Internship Report: "Issues in OPD to IPD Conversion in Hospital"

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Internship Organization: Fortis Escorts Hospital, Jaipur

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1. Introduction

The Outpatient Department (OPD) serves as the initial point of contact for patients in hospitals, offering consultations and primary care. However, a significant proportion of patients advised for inpatient admission do not transition to the Inpatient Department (IPD). This internship focused on analysing the operational bottlenecks and systemic gaps affecting OPD to IPD conversion, especially under government healthcare schemes such as CGHS, ECHS, and MAA Yojana. The project was undertaken at Fortis Escorts Hospital, Jaipur.

2. Objectives of the Internship

- To understand the monthly trends in OPD consultations and advised IPD admissions.
- To analyse operational issues affecting IPD conversion, particularly in scheme-based patients.
- To assess the documentation, approval, and coordination challenges in real-time hospital settings.
- To recommend administrative strategies to improve the OPD to IPD conversion ratio.
- To contribute to data analysis, reporting, and dashboard tracking of advised vs. converted patients.

3. Organization Profile – Fortis Escorts Hospital, Jaipur

Fortis Escorts Hospital, Jaipur is a NABH-accredited tertiary care institution with over 250 beds. The hospital is empaneled under major government schemes like CGHS and ECHS, offering comprehensive medical services including diagnostics, pharmacy, emergency care, and cashless admissions. Known for its specialty services and digital health initiatives, it serves a diverse patient base across Rajasthan.

4. Internship Activities and Key Contributions

4.1 OPD to IPD Conversion Tracking

- Collected monthly data (March–July 2025) on OPD consultations and IPD admissions.
- Segregated data based on payment category: cash vs. government scheme.
- Calculated monthly conversion rates and observed discrepancies in trend lines.

4.2 Analysis of Scheme-Based Conversion Delays

- Tracked the documentation process for CGHS, ECHS, and MAA patients.
- Identified common barriers: missing documents, doctor panel mismatch, delayed pre-authorization.
- Assisted in preparing summary sheets for pending approvals and follow-ups.

4.3 Operational Workflow Mapping

- Mapped patient journeys from advice to admission.
- Identified breakdown points in communication between OPD doctor, admission desk, and scheme desk.
- Proposed interventions like centralized dashboards and conversion coordinators.

4.4 Administrative Coordination and Stakeholder Engagement

- Participated in coordination meetings with HR, scheme desk, and hospital admin team.
- Helped align doctor empanelment status with updated scheme rosters.
- Contributed to documentation protocols for better compliance with government schemes.

5. Key Learnings

- **Process Awareness:** Understood the complexity of converting an OPD advice into an actual admission.
- **Documentation Compliance:** Gained hands-on experience with scheme forms, authorization codes, and SOPs.
- **Patient Navigation:** Realized the importance of counseling and follow-up, especially for government beneficiaries.

- **Analytical Thinking:** Developed the ability to identify operational bottlenecks and visualize data for decision-making.
- **Cross-Functional Collaboration:** Learned to work with HR, billing, medical, and IT teams to enable smoother workflows.

6. Challenges Faced

- Delays in real-time scheme approvals affected IPD conversion timelines.
- Lack of standardized documentation templates across departments.
- Absence of dedicated staff for advised-patient follow-up reduced admission success.

7. Recommendations

- Introduce **real-time tracking dashboards** to monitor advised vs. admitted patients.
- Appoint **conversion coordinators** for each department to follow up on pending admissions.
- **Digitize and simplify** documentation templates for schemes like CGHS/ECHS.
- Train OPD doctors and front-desk staff on scheme rules and preauth SOPs.
- Organize **monthly audits** to assess conversion performance and dropout reasons.

8. Conclusion

The internship allowed me to explore the real-time challenges in hospital operations and healthcare scheme integration. OPD to IPD conversion is not just a medical decision—it is an administrative journey involving multiple touchpoints. Enhancing internal coordination, documentation workflows, and scheme engagement can lead to better conversion rates, improved patient care, and stronger financial performance. This experience has significantly strengthened my understanding of hospital administration, patient flow management, and policy implementation in a practical setting.