SUMMER INTERNSHIP PROGRAM

At

MAX SUPER SPECIALITY HOSPITAL NAGPUR

From 22nd May 2025 to July nd 2025

A REPORT BY

Gaurav Vijay Nasare

Master of Business Administration

Healthcare Analytics

2024 – 2026

Under the Mentorship of

Sarthak Sengupta

Assistant Professor

IIHMR UNIVERSITY, JAIPUR

MAX Healthcare

Date: 22/07/2025

To whomsoever it may concern

This is to certify that **Mr. Gaurav Vijay Nasare** has completed his **Internship** at **Max Super Specialty Hospital, Nagpur (A unit of Alexis Multispecialty Hospital Pvt. Ltd)** in **Department of Hospital Administration** from **22-May-2025** to **22-Jul-2025**.

He was involved in **"Hospital Administrations Process & Functioning's"** the working, functioning, task & observations carried by him are found Excellent and we wish him success for future endeavors.

For Max Super Specialty Hospital, Nagpur
(A unit of Alexis Multispecialty Hospital Pvt. Ltd)

Max Super Speciality Hospital Multi-Speciality Hospital Pvt. Ltd. A Unit of Alexis Nagpur

Mr. Sharon Shirley
Unit HR Head

Max Super Speciality Hospital, Nagpur
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IIHMR UNIVERSITY

IIHMR University Faculty Mentor Approval

This is to certify that **Mr. Gaurav Nasare** of academic year 2024-26 **School of Digital Health** has prepared a poster with respect to his summer internship held during May-July 2025.

He has carried out work as per the guidelines. His poster is approved for presentation.

Date: 31/07/2025

Dr. Sarthak Sengupta

Assistant Professor

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Reporting Format (Weekly)

Name of the Organisation: MAX SUPER SPECIALITY HOSPITAL, NAGPUR

Area/ Department/ Project of Summer Internship Program: ADMINISTRATION

Name of the Student: GAURAV VIJAY NASARE

Roll no: 0008 **Stream: MBA(healthcare analytics)-01**

Week no: 01 **From: 26/05/25 to 31/05/25**

Activity Done	**• Overview of Monthly Business Review and EBITA Review on Excel** • I perform the **open audit** and **close audit** of patient files. • I also conduct audits of SICU files by visiting the hospital SICU and reviewing patient periodic counselling forms and SOFA (Sequential Organ Failure Assessment). • I collect data from the MRD (Medical Records Department) of COPD patients from January, February, March, April, and May for a particular consultant, totalling approximately 300 patients. I compile this data into an Excel sheet, including parameters such as: • Use of Nebulization/Inhalers • Advice on Medications (Bronchodilators, Antibiotics, Steroids, etc.) • Advice on Smoking Cessation • Advice on Vaccination (if applicable) • Advice on Oxygen Therapy • BiPAP (if applicable) For each parameter, I assign scores indicating compliance or non-compliance. By studying the patient, medical record.
Linking theory (Classroom learning) with practice at your organisation	• Preparing monthly business reviews using Excel to analyse key performance indicators, trends, and metrics for informed decision-making. Using Excel to format the data and analyse patient flow data, including understanding how administrators can obtain data from different specialties. • Collecting data from the Medical Records Department (MRD) by identifying relevant records and extracting necessary information systematically.

Gaps identified on the working area.	• The organization uses a cloud system to store data but does not have a personalized server. • In the MRD (Medical Records Department), I have to access the data physically, as digital access is not provided to interns, even though they could offer digital records. • Many medical records lack proper documentation, which is critical for conducting audits effectively. • Significant issues include the absence of signatures from doctors and nurses on medical records, which compromises the completeness and reliability of the documentation.
Suggestions for improvement	• Evaluate the need for a personalized server based on data security, ease of access, and cost considerations. Personalized servers can provide more control over data management but may require higher investment and maintenance. • Provide necessary training for interns on handling digital records responsibly, supervised by senior staff to prevent misuse or breaches**.** • Establish clear documentation standards and protocols for medical records. These should include mandatory fields, proper formatting, and the requirement for signatures from all relevant personnel (doctors and nurses).
Plan for the next week	To learn how to find performance of the consultant and continue the audit one and learn to find ALOS9average length of the stay .

Signature of the Student

G NASARE

31/05/25

Approved by the IIHMR University's Mentor

Reporting (Weekly)

Name of the Organisation: : MAX SUPER SPECIALITY HOSPITAL, NAGPUR

Area/ Department/ Project of Summer Internship Program: ADMINISTRATION

Name of the Student : GAURAV VIJAY NASARE

Roll no: 0008 **Stream: MBA(HA-01)**

Week no: 02 From02/06/24 to 07/06/24

Activity Done	• Conducted an open audit of the Medical Record (MR) files of patients.
	• Performed a close audit of the physical MRs of discharged patients, categorizing them as Compliant (C) or Non-Compliant (NC) based on adherence to regulatory standards.
	• Gathered data from ICU inpatients and conducted audits to assess compliance with regulatory requirements. Evaluated various parameters from the patients' MRs, including:
	  ○ Patient Information: Name, Age, Sex (M/F), UHID, IPID, Date, Bed No.
	  ○ Time Details: Time of Arrival, Time of Assessment.
	  ○ Allergies and Admission Details: Source of admission, and other specific records.
	  ○ Classified each parameter as Compliant or Non-Compliant.
	• Gained knowledge on creating Monthly Business Review Reports by collecting data from various hospital departments such as Accounts and IT.
	• Acquired an overview of data flow processes within the hospital system.

Linking theory (Classroom learning) with practice at your organisation	• Gained an understanding of the patient data flow within the hospital system. • Acquired knowledge about the core functionalities and processes of the Electronic Health Record (EHR) system.

Gaps identified on the working area.	• Observed that nurses often do not focus adequately on maintaining patients' medical records. • Many records lack the required signatures from nurses and staff. • Some patient information is incomplete or missing in the Medical Record Department (MRD). • Proper records are not prepared or attached as per regulatory requirements. • Departments fail to ensure accurate and complete patient information, resulting in data gaps across hospital systems.
Suggestions for improvement	• **Training:** Conduct regular training for nurses and staff on medical record-keeping and regulatory compliance. • **Checklists:** Implement checklists to ensure all required information and signatures are completed. • **Audits:** Perform frequent audits to identify and address incomplete records. • **EHR System:** Leverage electronic health records to streamline data entry and improve accuracy. • **Accountability:** Assign accountability for ensuring complete and accurate patient records in each department.
Plan for the next week	• Gained insights into creating a Monthly Business Review (MBR) plan, including key elements to consider, such as financial performance, operational metrics, departmental updates, and compliance status. • Acquired an understanding of Gross Contribution (GC) as a measure of a doctor's financial impact on the institution, calculated by evaluating revenue generated against associated costs.

Signature of the Student

G NASARE

08/06/24

Approved by the IIHMR University's Mentor

Reporting (Weekly)

Name of the Organisation: : MAX SUPER SPECIALITY HOSPITAL, NAGPUR

Area/ Department/ Project of Summer Internship Program: ADMINISTRATION

Name of the Student : GAURAV VIJAY NASARE

Roll no: 0008 **Stream: MBA(HA-01)**

Week no: 03 From09/06/25 to 14/06/25

Activity Done	• Studied the **Gross Contribution Model** and how doctors' incentives are calculated:
	  ○ Learned about **Inpatient (IP)** and **Outpatient (OP)** incentive structures.
	  ○ Understood the concept of **IP + DC revenue** calculation for incentive processing.
	• Gained knowledge on:
	  ○ **Discount codes** (e.g., ZHI03) and their application.
	  ○ Exclusion of **shortages** while calculating contribution.
	  ○ Allowances considered for **deductions**.
	• Worked with the **cost sheet (ZHI04)**, which includes:
	  ○ **FNB (Food & Beverages) cost**
	  ○ **Material cost**
	• Understood the two models of **doctor payout**:
	1. **Gross Contribution Model** – Applied to ~25 doctors.
	  ▪ Payout based on a percentage of revenue:
	  ▪ ₹60 lakhs = 12%
	  ▪ Above ₹60 lakhs = 15%
	  ▪ Rates vary as per the doctor's **term sheet**.
	2. **Notional Payout Model** – Used for all other doctors.
	• Performed **audits** of patient-related forms:
	  ○ **Inpatient (IP) Assessment Forms**
	  ○ **Emergency Room (ER) Forms**
	  ○ **Periodic Counseling Forms**
	• Responsible for **closing audits** after completion.

Linking theory (Classroom learning) with practice at your organisation	• Used some formulas in finance and some excel formulas and projections and vlookup and paste special which I was learn in the class. • Also learn about EHR and used and studied about it and how to read it also .
Gaps identified on the working area.	• **Mismatch between EHR and Physical Records:** • No consistency or standardization between Electronic Health Records (EHR) and annual physical records of the same patient.

	• **Missing Information in OT (Operation Theatre) Sheets:** • Crucial clinical or procedural data is either not entered or left incomplete. • **Improperly Filled OT Sheets:** • Many OT sheets lack proper formatting, signatures, or time-stamped details, leading to documentation gaps.
Suggestions for improvement	• **Training:** Conduct regular training for nurses and staff on medical record-keeping and regulatory compliance. • **Checklists:** Implement checklists to ensure all required information and signatures are completed. • **Audits:** Perform frequent audits to identify and address incomplete records. • **EHR System:** Leverage electronic health records to streamline data entry and improve accuracy. • **Accountability:** Assign accountability for ensuring complete and accurate patient records in each department. • **Use** computerise audit for record keeping reduces paper work and also use to analyse the previous data and make some analysis.
Plan for the next week	• including key elements to consider, such as financial performance, operational metrics, departmental updates, and compliance status. • Acquired an understanding of Gross Contribution (GC) as notion payout a measure of a doctor's financial impact on the institution, calculated by evaluating revenue generated against associated costs.

Signature of the Student

G NASARE

14/06/24

Approved by the IIHMR University's Mentor

Reporting (Weekly)

Name of the Organisation: : MAX SUPER SPECIALITY HOSPITAL, NAGPUR

Area/ Department/ Project of Summer Internship Program: ADMINISTRATION

Name of the Student : GAURAV VIJAY NASARE

Roll no: 0008 Stream: MBA(HA-01)

Week no: 04 From14/06/25 to 19/06/25

Activity Done	• Calculated doctor payouts by dividing their total base earnings by ₹1,00,000 and compiled this data into the **June 2025 and May 2025 payout sheets**.
	• Studied two key payout models used for doctors:
	  o **Gross Contribution (GC) Model**
	  o **Notional Payout Model**
	• Understood the payment process under both models and how payouts are allocated accordingly.
	• Analyzed the **incentive sheet** to identify **25 doctors** who are on the GC model and verified:
	  o Whether they are receiving correct incentives for the specific services they provide.
	  o Ensured that services align with their specialization (e.g., a **neurologist** should not receive incentives for **cardiology** services).
	• Conducted an **audit of patient files** using:
	  o The **Sofa form**
	  o The **IP assessment form**
	• Created an Excel sheet based on the audit findings:
	  o Marked cases as **Compliant (C)** or **Non-Compliant (NC)**.
	  o Highlighted missing or incorrect documentation.
	• Compiled all audit observations into a detailed file and **submitted the report to the mentor** for review.

Linking theory (Classroom learning) with practice at your organisation	• **Excel & Data Analysis for Decision Support** • Creating and analysing payout and compliance sheets in Excel reflects your training in **healthcare analytics**, especially in using tools for administrative and financial decision-making.
Gaps identified on the working area.	• Found instances where doctors received incentives for services outside their specialization (e.g., a neurologist earning incentives for cardiology procedures), indicating poor mapping in the incentive system. • **Incomplete or Inconsistent Patient Documentation** • During audit of SOFA and IP assessment forms, several files lacked complete clinical notes or had missing signatures, which compromises clinical accountability and legal compliance. • **Incorrect or Incomplete Data in Payout Sheets** • In some cases, doctor payout data had errors due to incorrect base amounts or improper categorization of services under IP/OP, affecting payout accuracy. • **Delayed or Manual Reconciliation of Payouts** • Found that reconciliation of monthly payouts was being done manually with limited automation, leading to delays and increased chances of human error.
Suggestions for improvement	• Periodic review and validation by the medical admin team. • Enforce a **mandatory checklist** during discharge or documentation submission to ensure SOFA/IP forms are fully filled and signed. • **training sessions** for doctors and nurses on accurate and complete documentation. • Introduce a **second-level approval/review mechanism** before finalizing payouts.
Plan for the next week	NA (YET NOT DECIDED BECAUSE MENTOR IS ON HOLIDAY)

Signature of the Student

G NASARE

19/06/24

Reporting (Weekly)

Name of the Organisation: : MAX SUPER SPECIALITY HOSPITAL, NAGPUR

Area/ Department/ Project of Summer Internship Program: ADMINISTRATION

Name of the Student : GAURAV VIJAY NASARE

Roll no: 0008 **Stream: MBA(HA-01)**

Week no: 05 From21/06/25 to 26/06/25

Activity Done	**OT Utilization Sheet Comparison** • Received two OT utilization sheets: one from the nursing department and another from the administration. • Compared both sheets to identify discrepancies in patient IDs. • Found that the nursing (Birse) sheet had **9 fewer IP IDs** compared to the HMIS sheet. • Identified these 9 missing patients and documented the services they availed along with their associated costs. • Compiled this information and shared a summary report with the Vice President. **2. Doctor Revenue vs National Payout Calculation** • For individual patients (e.g., Manoj Pethe with OP Pulmonology for ₹300 and Kawadu with Ortho for ₹700), calculated the respective doctors' revenue. • Ensured that the **national payout amount was lower than the doctors' total revenue**, as per compliance norms. **3. Monthly Revenue Aggregation (April & May 2025)** • Extracted and calculated **total revenue for each doctor** for April and May 2025. • Separated and summed up **positive revenue entries only**, excluding any negative entries. • Repeated the same analysis on **May 25** as was previously done for April 25. **4. OT Statistics and VLOOKUP Analysis (19 June)** • Applied **VLOOKUP** in OT statistics sheets (June 2024 to March 2025) to compare with OT utilization data for the same months. • Identified unmatched records showing #N/A, which indicated missing data in the OT statistics. • Created a **summary table** categorizing these missing entries by **revenue channels** – CTI, PSU, and NA – and calculated the count for each channel. **5. Data Manipulation & Text Functions** • Used **CONCATENATE** to merge text fields efficiently for reporting and documentation purposes. **6. UNBILD Revenue Conceptualization** • Worked on **UNBILD revenue projection models**. • Calculated the **projected revenue-to-actual ratio** for internal tracking and planning. **7. IP Audit Summary** • Reviewed and summarized **In-Patient (IP) audit forms**, ensuring the accuracy of recorded patient data and services for quality assurance and compliance.

Linking theory (Classroom learning) with practice at your organisation	• OT utilization sheet comparison, identification of mismatches, VLOOKUP for data cleaning, IP audit. • Concepts like **descriptive statistics, Excel modeling**, and **decision-making based on data**
Gaps identified on the working area.	Several operational and data-related gaps were observed. There was a noticeable mismatch between OT utilization sheets provided by different departments, leading to inconsistencies in patient tracking. The nursing (Birse) sheet lacked entries for certain patients that were present in the HMIS system. Additionally, data across departments lacked a standardized format, making analysis time-consuming and error prone. Revenue calculations occasionally included incorrect or negative entries, affecting the accuracy of doctor-wise summaries. Lastly, the process of identifying missing patient records and services was reactive and delayed, impacting timely reporting.
Suggestions for improvement	To resolve these issues, automation tools such as Excel macros or hospital information system integration should be used to match data across departments accurately. Daily synchronization protocols between nursing and HMIS teams can ensure complete patient data capture. Adopting a standardized Excel format with locked structures and validations will streamline data entry and reduce errors. Revenue sheets should include built-in checks to exclude negative values and highlight anomalies before report finalization. Lastly, implementing a regular reconciliation checklist and review process can help departments identify and resolve discrepancies proactively and on time.
Plan for the next week	Audits of different department and work on gross contribution sheet and learn how to find gross revenue and understanding deeply the monthly business review.

Signature of the Student

G NASARE

26/06/24

Approved by the IIHMR University's Mentor

Reporting (Weekly)

Name of the Organisation: : MAX SUPER SPECIALITY HOSPITAL, NAGPUR

Area/ Department/ Project of Summer Internship Program: ADMINISTRATION

Name of the Student : GAURAV VIJAY NASARE

Roll no: 0008 **Stream: MBA(HA-01)**

Week no: 06 From28/06/25 to 06/07/25

Activity Done	• Understood and analysed **Unbilled Revenue**: revenue generated but not yet billed. • Performed **daily and monthly unbilled comparisons** to identify billing delays or system issues. • Interpreted **positive unbilled** as an asset and **negative unbilled** as a liability. • Calculated **Gross Revenue** and **Gross Contribution** (GC) after deducting discounts and AFD. • Bifurcated services into **IP, OP, Non-IP, and Non-OP** to analyses revenue contribution by category. • Conducted **doctor-wise GC analysis** for financial performance tracking. • Worked on **OT utilization sheets** to identify gaps and reduce **Turn Around Time (TAT)**. • Analysed OT delays in pre-op, post-op, and cleaning processes, suggested process improvements for better efficiency.
Linking theory (Classroom learning) with practice at your organisation	• Used excel for analysis of OT to reduce the turn around time (TAT Analysis). • Some gross contribution and profit and loss concept which I studied in finance subject.
Gaps identified on the working area.	• Surgeon don't give proper estimate TAT for surgery in OT sometimes the surgery late starts most of the time from give starting time. • Lack of proper attention to TAT in OT by the admin department; identified need for closer monitoring and process improvement. • Delay in billing entries causes inflated unbilled values.

Suggestions for improvement	• Awareness and education should be given to surgeon about the turn around time how it decreases the ALOS of the patient how it would improve the hospital functioning. • Have proper eye by admin department on OT TATA Time and have weekly analysis to reduce it for ALOS. • prompt billing entries should be done so can easily calculated the unbilled and very low inflation. Or without billing except ER the process don't go further for smooth running of the system.
Plan for the next week	• learn about the analysis and projection and types of analysis done in monthly business report. • And how to present & calculate the number to show projections in monthly Business report and review of MBR.

Signature of the Student

G NASARE

06/07/24

Approved by the IIHMR University's Mentor

Reporting (Weekly)

Name of the Organisation: : MAX SUPER SPECIALITY HOSPITAL, NAGPUR

Area/ Department/ Project of Summer Internship Program: ADMINISTRATION

Name of the Student : GAURAV VIJAY NASARE

Roll no: 0008 **Stream: MBA(HA-01)**

Week no: 07 From07/07/25 to 12/07/25

Activity Done	**Monthly Business Review Preparation:** • **Operational & Financial Performance:** ○ Analyse operational performance, including outpatient (OP) consultations, inpatient (IP) consultations, and PSU (patient service units) cash flow. ○ Assess capacity utilization by reviewing available beds, average occupied beds, PSU beds, and bed utilization rates. ○ Measure OT utilization, radiology services (CT scan, MRI), and revenue generation from these services. ○ Calculate nursing-to-bed ratio and total revenue from both direct and indirect services. • **Financial Analysis:** ○ Calculate gross and net revenue. ○ Review material costs and clinician (doctor) costs. ○ Compute direct cost as a percentage of net revenue, excluding HCF costs. ○ Identify profitability by factoring in both direct and indirect costs (admin, staff, HR departments). ○ Compute the Gross Margin and EBITA. • **Revenue Breakdown by Specialty:** ○ Input specialty-wise doctor revenue from June 25 base sheet. ○ Compare it with June 24 data to identify any differences understand where differences exist, and analyse the reasons for these variances.

Linking theory (Classroom learning) with practice at your organisation	• Some financial calculations which learn in classroom helps in financial calculations in MBR • Excel helps functions like v lookup sums and various functions helps.
Gaps identified on the working area.	• There are many pitfalls in making of the bills that's why the end revenue is fluctuating. • The unbilled is not timely update that's why causes fluctuation in calculated positive and negative
Suggestions for improvement	• The unbilled should be updated at night so the difference would be easily calculated . • There should be a proper system for deciding the IP and op services under doctor . • Blood bank and other services should be confirm from the respective people once or and automated system to approve the bills from them then finalise the bills.
Plan for the next week	• Learn about strengthening of clinical programs included clinical hiring budget vs actual for FY 25. • About revenue and profitability gross revenue EBITA OPS , EBITDA per bed annualised.

Signature of the Student

G NASARE

12/07/24

Approved by the IIHMR University's Mentor

Reporting (Weekly)

Name of the Organisation: : MAX SUPER SPECIALITY HOSPITAL, NAGPUR

Area/ Department/ Project of Summer Internship Program: ADMINISTRATION

Name of the Student : GAURAV VIJAY NASARE

Roll no: 0008 **Stream: MBA(HA-01)**

Week no: 08 From13/07/25 to 22/07/25

Activity Done	• **IP Billing Analysis:**
	  ○ Created an Excel sheet comparing actual inpatient (IP) bills with estimated bills for oncology patients from January to June.
	  ○ Calculated the variance between actual and estimated bills to support doctor incentive calculations.
	• **Data Extraction & Cleaning:**
	  ○ Exported admission data from the BI link.
	  ○ Applied filters to exclude day admissions from cath labs and routine endoscopy cases.
	• **Admissions & LOS Optimization:**
	  ○ Analyzed the number of admissions and worked on the PSU sheet to identify ways to reduce Average Length of Stay (ALOS).
	  ○ Took necessary steps to help minimize ALOS through operational improvements.
	• **In-Depth Analysis:**
	  ○ Conducted detailed analysis on patient parameters including demographics, admission and discharge trends, diagnosis, treatment types, and clinical pathways.
	  ○ Evaluated operational efficiency based on these findings.

Linking theory (Classroom learning) with practice at your organisation	**Capacity Planning & Bed Management:** Tied to your work on bed availability, utilization, and ALOS (Average Length of Stay) optimization. **Clinical Pathway Analysis:** Relates to process mapping and standardization of care delivery for improving operational efficiency.

Gaps identified on the working area.	• accurate or Incomplete Data: Patient billing data, admission/discharge details, or estimates may have errors or missing fields. • Limited Access to Strategic Discussions: Interns may not be involved in management meetings where key decisions or targets are set. • Limited Access to Strategic Discussions: Interns may not be involved in management meetings where key decisions or targets are set.
Suggestions for improvement	• Enhance Data Accuracy: Use automated validation tools, conduct regular audits, and train staff to ensure complete and error-free patient and billing data. • Improve Intern Engagement: Allow interns limited access to strategic meetings, or provide debriefs through mentors and meeting summaries. • Encourage Learning Opportunities: Organize mock strategy sessions or feedback forums to involve interns in decision-making and enhance their strategic understanding
Plan for the next week	NA (as the internship ends will work on report & poster)

Signature of the Student

G NASARE

22/07/24

Approved by the IIHMR University's Mentor

Compiled Report

Name of the Organisation: MAX SUPER SPECIALITY HOSPITAL, NAGPUR

Area/ Department/ Project of Summer Internship Program: ADMINISTRATION

Name of the Student : GAURAV VIJAY NASARE

Roll no: 0008 **Stream:** MBA(HA-01)

Activity Done	• Conducted Monthly Business and EBITA Reviews in Excel, performed open and close audits of patient files including SICU audits through direct review of counselling forms and SOFA scores, and compiled data of \~300 COPD patients from MRD into an Excel sheet with compliance scores for key clinical parameters like nebulization, medication advice, smoking cessation, vaccination, oxygen therapy, and BiPAP based on patient records. • Conducted open and close audits of medical records to evaluate compliance with regulatory standards, audited ICU inpatient files by assessing parameters like patient identifiers, admission details, and timing metrics, categorized data as Compliant or Non-Compliant, gained insight into hospital data flow, and supported the preparation of Monthly Business Review Reports by collecting data from departments like Accounts and IT. • Studied the Gross Contribution and Notional Payout Models to understand how doctor incentives are calculated based on IP, OP, and DC revenue, learned about discount codes, cost components like FNB and materials, exclusions in contribution calculations, and payout slabs, while also performing audits of IP, ER, and Counseling Forms, ensuring closure of audits upon completion. • I calculated doctor payouts by dividing their base earnings by ₹1,00,000 and updated the June and May 2025 payout sheets, analyzed the Gross Contribution and Notional Payout Models to verify proper incentive allocation for 25 GC doctors based on service-specialty alignment, audited patient files using SOFA and IP assessment forms, documented compliance status in Excel, and compiled a detailed audit report for mentor review. • I compared OT utilization sheets from Nursing and Administration, identified 9 missing IP IDs in the Birse sheet, documented their services and costs, and shared the findings with the Vice President; calculated doctor

	revenues for individual patients to ensure national payouts were within limits; aggregated April and May 2025 monthly revenues excluding negatives; used VLOOKUP to match OT statistics (June 2024–March 2025) with utilization data, identified missing entries by revenue channels (CTI, PSU, NA), and summarized them; applied CONCATENATE for efficient text merging; worked on UNBILD revenue projection models to compare projected vs. actuals; and reviewed IP audit forms to ensure data accuracy and compliance. • I analyzed unbilled revenue to identify billing delays, interpreted positive unbilled as assets and negative as liabilities, performed daily and monthly comparisons, calculated Gross Revenue and Gross Contribution after deductions, categorized services into IP, OP, Non-IP, and Non-OP for revenue analysis, conducted doctor-wise GC tracking, reviewed OT utilization sheets to spot inefficiencies, and suggested improvements by analyzing delays in pre-op, post-op, and cleaning to reduce Turn Around Time. • I prepared the Monthly Business Review by analyzing operational and financial performance, including OP/IP consultations, PSU cash flow, bed and OT utilization, radiology revenue, and nursing ratios; calculated gross and net revenue, material and clinician costs, direct cost as a percentage of net revenue (excluding HCF), and overall profitability through Gross Margin and EBITA; and conducted a specialty-wise revenue comparison between June 2024 and June 2025 to identify and analyze key variances. • I conducted IP billing analysis by comparing actual vs. estimated oncology bills from January to June to support doctor incentive calculations, extracted and cleaned admission data by filtering out day cases like cath lab and endoscopy, analyzed admissions and PSU data to reduce Average Length of Stay (ALOS), and performed in-depth analysis of patient demographics, diagnosis, treatment, and clinical trends to evaluate and enhance operational efficiency.
Linking theory (Classroom learning) with practice at your organisation	• I prepared Monthly Business Reviews in Excel by analyzing key performance indicators, trends, and metrics for informed decision-making, formatted and interpreted

	patient flow data across specialties to assist administrators, and systematically collected and extracted relevant information from the Medical Records Department (MRD) for accurate reporting. • I gained a comprehensive understanding of patient data flow within the hospital system and acquired knowledge of the core functionalities and processes of the Electronic Health Record (EHR) system to support efficient clinical and administrative operations. • I applied financial and Excel formulas, including VLOOKUP, projections, and Paste Special, as learned in class, and also gained practical knowledge of the Electronic Health Record (EHR) system—understanding its usage, navigation, and how to interpret clinical data effectively. • I utilized Excel for data analysis and decision support by creating and analyzing payout and compliance sheets, demonstrating applied knowledge in healthcare analytics to support administrative and financial decision-making processes. • I leveraged Excel and data analysis techniques to create and analyze payout and compliance sheets, aligning with my healthcare analytics training to support strategic administrative and financial decision-making. • I used Excel to analyze OT data for Turn Around Time (TAT) reduction and applied financial concepts such as Gross Contribution and Profit & Loss, as learned in my finance coursework, to support operational and profitability assessments. • I applied classroom-learned financial concepts to perform calculations in Monthly Business Review (MBR) reports, utilizing Excel functions like VLOOKUP, SUM, and other tools to streamline and enhance financial analysis. • I contributed to capacity planning and bed management by analysing bed availability, utilization rates, and optimizing Average Length of Stay (ALOS), and supported clinical pathway analysis through process mapping and standardizing care delivery to enhance overall operational efficiency.

Gaps identified on the working area.	• The organization uses a cloud-based system for data storage but lacks a personalized server, and in the MRD, I accessed patient data physically due to restricted digital access for interns; audit effectiveness was hindered by poor documentation practices, including missing signatures from doctors and nurses, which compromised the completeness and reliability of medical records. • I observed that nurses often neglect proper maintenance of patient medical records, with many files lacking required signatures and containing incomplete information; the Medical Record Department (MRD) frequently receives improperly prepared or unattached documents, and departmental lapses in ensuring accurate and complete data lead to significant gaps across the hospital system. • I identified a mismatch between Electronic Health Records (EHR) and physical records due to a lack of standardization, observed missing or incomplete clinical and procedural data in OT sheets, and noted that many OT sheets were improperly filled—lacking formatting, signatures, or time-stamped entries—resulting in significant documentation gaps. • I identified discrepancies in the incentive system where doctors received payouts for services outside their specialization, highlighting poor service-to-specialty mapping; audits of SOFA and IP assessment forms revealed incomplete clinical documentation and missing signatures, undermining accountability and compliance; errors in payout sheets due to incorrect base amounts and misclassification of services affected payout accuracy; and the manual reconciliation process of monthly payouts caused delays and increased the risk of human error due to limited automation. • Several operational and data-related gaps were identified, including inconsistencies between OT utilization sheets from different departments—such as missing patient entries in the nursing (Birse) sheet compared to HMIS—along with a lack of standardized data formats across departments, making analysis error-prone and time-consuming. Revenue calculations were occasionally

	impacted by incorrect or negative entries, distorting doctor-wise summaries, and the identification of missing patient records and services was reactive and delayed, affecting the timeliness and accuracy of reporting. • Surgeons often fail to provide accurate estimated Turn Around Times (TAT) for surgeries, with frequent delays in OT start times compared to scheduled slots; additionally, there is a lack of focused monitoring by the admin department on OT TAT, highlighting the need for stricter oversight and process improvements. Delays in billing entries further contribute to inflated unbilled revenue, affecting financial accuracy and system efficiency. • There are multiple pitfalls in the billing process that lead to fluctuations in final revenue figures, and delays in updating unbilled entries cause inconsistencies in the calculation of positive and negative unbilled revenue, impacting financial accuracy and reporting. • Incomplete or inaccurate data—such as errors in patient billing, admission/discharge details, or estimates—can compromise analysis and reporting accuracy. Additionally, interns often have limited access to strategic discussions and management meetings where key decisions and targets are established, restricting their exposure to higher-level operational insights.
Suggestions for improvement	• The organization should assess the need for a personalized server for better data control, provide supervised training to interns on handling digital records, and enforce clear documentation standards with mandatory fields and signatures to ensure accuracy and compliance. • Conduct regular training for staff on record-keeping, use checklists to ensure completeness, perform frequent audits, utilize EHR for accuracy, and assign departmental accountability for maintaining complete patient records. • Conduct regular training for staff on record-keeping and compliance, implement checklists for completeness, perform frequent audits, use EHR to improve accuracy, assign departmental accountability, and adopt computerized audits to reduce paperwork and enable data analysis.

	• Ensure periodic reviews by the medical admin team, enforce mandatory checklists for SOFA/IP form completion, conduct training for doctors and nurses on proper documentation, and implement a second-level approval process before finalizing payouts. • To address these issues, automation tools like Excel macros or HIS integration should be used for accurate cross-department data matching. Daily synchronization between nursing and HMIS teams can ensure complete data capture. Standardized, validated Excel formats will reduce entry errors, and revenue sheets should include checks to flag negative values and anomalies. A regular reconciliation checklist and review process will help proactively resolve discrepancies. • Surgeons should be educated on how reducing OT Turn Around Time (TAT) helps lower ALOS and improve hospital efficiency. The admin team should closely monitor OT TAT with weekly reviews. Prompt billing entries must be ensured to accurately track unbilled revenue and avoid inflation—no process should proceed without billing, except in emergency cases. • Unbilled data should be updated nightly for easy variance tracking. A clear system must be in place to categorize IP and OP services under each doctor. Additionally, services like blood bank should be confirmed by responsible personnel or through an automated approval system before finalizing bills. • Enhance data accuracy through automated validation, regular audits, and staff training; improve intern engagement by offering limited access to strategic meetings or mentor-led debriefs; and foster learning by organizing mock strategy sessions or feedback forums to build strategic understanding.

Signature of the Student

GAURAV NASARE

Approved by the IIHMR University's Mentor