaning protocols, hygiene standards, and proper use of

	equipment. Regularly update training to include new techniques and best practices. Establish clear accountability measures, such as regular performance evaluations and setting specific, measurable goals for staff. • Enhance Communication: Implement better communication channels between the housekeeping department and other departments, particularly with nursing and patient care teams. This could include regular meetings, dedicated communication platforms, or liaison roles to ensure that housekeeping is informed of patient needs and any changes in procedures. Effective communication ensures that housekeeping can respond promptly to requests and maintain high standards of cleanliness and patient comfort. • Increase Staffing Levels: Conduct a thorough assessment of the current staffing levels in the housekeeping department. Determine if there are sufficient staff members to meet the demands of the hospital. If necessary, hire additional staff to ensure that all areas of the hospital are adequately covered and that staff are not overburdened, which can lead to burnout and reduced efficiency. • Incentive Programs: Introduce incentive programs to reward housekeeping staff for excellent performance and timely service delivery. This could include bonuses, recognition awards, or other rewards for meeting or exceeding performance standards. Incentives can motivate staff to maintain high standards and take pride in their work. • Training and Education: Regularly update training programs to ensure staff are knowledgeable about the latest cleaning techniques, safety protocols, and equipment usage. Provide opportunities for continuing education and professional development to keep staff engaged and competent. • Recognition and Incentives: Recognize and reward staff for their hard work and dedication. This could be through formal recognition programs, awards, or other incentives that acknowledge their contributions and encourage continued excellence.

	• Morale Building: Foster a positive work environment by promoting teamwork, providing support, and encouraging open communication. Regularly check in with staff to understand their concerns and address any issues that may affect their morale and productivity. • **Feedback from patients after implementation of new HIS:** • Regular Feedback Collection: Implement a robust system for collecting feedback from patients and staff continuously throughout the implementation phase. Use this feedback to make real-time improvements. • Guiding and Supporting Staff • Team Coordination

Nimisha

Signature of the Student

22/2/2024

(For Dr. Anoop Khanna)