**SUMMER INTERNSHIP PROGRAM**

At

# APOLLO HOSPITALS

From **22 May 2024** to **20 July 2025**

A REPORT BY

**MUSKAN SARSWAT**

Master of Business Administration
Hospital and Health Management
**IIHMR-U/01/2024-26/1998**
**2024-26**

under the Mentorship of
**Dr. Rukmini D N**

Apollo HOSPITALS
TOUCHING LIVES

**24th July 2025**

## INTERNSHIP CERTIFICATE

This is to certify that **Ms. Muskan Sarswat** has successfully completed her **Internship** program in the **Department of Operations** from **13th May 2025 to 23th July 2025** in **Apollo Hospitals, Sheshadripuram, Bangalore**. She was diligently involved in the task assigned to her. During her period of stay with us, we found that she was dedicated, hardworking, loyal and sincere.

We wish her all the best for her future endeavours.

For **Apollo Hospitals, Bangalore.**

**Usharani N**
**Senior Manager - Human Resources**

Apollo Hospitals
(A unit of Apollo Hospital Enterprises Limited)
New No. 1, Old No. 28, Platform Road, Near Mantri Mall, Sheshadripuram, Bengaluru - 560 020
Phone : +91.80.46688999, 46688888
Regd. Off : No. 19, Bishop Garden, Raja Annamali Puram, Chennai - 600 028. CIN- L85110TN1979PLC008035.
www.apollohospitalsbangalore.com, www.apollohospitals.com

IIHMR UNIVERSITY

## IIHMR UNIVERSITY Faculty Mentor Approval

This is to certify that **Muskan Sarswat** of academic year 2024-26 of **Institute of Health Management Research, IIHMR University, Jaipur** has prepared a poster with respect to his 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. Vinod Kumar S V**

**Professor**

**IIHMR University, Jaipur**

# Enhancing Hospital Responsiveness: A Study on Clearance Turnaround Time (TAT) Optimization and Patient satisfaction in In Patient Department (IPD)


MUSKAN SARSWAT
1998
HM-29

FACULTY MENTOR – VINOD KUMAR SV
INDUSTRY MENTOR - Dr. RUKMINI D N


## Brief and history of hospital

**Brief & History**

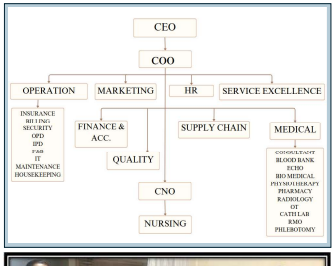
Apollo Hospitals is a pioneering healthcare institution in India, founded in 1983 by Dr. Prathap C. Reddy in Chennai. It was the nation's first corporate hospital, marking a significant shift in the Indian healthcare landscape by introducing private sector participation in providing world-class medical services. Dr. Reddy, motivated by personal experiences and the lack of advanced medical facilities in India, envisioned a system where high-quality healthcare would be accessible and affordable to all Indians

**Vision & Mission**

**Vision**: Apollo Hospitals envisions its next phase of development as an endeavor to "Touch a Billion Lives", aiming to extend its healthcare services to a vast population.

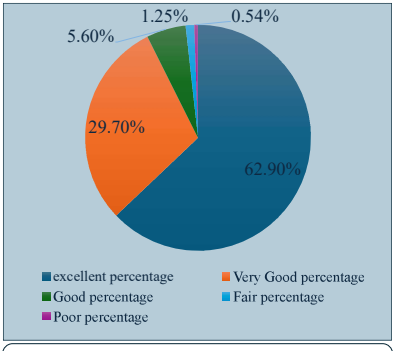
**Mission**: The mission of Apollo Hospitals is to "bring healthcare of international standards within the reach of every individual."

## Organization Structure




## About the project

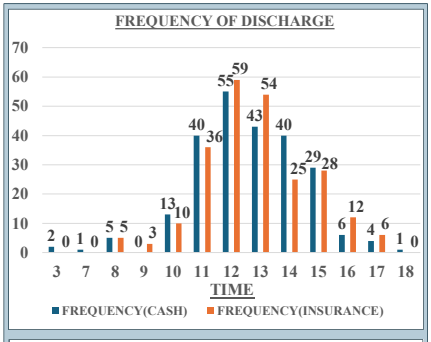
- This project focused on analyzing the Turnaround Time (TAT) for discharge clearance in the IPD, covering steps like ***nursing, pharmacy , lab/reports, and summary finalization.***
- The project focused on evaluating patient satisfaction in the Inpatient Department (IPD) by identifying service gaps through direct feedback and recommending improvements to enhance the overall patient experience.

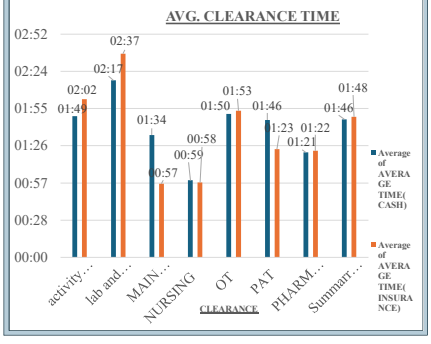




❖ TAT TIME According to hospital for clearance is 20 Minutes

## Learning

- **Understood hospital discharge workflow** and the impact of departmental delays on TAT
- **Enhanced communication and patient handling abilities** through real-time interaction
- Strengthened values like **responsibility, teamwork, and empathy** in a real healthcare setting.




❖ No. of feedback = 530
❖ No. of discharge = 452

❖ Type of study = Descriptive

## Result

- The ***Emergency Department*** is the ***highest contributor*** to poor satisfaction
- ***Support services*** like food and housekeeping also significantly impact the patient experience
- The ***lab/radiology*** department shows the highest clearance time and ***nursing and pharmacy*** are the most efficient.
- There's a general trend of slightly longer clearance times for ***insurance*** patients compared to cash patients.

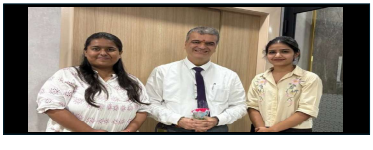

## CHALLENGES

- Manual tracking of clearance timings
- Language barrier impacted effective feedback collection
- Faced difficulty in communication with nursing staff
- Managing data collection, patient interaction, and reporting within limited time was challenging.
- Patient reluctance affected the accuracy of feedback data.

| Theoretical learning | Practical learning |
|---|---|
| ➢ planning is crucial prior to implementation<br>➢ Effective communication ensures better coordination.<br>➢ Clearly defined roles ensure accountability and clarity of responsibilities. | ➢ Situational changes can create significant challenges<br>➢ The effectiveness of communication methods directly influences outcomes. |

## Suggestion

- Initiate medicine indents early based on discharge advice to avoid delays.
- Discharge summaries should be finalized as soon as discharge is planned.
- F&B services should enhance food quality and taste to reduce patient dissatisfaction.



# Weekly Report

**Name of the Organisation:** Apollo Hospital, Sheshadripuram, Bangalore
**Area/ Department/ Project of Summer Internship Program:** OPD/ project yet not decided

**Name of the Student:** MUSKAN SARSWAT
**Roll no:** 1998 **Stream:** Hospital and Health Management

**Week no:** 01 **From: 12th May 2025 to 16th May 2025**

| | |
|---|---|
| Activity Done | • Completed onboarding and formalities; no field assignments from May 12–13.<br>• Learned and practiced CPOE (Computerized Physician Order Entry) conversion in HIS for OPD and IPD services.<br>• Explored hospital departments to understand patient flow and coordination between clinical and administrative units.<br>• Monitored OPD counters, tracked real-time patient status, and assessed CPOE adoption by doctors.<br>• Compiled compliance reports, enhancing skills in observation, reporting, and digital workflow accuracy. |
| Linking theory (Classroom learning) with practice at your organisation | • Applied concepts from Hospital Services and Quality Management through CPOE conversion, adoption analysis, and service quality monitoring.<br>• Used Health Information Systems knowledge to track real-time patient status and ensure digital compliance.<br>• Observed departmental workflows, reinforcing classroom lessons on patient flow, service delivery, and system efficiency.<br>• |
| Gaps identified on the working area. | • Doctors were not adapting to digital prescription and to system due to rush of patients in OPDs couter person couldn't manage time for cope conversion. |
| Suggestions for improvement | • I would strongly suggest utilizing the time and resource efficiently in a scheduled manner so that it can contribute to a better organisational development. |

| | |
|---|---|
| **Plan for the next week** | • Observe OPD |

Signature of the Student: - Muskan Sarswat
Approved by the IIHMR University Mentor: - Dr. Vinod Kumar S V

# Weekly Report

**Name of the Organisation:** Apollo Hospital, Sheshadripuram, Bangalore
**Area/ Department/ Project of Summer Internship Program: OPD/ project yet not decided**

**Name of the Student:** MUSKAN SARSWAT
**Roll no:** 1998 **Stream:** Hospital and Health Management

**Week no:** 02 **From : 19th May 2025 to 24th May 2025**

| | |
|---|---|
| **Activity Done** | • Gained hands-on experience in credit billing processes for TPA, insurance, corporate (e.g., BHEL), and government-sponsored patients across OPD and Health Check departments.<br>• Completed CPOE entries for multiple OPDs, interacted with patients to guide them through billing and investigation steps, and supported staff in daily workflows.<br>• Observed patient flow and system usage in OPDs 1, 2, and 3, identifying issues like manual prescriptions, delayed doctor availability, and high waiting times.<br>• Noted significant workflow challenges in OPD 2 and OPD 3 due to doctors being in OT during OPD hours, causing long patient wait times and rescheduled appointments.<br>• Learned about complaint management systems, TPA coordination, and real-time operational gaps that impact patient satisfaction and service efficiency. |
| **Linking theory (Classroom learning) with practice at your organisation** | • Applied Hospital Services and Quality Management concepts through CPOE conversion, adoption analysis, and service quality checks.<br>• Utilized Health Information Systems knowledge to monitor real-time patient status and ensure digital compliance.<br>• Observed workflows across departments, reinforcing academic principles of patient flow, service delivery, and operational efficiency.<br>• Gained practical insight into how system-based practices impact overall hospital performance and patient experience. |

| | |
|---|---|
| **Gaps identified on the working area.** | • Doctors were not adapting to digital prescription and to system due to rush of patients in **OPDs** counter person couldn't manage time for cope conversion<br>• Doctors in OPD 2 and 3 often attend OT or rounds during peak OPD hours, resulting in long waiting times.<br>• Health check doctor arrived late in OPD 3(PAP smear test) despite advance notice of high patient loads, leading to chaos and patient dissatisfaction. |
| **Suggestions for improvement** | • I would strongly suggest utilizing the time and resource efficiently in a scheduled manner so that it can contribute to a better organisational development.<br>• Shift or block OT rounds outside OPD hours, especially in departments with high footfall like gynaecology and cardiology. |
| **Plan for the next week** | • Observe OPD |

**Signature of the Student**: - Muskan Sarswat
**Approved by the IIHMR University Mentor**: - Dr.Vinod Kumar S V

# Weekly Report

**Name of the Organisation:** Apollo Hospital, Sheshadripuram, Bangalore
**Area/ Department/ Project of Summer Internship Program:** OPD/ project yet not decided

**Name of the Student:** MUSKAN SARSWAT
**Roll no:** 1998 **Stream:** Hospital and Health Management
**Week no:** 03 **From: 26th May 2025 to 31st May 2025**

| | |
|---|---|
| Activity Done | • Collected investigation data from **OPD 3** to support test arrangement planning in **OPD 2**, based on patient volume.<br>• Worked in the **Health Check Department**, performed AHC summaries, collected lab reports, and assisted patients with documentation and prebilling.<br>• Observed **Emergency Admission** procedures, including bed allocation, discharge payments, and cleaning turnaround for bed readiness.<br>• Explored the **MRD (Medical Records Department)**, learned about digital and physical record handling, MLC file management, and made death certificate entries.<br>• Gained exposure to real-time hospital operations, strengthening understanding of patient workflow, data management, and interdepartmental coordination. |
| Linking theory (Classroom learning) with practice at your organisation | • **Healthcare Operations Management:** Observed patient flow in OPD 3 to help plan investigation services in OPD 2, supporting better resource allocation.<br>• **Medical Records & Documentation:** Learned scanning, digital storage, and physical filing of patient records in MRD, including MLC file segregation and retention protocols.<br>• **Health Information Systems:** Retrieved lab reports and prepared AHC summaries using the hospital system in the Health Check department.<br>• **Patient Admission & Billing Procedures:** Observed emergency admissions, pre-billing procedures, and discharge payments, gaining practical insights into patient entry and exit processes.<br>• **Legal & Ethical Aspects in Healthcare:** Understood the legal significance of maintaining |

| | |
|---|---|
| | MLC files for 10 years and ensuring accurate death certificate documentation.<br>• **Communication Skills:**<br>Engaged with patients to collect required documents and understand their concerns, enhancing patient interaction skills. |
| Gaps identified on the working area. | • **Limited use of barcode systems** in MRD for physical file tracking, which could enhance retrieval speed and reduce human error<br>• **Incomplete patient documentation**, often requiring follow-up for ID proofs and other essential documents. |
| Suggestions for improvement | • **Introduce barcode/RFID tracking** in the MRD for easier file retrieval and better inventory control of physical documents.<br>• **Educate patients** at the registration desk regarding required documents to minimize delays in processing.<br>• **Schedule periodic audits** of hospital workflows to ensure compliance, identify bottlenecks, and maintain operational efficiency. |
| Plan for the next week | • Observe OPD |

Signature of the Student: - Muskan Sarswat
Approved by the IIHMR University Mentor: - Dr. Vinod Kumar S V

# Weekly Report

Name of the Organisation: Apollo Hospitals, Seshadripuram (Bangalore)
Area/ Department/ Project of Summer Internship Program: OPD/ project yet not decided
Name of the Student: Muskan Sarswat
Roll no: 1998 Stream: MBA Hospital and Health Management

Week no: 04 From: 02/06/2025 to 07/06/2025

| | |
|---|---|
| Activity Done | • During this week, I was actively involved in multiple tasks related to hospital operations and digital system implementation.<br>• I edited and updated an Excel sheet comparing data from the last two years, including OPD doctor attendance (present/leave), number of investigations conducted, and number of patients seen.<br>• I supported the CPOE (Computerized Physician Order Entry) conversion by assisting in the transition from manual to digital order entry, ensuring accurate data mapping and verification.<br>• I collected data on the number of leave days taken by doctors during the months of April and May for administrative analysis. • I interacted with patients to gather feedback and understand their experience with the new CPOE system, contributing to an adoption analysis of the digital platform.<br>• I was posted in OPD-1, where I engaged with patients to assess their satisfaction with services and collected their reviews. • I also verbally understood the admission process and observed the arrival and exit timings of doctors in the OPD to understand workflow and time management. |
| Linking theory (Classroom learning) with practice at your organisation | • Topics related to hospital operations and patient satisfaction were reinforced through my interactions with patients, satisfaction review collection, and observational learning in OPD settings.<br>• Theoretical knowledge of workflow and process mapping was applied when analysing leave records, doctor timings, and understanding the admission process |
| Gaps identified on the working area. | • The admission process, although functional, lacked visible SOPs or checklists, which could lead to inconsistencies in patient experience and information flow.<br>• Data recording and updating practices for leave records and patient counts were partially manual and could benefit from automation or centralized dashboards. |
| Suggestions for improvement | • Analyse feedback data monthly to identify service improvement areas and trends. Include checklists for staff to follow during patient intake and discharge to avoid missing any critical steps. |

| | |
|---|---|
| | • Implement centralized, automated systems for tracking doctor attendance and leave records to minimize manual errors and ensure timely updates. |
| Plan for the next week | • Monitor OPD 2 patient waiting time and their satisfaction |

Signature of the Student: - Muskan Sarswat

Approved by the IIHMR University Mentor: - Dr. Vinod Kumar S V

# Weekly Report

Name of the Organisation: Apollo Hospitals, Seshadripuram (Bangalore)
Area/ Department/ Project of Summer Internship Program: OPD/ project yet not decided
Name of the Student: Muskan Sarswat
Roll no: 1998 Stream: MBA Hospital and Health Management

Week no: 05 From: 09/06/2025 to 14/06/2025

| | |
|---|---|
| **Activity Done** | • During this week of my internship, I was actively engaged in both the Outpatient Department (OPD) and Inpatient Department (IPD), gaining practical exposure to hospital operations and patient service processes.<br>• Monday to Thursday – OPD 1:<br>• I was posted in OPD 1, where I worked under the guidance of the floor coordinator. My primary responsibilities involved monitoring and supporting the patient flow system.<br>• I regularly updated and maintained the GMAS Excel sheet, which is used to track doctor-wise patient appointments, consultation status, and daily performance metrics.<br>• To assess service quality and efficiency, I interacted with patients to note down their waiting time and consultation time<br>• I was responsible for maintaining the Daily OPD Tracker, which recorded:<br>• The total number of patients seen by each doctor daily.<br>• Classification of patients as scheduled or walk-in.<br>• Arrival and exit timings of doctors to monitor punctuality and availability.<br>• Number of patients referred/admitted to IPD from OPD.<br>• On the last two days of the week, I was shifted to the IPD, where I observed the discharge process in detail.<br>• I learned how discharges are tracked in the hospital management system, including the steps involved from the discharge order to final billing and patient exit.<br>• I interacted with inpatients (admitted patients) to understand their treatment experience and the kind of support they require during the discharge phase. |

| | |
|---|---|
| **Linking theory (Classroom learning) with practice at your organisation** | • The internship experience reflected the practical application of concepts from Hospital Services and Quality Management, such as OPD flow mapping, TAT tracking, and patient interaction analysis.<br>• Learned to correlate classroom learning on data-driven quality monitoring with real-time tools like the GMAS tracker and daily OPD dashboard. |
| **Gaps identified on the working area.** | • Lack of standardized TAT benchmarks for each specialty in OPD, leading to variability in consultation times.<br>• Delays in updating GMAS records during peak hours due to limited staff support. |
| **Suggestions for improvement** | • Introduce a real-time digital dashboard at OPD with waiting and consultation time updates visible to patients and staff.<br>• Assign a dedicated data entry person during peak OPD hours to reduce delays in tracker updates. |
| **Plan for the next week** | • Monitor IPD and track discharge |

**Signature of the Student**: - Muskan Sarswat
**Approved by the IIHMR University Mentor**: - Dr. Vinod Kumar S V

# Weekly Report

**Name of the Organisation:** Apollo Hospitals, Seshadripuram (Bangalore)
**Area/ Department/ Project of Summer Internship Program:** IPD/ project yet not decided
**Name of the Student:** Muskan Sarswat
**Roll no**: 1998 **Stream:** MBA Hospital and Health Management
**Week no:** 06 **From: 16/06/2025 to 21/06/2025**

| | |
|---|---|
| **Activity Done** | During this week, I was posted in the **Inpatient Department (IPD)**, where my primary focus was on understanding the **discharge process**, specifically by working on **clearance Turnaround Time (TAT)** and gaining real-time exposure to patient service operations.<br>• was involved in **tracking the discharge clearance process**, which included manually collecting data on the time taken by various departments involved in the discharge flow—primarily **nursing clearance, pharmacy clearance, billing, and final exit**.<br>• This required **daily monitoring** of each discharge case, noting when each clearance step occurred. I collected this data manually to analyze delays, bottlenecks, and time gaps between each process.<br>• Worked closely with the **Floor Coordinator** and the **Deputy General Manager (DGM)** of the Hospital, who guided me in understanding how discharge workflows are managed in coordination with different departments.<br><br>In addition, I was assigned to **collect feedback from inpatients**, particularly those being discharged, regarding their overall hospital experience.<br>• The feedback focused on aspects such as cleanliness, staff behavior, communication, responsiveness, and discharge experience.<br>• This helped assess the **satisfaction level of patients** and understand their expectations. |
| **Gaps identified on the working area.** | • **Discharge process lacks real-time system alerts**, which often results in unintentional delays by nursing or pharmacy staff.<br>• Absence of a **centralized discharge dashboard** makes it difficult to monitor each clearance stage effectively. |

| | |
|---|---|
| **Suggestions for improvement** | • Implement a **digital discharge tracking tool or dashboard** that updates the clearance status in real time and alerts responsible departments.<br>• Introduce a **TAT monitoring system** that auto-generates reports based on clearance time to identify daily delay patterns. |
| **Plan for the next week** | • Monitor IPD and track discharge and clearance |

**Signature of the Student: - Muskan Sarswat**

**Approved by the IIHMR University Mentor: - Dr. Vinod Kumar S V**

# Weekly Report

**Name of the Organisation: Apollo Hospitals, Seshadripuram (Bangalore)**
**Area/ Department/ Project of Summer Internship Program:** IPD/ patient satisfaction in IPD and clearance TAT
**Name of the Student:** Muskan Sarswat
**Roll no:** 1998 **Stream:** MBA Hospital and Health Management
**Week no:** 07 **From: 23/06/2025 to 28/06/2025**

| | |
|---|---|
| **Activity Done** | During this week, I continued with tracking the discharge process and collecting manual data related to clearance Turnaround Time (TAT). The objective was to identify time delays during the discharge and evaluate service efficiency.<br>• The hospital currently does not maintain clearance TAT data in any software system, so I conducted manual tracking and documentation of each step involved in the discharge process.<br>• For every patient being discharged, I recorded the exact time at which each departmental clearance was initiated and completed, including:<br>  o Nursing clearance, Pharmacy clearance, Billing clearance, Final exit approval<br>• This involved daily floor rounds, checking physical files, coordinating with the nursing station, pharmacy, and billing team to accurately capture the timings.<br>• Alongside data collection, I also interacted with inpatients and their caregivers on a daily basis to gather feedback regarding their hospital experience.<br>• Feedback was focused on areas such as staff behavior, cleanliness, treatment satisfaction, responsiveness, and overall service quality during their hospital stay and at the time of discharge.<br>• This helped in identifying recurring issues and areas needing service enhancement. |
| **Linking theory (Classroom learning) with practice at your organisation** | • The week's work directly connected with theories from Hospital Operations & Quality Management, particularly the use of Turnaround Time (TAT) as a quality metric.<br>• I applied concepts from Healthcare Service Excellence, including patient-centered care, feedback systems, and process observation.<br>• Learned how manual data collection and real-time observation can be used to compensate for the absence of automated systems in process monitoring. |

| | |
|---|---|
| | |
| **Gaps identified on the working area.** | • Lack of a centralized or automated discharge tracking system results in poor visibility into delays during the clearance process.<br>• During patient interactions, a recurring concern was observed regarding the quality of food provided, indicating a gap in patient satisfaction related to dietary services. |
| **Suggestions for improvement** | • Implement a digital discharge management system that tracks clearance timestamps automatically and provides a centralized dashboard for administrators.<br>• Food quality and taste can be improved |
| **Plan for the next week** | • Monitor IPD and track discharge and clearance<br>• Patient satisfaction survey |

**Signature of the Student: -** Muskan Sarswat
**Approved by the IIHMR University Mentor: -** Dr. Vinod Kumar S V

# Weekly Report

**Name of the Organisation:** Apollo Hospitals, Seshadripuram (Bangalore)
**Area/ Department/ Project of Summer Internship Program:** IPD/ patient satisfaction in IPD and clearance TAT
**Name of the Student:** Muskan Sarswat
**Roll no:** 1998 **Stream:** MBA Hospital and Health Management
**Week no:** 08 **From: 30/06/2025 to 05/07/2025**

| | |
|---|---|
| **Activity Done** | During this week, I continued my posting in the Inpatient Department (IPD), where my primary focus remained on tracking discharge processes and collecting data for Clearance Turnaround Time (TAT). This week also involved enhancing patient feedback collection efforts in collaboration with the Service Excellence team.<br>• Like the previous week, I manually recorded the clearance times for each department involved in the discharge process, including:<br>  ○ Nursing<br>  ○ Pharmacy<br>  ○ Billing<br>  ○ Final summary approval<br>• Daily data collection involved close floor-level observation, documentation, and coordination with multiple departments to capture actual discharge timings and delays.<br>• I faced challenges in coordinating with nursing staff due to their high workload and limited time to communicate. Additionally, in cardiology cases, final discharge summaries were delayed as the consultant doctors arrived late for summary finalization.<br>• I also met patients at the time of discharge to gather feedback about their overall hospital experience, with specific attention to their comfort, responsiveness of staff, discharge process, and room facilities.<br>• Additionally, as part of the Service Excellence initiative, I was assigned to follow up with discharged patients over phone calls, requesting them to fill the digital feedback form (survey link) sent to their phones. This ensured higher response rates and more accurate post-discharge insights. |
| **Linking theory (Classroom learning) with practice at your organisation** | • Practical application of concepts from Hospital Quality Assurance and Service Excellence Management was seen in the discharge TAT analysis and real-time patient engagement. |

| | |
|---|---|
| | • The experience highlighted the importance of multi-department coordination, process mapping, and feedback-driven service improvement as taught in classroom modules.<br>• Follow-up calls post-discharge reflect implementation of patient satisfaction monitoring and continuity of care principles. |
| **Gaps identified on the working area.** | • Food quality emerged as a major patient concern, frequently reported in feedback. Specific issues included:<br>• Delays in meal delivery.<br>• Additional complaints included:<br>• Torn bed sheets and linen quality issues.<br>• Communication challenges with nursing staff due to their workload made TAT tracking difficult.<br>• Delay in discharge summary finalization, particularly in cardiology, due to late arrival of consultants. |
| **Suggestions for improvement** | • Strengthen food service monitoring by introducing a real-time meal tracking system and placing feedback forms with each meal delivery.<br>• Conduct daily room condition checks to ensure cleanliness and timely replacement of torn linen.<br>• For departments like cardiology, implement a scheduled discharge summary review time to minimize delays in finalization. |
| **Plan for the next week** | • Monitor IPD and track discharge and clearance<br>• Patient satisfaction survey |

**Signature of the Student: -** Muskan Sarswat
**Approved by the IIHMR University Mentor: -** Dr. Vinod Kumar S V

# Weekly Report

**Name of the Organisation:** Apollo Hospitals, Seshadripuram (Bangalore)
**Area/ Department/ Project of Summer Internship Program:** IPD/ patient satisfaction in IPD and clearance TAT
**Name of the Student:** Muskan Sarswat
**Roll no:** 1998 **Stream:** MBA Hospital and Health Management
**Week no:** 09 **From: 07/07/2025 to 12/07/2025**

| | |
|---|---|
| **Activity Done** | This week, I continued working in the **Inpatient Department (IPD)** with a dual focus on:<br>• **Manual data collection for Clearance Turnaround Time (TAT)**<br>• **Patient satisfaction and service issue resolution**<br>• I consistently **collected and updated discharge clearance data**, noting the timestamps for each step—nursing, pharmacy, billing, and final summary. The compiled data was **submitted to my mentor daily** for review.<br>• Took **daily rounds across all new admissions**, introducing myself to patients and informing them about the support available.<br>• **Interacted with each patient personally** to understand their satisfaction levels regarding hospital services, room conditions, staff behavior, and treatment.<br>• If any patient or caregiver reported an issue, I **escalated the concern to the floor coordinator or senior authority**, ensuring follow-up action was taken promptly.<br>• This week, I handled a specific patient grievance where:<br>• A patient was **falsely billed for a service that was not provided** and **charged unnecessarily for medicines** that were neither prescribed nor administered.<br>• I brought this to the attention of the respective floor staff and escalated it for correction |
| **Linking theory (Classroom learning) with practice at your organisation** | • This week's experience reflected practical application of patient grievance redressal systems, quality assurance in billing, and real-time process evaluation.<br>• My involvement in resolving patient issues and identifying billing discrepancies aligned with classroom learning on Ethical Healthcare Management, Patient Rights, and Hospital Audit Processes. |

| | |
|---|---|
| | • Tracking of reopened discharges showed the importance of accurate documentation and inter-departmental communication in healthcare administration. |
| **Gaps identified on the working area.** | • A case of false billing for unprovided services and unnecessary medicine charges indicated a need for better cross-verification before bill generation.<br>• Lack of transparency and verification in pharmacy and service records led to billing inconsistencies.<br>• Reopening of discharge activities due to medication corrections revealed a gap in discharge readiness checks and consultant-nurse coordination. |
| **Suggestions for improvement** | • Introduce a multi-level bill verification system where each department signs off on the services and medicines rendered before final billing.<br>• Implement a discharge readiness checklist to be signed by the doctor, nurse, and billing personnel to prevent errors and minimize rework. |
| **Plan for the next week** | • Monitor IPD and track discharge and clearance<br>• Patient satisfaction survey |

**Signature of the Student: - Muskan Sarswat**
**Approved by the IIHMR University Mentor: - Dr. Vinod Kumar S V**

# Weekly Report

**Name of the Organisation:** Apollo Hospitals, Seshadripuram (Bangalore)
**Area/ Department/ Project of Summer Internship Program:** IPD/ patient satisfaction in IPD and clearance TAT
**Name of the Student:** Muskan Sarswat
**Roll no:** 1998 **Stream:** MBA Hospital and Health Management
**Week no:** 10 **From: 13/07/2025 to 19/07/2025**

| | |
|---|---|
| **Activity Done** | This week, I continued working in the Inpatient Department (IPD) with a dual focus on:<br>• Manual data collection for Clearance Turnaround Time (TAT)<br>• Patient satisfaction and service issue resolution<br>• I consistently collected and updated discharge clearance data, noting the timestamps for each step—nursing, pharmacy, billing, and final summary. The compiled data was submitted to my mentor daily for review.<br>• Took daily rounds across all new admissions, introducing myself to patients and informing them about the support available.<br>• Interacted with each patient personally to understand their satisfaction levels regarding hospital services, room conditions, staff behaviour, and treatment.<br>• If any patient or caregiver reported an issue, I escalated the concern to the floor coordinator or senior authority, ensuring follow-up action was taken promptly. |
| **Linking theory (Classroom learning) with practice at your organisation** | • Applied concepts of Turnaround Time (TAT) and process monitoring from Hospital Operations Management by manually tracking each step of the discharge process.<br>• Used principles of Patient-Centred Care by interacting with patients, collecting feedback, and addressing their concerns in real-time.<br>• Practiced grievance redressal and service quality improvement by escalating patient issues and ensuring follow-up.<br>• Strengthened understanding of coordination and communication in discharge planning, reflecting real-world application of healthcare management theories. |
| **Gaps identified on the working area.** | • Manual Data Collection Limitations<br>• While issues were escalated, there was minimal effort in identifying systemic causes or trends behind frequent complaints. |

| | |
|---|---|
| **Suggestions for improvement** | • Implement a **discharge readiness checklist** to be signed by the doctor, nurse, and billing personnel to prevent errors and minimize rework. |
| **Plan for the next week** | • Monitor IPD and track discharge and clearance<br>• Patient satisfaction survey |

**Signature of the Student: -** Muskan Sarswat
**Approved by the IIHMR University Mentor: -** Dr. Vinod Kumar S V

# Weekly Report

**Name of the Organisation:** Apollo Hospitals, Seshadripuram (Bangalore)

**Area/ Department/ Project of Summer Internship Program:** IPD/ patient satisfaction in IPD and clearance TAT

**Name of the Student:** Muskan Sarswat

**Roll no:** 1998 **Stream:** MBA Hospital and Health Management

**Week no:** 11 **From: 21/07/2025 to 23/07/2025**

| | |
|---|---|
| **Activity Done** | • Continued with in-depth analysis of discharge clearance processes by reviewing the data collected over previous weeks. Focused on identifying delays across different stages—nursing, pharmacy, billing, and final clearance—to evaluate efficiency and pinpoint bottlenecks.<br>• Compiled and analysed patient feedback data gathered during rounds. Categorized responses to identify common service-related issues and areas needing improvement. |
| **Linking theory (Classroom learning) with practice at your organisation** | • The theoretical understanding of Turnaround Time (TAT) helped me analyse delays in the discharge process by mapping actual workflows against ideal timelines.<br>• Classroom learning about patient-centred care and service quality models was applied while conducting and analysing patient satisfaction feedback in the IPD. |
| **Gaps identified on the working area.** | • Delay in Inter-Departmental Coordination.<br>• Delayed Doctor Rounds for Discharge Orders<br>• Slow System Performance |
| **Suggestions for improvement** | • Implement a discharge readiness checklist to be signed by the doctor, nurse, and billing personnel to prevent errors and minimize rework.<br>• Strengthen Interdepartmental Communication: |

**Signature of the Student: -** Muskan Sarswat

**Approved by the IIHMR University Mentor: -** Dr. Vinod Kumar S V

# Compiled Weekly Report

**Name of the Organisation:** Apollo Hospitals, Seshadripuram (Bangalore)

**Area/ Department/ Project of Summer Internship Program:** IPD/ patient satisfaction in IPD and clearance TAT

**Name of the Student:** Muskan Sarswat

**Roll no:** 1998 **Stream:** MBA Hospital and Health Management

| | |
|---|---|
| **Activity Done** | During the 11-week internship at Apollo Hospitals, Seshadripuram, Bangalore, I engaged in a range of activities across the Outpatient Department (OPD) and Inpatient Department (IPD), focusing on hospital operations, patient satisfaction, and discharge clearance Turnaround Time (TAT). Below is a comprehensive summary of the activities undertaken:<br>**OPD Operations and CPOE Implementation**:<br>• Learned and practiced Computerized Physician Order Entry (CPOE) for OPD and IPD services, ensuring accurate digital prescription entries in the Hospital Information System (HIS).<br>• Monitored OPD counters (OPDs 1, 2, and 3), tracked real-time patient status, and assessed CPOE adoption by doctors.<br>• Managed credit billing processes for TPA, insurance, corporate (e.g., BHEL), and government-sponsored patients.<br>• Updated the GMAS Excel sheet and Daily OPD Tracker to record doctor-wise patient appointments, consultation status, patient types (scheduled/walk-in), doctor punctuality, and IPD referrals.<br>• Collected investigation data from OPD 3 to support test planning in OPD 2 and compiled compliance reports to enhance digital workflow accuracy.<br>**Health Check and Medical Records**:<br>• Worked in the Health Check Department, preparing AHC summaries, collecting lab reports, and assisting with prebilling and patient documentation.<br>• Explored the Medical Records Department (MRD), learning digital and physical record handling, MLC file management, and death certificate documentation.<br>**Emergency and IPD Processes**:<br>• Observed emergency admission procedures, including bed allocation, discharge payments, and cleaning turnaround for bed readiness.<br>• Tracked the discharge clearance process in IPD, manually recording timestamps for nursing, pharmacy, billing, and final summary clearances to analyze delays and bottlenecks.<br>• Escalated patient grievances, such as false billing for unprovided services and medication errors, to floor coordinators or senior authorities for resolution. |

| | |
|---|---|
| | **Data Analysis and Reporting**:<br><br>• Updated Excel sheets comparing OPD doctor attendance, investigations, and patient volumes for April and May.<br>• Analyzed discharge TAT data to identify inefficiencies and compiled patient feedback to categorize recurring service-related issues.<br>• Submitted daily discharge clearance data to mentors for review and supported administrative analysis of operational workflows. |
| **Linking theory (Classroom learning) with practice at your organisation** | • **Hospital Operations and Quality Management**: Applied through CPOE conversion, patient flow mapping, TAT tracking, and service quality monitoring in OPD and IPD.<br>• **Patient-Centred Care**: Reinforced through patient interactions, feedback collection, and grievance redressal, emphasizing service excellence and satisfaction.<br>• **Ethical Healthcare Management**: Applied in resolving billing discrepancies and ensuring accurate documentation to uphold patient rights. |
| **Gaps identified on the working area.** | • **CPOE Adoption**: Doctors' resistance to digital prescriptions due to high patient volumes and time constraints in OPDs.<br>• **OPD Workflow Issues**: Doctors attending OT or rounds during OPD hours, late arrivals (e.g., in OPD 3 for PAP smear tests), and lack of standardized Turnaround Time (TAT) benchmarks, leading to long patient wait times and dissatisfaction.<br>• **Discharge Process Delays**: Lack of real-time alerts or centralized dashboards for discharge clearance, causing delays in nursing, pharmacy, and billing stages.<br>• **Inter-Departmental Coordination**: Delays due to poor communication, high nursing staff workload, and late consultant arrivals for discharge summary finalization.<br>• **Patient Satisfaction Concerns**: Recurring complaints about food quality, meal delivery delays, torn bed sheets, and poor linen quality in IPD. |
| **Suggestions for improvement** | Staff **Support**:<br><br>• Assign dedicated data entry staff during peak OPD hours to reduce delays in GMAS updates.<br>• Improve inter-departmental communication through regular coordination meetings and digital alerts.<br><br>**Billing and Documentation**:<br><br>• Introduce a multi-level bill verification system to cross-check services and medications before final billing. |

| | |
|---|---|
| | • Implement periodic workflow audits to ensure compliance and identify bottlenecks.<br><br>**Patient Satisfaction Initiatives**:<br><br>• Strengthen food service monitoring with real-time meal tracking and feedback forms included with deliveries.<br>• Conduct daily room condition checks to ensure cleanliness and timely linen replacement.<br>• Educate patients at registration about required documentation to minimize delays.<br>• Analyse feedback monthly to identify trends and service improvement areas. |

**Signature of the Student: -** Muskan Sarswat
**Approved by the IIHMR University Mentor: -** Dr. Vinod Kumar S V