SUMMER INTERNSHIP PROGRAM

at

P. D. HINDUJA HOSPITAL & MEDICAL RESEARCH CENTRE

P. D. HINDUJA HOSPITAL
& MEDICAL RESEARCH CENTRE

From 12th May 2025 to 15th July 2025

A REPORT BY

Neha Chandrakant Shinde

Master of Business Administration

(Hospital and Health Management)

Roll no- 2077

2024-26

under the mentorship of

Ritu Vashistha

IIHMR UNIVERSITY

P. D. HINDUJA NATIONAL HOSPITAL
& MEDICAL RESEARCH CENTRE
(Established and managed by the National Health & Education Society)

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Date:
15/07/2025

TO WHOMSOEVER IT MAY CONCERN

This is to certify that **Neha Chandrakant Shinde** did **her** Internship in our Hospital from **MAY 12, 2025** To **JULY 15, 2025** as an Administrative Intern.

During this period, **her** assignment was as follows:

1. Identifying Service Gaps in In - Patient Department on Patient Experience
2. A study on Stroke Management in Emergency Department Protocol Compliance.

I wish **her** all the success in future endeavours.

Joy Chakraborty
Chief Operating Officer

Dr. Preeti Goraksha
Assistant Director Quality &
Clinical Administration

IIHMR UNIVERSITY

IIHMR University Faculty Mentor Approval

This is to certify that **Ms. Neha Chandrakant Shinde** 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

Dr. Ritu Vashistha

Assistant Professor

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IDENTIFYING SERVICE GAPS IN THE IN-PATIENT DEPARTMENT ON PATIENT EXPERIENCE

Presented by- Neha C. Shinde Stream- MBA Hospital and Health Management Roll No.- 2077 University Mentor- Dr. Ritu Vashistha Organization Mentor- Mrs Bhavisha Kharnare

P.D. HINDUJA HOSPITAL

The healthcare journey began in 1951 under the vision of the late Shri P.D. Hinduja, who aspired to provide equitable healthcare for all. Today, it stands as a 400-bedded hospital with 55 specialties. Renowned for its rich legacy and proven expertise, it has been a pioneer in medical excellence.

MISSION

To Grow PDHH Into a Self-Sustaining, state-of-the-art Medical Institution with Latest Technology, leading In Clinical Excellence, Education and Research providing 360-degree patient care at affordable prices by ensuring steady growth in Reputation, Revenues and Surplus while fulfilling our purpose of serving the needy by continued growth in charity.

VISION

Quality Health Care for All . Healthcare that is Affordable ,Value based Ethical ,Transparent , Outcome based , Backed by Technology & Innovation

ORGANIZATIONAL STRUCTURE

JOY CHAKRABORTHY
CHIEF OPERATING OFFICER

- **ASHISH BORA** (Director Finance)
- **POONAM BHAWALE** (Front Desk Executive)
- **JAGDEEP CHAUHAN** (Director Human Resource)
- **ANAND ANDALKAR** (Legal Assistant Manager)
- **RAHUL RATHOD** Marketing (Communication Head)
- **PHALAKSHI N** (Director Nursing)
- **RENUKA YADAV** (Head Support Service)
- **BRIG CHUKERBUTI** (Vice Sales President)

PRACTICAL vs THEREOTICAL LEARNING

THEORITICAL

- Learned about SERVQUAL, RATER, Time-Motion Study, and quality tools like Pareto Chart, Fishbone- Causes and-Effect Diagram.
- Gained skills in analysing secondary data and interpreting results

PRACTICAL

- Analysing data using MS Excel.
- Primary Data Collection.
- collected clinical feedback through surveys and face-to-face conversations with patients.
- Applied methods to interpret clinical feedback and suggest data-backed improvements to minimize service gaps.

SWOT

S
- Experienced and Highly skilled Staff.
- Advance medical
- technology.
- High Patient Turnover
- History and Reputation of the hospital

W
- Lack of Man power
- Does not have a dedicated Burns and Obstetrics Unit
- Dependency on Hand written Records.
- Investigation delays.

T
- Lower cost alternatives for these services may exist elsewhere.
- Outflow of skilled professionals to other places

O
- New projects for further development & rectifying outstanding problems
- Focusing more on the competing hospitals & how to increase revenue flow

AIM OF THE STUDY

To assess and compare patient expectations and perceptions across nine key hospital service touchpoints—Admission, Wards, X-ray, OT, Medical Staff, Nursing Wards, Housekeeping, Food Services, and Discharge ,in order to identify service gaps and recommend targeted improvements to enhance overall patient experience.

OBJECTIVES

- To assess patient experience in the Inpatient Department using the RATER model.
- To identify gaps between patient expectations and perceptions in IPD services (Defined Touchpoints).
- To analyse improvement areas to enhance patient experience using patient feedback.

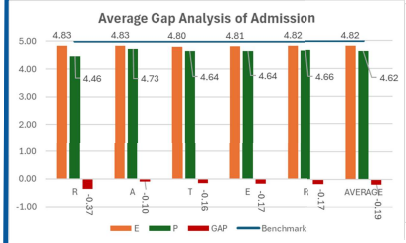
CHALLENGES FACED DURING INTERNSHIP

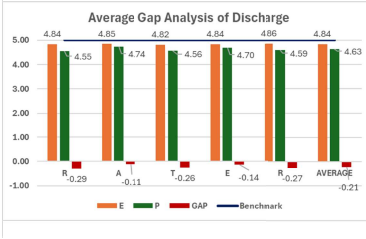
- Patients were reluctant to respond due to illness, fatigue, or discomfort.
- Time constraints during discharge or busy IPD hours made it difficult to collect complete feedback.
- Lengthy questionnaire (22 questions) felt tiring for some patients.
- Busy ward environments caused frequent interruptions during survey interactions.

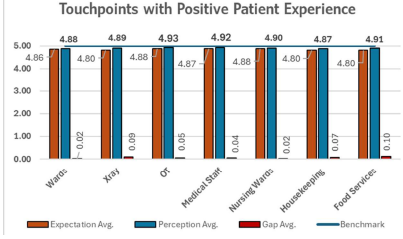
METHODOLOGY

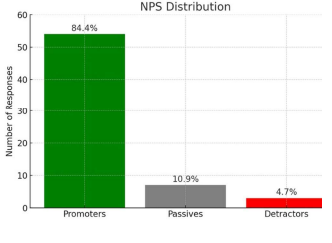
- **Study Type** : Descriptive cross sectional study
- **Location** : P.D. Hinduja Hospital , IPD Building.
- **Data Collection Period** : May 20th to June 20th, 2025.
- **Sample Size & Criteria**: 64 IPD patients
- **Sampling Method** : Stratified random sampling .
- **Data Collection Tool** : Structured Questionnaire based on SERVQUAL model.
- **5-point Likert scale** (1=Strongly Disagree to 5 = Strongly Agree)

FINDINGS









FINDINGS & INTERPRETATIONS

- The **overall patient satisfaction was high**, with positive feedback across most hospital services.
- The **Net Promoter Score (NPS) was 80**, **reflecting excellent patient loyalty in Median A and Special wards from admission to discharge.**
- Service gaps were noted mainly in **admission (-0.19 gap) and discharge (-0.21gap),**
- especially in responsiveness, reliability, and tangibles.
- Other departments **like wards, OT, medical staff, nursing, X-ray, housekeeping, and food services exceeded expectations.**
- **Food services had the highest positive gap (+0.10),** with patients praising quality and taste.

LEARNINGS DURING INTERNSHIP

- **Applied Quality Models -** Learned to implement SERVQUAL and RATER models to assess service gaps and patient perceptions.
- **Hands-on Data Collection & Analysis -** Developed skills in primary data collection, interacting with real patients, and handling quantitative & qualitative analysis using Excel.
- **Improved Communication Skills -** Understood how to communicate effectively with patients of diverse backgrounds, ensuring empathy and clarity.
- **Linking Theory with Practice -** Connected classroom knowledge from Quality Management, Research Methodology, and Organizational Behaviour to real hospital operations.
- **Identified Operational Gaps -** Gained insight into bottlenecks in the admission, ward, and discharge processes, and learned to suggest actionable improvements.
- **Team Collaboration -** Coordinated with nurses, doctors, and admin staff, learning the importance of cross-functional teamwork in healthcare.

SUGGESTIONS

- **Use WhatsApp Business with Read Receipts**
  Send admission instructions + payment link via WhatsApp Business account instead of SMS/email. Higher open rates (over 80% vs. SMS/email)
- **Send a 30-second Instructional Video**
  What documents to carry?, Where to go on arrival? ,How to use the online payment link?.
- **Admission Self Kiosks-** Currently used only for token.
- Allow patients to self-enter details, scan Aadhaar/PAN, select room type Upload documents + generate a token.
- **Provide Multilingual forms -** Hindi , Marathi and English
- **Revamp the admission counter** to enhance first impressions; current design appears dull and outdated .
- **Install partial curtain for visitor couch in Special rooms** for privacy and comfort without blocking view of the patient ,**also add night lamps** for overnight stay.
- **Renovate the IPD lobby** to enhance first impressions; consider adding a **small prayer area** for patient and visitor comfort.
- **Implement a digital discharge tracking system** to improve communication and reduce patient uncertainty with **real time tracking** and unnecessary movement during the discharge process.
- Make the **IPD information desk easy to spot** by refurnishing the counter at **eye level, adding clear, bold signage.**

USEFULNESS OF INTERNSHIP

- Real world corporate experience.
- Opportunity to work on Real time Projects.
- Professional Growth and Skills Enhancement

Reporting Format

Week 1

Name of the Organisation: P. D. Hinduja Hospital and Medical Research Centre, Mumbai.
Area/ Department/ Project of Summer Internship Program: Quality & Operations

Name of the Student: Neha Chandrakant Shinde

Roll no: 2077 **Stream: MBA HM29**

Week no: 1 **From: 12/5/2025 to 17/5/2025**

Activity Done	• I had the chance to visit and learn how 23 departments operated during the induction week, including but not limited to: • Medical Records, ICU, Pharmacy and Stores, Radiology, Engineering, Food Services, OPD, Quality and Customer Service. This exposure provided me with valuable insights into the operational workflows, departmental coordination, staff deployment, and adherence to compliance and quality standards within the hospital.
Linking theory (Classroom learning) with practice at your organisation	• Applied presentation and communication skills acquired in the classroom within the company. • Staff deployment in nursing and housekeeping mirrored what we learnt in HR management. • ICU, CSSD, and Engineering departments collaborated seamlessly, bringing Hospital Operations classes to life.

Gaps identified on the working area.	• There is a noted lack of digital integration among interdependent units, such as billing and admission processing delays in TPA. • The nursing department's service continuity is impacted by issues with attrition and the generational divide.
Suggestions for improvement	• Implement training and engagement initiatives to close the generational divide and lower nursing attrition.
Plan for the next week	• To learn about patient feedback systems. • Learn about the RATER Model on SERQUAL method and 5-point Likert scale. • Use IPD Touchpoints to assess the quality of services. • Prepare a script for use during patients interviews.

Week 2

Name of the Organisation: P. D. Hinduja Hospital and Medical Research Centre, Mumbai.

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

Name of the Student: Neha Chandrakant Shinde

Roll no: 2077 **Stream: MBA HM29**

Week no: 2 **From: 19/5/2025 to 23/5/2025**

Activity Done	• I met with Ms. Bhavisha Ma'am, my project guide, who gave me a project that was all about improving the patient experience. To find strategies, to increase the effectiveness of IPD (Inpatient Department) services. • I researched the RATER model, the 22 item SERQUAL scale questionnaire, and several patient touchpoints during this time. • I used a 5-point Likert scale, where 5 means "Strongly Agree," to collect patients' expectations and perceptions as part of my research in order to learn about their overall hospital experience and the calibre of services they received.
Linking theory (Classroom learning) with practice at your organisation	• Organizational implementation of hospital industry knowledge. • Applied what was learnt in the classroom (IPD procedures, 22-point scale, and RATER model) in a real hospital environment. • Recognised the entire IPD process, from admission to discharge. • Gathered information from patient interactions, both

	quantitative and qualitative. • For data coding, analysis, and interpretation, SPSS was utilised. • Associated concepts of research methodology with feedback from patients on the ground.
Gaps identified on the working area.	• Inadequate pre-admission interdepartmental coordination. • The fact that formalities are dispersed across several buildings causes inconvenience for patients • Efficiency is limited because there are only two operational admission counters. • Only two male housekeeping employees and one female attendant cover four ward wings, which is insufficient staffing. • Particularly for female patients, the staff-to-patient ratio is inadequate. • These disparities impact the effectiveness of the admissions process as well as the patient experience
Suggestions for improvement	• Coordinate Pre-admission Services • Increase Admission Counter Staffing and Ward Staffing Ratios.
Plan for the next week	• To reach the goal of 64 responses, keep gathering input from inpatients admitted to Median A and Special/Deluxe wards. • Make sure to engage with patients every day and help them fill out the structured feedback form. • To find trends and gaps in service quality and begin with preliminary data analysis.

Week 3

Name of the Organisation: P. D. Hinduja Hospital and Medical Research Centre, Mumbai.

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

Name of the Student: Neha Chandrakant Shinde

Roll no: 2077 **Stream: MBA HM 29**

Week no: 3 **From: 26/5/2025 to 31/5/2025**

Activity Done	• Collected patient expectations and perceptions, including overall satisfaction as per the 22-scale questionnaire. • Expectation & Perception Scores (1–5): Throughout important touchpoints (admission, ward, X-ray, OT, nursing and medical staff, housekeeping, food, and discharge) was noted. • Perceived versus expected time. • Collection of demographics alongside all data.
Linking theory (Classroom learning) with practice at your organisation	• Applied what was learnt in the classroom (IPD procedures, 22-point scale, and RATER model) in a real hospital environment. • Associated concepts of research methodology with feedback from patients on the ground. • Improved practical research and communication abilities through patient involvement. • Topics related to applied organisational behaviour in the workplace.
Gaps identified on the working area.	• Inadequate staffing at the admission and TPA desk. • The admission process took longer than the expected time, hence patient experience was not satisfactory.

Suggestions for improvement	• During peak hours, increase the number of employees working at the TPA and admission desks. • Use a digital queue or token system to control patient flow. • Coordinate with TPA providers using real-time digital tools. • Regularly review patient feedback to find delays and enhance procedures.
Plan for the next week	• Talk to and engage as many patients as possible to learn about their experiences at different hospital touchpoints. • Use a structured feedback tool to collect perception and expectation scores for every touchpoint. • Document patients' continuing experience, follow up with them on the third day of their hospital stay. • Assemble the results and present them to the mentor for approval and implementation.

Week 4

Name of the Organisation: P. D. Hinduja Hospital and Medical Research Centre, Mumbai.

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

Name of the Student: Neha Chandrakant Shinde

Roll no: 2077 **Stream: MBA HM 29**

Week no: 4 **From: 2/6/2025 to 7/6/2025**

Activity Done	• Gathered opinions and recommendations from IPD service attendees and patients. • Out of the 64 patients who were targeted, 55+ samples were collected from different admission classes. • Comprised patients from suite, deluxe, and special single-occupancy rooms, both male and female. • Scores 1–5 for Expectation & Perception were measured at important service touchpoints. • Compared the perceived and expected service times in a time-motion study. • Collected data on overall satisfaction and specific feedback. • Patient demographics and feedback responses were noted.
Linking theory (Classroom learning) with practice at your organization	• Applied what was learnt in the classroom (IPD procedures, 22-point scale, and RATER model) in a real hospital environment. • Recognised the entire IPD process, from admission to release. • Associated concepts of research methodology with feedback from patients on the ground.

	• Improved practical research and communication abilities through patient involvement. • Topics related to applied organisational behaviour in the workplace.
Linking theory (Classroom learning) with practice at your organization	• Applied what was learnt in the classroom (IPD procedures, 22-point scale, and RATER model) in a real hospital environment. • Recognised the entire IPD process, from admission to release. • Associated concepts of research methodology with feedback from patients on the ground. • Improved practical research and communication abilities through patient involvement. • Topics related to applied organisational behaviour in the workplace.
Gaps identified on the working area.	• Insufficient coordination prior to admission, such as delays in insurance and clearance. • Patients are inconvenienced by formalities that are dispersed throughout several buildings. • Service capacity is limited by the two active admission counters. • Process efficiency and patient experience are impacted by operational gaps. • There are only two male housekeeping employees and one female attendant on a floor with four wards. • Insufficient staffing in relation to patient needs and bed strength, particularly for female care.

Suggestions for improvement	• Coordinate pre-admission services; increase admission counter staffing; and raise ward staffing ratios. • The turnaround time for the TPA process should be reduced.
Plan for the next week	• 64 inpatients from the Median A and Special/Deluxe wards are being surveyed. • Using a structured feedback form, document experiences from daily patient interactions. • completing precise data entry in Excel every day. • Acquiring and utilising SPSS for basic analysis and data coding. • accumulating expertise in data interpretation and fieldwork. • gaining hands-on experience in statistical analysis, data management, and patient satisfaction surveys.

Week 5

Name of the Organisation: P. D. Hinduja Hospital and Medical Research Centre, Mumbai.

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

Name of the Student: Neha Chandrakant Shinde

Roll no: 2077 **Stream: MBA HM 29**

Week no: 5 **From: 9/6/2025 to 14/6/2025**

Activity Done	• Gathered 60 samples out of 64 patient feedback from different types of rooms. • Interacted with both male and female inpatients in special, deluxe, and suite rooms. • 9 touchpoints worth of expectation and perception scores (1–5) were recorded. • Measured the perceived versus expected time for important services. • Gathered open feedback and overall satisfaction scores.
Linking theory (Classroom learning) with practice at your organisation	• Used a 22-point scale and the RATER model to collect feedback in real time. • Comprehended the admission to discharge IPD workflow. • Fieldwork and research methodology concepts were connected. • Improved ability to communicate through interactions with patients. • Observed and used organizational behavior in a medical facility.

Gaps identified on the working area.	• Ineffective pre-admission coordination (insurance/clearance). • Poor communication between admissions staff and OPD assistants. • Patients are inconvenienced by the dispersed formalities across buildings. • Capacity is limited by the two active admission counters. • Insufficient ward staffing, particularly for patients who are female.
Suggestions for improvement	• Pre-admission services should be synchronised. • Boost coordination between OPD and IPD. • Add more employees to the admissions desks. • Increase the staffing ratios in the wards. • Cut down on TPA turnaround time.
Plan for the next week	• Complete the remaining inpatients' data collection. • Complete the data entry and cleaning in Excel. • Get preliminary results and insights ready for mentor review.

Week 6

Name of the Organisation: P. D. Hinduja Hospital and Medical Research Centre, Mumbai.

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

Name of the Student: Neha Chandrakant Shinde

Roll no: 2077 **Stream: MBA HM 29**

Week no: 6 **From: 16/6/2025 to 21/6/2025**

Activity Done	• 64 patient samples final data collection for Project 1 was finished. • All data was cleaned and verified to guarantee its accuracy and completeness. • Average scores, gaps, and gap percentages were computed using Excel. • used the RATER model to create charts for every service touchpoint. • compiled data and images into a PowerPoint presentation.
Linking theory (Classroom learning) with practice at your organisation	• Used data analytics to find gaps in service quality. • Formatted and presented data using knowledge from Excel and data visualisation courses. • Linked actual patient feedback with what was learnt about quality indicators in the classroom.
Gaps identified on the working area.	• Discharge delays continue to be a prevalent problem in all kinds of rooms. • Patients become confused when admission information is unclear.

Suggestions for improvement	• To speed up the discharge procedure, set up digital alerts and deadlines. • During pre-booked admissions, show patients a brief 30-second video guide.
Plan for the next week	• Complete the presentation and highlight the most important findings from Project 1. • Get ready for the final presentation and internal review.

Week 7

Name of the Organisation: P. D. Hinduja Hospital and Medical Research Centre, Mumbai.

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

Name of the Student: Neha Chandrakant Shinde

Roll no: 2077 **Stream: MBA HM 29**

Week no: 7 **From: 23/6/2025 to 28/6/2025**

Activity Done	• Completed the summary report and presentation for Project 1. • Discussed the report with the mentor and added comments. • Highlighted important discoveries, gaps, and recommendations based on patient input. • Started with Project 2. • The second project's finalized topic is Stroke Management in Emergency Rooms: Protocol Compliance Assessment.
Linking theory (Classroom learning) with practice at your organisation	• Evaluated ER procedures using ideas from healthcare quality. • Studied the stroke protocol book at the hospital to learn about standard practices. • Reviewed the literature to investigate international and Indian standards for best practice.

Gaps identified on the working area.	• The communication protocols in Stroke Register are not adequately documented. • There were observed delays in the total door-to-needle time and the CT/MRI interpretation time.
Suggestions for improvement	• For auditing purposes, make sure the stroke register is updated correctly. • Note the precise time spent on each step, particularly the imaging and decision-making processes. • For prompt action during CT interpretation, a neurologist should be present.
Plan for the next week	• Data gathering and case-by-case monitoring of stroke patients in the emergency room. • Determine the process flow and important players in stroke response.

Week 8

Name of the Organisation: P. D. Hinduja Hospital and Medical Research Centre, Mumbai.

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

Name of the Student: Neha Chandrakant Shinde

Roll no: 2077 **Stream: MBA HM 29**

Week no: 8 **From: 30/6/2025 to 5/7/2025**

Activity Done	• Had conversations with the stroke coordinators, neurologists, and emergency room staff. • Created a map of the current stroke management procedure in the emergency room, including the door to patient arrival, door to doctor time, door to stroke activation, door to CT/MRI, door to CT/MRI interpretation, door to needle, etc. • Found errors in handoffs and documentation. • Created a patient flowchart in Excel and indicated bottlenecks.
Linking theory (Classroom learning) with practice at your organisation	• To track the patient's journey and pinpoint important bottlenecks in stroke care, lean process mapping was used. • To assess delays in crucial processes like neuro referral and CT scan, Turnaround Time (TAT) principles from operations management were applied. • Combined clinical protocol knowledge from the classroom with real-world administrative difficulties to obtain a hands-on grasp of how stroke pathways operate.

Gaps identified on the working area.	• The time of symptom onset is not clearly documented. • Variability in the turnaround time for CT scans.
Suggestions for improvement	• Educate emergency room personnel on how to quickly identify and record strokes. • Create a "stroke code" to grant priority access to a neurologist and CT scan.
Plan for the next week	• For the month of June, begin gathering real-time data on stroke patients who have been admitted. • Verify delays and list the underlying reasons.

Week 9

Name of the Organisation: P. D. Hinduja Hospital and Medical Research Centre, Mumbai.

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

Name of the Student: Neha Chandrakant Shinde

Roll no: 2077 **Stream: MBA HM 29**

Week no: 9 **From: 7/7/2025 to 12/7/2025**

Activity Done	• Data on stroke patients admitted to the emergency room between July 4 and July 12 was gathered. • Time intervals for arrival, triage, neuro call, CT scan, and thrombolysis were noted. • Determined recurrent delays by analysing average times. • Examined the difference between ideal protocols and actual process flow. • To improve clarity, Excel visual timeline data was created.
Linking theory (Classroom learning) with practice at your organisation	• Concepts for sampling in applied research methodology Convenience sampling was the sampling strategy employed. • The study type employed was a retrospective observational study. • The formulas utilised to determine compliance **Compliance (%) = (Number of Cases Within Benchmark / Total Number of Cases) × 100.** • For calculations, tables, and pie charts, Microsoft Excel was utilised.

Gaps identified on the working area.	• The door-to-stroke team assessment compliance within 15 minutes was 83.3 %. • The compliance rate for door-to-CT/MRI initiation time <20 minutes was 66.7%. • Door to CT/MRI Interpretation <30 min - compliance in percentage was 0% • Door-to-needle time in minutes was greater than 60 minutes, meaning 75% compliance was 0%. • Delays in some CT scans were due to ongoing patient care or machine preparation.
Suggestions for improvement	• To cut down on door-to-needle time and expedite treatment for eligible stroke patients, allow thrombolysis to be started right in the imaging suite (where appropriate). • To enable prompt image interpretation and expedited clinical decision-making, make sure a neurology resident is present during CT scanning.
Plan for the next week	• Complete the findings of the stroke management project. • Create a second presentation that includes recommendations, findings, interpretations, and gaps.

Week 10

Name of the Organisation: P. D. Hinduja Hospital and Medical Research Centre, Mumbai.

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

Name of the Student: Neha Chandrakant Shinde

Roll no: 2077 **Stream: MBA HM 29**

Week no: 10 **From: 14/7/2025 to 15/7/2025**

Activity Done	• Completed data analysis and results charting for TATs of stroke patients. • Developed a PowerPoint presentation featuring bottleneck images for Project 2. • Presented Project 1 findings on 14th July. • Presented the Gathered input from guides and mentors. Examined both projects for submission and internship documentation.
Linking theory (Classroom learning) with practice at your organisation	• Used bottleneck analysis and turnaround time (TAT), two concepts from operations management, to assess stroke care delays. • Found service gaps and suggested fixes in accordance with NABH standards using the concepts of quality management. • Excel was used to analyse and visualise the data, demonstrating the abilities learnt in healthcare IT and analytics courses. • Departmental procedures and hospital objectives are strategically aligned, which is closely related to the concepts of strategic management. Collected, validated, and reported data using an organised process that connected to the Research Methodology covered in

	class. • Communication and presentation skills were also improved by creating and presenting PowerPoint decks for both projects. These encounters improved my capacity to evaluate systems critically and provide evidence-based insights by bridging the gap between classroom instruction and actual hospital operations.
Gaps identified on the working area.	• There is currently no real-time mapping of stroke care.
Suggestions for improvement	• Post stroke protocol on staff desks and ER walls. • To cut down on door-to-needle time and expedite treatment for eligible stroke patients, allow thrombolysis to be started right in the imaging suite (where appropriate). • To enable prompt image interpretation and expedited clinical decision-making, make sure a neurology resident is present during CT scanning.
Plan for the next week	**End of Internship**

Complied Report

Name of the Organisation: P. D. Hinduja Hospital and Medical Research Centre, Mumbai.

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

Name of the Student: Neha Chandrakant Shinde

Roll no: 2077 **Stream: MBA HM 29**

Activity Done	**IPD Patient Experience Project** • 64 inpatients in Median A, Special, and Deluxe rooms participated in patient interviews. • Gathered expectation vs. perception scores using a structured, 22-point **SERVQUAL questionnaire**. • Discussed **the nine main hospital touchpoints**: X-ray, admission, ward, OT, medical/nursing staff, housekeeping, food services, and discharge. • Carried out demographic mapping, time-motion comparisons, and **gap analysis** in Excel. • Produced visual reports, data sheet , and a final PowerPoint presentation to mentors. **ER Project Stroke Management** • **Door to Physician, Door to stroke team, Door to CT/MRI Initiation, Door to CT/MRI Interpretation, Door to IV Thrombolysis,** time-based benchmarks were used to evaluate protocol compliance in seven stroke patients. • Used SOPs and the hospital's stroke register to conduct a **retrospective observational study**. • Found significant **delays in IV thrombolysis and CT/MRI interpretation.**

	• Made flowcharts and process maps for the steps involved in stroke management. • Presented a final presentation that included process **improvement techniques, gap analysis, and compliance scores.**
Linking theory (Classroom learning) with practice at your organisation	• Used the **22-point SERVQUAL scale** and the **RATER model** from service quality courses in patient feedback research. • ER process mapping made use of **Operations management** concepts such as bottleneck analysis and turnaround time (TAT). • Used **data visualisation** and **analytics techniques** learnt in class that were based on Excel. • Conducted research using techniques such as stratified sampling, interpretation, and structured data collection using the concepts **of Research Methodology.** • Linked department-level interventions and hospital service delivery objectives with **Strategic management concepts.** • Enhanced abilities **in reporting, communication**, and project coordination as a result of face-to-face interactions with mentors and stakeholders.
Gaps identified on the working area.	• Due to a lack of counters, unclear document instructions, and inadequate OPD–IPD coordination, the IPD Patient Experience Project has experienced delays in the admissions process. • Slow discharge procedures and a lack of real-time

	tracking confused patients. • **Insufficient ward staffing**, particularly with only one female Ayah covering several wings. • TPA delays and admission forms that don't support multiple languages. • In the Stroke Management Initiative The stroke register has inadequate documentation (missing time entries). • delays in CT/MRI interpretation because a neurologist is not present in real time. • 0% adherence in crucial domains such as Imaging Interpretation Time and Door-to-Needle. • Of the seven eligible stroke patients, only two received IV thrombolysis, but the compliance was 0% since it was not given under the standard quality protocols.
Suggestions for improvement	• **Improvements to IPD Services** Provide a document checklist, payment links, and digital admission instructions through WhatsApp business. • For quicker token generation and patient data entry, use self-service kiosks. • Redesign admission counters to improve flow and offer multilingual forms. • Install digital dashboard-based real-time discharge tracking systems. • Increase the number of Ayah and housekeeping staff members in accordance with ward strength and gender-specific requirements.

	• **Improvements of Stroke Care** • Keep thorough records in stroke registers with precise time stamps. • Post-stroke care procedures for easy visibility at staff desks and in the emergency room. • To cut down on door-to-needle time, administer thrombolysis in the imaging room. • For quicker interpretation, make sure a neurology resident is present during CT scans. • Establish TAT standards and train the neurology, radiology, and emergency room teams on stroke standard protocols by conducting stroke drills for training purpose.

Signature of the Student: **Approved by University mentor:**