Internship Report

Name of the Student: Vanshika Rana

Roll No.: 1650

Batch: MBA-HM 27

Duration: 20th March To 19th June (3 months)

Organization: Jindal Institute Of Medical Sciences, Hisar, Haryana

Guided by – Dr. Piyusha Majumdar

Mrs. Kumkum Roy Chaudhary

INTRODUCTION

ORGANIZATION PROFILE

Established in 1968, NCJIMCARE & OPJICACRE has been a stalwart in healthcare provision for over 4.5 decades. Nestled in 15.5 Acres of verdant landscape in Hisar, Haryana, this 580-bedded multi-subspecialty hospital has been diligently serving the medical needs of rural Haryana, Punjab, and neighboring areas of Rajasthan. With its patient-friendly ecosystem and expansive greenery, the hospital has become a beacon of trust within the community.

Over the years, NCJIMCARE & OPJICACRE has remained committed to constant upgradation and expansion, aligning with the evolving landscape of medical science. This dedication has earned the unwavering trust of the community, who turn to the hospital with confidence for ethical, affordable, reliable, and high-quality healthcare services.

Equipped with state-of-the-art medical equipment, including a 1.5 Tesla MRI, 128 Slice CT scan, 11 Operation Theaters, a Radiotherapy department, and a range of other specialized facilities such as Oncology, Cardiology, Gastroenterology, Linear Accelerator, and Lasik Laser, NCJIMCARE & OPJICACRE stands as a frontrunner in charitable healthcare. Boasting a team of over 75 doctors

and a modern Intensive Care Unit, the hospital provides quality medical care at accessible costs to the community.

O.P. Jindal Institute of Cancer and Research

N.C. Jindal Institute of Medical care

- **GENESIS OF JIMS**

The inception of JIMS traces back to a profound belief in the ethos that the advancement of marginalized and underprivileged segments of society is indispensable for a nation's prosperity. Upholding this ethos, the Jindal family embarked on the establishment of the "NC Jindal Eye Hospital" in Hisar in 1966. Conceived in loving memory of Late Shri. Netram Jindal and Late Smt. Chandrwali Jindal by their five sons, this initiative aimed to realize their vision of serving the community.

Guided by the visionary leadership of Late Shri O.P Jindal, a figure renowned for his deep concern for the common people and unwavering philanthropy, the hospital was inaugurated on May 5, 1968, by Shri Morarji Desai, the Deputy Prime Minister of India. Thus commenced the journey of providing high-quality medical care at affordable rates.

Over time, Late Shri O.P Jindal's philanthropic endeavors expanded, yet the core values and mission of the hospital remained steadfast. Upon his passing in 2005, the baton of leadership was entrusted to his daughter-in-law, Smt. Deepika Jindal, who humbly assumed the role of Chairperson of NCJIMCARE & OPJICACRE in 1996. Together with Shri. O.P Jindal's four sons, she has spearheaded efforts to manage, develop, and equip the hospital with state-of-the-art facilities.

In 2008, a significant milestone was achieved with the establishment of the Cancer Wing (O.P. Jindal Institute of Cancer Research) in memory of Late Shri O.P Jindal, followed by the inauguration of the "O.P. Jindal Institute of Cardiac Care" in 2013. This cutting-edge facility offers invasive and non-invasive cardiac procedures, advanced surgeries, and specialized services in gastroenterology, neurology, and nephrology, thereby alleviating the need for patients to seek treatment in distant cities.

In a bid to enhance medical education and attract top talent, the "Savitri Jindal Institute of Nursing" was established, complemented by the setup of a Nursing Hostel to accommodate students from afar. Throughout these endeavors, the management of NCJIMCARE & OPJICACRE remains steadfast in its commitment to providing exemplary healthcare services at affordable rates.

- **INSTITUTES**

1. Cancer Institute
2. Cardiac Institute
3. Nursing Institute

- **DEPARTMENTS**

1. Anesthesia, Critical Care & Pain
2. Critical Care
3. Cardio Thoracic and Vascular Surgery
4. Cardiology
5. Dental Surgery
6. Dermatology
7. ENT, Head and Neck Surgery
8. Emergency and Trauma
9. Fetal Medicine
10. Gynae & Obs.

11. Gen. Surgery & Bariatric Surgery
12. Gastroenterology
13. GI Surgery
14. Internal Medicine
15. Medical Oncology
16. Neurosurgery
17. Neurology
18. Nephrology
19. Orthopedics
20. Ophthalmology
21. Pulmonology
22. Plastic & Reconstructive Surgery
23. Pediatrics
24. Psychiatry
25. Pediatric Surgery
26. Pathology and Microbiology
27. Physiotherapy
28. Radiation Oncology
29. Radiodiagnosis & Interventional Neuro Radiology
30. Surgical Oncology
31. Urology

VISION, MISSION & VALUES

VISION

Be a “Centre of Excellence” for providing comprehensive health care & training in medical science.

MISSION

Quality Medical Care at Affordable Cost

VALUES

- Practice Dignity and Equity in relationships. Provide opportunities for people to realize their full potential.
- Manage our operations with high concern for patient’s rights.
- Stay updated with latest technological advancement and managerial expertise to enhance patient satisfaction.
- Inculcate cost consciousness and concept of effective and efficient service with concern for patient’s' affordability.

Project 1: A STUDY OF TURN AROUND TIME (TAT) OF DISCHARGE PROCESS OF INSURANCE PATIENTS IN A TERTIARY CARE HOSPITAL

A) Department Overview

TPA Department: A Third-Party Administrator (TPA) department in a hospital is responsible for managing and processing health insurance claims, ensuring that the relationship between the insurance provider, the hospital, and the patient is smooth and efficient.

B) Roles and responsibilities:

1. **Claims Processing:**
    - Claim Submission: The TPA department receives insurance claims from patients or hospital departments. They ensure that claims are submitted correctly, with all necessary information and documentation.
    - Documentation Review: TPAs review claims to verify that all required documents (e.g., medical records, doctor's notes, treatment details) are provided and accurate. This helps in substantiating the claim and reducing the likelihood of denial.
    - Adjudication: They assess the validity of the claim based on the terms and conditions of the patient's insurance policy. This includes checking the patient's coverage, the eligibility of the services provided, and the accuracy of the claim details.
2. **Coordination with Insurance Providers:**
    - Communication: The TPA department acts as a liaison between the hospital and insurance companies. They facilitate clear and efficient communication to address any issues or queries related to claims.
    - Authorization: For certain treatments and procedures, pre-authorization from the insurance provider is required. The TPA handles these requests, ensuring timely approvals to avoid delays in patient care.
3. **Patient Support Services:**
    - Information Dissemination: TPAs educate patients about their insurance policies, including coverage details, benefits, exclusions, and the claims process. This helps patients understand their financial responsibilities and the support available to them.

- Assistance: The department assists patients in filling out claim forms and gathering necessary documentation. They guide patients through the claims submission process, ensuring that all requirements are met to facilitate quick processing.

4. **Financial Management:**
    - Reimbursement Tracking: The TPA department monitors the status of submitted claims, ensuring timely reimbursement from insurance providers. They keep track of pending claims and follow up as necessary to resolve any delays.
    - Dispute Resolution: In cases where there are discrepancies or disputes regarding claims (e.g., denial of coverage, partial payments), the TPA works to resolve these issues. This may involve negotiating with insurance providers or providing additional documentation to support the claim.
5. **Data Management and Reporting:**
    - Record Keeping: Accurate records of all claims processed are maintained, including documentation and correspondence. This ensures that there is a clear audit trail and helps in tracking the status of claims.
    - Reporting: The TPA generates reports on various metrics such as claims status, reimbursement rates, and claim denials. These reports provide valuable insights into hospital management and help in identifying areas for improvement.
6. **Compliance and Regulatory Adherence:**
    - Regulation Compliance: The TPA ensures that all processes comply with relevant laws and regulations, including patient privacy and data protection regulations). They stay updated on changes in regulations and adjust processes accordingly.
    - Policy Updates: TPAs keep abreast of changes in insurance policies and regulatory requirements to ensure ongoing compliance. This includes updating hospital staff and patients about any significant changes that may affect claims processing.

C) Benefits of a TPA Department

- Efficiency: By streamlining the claims process, the TPA department reduces administrative burdens on hospital staff, allowing them to focus more on patient care.
- Accuracy: Enhanced accuracy in claims processing minimizes errors and rejections, leading to faster reimbursements and improved financial outcomes for the hospital.
- Patient Satisfaction: Providing clear guidance and support throughout the insurance claims process improves patient experience and satisfaction.

- Financial Health: Timely reimbursements from insurance providers contribute to the hospital's financial stability, ensuring that resources are available for ongoing operations and improvements.

D) Methodology:

STUDY DESIGN: Prospective study design

STUDY SETTING: Jindal Institute of Medical sciences, Hisar, Haryana

STUDY POULATION: 250 patients

1. INCLUSION CRITERIA:

Discharge of patients who opted for cashless hospitalization between working hours between (10 Am to 5 PM), Consideration of only private/GIPSA Insurance patients

2. EXCLUSION CRITERIA:

Discharge initiated in the time after working hours (from 5 pm to 10 AM), cash, ECHS, Haryana government patients not included in study

3. STUDY TOOL: MS Excel

DURATION OF THE STUDY: 3 months (20^{th} March 2024 to 22^{nd} June 2024)

SAMPLE SIZE: 250 patients

SAMPLING TECHNIQUE: Nonprobability convenient sampling technique

E) Data Collection Tool:

DATA COLLECTION: HIMS of hospital (Aarogya), mail of the hospital and the registers maintained was used to check the time at which the authorization letter was sent to the respective insurance company, when was the approval received and when the patient was finally discharged respectively. Tracking sheet constituted of date of admission, date of discharge, UHID, patients name, insurance company and respective TPA, ward where the patient was admitted, time of discharge order, time at which file came at the TPA desk, time taken to sent AL to the TPA, time of reverting and receiving query (if any generated), time to receiving the final approval, time of informing about the final approval to department, and time at which patient was finally discharged
.

Turn Around Time	Elaboration	Data Collection Tool	Technique
TAT 1	Time Taken for discharge summary to reach the TPA department	Observation	Observation
TAT 2	Time taken to compile and send the final authorization letter to the external TPA	Through track sheet	Shadowing
TAT 3	Time taken to resolve query (if any)	Email timing	Shadowing
TAT 4	Time taken by the external TPA to give final approval after receiving AL	Email timing	Shadowing
TAT 5	Time taken for final patient discharge after receiving the approval from external TPA	Observation	Observation
TAT 6	Time taken for the overall discharge process, which starts from doctors' advice to discharge, with the patient emptying the bed	Addition of TAT 1, TAT 2, TAT 3, TAT 4, TAT 5	

F) RESULTS:

S.NO	Descriptive Statics	Minimum	Maximum	Average	Standard Deviation
1	**TAT 1:** Time Taken for discharge summary to reach the TPA department	26	885	187.11	112.17
2	**TAT 2:** Time taken to compile and send the final authorization letter to the external TPA	5	112	23.06	11.89
3	**TAT 3:** Time taken to resolve query	10	1200	133.86	196.40
4	**TAT 4:** Time taken by the external TPA to give final approval after receiving AL	16	1283	136.63	156.73
5	**TAT 5:** Time taken for final patient discharge after receiving the approval from external TPA	30	598	17.24	39.90
6	**TAT 6:** Time taken for the overall discharge process, which starts from doctors' advice to discharge, with the patient emptying the bed	72	1500	373.57	202.19

Table 1: Descriptive Analysis

	TAT 1	TAT 2	TAT 4	TAT 5
TAT 6	0.353912	0.095356	0.72199	0.44924
p value	.0001	.153	.0001	.0003

Table 2 : Correlation between TAT 6 and TAT 1,2,4 and 5

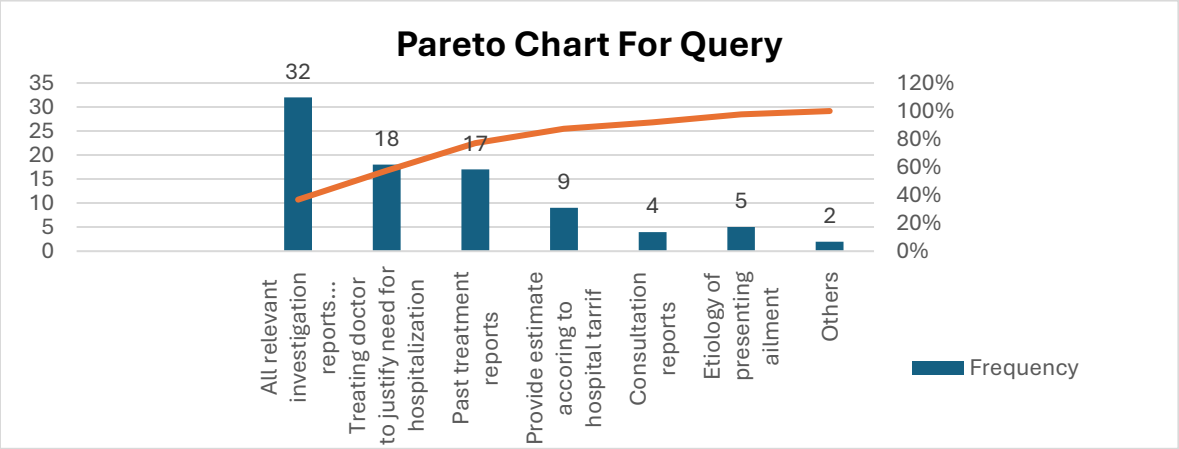

Figure 1: Pareto analysis for TPA queries generated

S.NO	Query generated	Percent	Cumulative Percent
	All relevant investigation reports supporting diagnostics	**37**	**37**
	Treating doctor to justify need of hospitalization	**21**	**57**
	Past treatment reports	**20**	**77**
	Provide estimate according to hospital tariff	**10**	**87**
	Consultation report	**5**	**92**
	Etiology of current ailment	**6**	**98**
	Others	**2**	**100**
	Total	**87**	

Table 3: Cumulative percentage

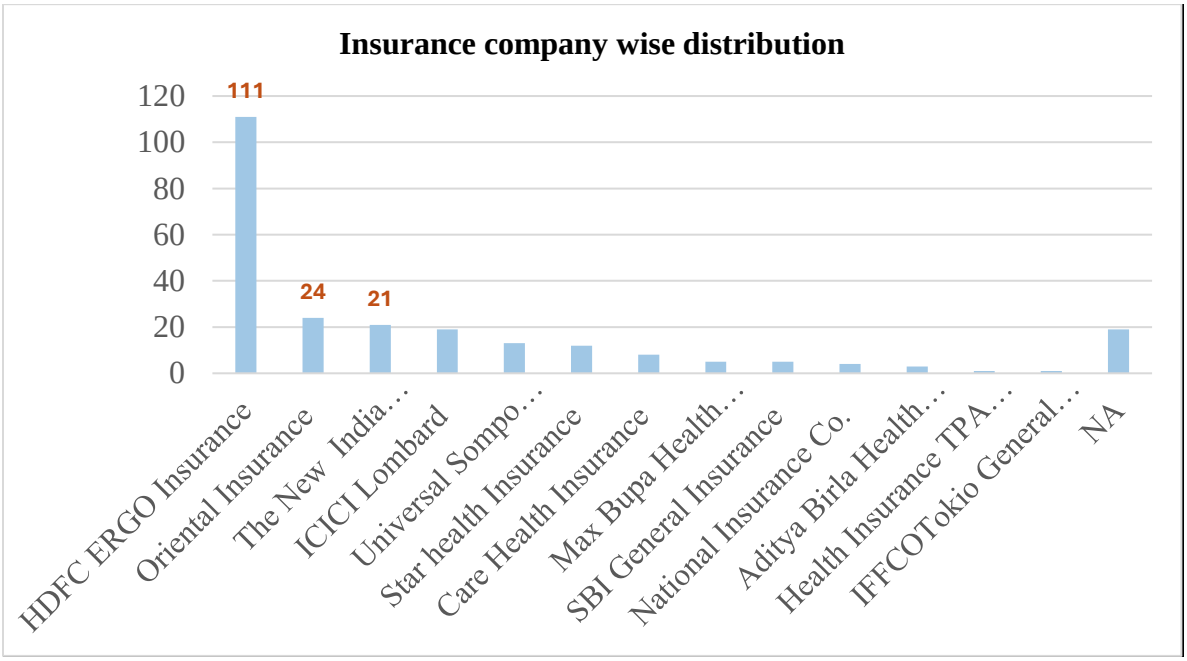

Figure 2: Insurance company and their respective cases coming to the in house TPA department

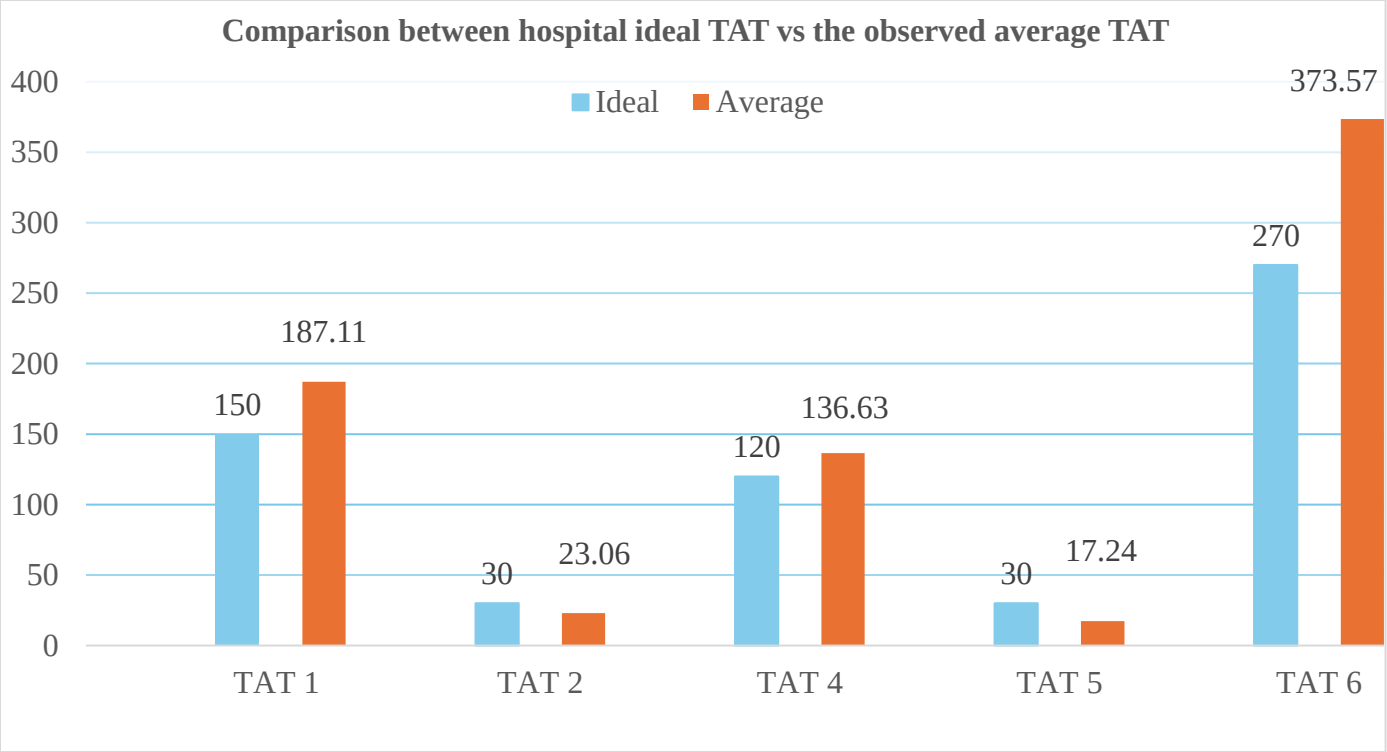

Figure 3: Comparison between hospital ideal TAT vs the observed average TAT

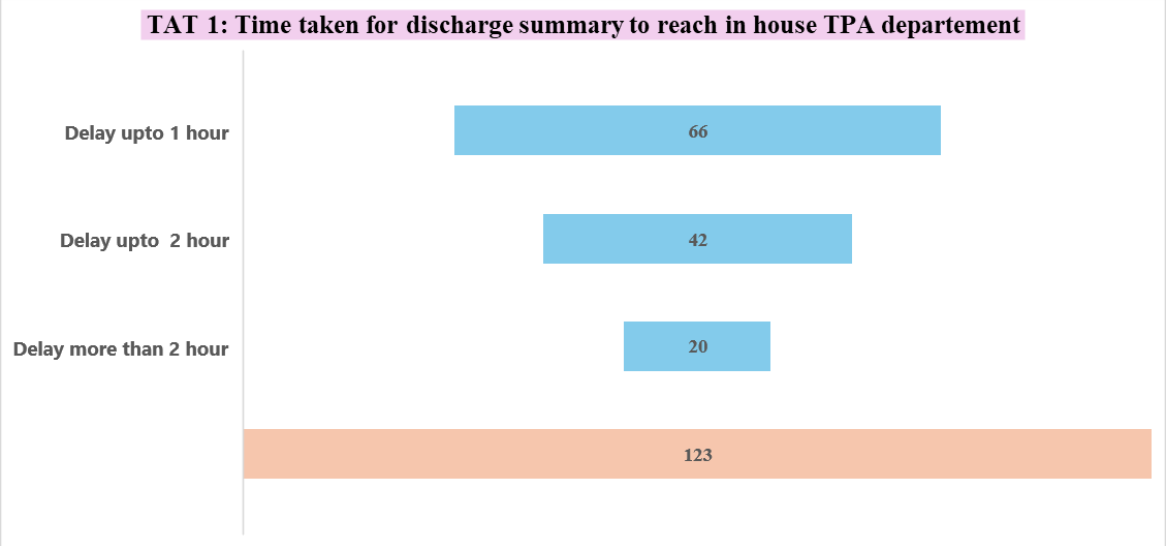

Figure 4: Table depecting time delay for TAT 1

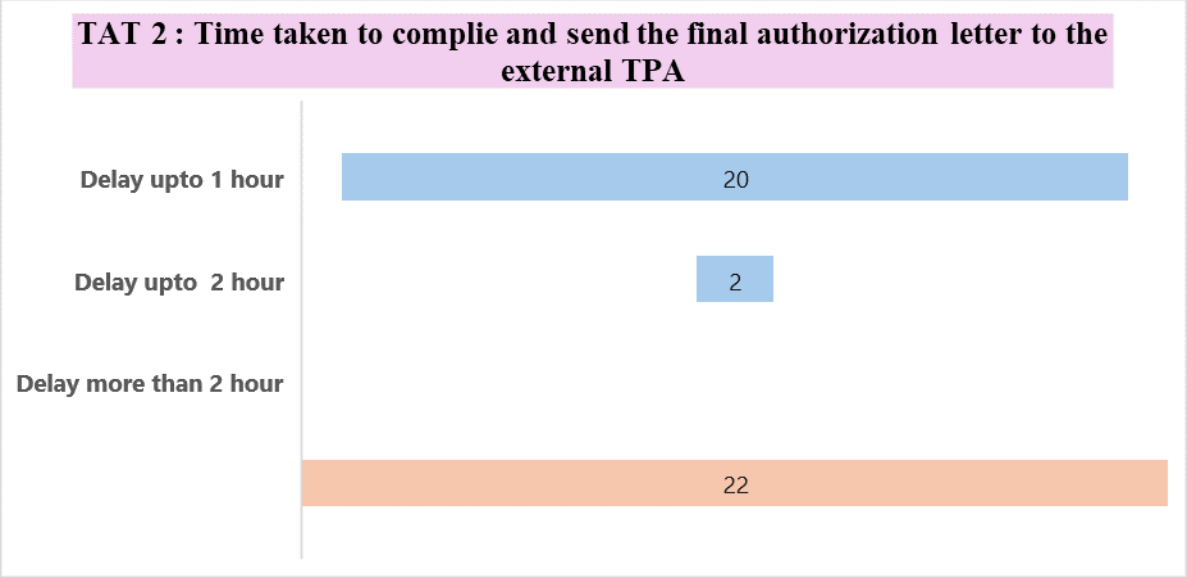

Figure 5 : Table depecting time delay for TAT 2

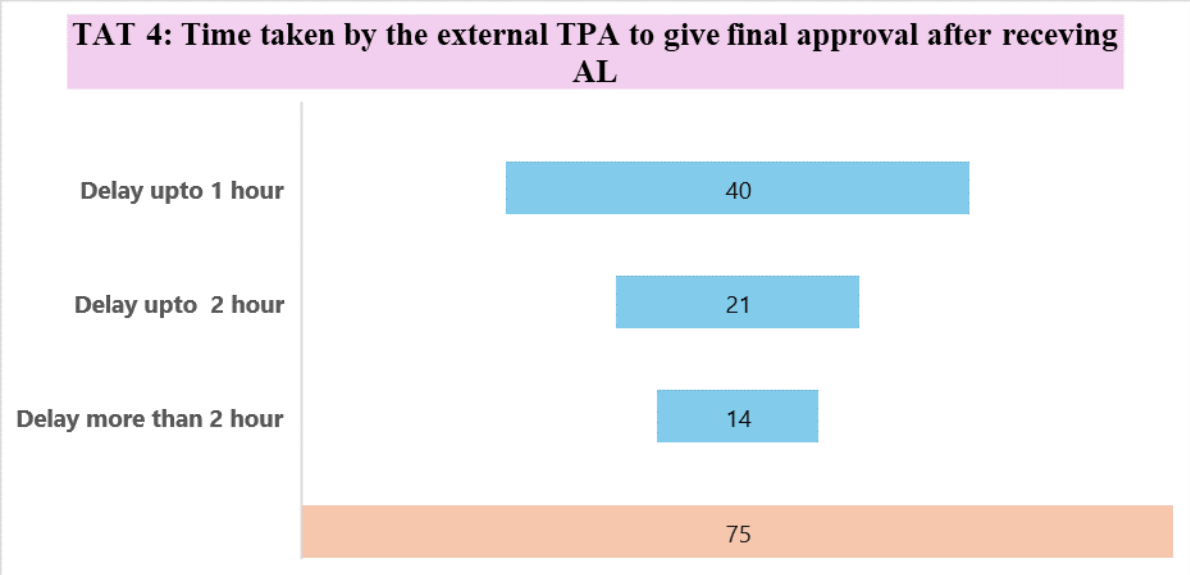

Figure 6 : Table depecting time delay for TAT 4

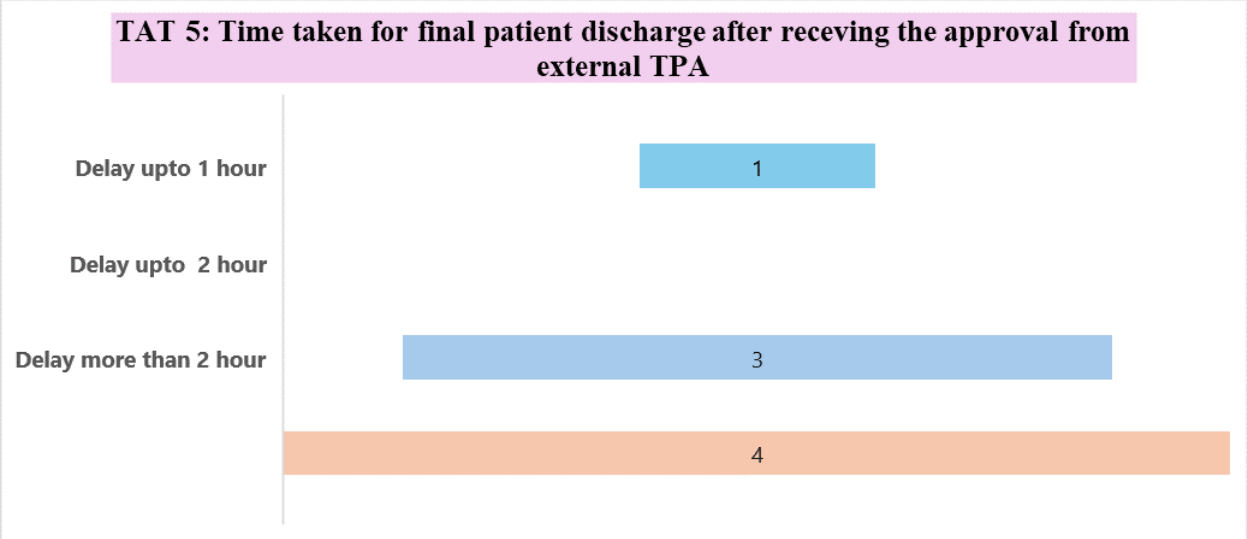

Figure 7: Table depecting time delay for TAT 5

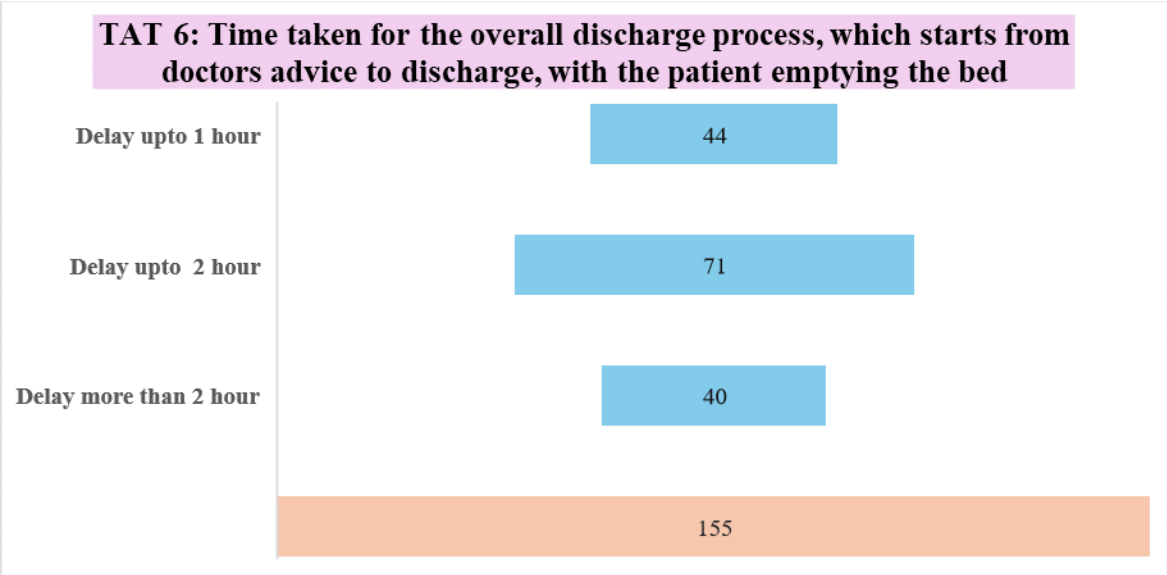

Figure 8: Table depecting time delay for TAT 5

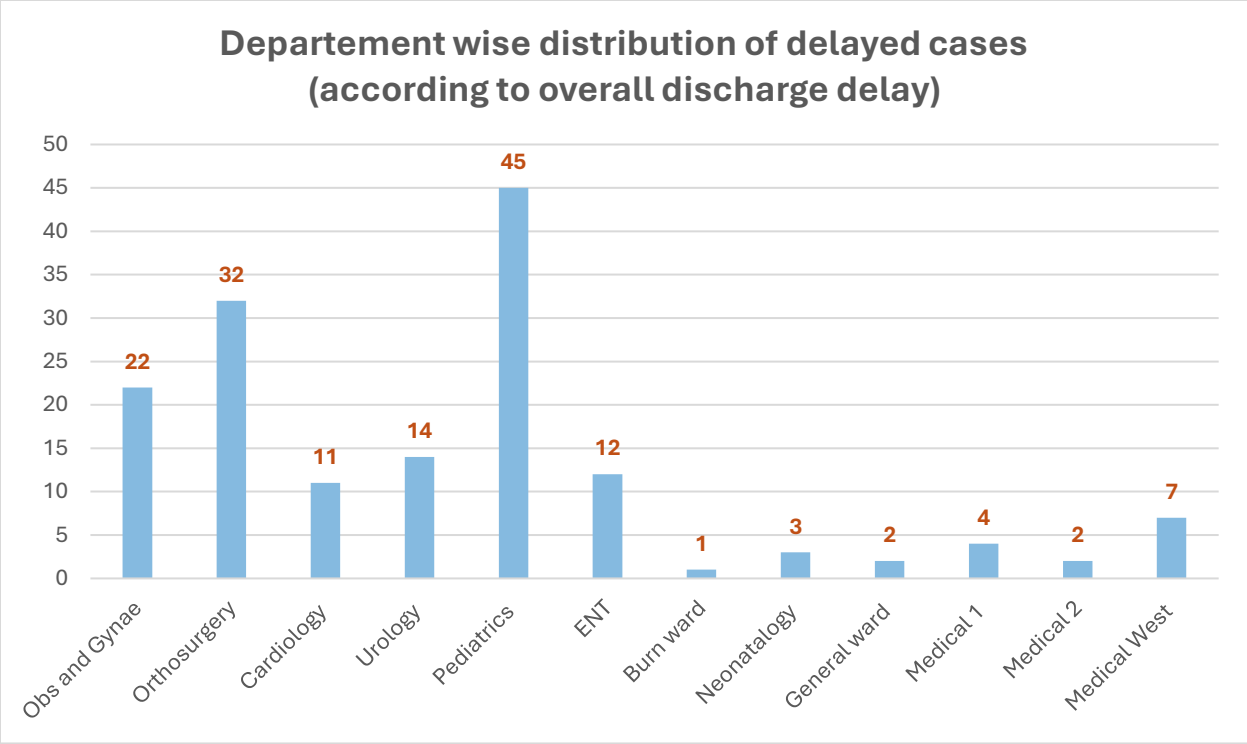

Figure 9: Departement wise distribution of delayed cases

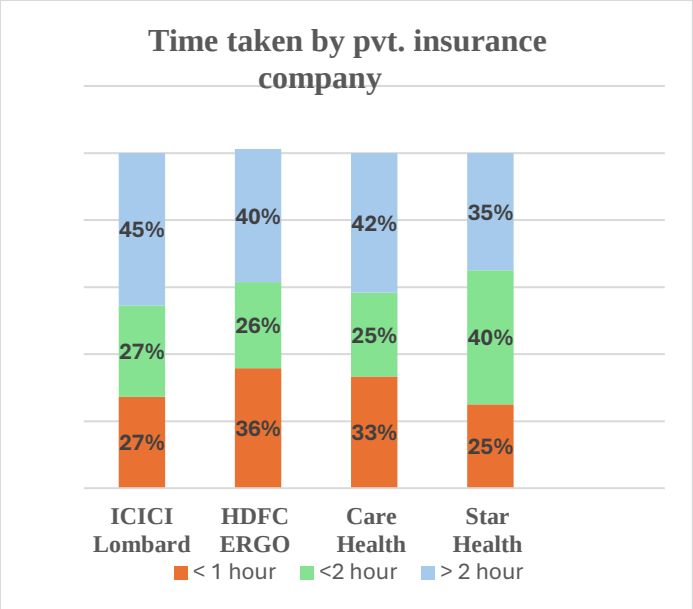

Figure 10: Time taken by top private insurance company to send final approval

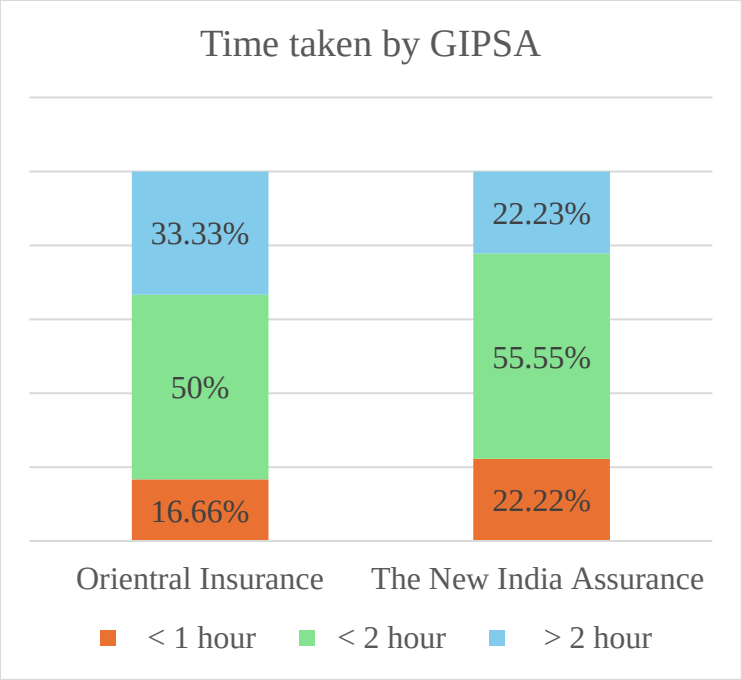

Figure 4.11 Time taken by GIPSA company to send final approval

G) Observations and Recommendations

From Table 2, we observe a strong positive correlation between the overall discharge process and its sub-processes. Notably, there is a significant positive correlation with TAT 1, which is the time taken for the discharge summary to be delivered from the ward to the in-house TPA department.

Further analysis reveals that TAT 1, representing the time taken for the discharge summary to reach the in-house TPA department, experiences the most significant delay, exceeding two hours in 20% of cases. The reasons for this delay include:

1. Medical Officers (MOs) responsible for creating discharge summaries often oversee multiple wards, leading to delays in typing the summaries on days with numerous discharges.

    1.1. From the table, we observe that the highest number of cases originate from the Pediatric ward. This is due to a single Medical Officer (MO) being responsible for three wards: Orthopedics, Pediatrics, and Neonatology.

2. There are delays in completing necessary medical investigations. These delays can hold up the discharge process as doctors await the results to finalize the discharge summaries and make informed decisions regarding patient discharge.

3. The process of reviewing, signing, and stamping discharge summaries by doctors is time-consuming, as doctors are frequently in their outpatient departments (OPD) after morning rounds.

4. When doctors review and make corrections to the summaries, the documents must be sent back to the medical transcriptionist. After corrections are made, the summaries require a final review and signature by the doctors, resulting in additional rework and delays.

5. Obtaining discharge medication from the pharmacy is time-consuming, with inpatient department (IPD) staff often waiting in long queues during peak hours.

6. Consultants frequently request last-minute investigations that must be reverified before the discharge can be approved.

7. Lack of specific format of discharge summary

7.1 While most wards in the hospital adhere to a standardized format for discharge summaries, certain wards require deviations due to specific instructions or demands from consultants. For example, in the Pediatric ward, Medical Officers (MOs) are required to include a comprehensive patient history in the discharge summary. This additional section, which is not part of the standard format, increases the time and effort needed to complete the discharge documentation. These customized requirements can lead to inconsistencies and delays in the discharge process, as MOs must tailor the summaries to meet the unique needs of different consultants

8. Obtaining discharge medication from the pharmacy is time-consuming, with inpatient department (IPD) staff often waiting in long queues during peak hours.

9. Consultants frequently request last-minute investigations that must be reverified before the discharge can be approved.

We also observe from Table 2 a positive correlation between the overall discharge process and TAT 4, which measures the time taken by the external TPA to provide final approval after receiving the authorization letter (AL). TAT 4 is considered an external and uncontrollable factor, as it depends on the time the external TPA takes to approve the submitted bill and discharge summary.

Delays often arise due to a communication gap between the in-house TPA department and the external TPA. Additionally, the external TPA may take longer to send approval due to unresolved queries. The observed reasons for delays in query responses include:

1. Unavailability of GDA staff.
2. MOs or consultants being occupied with preparing the discharge summary or attending to OPD duties.

3. Additional time required to arrange documents requested by the external TPA from the ward.

Table 2 also indicates a positive correlation between the overall discharge process and TAT 5, which is the time taken for the final patient discharge after receiving approval from the external TPA. The observed reasons for delays in TAT 5 include:

1. Disruptions in payment for clearing dues on non-medical items.
2. Delays in the patient's preparation for discharge.
3. Late approval by the external TPA.
4. Delays in providing discharge information to the patient's attendant.

Project 2: Inventory Management in Pharmacy 95

The pharmacy department in a hospital is a critical component of healthcare delivery, responsible for managing medication therapy and ensuring the safe and effective use of pharmaceuticals. Here is an overview of the key roles, functions, and importance of the pharmacy department:

A) Key Functions

1. **Medication Management**:
    - **Prescription Filling**: Dispensing medications prescribed by doctors, ensuring accuracy in dosage and instructions.
    - **Medication Preparation**: Compounding and preparing specialized medications, including intravenous solutions and chemotherapy drugs.
    - **Inventory Management**: Maintaining an adequate supply of medications, tracking inventory levels, and managing the procurement of pharmaceuticals.
2. **Clinical Pharmacy Services**:
    - **Medication Therapy Management (MTM)**: Reviewing and managing patients' medication regimens to ensure optimal therapeutic outcomes.
    - **Drug Utilization Review**: Monitoring and evaluating the appropriateness, effectiveness, and safety of prescribed medications.
    - **Patient Counseling**: Educating patients on the proper use of their medications, potential side effects, and interactions.
3. **Patient Safety and Quality Assurance**:
    - **Medication Error Prevention**: Implementing protocols to reduce the risk of medication errors, such as barcoding and electronic prescribing systems.
    - **Adverse Drug Reaction Monitoring**: Tracking and reporting adverse drug reactions to ensure patient safety.
    - **Quality Control**: Ensuring the quality and integrity of medications through regular inspections and adherence to regulatory standards.
4. **Support for Medical Staff**:
    - **Drug Information Services**: Providing up-to-date drug information and consultation to doctors, nurses, and other healthcare professionals.
    - **Clinical Rounds**: Participating in multidisciplinary rounds to offer pharmacological expertise and support clinical decision-making.
    - **Formulary Management**: Developing and maintaining the hospital's formulary, including evaluating new medications and therapeutic guidelines.
5. **Regulatory Compliance**:
    - **Legal and Ethical Standards**: Ensuring compliance with all legal and regulatory requirements related to the storage, handling, and dispensing of medications.

- **Documentation and Reporting**: Maintaining accurate records of medication dispensing, controlled substances, and regulatory reporting.

B) Importance of the Pharmacy Department

- **Patient Safety**: The pharmacy department plays a crucial role in preventing medication errors and adverse drug reactions, ensuring the safety of patients.
- **Optimal Therapeutic Outcomes**: Through medication therapy management and clinical pharmacy services, the department helps achieve the best possible outcomes for patients.
- **Efficient Healthcare Delivery**: By managing medication inventory and supporting medical staff, the pharmacy department contributes to the overall efficiency of hospital operations.
- **Cost Management**: Effective formulary management and medication utilization reviews help control healthcare costs and ensure the cost-effective use of pharmaceuticals.

C)Challenges

1. Confusion regarding which billing counter is tackling which prescription and which staff is dispensing medication.
2. Misplacing of prescription due to lack of effective management
3. Staff responsible for dispensing is responsible for both OPD as well as discharge medicine
4. During some times of the day not enough staff is present to dispense medicine .
5. Cutouts
6. Non availability of certain medication leads to delay
7. Discharge medication for the whole hospital is collected at pharmacy 95
8. During peak hours staff is unable to pay attention to the batch of medications and issues medication.

D) OBSERVATION

1. The total number of staff in pharmacy 95 is around 20, availability is according to the roaster decided by the pharmacy in charge.
2. The busiest days of pharmacy are Monday, Tuesday and Saturday.
3. Peak hours of pharmacy are from 11:30 AM to 2:30-3:00 PM.

4. 3 to 4 individuals are present at the billing counter while 4 to 5 individuals are responsible for dispensing and one individual for token generation.
5. Designated individual for handling of discharges (which also follows token system)
6. The stocking of these pharmacy is done in every 7 days according to the consumption of past 7 days (P.O Planner)
7. The average observed TAT from patient giving the prescription to patient receiving the medication after paying dues in approximately 12 minutes

E) SUGGESTIONS

1. Designated staff at peak hours of pharmacy for each counter to tackle 3 prescription each/ some other systematic sop during peak hours, this will result in

Benefits:

- Avoid confusion
- Quick Dispensing
- Better Coordination

2. During peak hours, the staff involved in dispensing of discharge medicine shouldn't get involved to dispense OPD medicine (exceptions can be made under special circumstances

3. Updating in Aarogya to locate medication according to the row and stack number (will help in quick locating and dispensing)

3. Updating in Aarogya to locate medication according to the row and stack number (will help in quick locating and dispensing)

4. Stacking and stocking of medicine in pharmacy should be done 1 hour before the pharmacy starts (before 8 AM in the morning)

5. All the discharge medicine is availed at pharmacy 95, load should be distributed amongst other pharmacies as well.

6. Reimbursement of discharge medicine for TPA patients

7. To allow any one person in queue to purchase the medicines rather than allowing the other attendants also to join them.

8. Tell the attenders about the other retail pharmacies in the hospital. To have a facility before joining the queue to inform the patients whether the prescribed medicines are available in the pharmacy, this could reduce the burden of joining the queue for billing.

9. To clearly specify that medicine will be returned at pharmacy next to emergency

10. Waiting area could be made more attractive by putting up notice boards and posters giving information to public about health education, dangers of self-medication, latest innovation and developments in the field of Hospital Pharmacy.

KEY LEARNINGS:

1)Inventory Management Techniques and Real-Life Applications:

- Learning: I gained insight into various inventory management techniques and observed their practical application in the pharmacy.
- Elaboration: This involved understanding how medications are stocked, tracked, and replenished in a hospital pharmacy. Techniques such as Just-In-Time (JIT) inventory, ABC analysis, and FIFO (First-In, First-Out) were employed to manage the inventory efficiently. I observed how these methods help maintain an optimal stock level, reduce waste, and ensure that medications are available when needed. The real-life application demonstrated the importance of accurate inventory records and regular audits in preventing stockouts and overstock situations.

2)Interdepartmental Coordination:

- Learning: I learned about the importance of interdepartmental coordination and applied my theoretical knowledge practically.
- Elaboration: This involved working closely with various hospital departments such as the medical, nursing, and administrative teams. Effective communication and collaboration were essential to ensure the timely delivery of medications, the smooth discharge process for patients, and the resolution of any issues related to medication orders. I saw how coordination between departments enhances patient care, reduces delays, and improves overall hospital efficiency. Practical application of theories such as systems thinking and workflow optimization was crucial in understanding the dynamics of interdepartmental coordination.

3) Understanding Insurance Policies and Patient Case Files:

- Learning: I learned about various insurance policies and reviewed Medical Record Department (MRD) files to understand the essential documents in a patient's case file.
- Elaboration: This involved familiarizing myself with different health insurance policies, coverage details, and the claims process. I reviewed numerous MRD files to identify key documents such as patient history, treatment records, diagnostic reports, discharge summaries, and insurance claim forms. This experience highlighted the importance of accurate and thorough documentation in patient case files for successful insurance claims and legal

compliance. Understanding the requirements and processes of insurance claims also emphasized the need for meticulous record-keeping and attention to detail in the documentation process.

4) Analytical Skills Development:

- Learning: Analyzing data helped me identify common themes and pinpoint specific issues that needed addressing. This process improved my critical thinking and problem-solving abilities.
- Elaboration: By working with various datasets, I learned to identify patterns and trends that highlighted recurring problems within the hospital operations. For instance, through data analysis, I was able to detect delays in specific processes, understand their root causes, and evaluate their impact on overall efficiency. This experience honed my ability to critically assess situations, interpret data accurately, and develop actionable solutions to improve operational performance.

5) Understanding the Discharge Process:

- Learning: I understood the post-authorization process firsthand and gained insights into the Operations Department.
- Elaboration: Observing the post-authorization process provided me with a deep understanding of the steps involved in obtaining approval for medical procedures from insurance providers. I learned how critical it is to ensure all necessary information is gathered and submitted accurately to avoid delays. This experience also gave me insights into the workings of the Operations Department, including the coordination required between various teams, the importance of timely communication, and the need for meticulous documentation. Understanding this process underscored the significance of operational efficiency and its direct impact on patient care and satisfaction.