SUMMER INTERNSHIP PROGRAM

AT

BRAHAMANANDA NARAYANA MULTISPECIALITY HOSPITAL, JAMSHEDPUR

FROM 12TH MAY TO 19th JULY

A REPORT BY

ARCHANA KUMARI MAHATO

MASTER OF BUSINESS ADMINISTRATION

HOSPITAL AND HEALTH MANAGEMENT

2024-25

UNDER THE MENTORSHIP OF

DR. SANJAY GUPTA

IIHMR UNIVERSITY

Narayana Health

NH/BNH/HR-Comm/2025/0479 July 19, 2025

TO WHOMSOEVER IT MAY CONCERN

Brahmananda Narayana Multispecialty Hospital (A unit of Narayana Health), Jamshedpur constitutes a multi-disciplinary super specialty hospital dedicated to offering world class services at an affordable cost in different disciplines including Cardiology, Cardiac Surgery, Nephrology, Orthopedics, General Surgery & General Medicine etc.

This is to certify that **Dr. Archana Kumari Mahato** has successfully undergone Internship Training with our organization for the period **May 12, 2025**, till **July 19, 2025**, and has completed her training hours at the **Inpatient Services & Quality Department**. During the period of training, she was found hard working, sincere and bears good moral character.

We wish her every success in all her future endeavors.

Thanking you.

For NH Brahmananda Narayana Multispeciality Hospital,

NH Brahmananda Narayana
Multispeciality Hospital
Near Pardih Chowk, Tamolia, NH-33
Jamshedpur, Jharkhand-831012
Tel: +91 657 6600 500

Shree Hari Nair
Unit Head – HR

IIHMR UNIVERSITY

IIHMR University Faculty Mentor Approval

This is to certify that **Dr. Archana Kumari Mahato,** of academic year 2024-26, of the **Institute of Health Management 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: 28/7/25

Name: Dr. Sanjay Gupta

Designation: Professor and Dean IIHMR

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ASSESSING THE ROLE OF COMMUNICATION, DOCUMENTATION, AND COORDINATION ON DELAYED PATIENT DISCHARGES AT BRAHMANANDA NARAYANA MULTISPECIALITY HOSPITAL (BNMH)

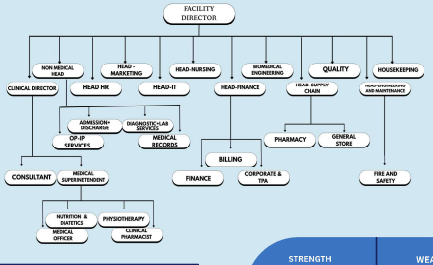
PREPARED BY
Dr.Archana Kumari Mahato
MBA - HM (29) ROLL NO 1912

FACULTY MENTOR- .DR. SANJAY GUPTA
ORGANISATION MENTOR- MR .RAKESH CHAWDHARY

BRIEF HISTORY ABOUT THE ORGANIZATION

Brahmananda Narayana Multispeciality Hospital, Jamshedpur, is a tertiary care hospital in the state of Jharkhand, India, operated by the Narayana Health group
The hospital was opened in July 2008 by Narayana Health and the Brahmananda Sewa Sadan Trust at Jamshedpur, Jharkhand, to treat patients across various socio-economic backgrounds.
The hospital has the first epilepsy clinic in Jamshedpur city, and provides care for adults, the elderly, and children. The hospital operates an ambulance with advanced cardiac life support (ACLS), a blood bank, a radiology department, 24/7 emergency and trauma services, 90 intensive care beds, and five operating theatres.

ORGANIZATION STRUCTURE



MISSION

to make high-quality, affordable healthcare accessible to a broad population.

VISION:

Our Vision is To Provide High Quality Healthcare, with Care and Compassion, at anAffordable Cost, on a Large Scale.

ABOUT THE PROJECT

PROBLEM STATEMENT

Timely discharge depends not only on clinical readiness but also on efficient communication, proper documentation, and team coordination. Despite improvements in clinical care, operational inefficiencies remain understudied. This study will use direct observation and record analysis to identify patterns in delayed discharges in the general ward.

OBJECTIVES

·Primary Objective: To assess the role of communication, documentation, and coordination on delayed patient discharges through non-intrusive observation and patient record audits in the general ward.

METHODOLOGY

Study Design: Descriptive observational study.
Case series of delayed discharge.

- Non-participant observation of the discharge process by the researcher or trained observer.
- Retrospective review of patient records, including discharge checklists, documentation timestamps, nursing and physician notes, and hospital information system (HIS) logs.

DATA OVERVIEW

The sheet includes detailed discharge process timelines for individual patients, covering:

- Notification times to staff and family
- Time of medical clearance and discharge summary completion
- Billing and pharmacy delivery times
- Final discharge time
- Observational notes explaining the Causes of delay

KEY FINDINGS

Average Delay Duration
·Most delays ranged between 5 and 8 hours from clearance to actual discharge
·Some cases experienced even longer durations due to compounded procedural delays.

USEFULNESS OF THE INTERNSHIP

- Improved communication skill
- Dealing with the patient with empathy and calmly with irritated patients.
- Necessity of maintaining the organization's culture for the reputation of the Brand
- Working in a group of people and coordinating with other department to complete the task on priority basis.

CHALLENGES FACED DURING INTERNSHIP

- Many departments were resilient in sharing data for research and auditing purposes.
- The staff were a little hostile at first, but they got to work with us.
- Language Barrier with the Patients

MAJOR LEARNINGS DURING INTERNSHIP

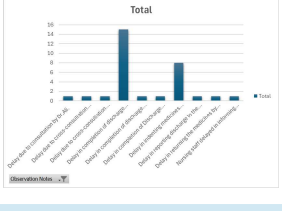
- Gain hands-on experience in managing IPD.
- Coordinated with doctors to complete the initial assessment on time after admission
- Coordinated with different departments for streamlining the IP process
- Updated the chargesheet for billing
- Learned the discharge process of different patients, like TPA, corporate, and cash
- In IPD, conducted research related to the delay in the discharge process and gave useful suggestions to solve the issue.
- In the quality department, learned about conducting different audits according to NABH guidelines
- Made a presentation to analyse the success rate of code blue in the hospital.

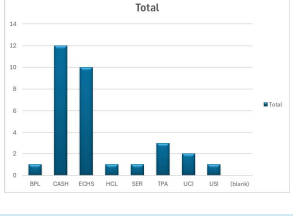
SUGGESTIONS

Ø Increase Staff – In both the IPD and QUALITY departments, to handle the workload efficiently.
Ø Improve Communication – Among staff to avoid delays in patient care.
Ø Assign Responsibilities Wisely – For example, discharge summaries should be prepared by the most informed medical personnel.
Ø Resource Reallocation – Flexibly assign staff across departments to balance workload.

ANALYSIS

Most Frequent Delay Types:
·15 instances: Delay in completion of discharge summaries.
·5+ instances: Delays due to coordination between multiple consultants.
·6+ hours delay is common in billing and pharmacy processes.
·12+ Instances: Delays in Cash patient and 10+ instances of ECHS patient delay.





Reporting Format

Name of the Organisation: BRAHAMANANDA NARAYANA HOSPITAL, JAMSHEDPUR

Area/ Department/ Project of Summer Internship Program: IP DEPARTMENT

Name of the Student: ARCHANA KUMARI MAHATO

Roll no: 1912 Stream: HM (29)

Week no: 1 From: 12th May 2025 to 17th May 2025

Activity Done	• Observation of different departments in the hospital. • Attended the induction program about the hospital and its working heads. • Posted in the IP department. • Trying to learn the culture and working system of IPD.
Linking theory (Classroom learning) with practice at your organisation	• Communication skills that I learnt in college are helping me interact with the hospital staff and the patients to know the Gaps and the hospital's working environment. • Knowledge from the essentials of the Hospital is being useful in understanding the gaps, like how it is supposed to be and how it is.
Gaps identified on the working area.	• Workload more than manpower. • Frustrated nurse which causes rude behaviour towards patients.
Suggestions for improvement	• Recruitment of manpower • Utilizing resources as needs, sourcing manpower from other departments to required department.

Plan for the next week	• Planning to learn the working system of other parts of IPD, that is MICU, CCU, and private wards.

Reporting Format

Name of the Organisation: BRAHAMANANDA NARAYANA HOSPITAL, JAMSHEDPUR

Area/ Department/ Project of Summer Internship Program: IP DEPARTMENT

Name of the Student: ARCHANA KUMARI MAHATO

Roll no: 1912 Stream: HM (29)

Week no: 2 From: 19th May 2025 to 24th May 2025

Activity Done	• Interaction with the patients of general ward of IP department and noting down any issues they are facing. • Learning the software used here (ATHMA) for admission discharge and billing process.
Linking theory (Classroom learning) with practice at your organisation	• Learnings from the digital health class are helping us understand the use of software properly.
Gaps identified on the working area.	• Delay in addressing the patient's issue because of a communication gap among the designated staff due to workload.

Suggestions for improvement	• Streamlining the processes by improving the coordination among staff through better communication.
Plan for the next week	• Planning to learn the use of there software for registering of admission, discharge and billing.

Reporting Format

Name of the Organisation: BRAHAMANANDA NARAYANA HOSPITAL, JAMSHEDPUR

Area/ Department/ Project of Summer Internship Program: IP DEPARTMENT

Name of the Student: ARCHANA KUMARI MAHATO

Roll no: 1912 Stream: HM (29)

Week no: 3 From: 26th May 2025 to 31st May 2025

Activity Done	• Posted in CCU of IP department. • Interacted with patients of CCU • Learned how the things are managed in CCU. • Updated chargesheet in the system for billing.
Linking theory (Classroom learning) with practice at your organisation	• Communication skill is helping a lot in coordinating with every department.
Gaps identified on the working area.	• Not as such gap is being found because of smooth functioning and streamlining of work in CCU

Suggestions for improvement	• No suggestion required.
Plan for the next week	• Learning the other works of Operation in IPD such as Coordinating among departments and medical transcription.

Reporting Format

Name of the Organisation: BRAHAMANANDA NARAYANA HOSPITAL, JAMSHEDPUR

Area/ Department/ Project of Summer Internship Program: IP DEPARTMENT

Name of the Student: ARCHANA KUMARI MAHATO

Roll no: 1912 Stream: HM (29)

Week no: 4 From: 2nd June 2025 to 7th June 2025

Activity Done	• Took feedback of patients in general ward of IP department. • Charge sheet updated. • Discharge intimidated of planned discharge patient of IP department.
Linking theory (Classroom learning) with practice at your organisation	• Communication skill is helping a lot in coordinating with patients.
Gaps identified on the working area.	• Delay in formation of discharge summary that leads to frustrated patients and attendants from waiting.

Suggestions for improvement	• Discharge summary should be prepared by attending doctor and not the Doctors on duty which will lessen the waiting time taken during correcting and reprinting.
Plan for the next week	• Planning to conduct research on the topic selected after observing for one month.

Reporting Format

Name of the Organisation: BRAHAMANANDA NARAYANA HOSPITAL, JAMSHEDPUR

Area/ Department/ Project of Summer Internship Program: IP DEPARTMENT

Name of the Student: ARCHANA KUMARI MAHATO

Roll no: 1912 Stream: HM (29)

Week no: 5 From: 9th June 2025 to 14th June 2025

Activity Done	• After observing for several weeks selected a topic to do research work • Collected data for the research work.
Linking theory (Classroom learning) with practice at your organisation	• Learnings from research methodology class helping in conducting my research.
Gaps identified on the working area.	• No such gaps are identified this week.

Suggestions for improvement	• No suggestion for this week.
Plan for the next week	• Working on my research topic.

Reporting Format

Name of the Organisation: BRAHAMANANDA NARAYANA HOSPITAL, JAMSHEDPUR

Area/ Department/ Project of Summer Internship Program: IP DEPARTMENT

Name of the Student: ARCHANA KUMARI MAHATO

Roll no: 1912 Stream: HM (29)

Week no: 6 From: 16th June 2025 to 21st June 2025

Activity Done	• Observing and collecting data for the research work. • Regular IP works like Discharge intimidation and charge sheet update.
Linking theory (Classroom learning) with practice at your organisation	• Learnings from the research methodology class helped in conducting my research and collecting data.
Gaps identified on the working area.	• No such gaps are identified this week.

Suggestions for improvement	• No suggestion for this week.
Plan for the next week	• Calculating the KPIs of the General ward.

Reporting Format

Name of the Organisation: BRAHAMANANDA NARAYANA HOSPITAL, JAMSHEDPUR

Area/ Department/ Project of Summer Internship Program: IP DEPARTMENT

Name of the Student: ARCHANA KUMARI MAHATO

Roll no: 1912 Stream: HM (29)

Week no: 7 From: 23rd June 2025 to 28th June 2025

Activity Done	• Completed my research work project. • Regular IP works like Discharge intimidation and charge sheet update.
Linking theory (Classroom learning) with practice at your organisation	• Learnings from the research methodology class helped in conducting my research and collecting data.
Gaps identified on the working area.	• No such gaps are identified this week.

Suggestions for improvement	• No suggestion for this week.
Plan for the next week	• Calculating the KPIs of the General ward.

Reporting Format

Name of the Organisation: BRAHAMANANDA NARAYANA HOSPITAL, JAMSHEDPUR

Area/ Department/ Project of Summer Internship Program: IP DEPARTMENT

Name of the Student: ARCHANA KUMARI MAHATO

Roll no: 1912 Stream: HM (29)

Week no: 8 From: 30th June 2025 to 5th July 2025

Activity Done	• Got transferred to the Quality department. • Learned about NABH guidelines • Conducted MRD audit in different departments. • Conducted IPSG 1 audit for sample collection in the laboratory.
Linking theory (Classroom learning) with practice at your organisation	• Knowledge about the benchmarks for the quality of healthcare helps us conduct the audits.
Gaps identified on the working area.	• The quality department needs skilled staff to work meticulously, but they don't have enough employees to match the workload.

Suggestions for improvement	• Requirement of more no. of staff in the quality department. • Recruitment of quality staff in the department.
Plan for the next week	• Learning more about the standard protocols for hospital and different types of audits.

Reporting Format

Name of the Organisation: BRAHAMANANDA NARAYANA HOSPITAL, JAMSHEDPUR

Area/ Department/ Project of Summer Internship Program: QUALITY DEPARTMENT

Name of the Student: ARCHANA KUMARI MAHATO

Roll no: 1912 Stream: HM (29)

Week no: 9 From: 7th July 2025 to 12th July 2025

Activity Done	• Conducted IPSG 6 audit for fall implementation. • Got to know about the Hazmat checklist and conducted an audit of the Hazmat checklist in different departments. • Made a PPT on the success rate of Code Blue, which is a cardiac arrest emergency. • Attended Hazmat mock drill in the hospital. • Conducted an audit for the general consent in the admission department, which is being taken online or offline.
Linking theory (Classroom learning) with practice at your organisation	• Knowledge about the benchmarks for the quality of healthcare helps us conduct the audits.
Gaps identified on the working area.	• The quality department needs skilled staff to work meticulously, but they don't have enough employees to match the workload. • Success rate of code blue is not as expected as it should be.

Suggestions for improvement	• Requirement of more no. of staff in the quality department. • Clinical analysis and audit should be conducted for the unsuccessful implementation of code blue.
Plan for the next week	• Learn and conduct more quality audits.

Reporting Format

Name of the Organisation: BRAHAMANANDA NARAYANA HOSPITAL, JAMSHEDPUR

Area/ Department/ Project of Summer Internship Program: QUALITY DEPARTMENT

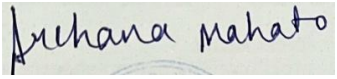
Name of the Student: ARCHANA KUMARI MAHATO

Roll no: 1912 Stream: HM (29)

Week no: 10 From: 14TH July 2025 to 19TH July 2025

Activity Done	• Collected digital data from the Sapphire app and made an Excel sheet for the heads of departments who are conducting an audit on the app for their departments, as guided by the Quality team regarding clinical and managerial functions. • Conducted medicine stock and high alert medicine audit in every department. • Conducted an audit for the staff in the Laboratory and Radiology department, ensuring they follow the guidelines according to NABH • Attended a fire safety session, where we got a brief about essential measures to follow when any fire situation occurs.
Linking theory (Classroom learning) with practice at your organisation	• Knowledge about the benchmarks for the quality of healthcare helps us conduct the audits.

Gaps identified on the working area.	• The radiology department is not completely adhering to the guidelines as they are instructed. • The quality department is making PPTs for presenting in meetings that should be made by doctors.
Suggestions for improvement	• Taking strict action or giving warnings to doctors who are not complying with the hospital's working system.



Signature of the Student

COMPILED REPORT

Activity done

The summer internship at Brahmananda Narayana Hospital, Jamshedpur, was full of enriching experiences and practical knowledge that provided comprehensive exposure to real-time Hospital operations and unexpected events occurring in the hospital. As a student of Hospital and Health Management, the objective of this internship was not only to observe but also to engage in various services of the IP department to bridge the gap between our theoretical knowledge and its practical application. Fortunately, Narayana Hospital allowed us to actively participate in their services along with observation to gain various insights on real-life events.

Internship began with a short induction Program where we were introduced to the core vision, mission, and values of the organisation, which I have already mentioned, along with the departmental hierarchy. They also introduced us to the few cultures of the Organisation, which were supposed to be followed by us for the given period. For example, employees here don't greet patients in English but with Namaste, because of the location of the hospital, which is situated in the rural part of Jamshedpur. Second day, we were assigned to roam around the hospital and observe the different departments, the location of the departments, and the layout of the hospital.

3rd day started with department assignment, and I was assigned in IP department. For first few days I worked as observer under IP coordinators, like how the IP department works starting from admission to discharge process. Things I observed for first few days:

Components of the Inpatient Department:

1. Admission Process:

Patients are admitted through referrals from the Emergency Department, Outpatient Department, or direct admission from a healthcare provider.

Admission records include patient details, medical history, and consent forms.

2. Patient Wards and Rooms:

General Wards: Shared rooms with multiple beds.

Semi-Private Rooms: Shared by two patients.

Private Rooms: Single-bed rooms offering more privacy and comfort.

Specialized Units: Includes Intensive Care Units (ICU), Cardiac Care Units (CCU), and Isolation Wards.

Surgical Ward: For post-operative care.

3. Healthcare Team:

Doctors: Provide diagnosis, prescribe treatments, and oversee patient care plans.

Nurses: Administer medications, monitor vital signs, and assist with daily patient needs.

Specialists and Therapists: Involved in physiotherapy, occupational therapy, and mental health care.

Support Staff: Includes housekeeping, nutritionists, and administrative personnel.

4. Facilities and Services:

Medical Equipment: Beds with monitoring systems, IV stands, oxygen supply, etc
Diagnostic and Therapeutic Services: Includes lab tests, imaging (X-rays, MRIs), and physical therapy.

Pharmacy Services: For dispensing prescribed medications.

5. Patient Care and Management:

Rounds and Monitoring: Regular visits by doctors and nurses to assess the patient's progress.

Medication Administration: Strict protocols to ensure accurate dosage and timing.

Hygiene and Safety: Infection control measures and patient safety protocols are followed rigorously.

As an IP In charge first thing we use to do is taking feedback from the admitted patient about any issue or difficulty they are facing while their stay in the hospital regarding any services provided from here or the staffs behaviour towards them or staffs attitude towards compliance of their request, the feedback or the complaints received is to be informed to the IP coordinator to solve the issue as soon as possible.

After the feedback collection next step was to note down the number of beds available and the beds which are vacant, which was supposed to be aligned in the system known as bed alignment, that is, assigning the bed with a patient and showing the number of beds which are vacant.

Then my work is to document the Length of stay (LOS) for the patients who have been staying for 4 days or more than 4 days, meanwhile coordinating with other departments, like patients who needs X-rays, or ECHO, or CT scan for which they has to move to particular department, so to prevent them waiting in ques, we coordinate first with the departments to see the right time for sending the patient. If the patient requires any service on a priority basis, we coordinate with the relevant departments accordingly.

For EMR, the software Narayana hospital uses is ATHMA, the tool to record every detail related to the patient. My work was also to regulate and streamline the discharge process.

The discharge process involves various steps:

- Written confirmation from the consultant for discharge

- Informing the coordinator about the discharge by the concerned nursing staff and the intimidating discharge process by the coordinator in the Athma software.
- Inform the Patient Party to receive the patient from the respective ward
- Return of excess medicines to the IP pharmacy by nursing staff or CCA, simultaneously preparation of discharge summary by the Doctor on duty or by the assistant of the concerned consultant.
- Updating the chargesheet by the coordinator for billing, then sending the chargesheet to the billing counter by the housekeeping staff for the final bill.
- Marking for discharge in the system by the coordinator.
- Typing of discharge summary by coordinators and manually getting corrected from the concerned consultant, along with updating the correct discharge summary on the system by the consultant.
- After Submission of the bill by the patient party, they will get a discharge card, which must be given to the concerned nurse.
- After clearance of the bill coordinator will mark physical discharge from the hospital in the system.
- The nurse will explain everything about the discharge summary to the patient, and also about the timing and dose of medications.
- If required, transportation will be arranged for the patient.

Types of discharge:

- **Planned Discharge:** Patient completes the initial, actual management in the hospital, and now he or she does not need to be under the direct supervision of that hospital.
- **Dama (Discharge against Medical Advice):** In case the patients/ relatives wish to get discharged from the hospital before complete recovery, the provision for the same shall be made.
- **Discharge on Request (DOR):** A hospital discharge on request (DOR) means a patient, after receiving care, requests to leave the hospital, and the doctor approves the discharge, which is not against medical advice.

In the 2nd half, my work was to match the chargesheet according to the service patient has received and update the chargesheet in the system for every patient admitted in the department to streamline the billing process.

While being in the IP department for one month, I observed one most common IP issues, which was a long delay in the IP discharge process which resulting in patients' dissatisfaction, and that sometimes resulted in agitated patients or verbally aggressive patients' relatives, who started shouting in hospital premises.

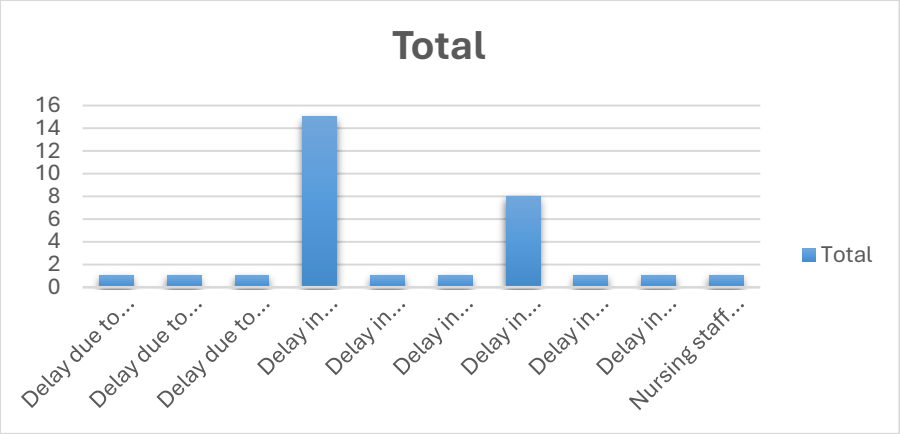
For this issue, I have conducted a research project, using the method Observational study of case series of delayed discharge for the period of one month.

For this study, all the data I have collected from the Hospital Information System (HIS), Observation, and through few interviews from the staff.

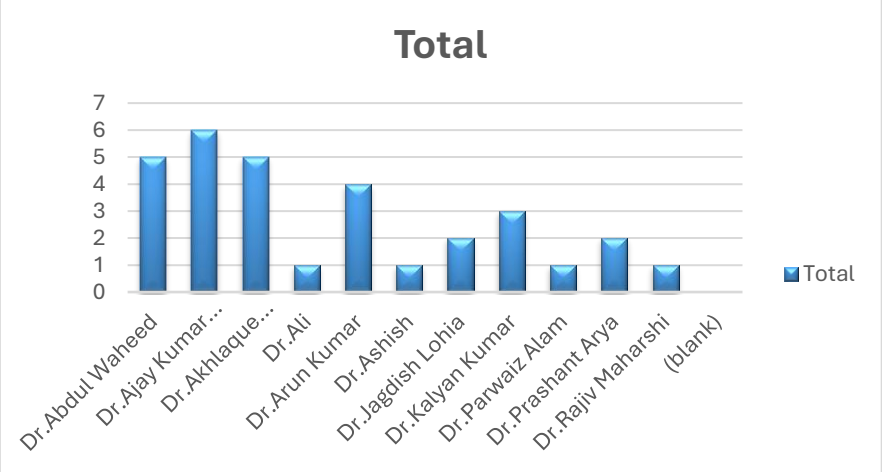
After analysing all the data, the key issue that is causing the frequent long delays in the discharge process is:

Most Frequent Delay Types:

- 15 instances: Delay in completion of discharge summaries



- The consultant responsible for the delay due to the discharge summary.



- 8 instances: Delay in indenting of medicines to ECHS patients.

Medicines provided to the patients after discharge should be under 2K, but while ordering the medicines on the system, Nurses don't have access to the price of the medicine, which makes it difficult for them to order and then return it if the bill goes above 2K. This is the reason most of the ECHS patients' discharges get delayed.

On 1st July, I was transferred to the Quality department, where the work began with a small Induction program about the importance of quality in the healthcare sector, different guiding bodies in India that ensure standards and protocols for every healthcare sector, and international bodies applicable in India. I got to know about the NABH Standard and guidelines.

Activity done in the Quality department:

- Conducted MRD audit on the digital platform SAPPHIRE to ensure that every patient has essential medical records, as per NABH guidelines, which are documented by nurses, Dietitians, and Doctors. Some of the documents are
    - Initial assessment paper
    - Doctors note
    - Nursing assessment paper
    - Nursing care plan
    - Fall assessment
    - Consent forms
    - Patient family education form
    - Dietician from
    - And many more
- Got to know about an IPSG audit, which is the International Patient Safety Guidelines mandatory for every healthcare sector. There are 6 IPSG:
    - IPSG 1 – ensuring correct identification of patients by not only name but also MRN number.
    - IPSG 2 – ensuring effective communication among health workers and patients.
    - IPSG 3 – Safety of high alert medications.
    - IPSG 4 – Correct site, correct procedure, correct patient surgery
    - IPSG 5 – Reduction of healthcare-associated infections.
    - IPSG 6 – Reduction of patient harm from falls.
- Conducted IPSG 1 audit that involves ensuring correct name and MRN no while administering medicines, sample collection, blood transfusion, providing meals, and whenever it is necessary.
- Conducted an IPSG 6 audit that involves ensuring the reduction of patient harm from falls by ensuring every patient is having fall assessment form and it is regularly assessed by the nurses.
- Learned about HAZMAT checklist, which is a list of essential materials required to prevent infection from the spilling of hazardous material like body fluids (Blood, vomit, etc), or any other infectious fluid that is dangerous for patients as well as healthcare staff.
- Conducted HAZMAT checklist audit to ensure every department has the essential materials as guided by the quality department.
- Made a PPT on the success rate of code blue, that is, cardiac arrest emergency, for June. It also included the audit data of guidelines that need to be followed during any emergency announcement. It was done to analyse the result of code blue implementation, is it a success or not, also if the result is not as expected, then why is it so, due to a managerial issue or a clinical issue.

- Collected digital data from the Sapphire app and made an Excel sheet for the heads of departments who are conducting an audit on the app for their departments, as guided by the Quality team regarding clinical and managerial functions.
- Conducted medicine stock and high alert medicine audit in every department.
- Conducted an audit for the staff in the Laboratory and Radiology department, ensuring they follow the guidelines according to NABH about the protocols while dealing with the samples collected and while handling the patients. For example, in the laboratory, staff are wearing masks, gloves, and head masks, etc., or not when conducting the tests. In the laboratory, staff wear lead aprons and maintain a distance from the machine when exposed to the patient, or not. All this to ensure staff are taking essential measures for their and patients' safety.
- Attended a fire safety session, where we got a brief about essential measures to follow when any fire situation occurs.

Along with regular IP work, I calculated the major KPIs for the IP department

For the period 20th May 2025 – 20th June 2025

1. BED OCCUPANCY RATE
2. BED TURNOVER RATE
3. DAMA (Discharge against medical advice) RATE
4. INPATIENT MORTALITY RATE
5. AVERAGE LENGTH OF STAY

LINKING THEORY (CLASSROOM LEARNING) WITH PRACTICE AT ORGANISATION

1. The communication skills that we learnt in class through various presentations and theoretical knowledge helped us in:
    - Interacting with the hospital staff to know the working culture of the hospital.
    - Building trust among the hospital employees to make them comfortable with us and learn various skills.
    - Interact with the patients and the patient party to know their issues.
    - Communicate with the patients for any feedback.

2. Learnings from the digital health class helped us in
    - Understanding the HIS/EMR system
    - Learning the process with ease
    - Operating the software without any issue.

3. Learnings from the essentials of the hospital helped us:
    - Understanding the layout of the hospital
    - Finding out gaps in the architectural structure of the hospital
    - Finding any gaps in the functioning of the hospital.
    - Calculating and understanding the KPIs of different departments of the hospital.
    - understanding the significance of the KPIs for a particular department.
    - Understanding the hospital's standards and protocols helped in improving the quality of care.

4. Theoretical things I have learned in other management classes, like business management, organization behaviour, marketing, etc, helped me in:
    - Understanding the task in the hospital on a corporate level.
    - The importance of feedback as a key factor in the organization's growth.
    - Identifying the gaps.
    - Providing valuable suggestions according to our knowledge in the field.
    - Putting our own ideas for the given task in the hospital to complete it strategically.

GAPS FOUND IN THE HOSPITAL

1. IN GENERAL WARD

    - Nurse-to-patient ratio is 1:5 or 6, which causes increased workload on the nurses. Nurses with a patient load of more than 5 seem to be a little irritated, which comes out as rude behaviour with patients and patient families.
    - Nurses have to indent the required medicines and return the excess medicines while discharging, which increases the workload for nurses and prevents them from prioritizing their clinical work.
    - The nursing station area is full of chaos and noise, as the nurses' shout for coordination rather than doing it calmly.
    - Nurses of the general ward need more training in coordination and behaviour.
    - Turn-around time for the discharge process is not being followed.
    - Lack of manpower in the general ward in terms of CCA, Nurses, and Housekeeping compared to the number of patients.
    - Delay in the completion of the discharge summary by the consultants.

2. IN MICU

    - Nurses need to be more accountable as they blame each other for any mishap.
    - Doctors don't have any bounded time to visit patients in the ward.

3. IN CCU

- A smaller number of housekeeping staff are present as they need frequent blood transfer for tests, which causes delays in other processes also.
- According to the consultant order, the Discharge summary of CCU patients can be prepared only by a Cardiac resident, not any other DOD. if a cardiac resident is not present, it takes time to publish the summary, which causes delays in discharge.

4. IN QUALITY DEPARTMENT

- There is a shortage of staff in this department. According to the workload, this department doesn't have enough staff.

SUGGESTION FOR IMPROVEMENT

- Increase Staff – In both the IPD and QUALITY departments, to handle the workload efficiently.
- Improve Communication – Among staff to avoid delays in patient care.
- Assign Responsibilities Wisely – For example, discharge summaries should be prepared by the most informed medical personnel.
- Resource Reallocation – Flexibly assign staff across departments to balance workload.