SUMMER INTERNSHIP PROGRAM

At

HCG CANCER CENTRE , Jaipur

From 22-05-2025 to 12-07-2025

A REPORT BY

Yogesh

Master of Business Administration

HOSPITAL AND HEALTH MANAGEMENT

Roll no – 2116

2024 - 26

Under the Mentorship of
Swapnil Gadhve
Assistant Professor

IIHMR UNIVERSITY, JAIPUR

HCG
adding life to years

The Specialist
in Cancer Care

HCG/HHJ/HR/2025-26/117

Date: 26th July 2025

TO WHOMSOEVER IT MAY CONCERN

This is to certify that **Mr. Yogesh, S/O Mr. Dharmveer, MBA - Hospital and Health Management** student of **IIHMR University, Jaipur** has successfully completed his 2 months Internship program in **Clinical Administration** under the Guidance of **Dr. Avadhesh Agrawal (Head Clinical Services)** from **22nd May 2025 to 22nd July 2025** at **HCG Cancer Centre- Jaipur (A Unit of Healthcare Global Enterprises Ltd.)**

During the internship period, his conduct was satisfactory. We wish him every success in life.

For **HCG Cancer Centre**

Head Human Resources
HCG Cancer Centre, Jaipur

Poonam Sharma
Head Human Resources
HCG Cancer Centre, Jaipur

Dr. Avdhesh Agrawal
Head Clinical Services
HCG Cancer Centre, Jaipur

FOR HR USE ONLY

HCG/HCC-J/LH/HRS/01/R1

IIHMR UNIVERSITY

IIHMR University Faculty Mentor Approval

This is to certify that **Mr. Yogesh** of the academic year 2024-26 **Institute of Health Management Research** has prepared a poster with respect to his summer internship held during May-July 2025.

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

Date: 29/07/2025

Swapnil Gadhave

Asst. Professor

IIHMR University, Jaipur

SUMMER INTERNSHIP PROGRAM
IIHMR UNIVERSITY, JAIPUR

IIHMR UNIVERSITY®
Celebrating 35 Years of Institutional Excellence

HCG The Specialist in Cancer Care
adding life to years

ANALYSIS OF DISCHARGE TURNAROUND TIME (TAT) FOR CHEMOTHERAPY PATIENTS IN DAYCARE

University Mentor: Swapnil Gadhave

Submitted by: Yogesh
Roll no. : 2116
Batch: MBA HM-28 (2023-25)

Brief History

Founded in 1989 by Dr. B.S. Ajai Kumar as the Curie Centre of Oncology in Bengaluru, HCG (Healthcare Global Enterprises Ltd.) pioneered advanced cancer care in India, becoming the first private center to introduce cutting-edge technologies like Cyclotrons, PET-CT, Tomotherapy, and CyberKnife. Over three decades, it expanded to 20+ comprehensive cancer centers across India and Africa (including Kenya), diversified into fertility services (Milann Fertility Centres) and diagnostics (Triesta Sciences), and achieved a major milestone with its NSE/SSE listing in 2016. Core-focused on oncology—spanning prevention, diagnosis, treatment, and palliative care—HCG leverages its technology-driven approach (e.g., early adoption of TrueBeam™ and Elekta Harmony Pro), multidisciplinary care teams, and NABH-accredited facilities to deliver personalized treatment while attracting international medical tourism.

Learning and Value Additions

Difference Between Practical Exposure and Theoretical Knowledge

Theoretical Insights: Classroom education focused on ideal Standard Operating Procedures (SOPs), lean management principles, and the utilization of Hospital Information Systems (HIS) for patient admissions.

Practical Observations: In practice, processes were largely manual, experiencing delays due to documentation issues, reliance on staff, and a deficiency of digital tools.

Identified Gap: While theory advocates for streamlined processes, the reality on the ground reveals resistance to change, limitations among staff, and insufficient IT adoption

Major learning

Understood the direct correlation between discharge processes and its effects on patient satisfaction and hospital efficiency.

Gained hands-on experience in real-time process observation, data collection, and fundamental time-motion study techniques related to discharge.

Cultivated essential soft skills, including communication, adaptability, and initiative, while managing discharge-related tasks.

SWOT Analysis

S — STRENGTHS

1. Technology Leadership
   - First in North India with Elekta Harmony Pro, TrueBeam™, PET-CT
2. Multidisciplinary Care Model
   - Integrated teams (oncology/surgery/radiology) enabling personalized treatment
3. Brand Reputation
   - NABH accreditation, awards (e.g., Asia Pacific Quality Gold Award 2018).
4. Scale & Network
   - Backed by HCG's 20+ pan-India/Africa centers and corporate resources.

W — WEAKNESSES

1. Operational Bottlenecks
   - Pharmacy delays (39% of discharge TAT), mixing protocol gaps (32%).
2. Staffing Gaps
   - Shortages during peak hours (9 AM–2 PM), especially in pharmacy/nursing.
3. Billing Inefficiencies
   - Manual processes causing 14% delays + next-day billing errors.
4. Documentation Lapses
   - Missing doctor notes/unsigned protocols disrupting workflows.

O — OPPORTUNITIES

1. Medical Tourism Growth
   - Rising global demand for cost-effective cancer care in India.
2. Digital Transformation
   - AI-driven TAT optimization (e.g., real-time billing, predictive staffing).
3. Preventive Care Expansion
   - Leverage community outreach (e.g., JKLU collab) for early screening programs.
4. PPP Models
   - Government initiatives (Ayushman Bharat) for infrastructure funding.

T — THREATS

1. Competitive Pressure
   - Rival chains (Apollo, Fortis) investing in similar tech.
2. Regulatory Changes
   - Stricter pricing controls (e.g., NPPA drug price caps).
3. Talent Drain
   - Shortage of specialized oncology nurses/technicians.
4. Economic Volatility
   - Reduced health insurance uptake affecting patient affordability.

Vision & Mission

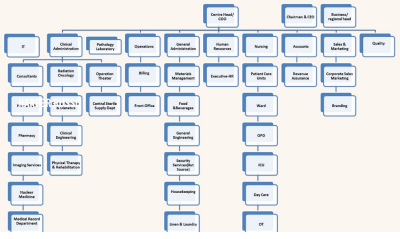
To be an acclaimed healthcare institution in pursuit of medical excellence through value-based medicine

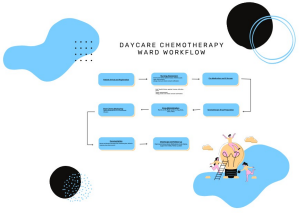
MISSION

VISION

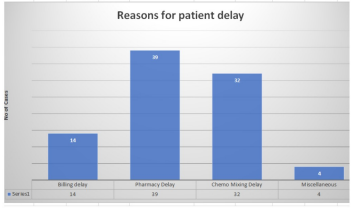
Adding life to years by redefining healthcare through global innovation

Organisation Structure





Distribution of Delay Reasons



USEFULNESS OF INTERNSHIP

- **Operational Insight:** See how policies (e.g., insurance protocols) impact patient flow.
- **Patient-Centric Focus:** Experience frontline challenges in care coordination.
- **Compliance Awareness:** Navigate regulatory demands (e.g., documentation audits).

CHALLENGES FACED

Coordinating with multiple departments (pharmacy, nursing, billing) for data collection.

Managing data during peak hours (09:00-14:00) when delays are most frequent.

Adapting to dynamic hospital workflows and unexpected patient volumes.

SUGGESTIONS FOR IMPROVEMENT

I. MID-TERM STRATEGIES (3–6 Months)

- Peak-Hour Management:
  - Stagger patient appointments (e.g., 20% slots pre-9 AM/post-2 PM).
  - Cross-train ward nurses for chemo-daycare support during rush hours.
- Staff Training:
  - Monthly workshops on protocol adherence + digital tool usage.
- Tech Integration:
  - IoT sensors for chemo-equipment auto-logging (reduces manual time tracking).

III. LONG-TERM TRANSFORMATIONS (6–12 Months)

- AI-Powered Forecasting:
  - Predictive analytics for patient inflow + resource allocation (e.g., pharmacy staff rosters).
- Centralized Command Center:
  - Live monitoring of TAT metrics across departments with automated alerts.
- Patient App:
  - Real-time discharge status updates + feedback portal.

Key Findings

Top Delay: Pharmacy & Mixing Peaks
Pharmacy delays (39% of records) peaked late morning (10 AM-12 PM), adding 1.5 hours on average. Chemo mixing bottlenecks (32%) peaked midday (12 PM-2 PM), adding 1.2 hours. These represent the most frequent delays.

Highest Impact: Billing Approvals
Though less frequent (14%), delays from RGHS/MAAY billing approvals had the largest average impact (+3.1 hours per delay) and occurred consistently throughout the day.

Afternoon Documentation Gaps
Documentation issues caused delays in 15% of records, primarily in the afternoon, adding an average of 0.8 hours per incident.

Conclusion

HCG Jaipur's excellence in clinical innovation must extend to operations. By digitizing workflows, reallocating staff dynamically, and enforcing SLAs, HCG can:

- **Reduce discharge delays by ≥40%,**
- **Enhance patient throughput,**
- **Strengthen its reputation as a technology-driven, patient-centric oncology leader.**

"Efficiency in healthcare isn't just cutting minutes—it's adding moments of relief for patients."

Name of the Organisation: **HCG Cancer Centre , Jaipur**

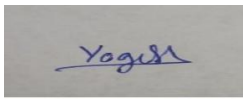
Department of Summer Internship Program: **Clinical Administration**

Name of the Student: Yogesh

Roll no: 2116 **Stream:** **Hospital and Health Management**

From: **22 MAY to 28 JUNE**

Activity Done	➢ Attended orientation and hospital induction. ➢ Introduced to all major departments: IPD, OPD, Daycare, Billing, Pharmacy, and Diagnostic Units. ➢ Studied SOPs and patient flow maps.
Linking theory (Classroom learning) with practice at your organisation	➢ Applied concepts of hospital operations and department interlinkages studied in "Hospital Planning & Management
Gaps identified on the working area.	➢ No written SOP for new interns. ➢ Only verbal instructions are given to interns.
Suggestions for improvement	➢ Develop a digital onboarding module.
Plan for the next week	➢ Focus on Admin operations and admission-discharge process mapping.

Signature of the Student 

Name of the Organisation: **HCG Cancer Centre , Jaipur**

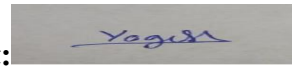
Department of Summer Internship Program: **Clinical Administration**

Name of the Student: Yogesh

Roll no: 2116 **Stream:** **Hospital and Health Management**

From: **29 MAY to 4 JUNE**

Activity Done	➢ Observed admission and discharge documentation. ➢ Coordinated in daily operations like vendor handling and patient services
Linking theory (Classroom learning) with practice at your organisation	➢ Used concepts from support services and hospital operations.
Gaps identified on the working area.	➢ Manual coordination with vendors. ➢ No digital record of cafeteria feedback.
Suggestions for improvement	➢ Use QR-based feedback for patients
Plan for the next week	➢ Begin working on Discharge TAT project.

Signature of the Student: 

Name of the Organisation: **HCG Cancer Centre , Jaipur**

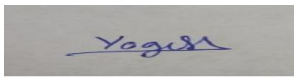
Department of Summer Internship Program: **Clinical Administration**

Name of the Student: Yogesh

Roll no: 2116 **Stream:** **Hospital and Health Management**

From: **05 JUNE to 11 JUNE**

Activity Done	➢ Collected data of discharged patients. ➢ Observed chemo-end to final billing process. ➢ Noted down reasons for delays
Linking theory (Classroom learning) with practice at your organisation	➢ Quality tools like time tracking and delay analysis.
Gaps identified on the working area.	➢ Nurses inform late after chemo ends. ➢ Discharge process not followed properly
Suggestions for improvement	➢ Make a fixed process for nursing intimation within 10 minutes. ➢ Use a checklist at discharge.
Plan for the next week	➢ Analyze reasons using Fishbone diagram.

Signature of the Student 

Name of the Organisation: **HCG Cancer Centre , Jaipur**

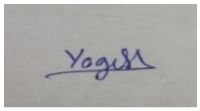
Department of Summer Internship Program: **Clinical Administration**

Name of the Student: Yogesh

Roll no: 2116 **Stream:** **Hospital and Health Management**

From: **12 JUNE to 19 JUNE**

Activity Done	➢ Made Fishbone diagram for discharge delays. ➢ Found Pharmacy (39%), Mixing (32%) and Billing (14%) delays. ➢ Studied timings where delays happen the most.
Linking theory (Classroom learning) with practice at your organisation	➢ Used Lean and Root Cause tools learned in class.
Gaps identified on the working area.	➢ Delay during 9 AM–2 PM. ➢ Paper-based processes take time.
Suggestions for improvement	➢ Shift patient appointments away from peak hours. ➢ Use software to generate discharge slips early.
Plan for the next week	➢ Propose solutions for process improvements.

Signature of the Student 

Name of the Organisation: **HCG Cancer Centre , Jaipur**

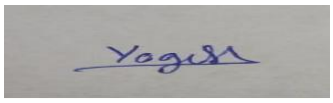
Department of Summer Internship Program: **Clinical Administration**

Name of the Student: Yogesh

Roll no: 2116 **Stream:** **Hospital and Health Management**

From: **20 JUNE to 26 JUNE**

Activity Done	➢ Identified billing and pharmacy as bottlenecks. ➢ Suggested starting billing during chemo itself. ➢ Created new discharge process flow
Linking theory (Classroom learning) with practice at your organisation	➢ Practical use of hospital operations and flow charts
Gaps identified on the working area.	➢ Less staff during busy hours in pharmacy.
Suggestions for improvement	➢ Add one more staff from 10 AM to 1 PM in pharmacy.
Plan for the next week	➢ Make presentation and finalize report.

Signature of the Student 

Name of the Organisation: **HCG Cancer Centre , Jaipur**

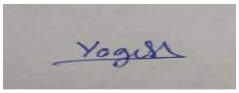
Department of Summer Internship Program: **Clinical Administration**

Name of the Student: Yogesh

Roll no: 2116 **Stream:** **Hospital and Health Management**

From: **27 JUNE to 3 JULY**

Activity Done	➢ Completed final discharge TAT report. ➢ Shared recommendations with hospital staff. ➢ Prepared final graphs and charts .
Linking theory (Classroom learning) with practice at your organisation	➢ Used learnings from Health Informatics
Gaps identified on the working area.	➢ No dashboard for monitoring TAT.
Suggestions for improvement	Make an Excel dashboard for daily discharge time tracking.

Signature 

Name of the Organisation: **HCG Cancer Centre , Jaipur**

Department of Summer Internship Program: **Clinical Administration**

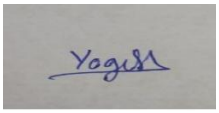
Name of the Student: Yogesh

Roll no: 2116 **Stream:** **Hospital and Health Management**

From: **04 JULY to 10 JULY**

Activity Done	➢ **Observed Chemotherapy Procedures:** Spent time in the Daycare unit, closely observing how chemotherapy is administered. This included understanding the overall process from patient arrival to discharge. ➢ **Studied Patient Preparation Flow:** Understood the detailed steps involved in preparing a patient for chemotherapy—such as pre-chemo vitals check, consent process, IV line insertion, and cross-checking drug prescriptions. ➢ **Assessed Staff Workflow:** Observed how nurse availability is managed during high patient load hours. Identified how nursing staff multitasks between patient prep, chemo administration, and post-procedure monitoring.
Linking theory (Classroom learning) with practice at your organisation	➢ Applied concepts from **Service Operations Management** to evaluate patient throughput and staff scheduling. ➢ Used **Time Management principles** to analyze delays and potential for better slot planning.
Gaps identified on the working area.	➢ Noticed that chemotherapy sessions are scheduled back-to-back with no buffer time. Any delay with one patient causes a cascading effect on the next slots, leading to patient waiting and nurse fatigue.
Suggestions for improvement	➢ Allow time for unexpected delays (e.g., vein access issues, drug re-verification). ➢ Reduce patient overlapping and waiting time.

	➢ Provide breathing space for nurses to prepare for the next case. ➢ Improve overall quality and safety of care.
Plan for the next week	➢ Transition to the **In-Patient Department (IPD) Wards** to study admission-discharge cycles, nursing handovers, and ward-level operational challenges. ➢ Begin mapping patient journey and staff allocation patterns in general wards and high-dependency units.

Signature of the Student 

Name of the Organisation: **HCG Cancer Centre , Jaipur**

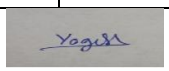
Department of Summer Internship Program: **Clinical Administration**

Name of the Student: Yogesh

Roll no: 2116 **Stream:** **Hospital and Health Management**

From: **11 JULY to 17 JULY**

Activity Done	➢ Shadowed nurses during rounds. ➢ Studied chart updates and medication tracking
Linking theory (Classroom learning) with practice at your organisation	➢ SOP tracking concepts
Gaps identified on the working area.	➢ Visitors enter without Head cover, Mask, Shoe cover
Suggestions for improvement	➢ Display PPE(Head and shoe cover) reminder boards and give masks at entry

Signature of the Student 

Final report

Name of the Organisation: HCG Cancer Centre

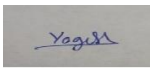
Area/ Department/ Project of Summer Internship Program: Clinical Administration

Name of the Student: Yogesh

Roll no: 2116 **Stream: Hospital and Health Management**

From: 22 MAY to 22 JUNE

Activity Done	➢ **Orientation & Process Mapping:** Understood hospital workflows (IPD/OPD, billing, pharmacy). **Discharge TAT Project:** Analyzed delays using Fishbone diagrams; identified bottlenecks (39% pharmacy, 32% chemo mixing, 14% billing). - **Chemo/Daycare Operations:** Observed patient flow, scheduling issues, and nurse workflows. - **IPD Ward Study:** Monitored nursing rounds, medication tracking, and visitor protocols.
Linking theory (Classroom learning) with practice at your organisation	➢ - Applied **Hospital Operations Management** to map patient flow and department coordination. - Used **Lean/QMS tools** (Fishbone, time tracking) to reduce discharge delays. - Leveraged **Service Operations principles** to optimize chemo scheduling and resource allocation.
Gaps identified on the working area.	➢ 1. **Operational Delays:** Peak-hour bottlenecks (9 AM–PM), paper-based discharge processes. 2. **Staffing Issues:** Understaffed pharmacy during rush hours; nurse fatigue from back-to-back chemo sessions. 3. **Compliance Gaps:** Visitors skipped PPE (masks/shoe covers); no digital feedback/SOPs for interns. 4. **Systemic Gaps:** No TAT dashboard; manual vendor coordination
Suggestions for improvement	➢ 1. **Process Upgrades:** Digital discharge slips + QR feedback systems. Buffer time between chemo appointments. 2. **Staffing Solutions:** Add pharmacy staff (10 AM–1 PM). Nursing intimation checklist for discharges.

	➢ 3. **Compliance Measures:** PPE reminder boards at ward entrances. Structured digital onboarding for interns.

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