SUMMER INTERNSHIP PROGRAM

at

Fortis Hospital, Shalimar Bagh, New Delhi.

From 19th May 2025 to 19th July 2025

A REPORT BY

Shristy Singh

Master of Business Administration

(Hospital & Health Management)

2024-26

Roll no 2089

under the mentorship of

Jagajeet Prasad Singh

IIHMR University, Jaipur

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19th July 2025,

TO WHOMSOEVER IT MAY CONCERN

This is to certify that **Dr. Shristy Singh** was engaged with Fortis Hospital, Shalimar Bagh from **19th May 2025** to **19th July 2025,** in the department of **Quality** and **Operations** as **Intern.**

We wish her all the best in her future endeavors.

For Fortis Healthcare Limited

FORTIS HEALTHCARE LTD.
A-Block
Shalimar Bagh
Delhi-110088

Sanchit Seth
Assistant Manager – Human Resources

IIHMR UNIVERSITY

IIHMR University Faculty Mentor Approval

This is to certify that **Dr. Shristy Singh** of academic year (2024-2026) of **Institute of Health Management and Research** has prepared a poster with respect to her summer internship held during May-July 2025.

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

Date:29/07/2025

Jagjeet Prasad Singh

Dr. J.P. Singh

Professor

Analyzing Discharge TAT and Delays to Improve Bed Turnover and Financial Efficiency

Organisation Mentor- Ms. Sherly Joseph

Presented by: Dr. Shristy Singh (2089)
MBA-HM29

Faculty Mentor- Dr. J.P. Singh

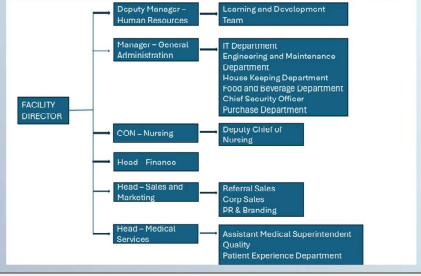
BRIEF HISTORY AND DESCRIPTION ABOUT ORGANIZATION

Fortis Hospital, Shalimar Bagh, is a premier multi-super-speciality hospital and trusted healthcare provider, offering a comprehensive range of medical services in North Delhi. Established in 2010, the hospital is recognized as a leader in delivering world-class healthcare solutions, combining state-of-the-art facilities with compassionate patient care.

ORGANIZATION VISION AND MISSION

Vision: To create a world-class integrated healthcare delivery system in India, entailing the finest medical skills combined with compassionate patient care.
Mission: To be a globally respected healthcare organisation known for Clinical Excellence and Distinctive Patient Care.

ORGANIZATION STRUCTURE



THEORITICAL VS PRACTICAL LEARNING

- Practical exposure enhances problem-solving; theory gives frameworks
- Theory broadens understanding; practical exposure provides specific skills

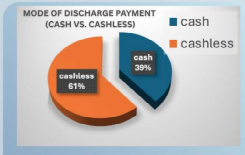
PROJECT

OBJECTIVE:

To analyze the discharge process by measuring turnaround time (TAT), identifying key delays and their root causes, evaluating the financial impact of late discharges, and recommending practical, streamlined solutions to improve bed turnover, efficiency, satisfaction and hospital revenue.

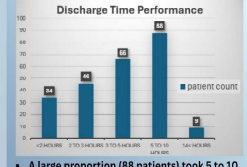
METHODOLGY:

Data Collection Tools: visual observations, hospital information system (HIS) reports, and department registers.
Research Method- Descriptive time and motion study
Sample Size: 232
Study Population: IPD patients
Sampling Method: Purposive sampling
Data analysis technique: Descriptive analysis

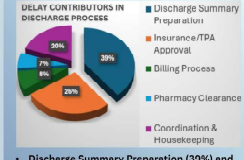


- 39% of patients were discharged by paying cash.
- 61% of patients were discharged through cashless (credit/insurance) means.

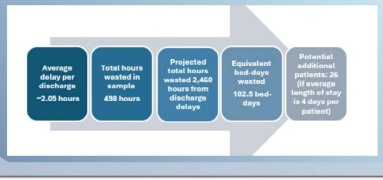
Cashless discharges take on average 30% longer than cash discharges, driven largely by insurer/TPA approvals and billing settlement delays



- A large proportion (88 patients) took 5 to 10 hours, indicating a major delay zone.
- Ideally, discharge processes should aim for <3 hours; however, only 80 patients (34+46) fall under this target.



- Discharge Summary Preparation (30%) and Insurance/TPA Approval (26%) are the largest contributors to delay of the overall process.
- It highlights key bottlenecks for improvement.



- 2,460 hours wasted
- 102.5 bed-days kept unnecessarily occupied
- Opportunity to treat 26 more patients every 3 weeks if discharge is optimized

SWOT ANALYSIS

STRENGTHS(S)
- Multiple super-specialities & diagnostics.
- Convenient location with good accessibility for patients.

WEAKNESSES (W)
- Inadequate number of beds during peak time for admission.
- Slow discharge summary & TPA process.

OPPORTUNITIES (O)
- Partnering with nearby other hospitals.
- Rising demand for quality care.

THREATS (T)
- Competition with higher capacity hospitals.
- Losing out patients due to delay in discharges.

MAJOR LEARNINGS DURING INTERNSHIP

- **Patient-Centred Care Understanding:** Learned to prioritize patient satisfaction and safety while balancing operational efficiency and regulatory.
- **Process Analysis & Improvement:** Understanding the discharge process and identifying the bottlenecks, giving practical solutions for improvement.
- Enhanced awareness and compliance regarding consent form protocols.

CHALLENGES FACED DURING INTERNSHIP

- **Balancing Multiple Priorities:** Managing several tasks once—often without a clear sense of which to prioritize—while ensuring quality work in each responsibility.
- **Maintaining Motivation:** Staying engaged and focused during repetitive or monotonous tasks, especially when working on lengthy audits or data entry or lengthy observation periods.
- **Interdepartmental Communication:** Coordinating effectively across departments (clinical, nursing, pharmacy, and billing) posed a challenge, especially when processes depended on inputs or approvals from multiple teams.

USEFULNESS OF INTERNSHIP

- Gained valuable industry insights by closely observing real-time hospital operations and understanding how different departments coordinate in a healthcare setting.
- Developed essential technical skills such as process mapping, data cleaning, and using quality improvement tools to optimize workflows.
- Experienced firsthand how theoretical concepts from the classroom are applied to solve real operational challenges in hospital management.

SUGGESTIONS

- Automate Discharge Tracking for patients.
- A dedicated discharge lounge where patients can wait post-formalities.
- Availability of more GDAs for summary handovers and other work at the nursing station
- Improvement in HIS.
- Monthly Compliance Audits(of discharge summaries, consent forms, and TPA documentation with structured feedback loops).

WEEK 1

Name of the Organisation: Fortis Hospital, Shalimar Bagh, New Delhi

Area/ Department/ Project of Summer Internship Program: Operations Department

Name of the Student: Shristy Singh

Roll no: 2089 **Stream: MBA-Hospital and Health Management**

Week no: 1 **From: 19th may to 24th May**

Activity done	• Introduction to the organisation's **vision and mission.** **Vision**: to create a world-class integrated healthcare delivery system in India, entailing the finest medical skills combined with compassionate patient care. **Mission:** to be a globally respected healthcare organization known for clinical excellence and distinctive patient care. • **Observation of outpatient department (OPD):** this included interaction with the OPD manager, duty manager, staff, and patients to observe the operations and culture of the hospital. Familiarized myself with the registration and billing processes at the OPD billing counter for consultations. Learned about the **transaction management system (TMS)** which is used for enrolling panel patients on the government portal.
Linking theory (classroom learning) with practice at your organisation	Observed real-time operations of OPD workflows, enhancing understanding of healthcare service delivery models taught in class.
Gaps identified on the working area.	• Errors at the time of new registration patients cause wrong information or misspelled names. • No time slots specific for walk-in patients during the day. • Noticed practical issues like miscommunication due to a glass barrier between patients and receptionists, affecting service accuracy.
Suggestions for improvement	• Details filled out at the time of new registration should be checked and cross-checked with the patient. • Establish dedicated counters for patients covered under government schemes to expedite the process. • Separate the time slots between appointments for walk-ins to prevent long queues
Plan for the next week	• Gain hands-on exposure in the admissions process and explore real-time documentation practices.

WEEK 2

Name of the Organisation: Fortis Hospital, Shalimar Bagh, New Delhi

Area/ Department/ Project of Summer Internship Program: Operations Department

Name of the Student: Shristy Singh

Roll no: 2089 **Stream: MBA-Hospital and Health Management**

Week no: 2 **From: 26th may to 31st may**

Activity done	• Observation of the **admissions department**, I ensured a seamless process of patient intake by conducting pre-admission screening and ensuring the general admission process. I issued passes to attendants and visitors to ensure hospital safety and effectively monitor visitor presence. Additionally, I assisted patients in filling out their admission forms, providing helpful directions and explanations when necessary. • In a span of five to six days, I did a thorough examination of the admission form face sheets, going through around forty files a day. I systematically categorized the frequent data entry mistakes, which were information omissions, typing mistakes, and differences in naming conventions. • **Observational audit of the admissions desk queue management system**: an audit was conducted to analyse waiting times for admissions. This involved tracking and documenting the duration from the time a patient arrived until they were finally allocated a ward or room, with the aim of identifying potential bottlenecks and points of improvement in the admission process.
Linking theory (classroom learning) with practice at your organisation	My time at the admissions department offered practical insight into theories discussed in hospital administration courses. Tasks such as issuing visitor passes, assisting with admission forms, and conducting observational audits of patient flow connected well with concepts like patient safety, queue management, and operational efficiency.
Gaps identified on the working area.	• Delays in queue management • Data entry errors in admission forms • Manual documentation of the admission forms every single time • Visitors pass issuance not digitally tracked

Suggestions for improvement	• Transitioning toward a fully digitized admission process would be beneficial. • Visitors pass digital register can be implemented to track efficiently. • Admission forms can be integrated into the hospital's his system, minimizing the scope for human error.
Plan for the next week	• Begin data collection for the project. • Study **discharge processes** workflow.

WEEK 3

Name of the Organisation: Fortis Hospital, Shalimar Bagh, New Delhi

Area/ Department/ Project of Summer Internship Program: Operations Department

Name of the Student: Shristy Singh

Roll no: 2089 **Stream: MBA-Hospital and Health Management**

Week no: 3 **From: 2nd June to 7th June**

Activity done	• **Discharge workflow mapping and data collection:** "reducing discharge delays to improve bed turnover and financial efficiency." This included a comprehensive understanding of the hospital discharge process. Mapping the current discharge process to learn about every step and the stakeholders. Actively collecting relevant data on behalf of the project objectives. • **Third party administrators (TPA):** gained knowledge about the mediator function of TPA between insurance companies and healthcare institutions. Observed the end-to-end process of insurance administration, which involves documentation, pre-authorization, approval of claims, and discharge coordination. Advised patients on understanding insurance processes and assisted them in filling out pre-authorization forms. Understood hospital arrangements with other insurance providers and TPA s, as well as the insurance verification and claim facilitation procedure.
Linking theory (classroom learning) with practice at your organisation	• The use of a structured discharge tracker, based on classroom techniques from research methodology, helped translate theoretical knowledge into measurable process indicators. • Exposure to the TPA desk highlighted the financial intricacies of healthcare access, particularly the role of insurance verification in patient discharge timelines.
Gaps identified on the working area.	• Delay in discharge summaries due to doctors' non-availability or delayed documentation. • GDA delays in handling summary dispatch and pharmacy returns, further slowing the discharge process. • Absence of training or briefing for new GDA staffs on their role in efficient discharge flow.
Suggestions for improvement	• Introduce real-time summary status updates on his for better interdepartmental coordination. • Implement a pre-discharge checklist.

	• QR-based instant feedback systems could enhance patient engagement and allow faster response to issues.
Plan for the next week	• Collect more data to increase sample size and validity of analysis. • Begin writing the project sections —problem statement, methodology and data analysis.

WEEK 4

Name of the Organisation: Fortis Hospital, Shalimar Bagh, New Delhi

Area/ Department/ Project of Summer Internship Program: Operations Department

Name of the Student: Shristy Singh

Roll no: 2089 **Stream: MBA-Hospital and Health Management**

Week no: 4 **From: 9TH June to 14th June**

Activity done	• **Counselling department:** acquired knowledge of the role of the counselling department, which is crucial in facilitating patient interactions and financial openness. Notable findings included estimation process and financial counselling, describing how comprehensive estimation of treatment costs is presented to patients and families. • Collected data relevant to the discharge process as part of an ongoing discharge improvement project.
Linking theory (classroom learning) with practice at your organisation	• The audit of the admissions desk queue allowed for observation of real-world patient flow and identification of bottlenecks, connecting to classroom discussions on optimizing service delivery in healthcare settings.
Gaps identified on the working area.	Limited patient education materials regarding insurance processes or billing workflows lead to confusion and patients often rely entirely on verbal explanations.
Suggestions for improvement	Create simple handouts or posters explaining treatment packages, insurance claim process, and discharge steps in layman's terms.
Plan for the next week	Finalize and compile all required discharge tat data from live observations and department logs.

WEEK 5

Name of the Organisation: Fortis Hospital, Shalimar Bagh, New Delhi

Area/ Department/ Project of Summer Internship Program: Operations Department

Name of the Student: Shristy Singh

Roll no: 2089 **Stream: MBA-Hospital and Health Management**

Week no: 5 **From: 16th June to 21st June**

Activity done	• **Hospital's console centre:** I gained knowledge of how to schedule telephone consultations. It was observed that the console centre is the key communication hub, which coordinates communication between various hospital departments. Learned about the hospital's emergency codes and witnessed how critical announcements and alerts are relayed through the call centre. • Completed the data collection for the discharge project. The collected data will support analysis in streamlining the discharge workflow.
Linking theory (classroom learning) with practice at your organisation	• Understanding emergency codes in a practical hospital environment reinforced the critical importance of standardized communication protocols and rapid response mechanisms.
Gaps identified on the working area.	• Discharge has gaps from, nursing intimation to drug return, to financial discharge and bill ready to bill settlement to physical move out. • Emergency code familiarity varies among staff is seen, only a few staff members are fully familiar with the correct emergency codes and their respective protocols.
Suggestions for improvement	• Train staff on emergency code protocols regularly.
Plan for the next week	• Finalize discharge project data for analysis.

WEEK 6

Name of the Organisation: Fortis Hospital, Shalimar Bagh, New Delhi

Area/ Department/ Project of Summer Internship Program: Operations Department

Name of the Student: Shristy Singh

Roll no: 2089 **Stream: MBA-Hospital and Health Management**

Week no: 6 **From: 23rd June to 28th June**

Activity done	• **Project data cleaning:** organized and cleaned raw data for the discharge tat (turnaround time) analysis project. Removed inconsistencies, verified timestamps, and aligned formats for accurate analysis. Trying to find gaps in the system and trying to provide interventions based on the project. • **Observations in investigations departments:** acquired knowledge of the processes in diagnostic and laboratory departments. Witnessed the test billing procedure, reporting, and timely release of investigation reports to patients. • **Orientation with the medical records department (MRD):** learned knowledge of the functions and importance of the medical records department in providing accurate and confidential patient records. Witnessed processes like record compilation, storage, retrieval, coding, and documentation compliance.
Linking theory (classroom learning) with practice at your organisation	Applied classroom concepts of operations, quality standards, and data analytics in real hospital settings. Discharge tat analysis, billing observations, and MRD processes reflected learnings in process improvement, NABH compliance, and health information management.
Gaps identified on the working area.	• Many steps in the TPA approval process are still manual, leading to delays in uploading final bills and receiving approvals. • Lack in discharge process smoothness.
Suggestions for improvement	• Use a centralized system (e.g., his dashboard alert) to notify all stakeholders the moment a discharge is ordered. To increase the process smoothness and a very good symmetry with the nursing the various staff to hasten the discharge process. Make more quality audits and keep a good record of this while done.
Plan for the next week	• Analysis of my data for the project work

WEEK 7

Name of the Organisation: Fortis Hospital, Shalimar Bagh, New Delhi

Area/ Department/ Project of Summer Internship Program: Operations Department

Name of the Student: Shristy Singh

Roll no: 2089 **Stream: MBA-Hospital and Health Management**

Week no: 7 **From: 30th June to 5th July**

Activity done	• **Observations at the corporate desk:** observed the corporate desk operations wherein patient registrations for corporate and TPA (third party administrator) insured patients are processed. Found out about the process of panel verification, which entails screening patient eligibility under empanelled firms or insurance companies. Confirmed documents like id of the employee, insurance card, and policy numbers during enrolment. Understood the mechanism of creating and submitting pre-authorization requests for procedures covered under TPA. Learned how corporate clients and insurance firms tie-up with panels, such as service-level agreements and cashless treatment guidelines
Linking theory (classroom learning) with practice at your organisation	Associated theoretical knowledge of hospital management and patient safety with actual-life documentation verification procedures (employee ID, insurance cards, policy numbers) and pre-authorization request processes, highlighting the practical significance of structured workflows and compliance with regulations in daily hospital operations.
Gaps identified on the working area.	No significant gaps were recognized at the corporate desk, other than infrequent patient unawareness of their empanelment status, potentially leading to some minor delays.
Suggestions for improvement	• Improve patient awareness regarding corporate panel tie-ups by providing clear information displays. • Implement digital solutions to automate document validation and pre-authorization tracking.
Plan for the next week	• I will start investigating the quality department to learn its processes and make meaningful contributions. My primary task will be audits • Auditing patient consent forms to check that they are filled correctly, signed, and as per the hospital and NABH

	standard for my upcoming project.

WEEK 8

Name of the Organisation: Fortis Hospital, Shalimar Bagh, New Delhi

Area/ Department/ Project of Summer Internship Program: Quality Department

Name of the Student: Shristy Singh

Roll no: 2089 **Stream: MBA-Hospital and Health Management**

Week no: 8 **From: 7th July to 12th July**

Activity done	• **Understanding the Quality Department in a Hospital:** The quality department in a hospital is responsible for monitoring and improving patient care processes and ensuring compliance with standards. My project involved auditing consent forms across multiple departments, identifying gaps such as missing witness and interpreter details, and analysing compliance rates. • **Data Collection:** The primary activity during Week 8 involved comprehensive data collection of **consent forms** from multiple departments and specialties across the hospital. The audit employed a systematic sampling approach, ensuring representation from surgical units, non-surgical interventional areas, intensive care units, and general ward settings.
Linking theory (classroom learning) with practice at your organisation	• Applied theoretical knowledge of healthcare quality assurance and audit methodologies to a real-world hospital setting.
Gaps identified on the working area.	• Found variability in awareness and adherence to consent documentation protocols. • Noted inconsistent completion of required fields across different units and specialties. • Identified missing witness and date & time details on consent forms in multiple departments.
Suggestions for improvement	• Develop and distribute clear guidelines or checklists to standardize consent documentation. • Increase education and training for staff regarding proper completion of consent forms, particularly on mandatory sections like witness and interpreter fields.

Plan for the next week	• Complete data cleaning and start detailed analysis of the collected consent forms. • Calculate compliance rates by item and by department. • Prepare findings of the project.

WEEK 9

Name of the Organisation: Fortis Hospital, Shalimar Bagh, New Delhi

Area/ Department/ Project of Summer Internship Program: Quality Department

Name of the Student: Shristy Singh

Roll no: 2089 **Stream: MBA-Hospital and Health Management**

Week no: 9 **From: 14th July to 19th July**

Activity done	• **Data Analysis**: Completed data cleaning and analysis of **consent forms** collected last week from 18 specialties and multiple care settings. Calculated item-wise compliance rates and overall mean compliance. • **Presentation:** Prepared a slide summarising background, methodology, key findings and root-cause analysis for project analysis. Drafted recommendations and obtained preliminary feedback from head of medical administration.
Linking theory (classroom learning) with practice at your organisation	• Translated theoretical understanding of **informed consent, data cleaning, and compliance measures** into direct application during the audit and reporting process. • Used classroom concepts of **quality assurance frameworks, compliance measurement, and root-cause analysis** in practical hospital audit.
Gaps identified on the working area.	• Frequent **missing witness signature** on consent forms across several departments. • Gaps in staff understanding regarding the complete documentation requirements for consent forms. • Significant **variation in compliance rates** between specialties and departments.
Suggestions for improvement	• Implement monthly **regular compliance audits** and feedback loops to maintain improvement. • Consider utilizing electronic consent forms with mandatory field checks to reduce errors.

Signature of the Student

Approved by the IIHMR University's Mentor

COMPILED REPORT

Name of the Organisation: Fortis Hospital, Shalimar Bagh, New Delhi

Area/ Department/ Project of Summer Internship Program: Operations and Quality Department

Name of the Student: Shristy Singh

Roll no: 2089 **Stream: MBA-Hospital and Health Management**

Activity done	• Acquired in-depth experience in the operations of a hospital by observing and providing hands-on support in **OPD, admissions, discharge, counselling, diagnostics, and emergency procedures.** This involved workflow mapping, gathering and cleaning discharge turnaround times (TAT), OPD billing, and queue management data, auditing consent forms, and acclimatizing to insurance and TPA verification procedures. • Involvement in large-scale coordination with departments like **counselling, corporate desk, and quality assurance for enabling financial counselling, pre-authorizations, panel verification, and systematic sampling audits**. All these activities immensely improved knowledge about patient management, insurance compliance, and quality control procedures in all hospital services. • Directed three primary projects aimed at discharge data collection and analysis, compliance with consent forms evaluation, and consultation waiting times evaluation, with comprehensive project presentations and final reports. Recommendations were shared with mentors to improve operational effectiveness and improve standards of patient care.
Linking theory (Classroom learning) with practice at your organisation	• Linked with healthcare service delivery models. • Linked to hospital administration concepts, patient safety, and operational efficiency. • Applied structured discharge tracker and learned about financial aspects of discharge. • Linked to patient communication and financial transparency concepts. • Reinforced communication protocols and emergency response learnings. • Applied operations and quality management learnings in real settings. • Linked to healthcare financing and institutional partnerships. • Applied quality assurance and audit methodologies practically. • Applied data analysis and compliance frameworks.

	• Consolidated all theoretical and practical learnings
Gaps identified on the working area	• Patient access and registration problems consist of common registration mistakes, lack of availability of walk-in time slots, communication error due to physical barriers (e.g., glass), and lack of awareness of empanelment status and registration processes. • Inefficiencies and delays were observed for manual documentation and queue management, such as data entry errors, delayed tracking of visitors, delayed doctor summaries, GDA delays, poor briefing of staff, and manual TPA approvals rather than electronic processing. The online scanner registration was also slower than anticipated, and electronic wayfinding for OPD patients is poor. • Deficits in compliance and documentation consist of inadequate counters' communication, variation in consent forms, regular failure to include witness/interpreter details and signatures, and inadequate staff understanding of documentation procedures and emergency codes.
Suggestions for improvement	• Cross-check patient details, dedicated counters for government schemes, allocate walk-in slots. • Digitize admission process, implement visitor pass digital register, integrate admission forms in HIS. • Add real-time summary status updates, pre-discharge checklist and QR-based feedback system and create discharge lounge. • Create simple handouts/posters explaining insurance and discharge steps. • Use centralized HIS dashboard alerts, improve scanner registration, increase quality audits. • Regular compliance audits, electronic consent forms with mandatory field checks. • Finalize report with actionable recommendations for discharge process improvement.

Signature of the Student

Approved by the IIHMR University's Mentor