SUMMER INTERNSHIP PROGRAM

at

CK BIRLA HOSPITALS, JAIPUR

From 1st May to 15th July

A REPORT BY

Dr. Emanpreet Kaur

Master of Business Administration

Hospital and Health management

2023-25

under the Mentorship of

Dr. Jagajeet Prasad Singh (Professor)

IIHMR UNIVERSITY

Completion Certification from the Organization

CERTIFICATE

This is to certify that Dr./Mr./ Ms. Dr Emanpreet of HM-28 (batch) of IIHMR - university, Jaipur (Name of the department/institute) has worked with our organization for his/her summer internship from 1st May, 2024 to 15th July 2024 (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: 15th July, 2024.

Neha Sharma

(Signature of organization Mentor)

Name: Neha Sharma

Designation: AGM - Patient Exp.

Rukmani Birla Hospital

Seal/Stamp of the Organization

IIHMR UNIVERSITY

IIHMR University Faculty Mentor Approval

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

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

Date: 23rd July, 2024.

(Signature of Faculty Mentor)

Name: Dr. Sanjay Gupta
Designation: Professor & Dean

1, Prabhu Dayal Marg, Near Sanganer Airport, Jaipur- 302029, Rajasthan, India.
Ph.: 0141-3924700, 2791431- 32, E-mail: iihmr@iihmr.edu.in, Web.: www.iihmr.edu.in

SUMMER INTERNSHIP AT RUKMANI BIRLA HOSPITAL, JAIPUR

IIHMR UNIVERSITY
Name: Dr Emanpreet Kaur
Roll No. 1705 HM-2B BATCH A
University mentor: Dr. Jagajeet Prasad Singh (Professor)
Organisation Mentor: Mrs. Neha Sharma, Head (Patient Experience)
CK BIRLA HOSPITALS
RUKMANI BIRLA HOSPITAL

Brief History: Founded in 1969 by B M Birla and Y B Chavan, RBH, Kolkata's first private hospital, became renowned for its cardiac center and specialty expansions. In 2016, RBH launched a benchmark healthcare facility in Jaipur.

Introduction: The CK Birla Group, with over 52 years of healthcare expertise, brings its excellence to Jaipur with the 230-bedded Rukmani Birla Hospital.

Vision: To deliver exceptional patient care and achieve clinical excellence.

Mission: To establish top tier clinical centres, supported by robust research, education and evidence-based medicine, to ensure the best outcomes for our patients.

PROJECT

Outpatient Pharmacy Efficiency: Key Factors Influencing Turnaround Time (TAT) and Strategies for Improvement

How does the turnaround time of an Outpatient Pharmacy (OPD) impact medicine availability, and what are the primary factors contributing to delays in medication dispensing?

INTRODUCTION-Efficient Outpatient Pharmacy Operations

Efficient outpatient pharmacy operations ensure timely medication availability, crucial for patient care. Factors like prescription verification accuracy, inventory management, and efficient use of technology directly impact turnaround time (TAT), optimizing dispensing processes and patient satisfaction.

OBJECTIVES

- Identify and analyze key factors affecting Turnaround Time (TAT) in medication processes.
- Develop and implement strategies to reduce TAT, thereby improving patient satisfaction.

Methodology

Study Design	Prospective observational study
Sample Size	753 patients
Duration	15 days
Sampling Technique	Purposive sampling
Data Collection	Quantitative primary data collection through live monitoring of medication delivery processes

SWOT ANALYSIS

S
Established patient trust and loyalty.
Expert staff in prescription processing.
Streamlined Communication.
Strong relationships and outreach.

W
Potential for understaffing during peak periods.
Compliance challenges with evolving regulations.

O
Implementing advanced automation for prescription filling.
Enhancing staff training programs for improved efficiency.

T
Regulatory changes impacting operations.
Consumer expectations for faster service and convenience.

Theoretical Application	Practical Application
1. Patient Centered care- patient satisfaction.	1. IPD and OPD Feedback
2. Quality Improvement based on patient surveys, feedback systems and HIS system.	2. IPD and OPD Pharmacy Operations
3. Patient journey mapping for overall enhancement of patient experience .	3. Call Bell System
	4. Dietary Services

Analysis

INTERPRETATION:

In 77% cases medicines were made completely available to the patients while in about 23% cases medicines were partially available.

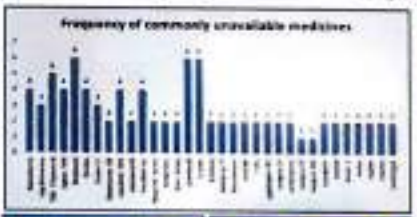
Total no. of not available medicines were:175 Out of this 96% medicines were insufficient in quantity while about 3% were the ones which were completely unavailable.

INTERPRETATION:

Total no. of medicines which were insufficient in quantity were:169

Out of this 95% medicines were partially available in no. while in about 5% cases substitutes were given or less quantity than required was given.

In about 79% cases 1 medicine was not available
In 16% cases 2 medicines were available
In 4% cases 3 medicines were not available.
And in about 1.2% cases 4 or more medicines were not available.



Maximum unavailable medicines were:
Tab. Diclomol
Tab.Pantocid 40
Tab.Tranexa

Minimum unavailable medicines:
Tab.Neopro IT
Tab.ecosprin 325mg

Out of Total unavailable medicines:116
About 84% medicines were found to be old and only 16% medicines were new.

Recommendations

Key Factors: Reduce waiting time by addressing number of medications, staff, intervention needs, and filling process.
Fast-Track Window: Automated System: prescriptions to enhance doctor-pharmacist communication.
Patient Categorization: special needs, low immunity, refill requests).
Pharmacy Layout & dedicated Staff Special Windows
Inventory Tracking: set appropriate ROLs to prevent stockouts.
Barcode Billing: Implement barcode system.

Other Learnings
Projects on OPD Pharmacy, Dietary and Call Bell.
Analysis, Patient Experience, operations, MS Office

Challenges
- Patient care processes are overwhelming initially, requiring dedicated effort to learn and adapt quickly.
- Data Sensitivity
- Limited Authority

Suggestions
1. Enhance Staff Networking & Streamline Processes.
2. Equip Nursing Stations with more Computers.
3. Introduce Paging & Differentiated Call Bell Systems
4. Comprehensive Training & Medication Counselling.
5. Barcode System & Separate Window for Medication Returns.

Usefulness

1. Exposure to healthcare operations, and skill development in communication, problem-solving
2. Professional networking, enhanced resumes, and improves patient interaction. Analytical skills through data collection and analysis.
3. Provide project management experience and learning of the patient-centric approach.

(Weekly Report-1)

Name of the Organisation: CK Birla Hospital (RBH)

Area/ Department/ Project of Summer Internship Program: PATIENT EXPERIENCE DEPARTMENT

Name of the Student: DR. EMANPREET KAUR

Roll no:1705(49) **Stream:**MBA HHM (BATCH A)

Week no: 1 **From:** ...1st may 2024...**to**.....4th may2024

Activity Done	• Feedback collection from patients in OPD and IPD regarding there experience in the hospital. • Observation of the high concern areas of the IPD ward of 4th floor. • Data collection regarding the same. • Performed Audits under the guidance of department head.
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.	• Patients experiencing delay in getting services due to heavy workload in the hospital. • In IPD the medications indented are delayed beyond the TAT (turnaround time). • Response to call bell is delayed. • Complains of too much noise and disturbance at the floor. (Nurses discussing and taking, phones ringing etc)
Suggestions for improvement	• The nursing station should be well equipped with the computer systems in order to increase the efficiency of the work. • There should be a system of paging within the staff in order to inform the staff about the concerns regarding the patients. • Proper training regarding the use of systems etc should be given prior to joining of the staff.
Plan for the next week	I will be working on the above issue and other concern areas of 4th floor and then extending it to the other floors respectively.

Signature of the Student:

Approved by the IIHMR University's Mentor

(Weekly Report-2)

Name of the Organisation: CK Birla Hospital (RBH)

Area/ Department/ Project of Summer Internship Program: PATIENT EXPERIENCE DEPARTMENT

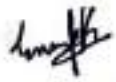
Name of the Student: DR. EMANPREET KAUR

Roll no:1705(49) **Stream:**MBA HHM (BATCH A)

Week no: 2 **From:** ...6th may 2024...**to**.....11th may2024

Activity Done	• Feedback collection from patients in OPD and IPD regarding their experience in the hospital. • Observation of the high concern areas of the IPD ward of 4th floor (mainly call bell response and IPD Pharmacy • Data collection regarding the monitoring of TAT of IPD Pharmacy • DATA collection and its RCA CAPA. • Performed Audits under the guidance of department head. • I learnt how to raise the tickets.
Linking theory (Classroom learning) with practice at your organisation	The hospital is strategically designed with ample room for expansion to cater to various needs. Hospital had 230 rooms, additionally 9 beds are added, future growth is vital for the organization's success, so management of patient flow is important. Patient flow is around 500 per day (new + old).
Gaps identified on the working area.	• Poor Communication between nurses and GDA • Patients experiencing delay in getting services due to heavy workload in the hospital. • In IPD the medications indented are delayed beyond the TAT (turnaround time). • Response to call bell is delayed. • Complains of too much noise and disturbance at the floor. (Nurses discussing and taking, phones ringing etc)
Suggestions for improvement	• Better communication and networking among the staff and streamlining various process to improve the efficiency of the system and thereby cutting down the cost. • The nursing station should be well equipped with the computer systems in order to increase the efficiency of the work. • There should be a system of paging within the staff in order to inform the staff about the concerns regarding

	the patients. • Proper training regarding the use of systems etc should be given prior to joining of the staff.
Plan for the next week	I will complete the IPD Project by 15th and I will start my new project on OPD pharmacy.



Signature of the Student:

Approved by the IIHMR University's Mentor

(Weekly Report-3)

Name of the Organisation: CK Birla Hospital (RBH)

Area/ Department/ Project of Summer Internship Program: PATIENT EXPERIENCE DEPARTMENT

Name of the Student: DR. EMANPREET KAUR

Roll no:1705(49) **Stream:**MBA HHM (BATCH A)

Week no: 3 **From:** ...13th may 2024...to.....18th may2024

Activity Done	• Feedback collection from patients in OPD and IPD regarding there experience in the hospital. • Observation of the high concern areas of the IPD ward of 4th floor (mainly call bell response and IPD Pharmacy). • Data collection regarding the monitoring of TAT of IPD Pharmacy • Performed Audits under the guidance of department head. • Starting collecting data regarding the OPD pharmacy and monitoring the time the patient spends in OPD pharmacy from giving the prescription till the time he receives his medicines and bill.
Linking theory (Classroom learning) with practice at your organisation	The hospital is strategically designed with ample room for expansion to cater to various needs. Hospital had 230 rooms, additionally 9 beds are added, future growth is vital for the organization's success, so management of patient flow is important. Patient flow is around 500 per day (new + old).
Gaps identified on the working area.	• Patients experiencing delay in getting services due to heavy workload in the hospital. • In IPD the medications indented are delayed beyond the TAT (turnaround time). • During peak hours patient experience delays in receiving medicines from OPD pharmacy as well. • There is a lot of unavailability of medicines especially during peak hours of OPD.Patients are asked to buy medicines from outside.
Suggestions for improvement	• Proper training regarding the use of systems etc should be given prior to joining of the staff. • There should be a bar code system for the billing of the medicines, this will not only prevent the delay in receiving medicines but will also also streamline the process to a great extent. • Also there should be separate person to explain the

	medicines well to the patients instead the person who is doing billing should be doing the same.This will save a lot of time and quality of services can be improved to a great extent.
Plan for the next week	I will complete the IPD Project by 15th and I will start my new project on OPD pharmacy. I will continue monitoring the OPD pharmacy even for this next week .

Signature of the Student:

Approved by the IIHMR University's Mentor

(Weekly Report-4)

Name of the Organisation: CK Birla Hospital (RBH)

Area/ Department/ Project of Summer Internship Program: PATIENT EXPERIENCE DEPARTMENT

Name of the Student: DR. EMANPREET KAUR

Roll no:1705(49) **Stream:**MBA HHM (BATCH A)

Week no: 4 **From:** ...20th may 2024...**to**.....25th may2024

Activity Done	• I learnt how to raise the tickets. • Started making calls to patients who got discharged to collect feedbacks and address there concerns as well. • Starting collecting data regarding the OPD pharmacy and monitoring the time the patient spends in OPD pharmacy from giving the prescription till the time he receives his medicines and bill.
Linking theory (Classroom learning) with practice at your organisation	Managing a patient experience department involves training staff, collecting feedback, analyzing data, improving communication, implementing service initiatives, handling complaints, collaborating with other departments, and integrating technology to enhance patient satisfaction and care.
Gaps identified on the working area.	• During peak hours patient experience delays in receiving medicines from OPD pharmacy as well. • There is a lot of unavailability of medicines especially during peak hours of OPD.Patients are asked to buy medicines from outside. • Billing process of the OPD pharmacy is really cumbersome as when the demand is generated for a particular medicine, the stock received has to be updated from the store room system and then it appears in the pharmacy system but if not the medicine billing has to be done manually. This is very inconvenient.
Suggestions for improvement	• There should be a bar code system for the billing of the medicines, this will not only prevent the delay in receiving medicines but will also also streamline the process to a great extent. • Also there should be separate person to explain the medicines well to the patients instead the person who is doing billing should be doing that. This will save a lot of time and quality of services can be improved to a great extent.

	• There should be separate window for the return of medicines as it interrupts the normal flow of the process.
Plan for the next week	I will continue monitoring the OPD pharmacy even for this next week. There is also a mid-term presentation conducted by the unit head in the hospital for which I'm preparing a small presentation of all the things I've learnt in past 25days and for which I've also been working on the data analysis of IPD pharmacy project. I will be wrapping up this project of OPD pharmacy later on this week and will work on its analysis.

Signature of the Student:

Approved by the IIHMR University's Mentor

(Weekly Report -5)

Name of the Organisation: CK Birla Hospital (RBH)

Area/ Department/ Project of Summer Internship Program: PATIENT EXPERIENCE DEPARTMENT

Name of the Student: DR. EMANPREET KAUR

Roll no:1705(49) **Stream:**MBA HHM (BATCH A)

Week no: 5 **From:** ...27th may 2024...to.....1st June2024

Activity Done	• I learnt how to raise the tickets. • Started making calls to patients who got discharged to collect feedbacks and address their concerns as well. • Starting collecting data regarding the OPD pharmacy and monitoring the time the patient spends in OPD pharmacy from giving the prescription till the time he receives his medicines and bill. • Also monitored medicine availability in the OPD pharmacy. • Did meeting with the head of supply chain department and learnt about ROLs(reorder levels).
Linking theory (Classroom learning) with practice at your organisation	Managing a patient experience department involves training staff, collecting feedback, analyzing data, improving communication, implementing service initiatives, handling complaints, collaborating with other departments, and integrating technology to enhance patient satisfaction and care.
Gaps identified on the working area.	• During peak hours patient experience delays in receiving medicines from OPD pharmacy as well. • There is a lot of unavailability of medicines especially during peak hours of OPD. Patients are asked to buy medicines from outside. • Billing process of the OPD pharmacy is really cumbersome as when the demand is generated for a particular medicine, the stock received has to be updated from the store room system and then it appears in the pharmacy system but if not the medicine billing has to be done manually. This is very inconvenient. • Repeated stockouts of even basic medicines in OPD pharmacy and unavailability of medicines for multiple days. • Demand register of medicines not maintained properly.

Suggestions for improvement	• There should be a bar code system for the billing of the medicines, this will not only prevent the delay in receiving medicines but will also also streamline the process to a great extent. • Also there should be separate person to explain the medicines well to the patients instead the person who is doing billing should be doing that. This will save a lot of time and quality of services can be improved to a great extent. • There should be separate window for the return of medicines as it interrupts the normal flow of the process. • Proper demand forecasting and generating of ROLs accordingly.
Plan for the next week	I have wrapped up data collection wrt OPD pharmacy on Saturday and will work on its analysis and ROLs in the coming week as discussed in our mid-term presentation last week.

Signature of the Student:

Approved by the IIHMR University's Mentor

(Weekly Report-6)

Name of the Organisation: CK Birla Hospital (RBH)

Area/ Department/ Project of Summer Internship Program: PATIENT EXPERIENCE DEPARTMENT

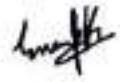
Name of the Student: DR. EMANPREET KAUR

Roll no:1705(49) **Stream:**MBA HHM (BATCH A)

Week no: 6 **From:** ...3rd June 2024...**to**.....8th June2024

Activity Done	• Also monitored medicine availability in the OPD pharmacy. • Did meeting with the head of supply chain department and learnt about ROLs(reorder levels). • Did Pareto analysis of the data given by the mentor in the departments F&B(Food and Beverages),Dietetics and Nursing.
Linking theory (Classroom learning) with practice at your organisation	Overseeing patient experience means training, gathering feedback, analyzing data, and enhancing communication and services to boost satisfaction. It also involves addressing complaints, collaborating with other departments, and integrating technology for improved care.
Gaps identified on the working area.	• There is a lot of unavailability of medicines especially during peak hours of OPD. Patients are asked to buy medicines from outside. • Repeated stockouts of even basic medicines in OPD pharmacy and unavailability of medicines for multiple days. • There's a lot of delay in delivering of food and beverages to patients due to various reasons identified in the analysis. • There are other problems too faced by the patients from mainly F&B department according to the Pareto analysis like mismatch of food, wrong orders according to the diet and the preference of the patients, foreign bodies found in the food items.
Suggestions for improvement	• Pareto analysis suggested that 80% concerns can be resolved by working on the 20% top concern areas.
Plan for the next week	Will start collecting data regarding the delays faced by the patients

	from the F&B department and will work on the others concerns faced by the patients from the department.



Signature of the Student:

Approved by the IIHMR University's Mentor

(Weekly Report-7)

Name of the Organisation: CK Birla Hospital (RBH)

Area/ Department/ Project of Summer Internship Program: PATIENT EXPERIENCE DEPARTMENT

Name of the Student: DR. EMANPREET KAUR

Roll no:1705(49) **Stream:**MBA HHM (BATCH A)

Week no: 7 **From:** ...10th June 2024...**to**.....15th June2024

Activity Done	• Performed Audits under the guidance of department head. • I learnt how to raise the tickets. • Started making calls to patients who got discharged to collect feedbacks and address their concerns as well. • Did Pareto analysis of the data given by the mentor in the departments F&B(Food and Beverages),Dietetics and Nursing. • Currently auditing the call bell of 4th floor and trying to figure out the reasons why there's a delayed response by nursing and GDA.
Linking theory (Classroom learning) with practice at your organisation	Managing patient experience means making sure patients are happy with their care. This involves training staff well, listening to what patients say, and using technology to make care better. It also means fixing problems quickly and working with other departments to give the best possible care.
Gaps identified on the working area.	• Poor Communication between nurses and GDA • Patients experiencing delay in getting services due to heavy workload in the hospital. • In IPD the medications indented are delayed beyond the TAT (turnaround time). • Response to call bell is delayed. • Complains of too much noise and disturbance at the floor. (Nurses discussing and talking, phones ringing etc). • There's a lot of delay in delivering of food and beverages to patients due to various reasons identified in the analysis. • As the TAT time of call bell is 5 mins,so the call bell is switched off withing 5 mins but the actual task is

	completed with quite a delay in most of the cases due to the unavailability of the staff(eg. GDAs).Even the GDA supervisor is unaware where is the staff. • Also, as the GDA department is allotted under nursing,so all the call bells are to be prioritized by nursing,this causes delay in the services sometimes when GDAs are required to do the work.
Suggestions for improvement	• Better communication and networking among the staff and streamlining various process to improve the efficiency of the system and thereby cutting down the cost. • The nursing station should be well equipped with the computer systems in order to increase the efficiency of the work. • There should be a system of paging within the staff in order to inform the staff about the concerns regarding the patients. • Proper training regarding the use of systems etc should be given prior to joining of the staff. • There should be a separate call bell for nursing and GDA staff so the the concerned staff can directly reach the patient and fulfil his needs. • Also, there should be paging system available for the staff in case he/she is not available on the floor and the patient is need, then the staff can be paged immediately.
Plan for,the next week	Will continue to monitor the call bell response for the next 2 weeks and will try to identify the reasons of delay more precisely and will also try to give recommendations on the basis of the same.

Signature of the Student:

Approved by the IIHMR University's Mentor

(Weekly Report-8)

Name of the Organisation: CK Birla Hospital (RBH)

Area/ Department/ Project of Summer Internship Program: PATIENT EXPERIENCE DEPARTMENT

Name of the Student: DR. EMANPREET KAUR

Roll no:1705(49) **Stream:**MBA HHM (BATCH A)

Week no: 8 **From:** ...17th June 2024...**to**.....22nd June2024

Activity Done	• Performed Audits under the guidance of department head. • I learnt how to raise the tickets. • Started making calls to patients who got discharged to collect feedbacks and address their concerns as well. • Hospital is planning to implement a new navigation system, so helping team members to do market research for the same by developing a questionnaire that can be scanned by the patients and filled according to the needs of the patients and the attendants. • Also, hospital is planning to launch new kits for the patients of the private rooms as a gesture from the hospital side. So helped the HOD with the preparation of ppt for the same.
Linking theory (Classroom learning) with practice at your organisation	Managing patient experience means making sure patients are happy with their care. This involves training staff well, listening to what patients say, and using technology to make care better. It also means fixing problems quickly and working with other departments to give the best possible care.
Gaps identified on the working area.	• Poor Communication between nurses and GDA • Patients experiencing delay in getting services due to heavy workload in the hospital. • In IPD the medications indented are delayed beyond the TAT (turnaround time). • Response to call bell is delayed. • Complains of too much noise and disturbance at the floor. (Nurses discussing and talking, phones ringing etc). • Also, as the GDA department is allotted under nursing, so all the call bells are to be prioritized by nursing, this causes delay in the services sometimes when GDAs are required to do the work. • People are not comfortable using the technological applications as they say there's enough staff in the hospital

	to guide the patients and the family members to reach the desired destination.
Suggestions for improvement	• There should be separate colours of the call bell while ringing (currently its red) or there should be different beeping sound so that the staff can make out for which staff i.e GDA or Nursing the call bell is ringing. • Also, there should be paging system available for the staff in case he/she is not available on the floor and the patient is need, then the staff can be paged immediately.
Plan for the next week	Will continue to monitor the call bell response for the next 1 week and will try to identify the reasons of delay more precisely and will also try to give recommendations on the basis of the same. Will also start with the project report and poster for the approval from the university mentor.

Signature of the Student:

Approved by the IIHMR University's Mentor

(Weekly Report-9)

Name of the Organisation: CK Birla Hospital (RBH)

Area/ Department/ Project of Summer Internship Program: PATIENT EXPERIENCE DEPARTMENT

Name of the Student: DR. EMANPREET KAUR

Roll no:1705(49) **Stream:**MBA HHM (BATCH A)

Week no: 9 **From:** ...24th June 2024...**to**.....29th June2024

Activity Done	• Performed Audits under the guidance of department head. • I learnt how to raise the tickets. • Started making calls to patients who got discharged to collect feedbacks and address their concerns as well. • Have been working on the thank you e-card for the patients who give excellent feedbacks to the hospital as a token of thanks from the hospital. • Have completed my data collection for the call bell response project and will do the analysis.
Linking theory (Classroom learning) with practice at your organisation	Making sure patients are happy with their care involves a few key things: training our staff well, really listening to what patients tell us, and using technology to improve how we care for them. It also means fixing any problems fast and working closely with other parts of the hospital to give patients the best care possible.
Gaps identified on the working area.	• Poor Communication between nurses and GDA . • Patients experiencing delay in getting services due to heavy workload in the hospital. • In IPD the medications indented are delayed beyond the TAT (turnaround time). • Response to call bell is delayed. • Complains of too much noise and disturbance at the floor. (Nurses discussing and talking, phones ringing etc). • People are not comfortable using the technological applications as they say there's enough staff in the hospital to guide the patients and the family members to reach the desired destination.
Suggestions for improvement	• Better communication and networking among the staff and streamlining various process to improve the efficiency of the system and thereby cutting down the cost. • The nursing station should be well equipped with the

	computer systems in order to increase the efficiency of the work. • There should be a system of paging within the staff in order to inform the staff about the concerns regarding the patients. • Proper training regarding the use of systems etc should be given prior to joining of the staff. • There should be separate colours of the call bell while ringing (currently its red) or there should be different beeping sound so that the staff can make out for which staff i.e GDA or Nursing the call bell is ringing. • Also, there should be paging system available for the staff in case he/she is not available on the floor and the patient is need, then the staff can be paged immediately.
Plan for the next week	Will continue to work on my project and compiled report that is to be submitted in the university. Will also do the analysis of the Call bell project data in the coming week. Will be learning about TPA in a hospital and will compile all the projects.

Signature of the Student:

Approved by the IIHMR University's Mentor

(Weekly Report-10)

Name of the Organisation: CK Birla Hospital (RBH)

Area/ Department/ Project of Summer Internship Program: PATIENT EXPERIENCE DEPARTMENT

Name of the Student: DR. EMANPREET KAUR

Roll no:1705(49) **Stream:**MBA HHM (BATCH A)

Week no: 10 **From:** ...1st July 2024...**to**.....6th July2024

Activity Done	• Analysis of the call bell data was done in this week. • Compilation of all the weekly reports into 1 for submission in the university. • Made ppt for the call bell project • Was working on the poster for submission in the university • Also made ppt on "this is my job too" topic • Did analysis of compliments data given by the organization mentor. • Worked on the appreciation mail for the staff.
Linking theory (Classroom learning) with practice at your organisation	Ensuring patient satisfaction involves well-trained staff, attentive listening, leveraging technology for better care, promptly resolving issues, and collaborating closely across hospital departments for optimal patient experience.
Gaps identified on the working area.	• Poor Communication between nurses and GDA • Patients experiencing delay in getting services due to heavy workload in the hospital. • In IPD the medications indented are delayed beyond the TAT (turnaround time). • Response to call bell is delayed. • Complains of too much noise and disturbance at the floor. (Nurses discussing and talking, phones ringing etc). • As the TAT time of call bell is 5 mins, so the call bell is switched off withing 5 mins but the actual task is completed with quite a delay in most of the cases due to the unavailability of the staff (eg. GDAs). Even the GDA supervisor is unaware where is the staff. • Also as the GDA department is allotted under nursing,so all the call bells are to be prioritized by nursing,this causes delay in the services sometimes when GDAs are required to do the work.

	• People are not comfortable using the technological applications as they say there's enough staff in the hospital to guide the patients and the family members to reach the desired destination.
Suggestions for improvement	• Better communication and networking among the staff and streamlining various process to improve the efficiency of the system and thereby cutting down the cost. • The nursing station should be well equipped with the computer systems in order to increase the efficiency of the work. • There should be a system of paging within the staff in order to inform the staff about the concerns regarding the patients. • Proper training regarding the use of systems etc should be given prior to joining of the staff. • There should be separate colours of the call bell while ringing (currently its red) or there should be different beeping sound so that the staff can make out for which staff i.e GDA or Nursing the call bell is ringing. • Also, there should be paging system available for the staff in case he/she is not available on the floor and the patient is need, then the staff can be paged immediately.
Plan for the next week	Will continue to work on my poster and compiled report that is to be submitted in the university. Will be learning about TPA in a hospital and will compile all the projects.

Signature of the Student:

Approved by the IIHMR University's Mentor

Compiled Report

Name of the Organisation: CK Birla Hospital (RBH)

Area/ Department/ Project of Summer Internship Program: PATIENT EXPERIENCE DEPARTMENT

Name of the Student: DR. EMANPREET KAUR

Roll no:1705(49) **Stream:**MBA HHM (BATCH A)

Activity Done	•**Feedback Collection from Patients**Implemented structured feedback collection from patients in both Outpatient Department (OPD) and Inpatient Department (IPD) to gather insights into their hospital experience. •**Observation and Improvement of High Concern Areas**Conducted observations on the 4th floor IPD ward and other floors to address issues such as call bell response times and IPD Pharmacy services. Initiatives include ongoing audits and analysis to improve response efficiency. •**Resolution of Patient Complaints**Actively addressed patient complaints across various floors, collaborating with concerned departments to resolve issues promptly. •**Monitoring IPD Pharmacy Turnaround Time (TAT)** Collected and analyzed data related to IPD Pharmacy TAT to identify bottlenecks and streamline processes. •**Data Collection and Root Cause Analysis Corrective and Preventive Actions (RCACAPA)** Implemented RCA CAPA methodology based on data collected, focusing on continuous improvement in service delivery. •**Audit Performances**Conducted audits under the guidance of department heads to ensure adherence to quality standards and identify areas for improvement. •**Process Improvement in Patient Discharge**Initiated patient feedback calls post-

	discharge to gather insights and address concerns, enhancing post-care communication. •**OPD Pharmacy Efficiency**Monitored OPD Pharmacy operations including prescription processing time and medicine availability, aiming to reduce patient waiting times. •**Supply Chain Collaboration**Collaborated with Supply Chain department to understand and implement Reorder Levels (ROLs) for effective inventory management. •**Pareto Analysis**Conducted Pareto analysis in departments like Food & Beverages, Dietetics, and Nursing to prioritize improvement efforts based on critical issues. •**Call Bell Response Optimization**Currently auditing call bell response on the 4th floor to identify reasons for delays and propose solutions for improved response times. •**New Initiatives Support**Assisted in market research for a new navigation system by developing patient questionnaires, contributing to future hospital enhancements. •**Patient Kits Development**Contributed to the preparation of a presentation for launching new patient kits for private room patients as part of hospital gestures. •**Patient Appreciation Program**Developed a thank you e-card system for patients providing excellent feedback as a token of appreciation from the hospital. •**Project Completion and Next Steps** Completeddata collection for the call bell response project and will proceed with detailed analysis and recommendations.

Linking theory (Classroom learning) with practice at your organisation	**1. Feedback Collection from Patients** • **Classroom Link:** In MBA programs, you learn about patient experience management and the importance of gathering structured feedback to improve service quality. • **Application:** Implementing a feedback collection system in OPD and IPD aligns with learning about customer satisfaction strategies and quality improvement methodologies. **2. Observation and Improvement of High Concern Areas** • **Classroom Link:** Operations management courses teach about identifying and improving critical processes. • **Application:** Conducting observations and audits on IPD wards for issues like call bell responsiveness and pharmacy services reflects your application of process improvement principles learned in class. **3. Resolution of Patient Complaints** • **Classroom Link:** Courses on patient relations and service recovery strategies cover handling patient complaints effectively. • **Application:** Actively addressing patient complaints across hospital floors demonstrates your practical understanding of managing patient satisfaction and service recovery in real-world settings. **4. Monitoring IPD Pharmacy Turnaround Time (TAT)** • **Classroom Link:** Supply chain and operations management modules emphasize TAT monitoring and efficiency improvement. • **Application:** Collecting and analyzing data on IPD pharmacy TAT aligns with learning about optimizing

	healthcare delivery processes to enhance efficiency and patient outcomes. **5. Data Collection and Root Cause Analysis (RC CAPA)** • **Classroom Link:** Quality management courses include methodologies like Root Cause Analysis (RCA) and Corrective and Preventive Actions (CAPA). • **Application:** Implementing RCA CAPA based on collected data reflects your application of quality improvement tools and continuous improvement principles learned in class. **6. Audit Performances** • **Classroom Link:** Auditing and compliance are key components of healthcare management courses. • **Application:** Conducting audits under department guidance shows your application of quality assurance practices and adherence to regulatory standards studied in class. **7. Process Improvement in Patient Discharge** • **Classroom Link:** Courses on patient care management cover discharge planning and post-care communication strategies. • **Application:** Initiating patient feedback calls post-discharge demonstrates your understanding of enhancing patient care transitions and post-care follow-up, as taught in class. **8. OPD Pharmacy Efficiency** • **Classroom Link:** Operations management and healthcare delivery optimization modules discuss pharmacy operations and patient flow management.

	• **Application:** Monitoring OPD pharmacy operations aligns with your learning about improving service efficiency and patient waiting time management. **9. Supply Chain Collaboration** • **Classroom Link:** Supply chain management courses teach about inventory management and collaboration strategies. • **Application:** Collaborating with the supply chain department to implement reorder levels (ROLs) reflects your application of supply chain principles to ensure effective inventory management in healthcare settings. **10. Pareto Analysis** • **Classroom Link:** Quality management and process improvement courses cover Pareto analysis for identifying critical issues. • **Application:** Conducting Pareto analysis in departments like Food & Beverages, Dietetics, and Nursing shows your use of data-driven decision-making to prioritize improvement efforts, as studied in class. **11. Call Bell Response Optimization** • **Classroom Link:** Patient flow management and service quality courses discuss optimizing patient response systems. • **Application:** Auditing call bell responses to propose solutions for improvement aligns with learning about enhancing patient satisfaction through efficient response systems. **12. New Initiatives Support** • **Classroom Link:** Strategic management courses cover market research and innovation strategies.

	• **Application:** Assisting in market research for a new navigation system reflects your application of strategic thinking and innovation support, as learned in class. **13. Patient Kits Development** • **Classroom Link:** Patient-centered care modules discuss enhancing patient experience through thoughtful gestures. • **Application:** Contributing to the development of patient kits aligns with learning about patient-centric initiatives and enhancing patient comfort and satisfaction. **14. Patient Appreciation Program** • **Classroom Link:** Courses on patient relations and satisfaction cover developing appreciation programs. • **Application:** Creating a thank you e-card system for patients shows your application of strategies to acknowledge and reward patient feedback, as studied in class. **15. Project Completion and Next Steps** • **Classroom Link:** Project management courses teach planning, execution, and evaluation of projects. • **Application:** Completing data collection for the call bell response project and planning detailed analysis and recommendations reflects your project management skills and application of structured approach to project completion, as learned in class.

Gaps identified on the working area.	**•Poor Communication between Nurses and GDAs** • **Issue:** Nurses and General Duty Assistants (GDAs) aren't communicating well, causing delays in patient care tasks. • **Impact:** Patients have to wait longer for essential services because tasks aren't coordinated efficiently. **•Patient Service Delays Due to Workload** • **Issue:** The hospital's heavy workload leads to delays in providing services like medications and food to patients. • **Impact:** Patients experience extended wait times, which can be frustrating and affect their well-being. **•Medication Delay in IPD Beyond TAT** • **Issue:** Medications in In-Patient Departments (IPDs) are often delivered late, beyond the expected turnaround time. • **Impact:** This delay disrupts treatment plans and slows down patient recovery. **•Delayed Response to Call Bells** • **Issue:** There are frequent delays in responding to patient call bells, impacting how quickly patients receive assistance. • **Impact:** Patients feel neglected and unsupported by hospital staff, which affects their satisfaction and comfort. **•Noise and Disturbance Complaints** • **Issue:** Excessive noise from nursing activities and other sources disrupts patient rest and comfort. • **Impact:** Patients find it difficult to relax and recover, leading to dissatisfaction and increased stress

	levels. **•OPD Pharmacy Service Delays** • **Issue:** During busy periods, patients face delays in getting their medications from the Out-Patient Department (OPD) pharmacy. • **Impact:** Longer wait times frustrate patients and delay their treatment plans. **•Medicine Availability Issues in OPD** • **Issue:** Essential medications frequently run out in the OPD during peak hours, forcing patients to seek alternatives. • **Impact:** Patients' care is compromised, and they incur additional expenses, which affects their satisfaction. **•Cumbersome OPD Pharmacy Billing Process** • **Issue:** The billing process for medications in the OPD is complicated due to manual updates and system delays. • **Impact:** This leads to inconvenience and delays for both patients and staff in completing transactions efficiently. **•Repeated Stockouts and Poor Medicine Demand Management** • **Issue:** Basic medicines often run out, and there's inadequate management of medication demand in the OPD. • **Impact:** Patient treatment plans are disrupted, affecting healthcare delivery standards negatively. **•Delayed Food and Beverage Services** • **Issue:** Patients experience significant delays in receiving food and beverages during busy periods. • **Impact:** This affects patient nutrition,

	satisfaction, and overall experience in the hospital. **•F&B Department Issues According to Pareto Analysis** • **Issue:** Problems like food mismatches and foreign objects in food items are identified in the Food & Beverage department. • **Impact:** Patient dietary needs are compromised, posing risks to their health and leading to dissatisfaction. **•Delayed Completion of Call Bell Tasks** • **Issue:** Although call bells are turned off promptly, completing tasks may be delayed due to staff availability. • **Impact:** Patients might feel services are not delivered promptly, affecting their perception of care quality. **•Prioritization Challenges for Call Bells** • **Issue:** Call bells are prioritized by nursing without considering specific needs that require GDAs, causing delays. • **Impact:** Essential patient care tasks are delayed, leading to inefficiencies in resource utilization. **•Technological Application Challenges** • **Issue:** There's resistance to using new technology for patient and family guidance due to perceived sufficient support from staff. • **Impact:** The adoption of digital solutions that could improve hospital operations and patient experience is limited.
Suggestions for improvement	**•Enhanced Communication and Process Streamlining** **Recommendation:** Implement better networking among staff and streamline processes to optimize system efficiency,

	thereby reducing operational costs. •**Equipping Nursing Stations with Computer Systems** **Recommendation:** Equip nursing stations with adequate computer systems to facilitate faster information access and smoother workflow management. •**Implementation of Paging System for Staff Communication** **Recommendation:** Introduce a paging system to promptly inform staff about patient needs and concerns, improving responsiveness and care coordination. •**Comprehensive Training for New Staff** **Recommendation:** Provide comprehensive training before staff members start their roles to ensure proficiency in system usage and operational procedures. •**Introduction of Barcode System for Medication Billing** **Recommendation:** Implement a barcode system for medication billing to expedite the process, reduce errors, and streamline inventory management. •**Dedicated Personnel for Medication Counseling** **Recommendation:** Assign dedicated personnel for medication counseling to improve patient understanding and satisfaction without disrupting billing operations. •**Establishment of Separate Window for Medication Returns** **Recommendation:** Create a dedicated window for medication returns to maintain smooth operational flow and minimize disruptions. •**Improved Demand Forecasting and Reorder Level (ROL) Management** **Recommendation:** Enhance demand forecasting methodologies and establish robust ROLs to optimize inventory management and ensure timely availability of medicines.

	•**Differentiated Call Bell System Recommendation:** Implement a differentiated call bell system with color codes or distinct sounds for different staff categories (e.g., GDA vs. Nursing) to improve response times and efficiency.

Signature of the Student

Approved by the IIHMR University's Mentor

EMANPREET KAUR REPORT

ORIGINALITY REPORT

1%	1%	0%	0%
SIMILARITY INDEX	INTERNET SOURCES	PUBLICATIONS	STUDENT PAPERS

PRIMARY SOURCES

1	dec1622.sd.ece.iastate.edu Internet Source	<1%
2	www.4cpl.com Internet Source	<1%

Exclude quotes	On	Exclude matches	< 14 words
Exclude bibliography	On		