TO STUDY ICU WORKFLOW AND IDENTIFY FACTORS CONTRIBUTING TO MARGINAL BED UTILIZATION FOR RECOMMENDING PROCESS IMPROVEMENTS.

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DESCRIPTION OF ORGANIZATION

Wockhardt Hospital, Mumbai Central is a multi-specialty tertiary care NABH-accredited hospital, known for advanced patient care, especially in cardiology, orthopaedics, neurosciences, and critical care. It plays a key role in delivering affordable, quality healthcare in Mumbai city.

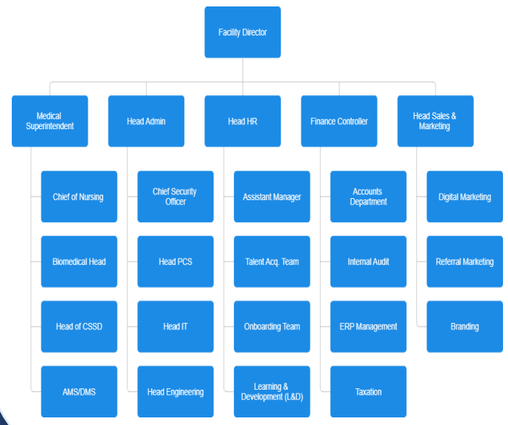
VISION

To be a leading healthcare institution in the region, recognized for its commitment to quality, patient-centric care, and innovative medical practices.

MISSION

To make "Life Win" by providing advanced healthcare through cutting-edge technology and clinical expertise.

ORGANIZATION STRUCTURE

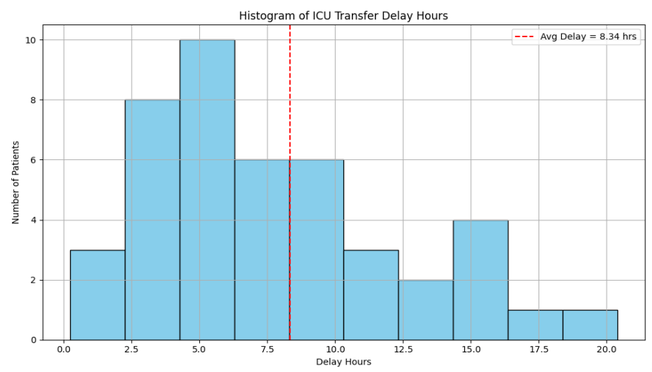


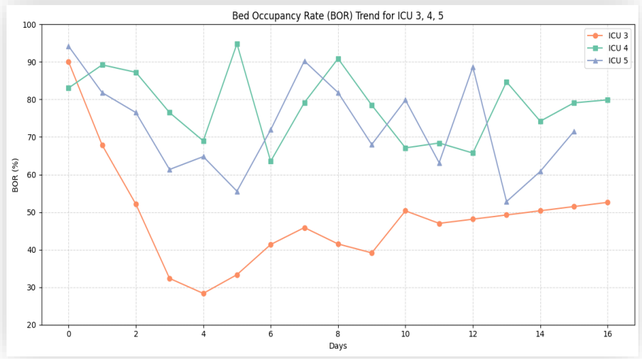
OBJECTIVE

- To understand the patient flow and operational workflow of the ICU — from admission to discharge
- To identify delays and inefficiencies in the transfer process of patients from ICU to ward
- To identify gaps in interdepartmental communication and coordination impacting ICU bed turnover.

METHODOLOGY

An Observational and Audit-Based Study Using Qualitative and Quantitative data, to Evaluate ICU Transfer delay hours, Bed Occupancy Rate and Overall ICU Admission Rate





Theoretical Understanding vs Practical Exposure

Aspect	Theoretical Understanding	Practical Exposure
ICU Bed Utilization	Seen as a function of clinical need and severity of illness	Also driven by administrative delays, discharge clearance, and ward availability
Patient Transfer	Assumed to be systematic and timely once patient is stable	Often delayed due to communication gaps, pending paperwork, or staff shortage
Workflow Coordination	Believed to be guided by SOPs and protocols	In reality, workflows are often informal, with coordination relying heavily on interpersonal follow-ups

SWOT

STRENGTHS

- NABH & JCI-accredited tertiary care hospital with strong clinical governance
- Central location with good patient inflow and access to multi-specialty care.
- Experienced critical care team with 24x7 intensivist coverage.
- Strong infection control and

WEAKNESSES

- Lack of real-time dashboards for ICU occupancy and discharge readiness.
- Dependency on manual processes and verbal communication for bed management.
- Limited digital integration between clinical and

OPPORTUNITIES

- Capability to Expand
- Nearby Catchment Monopoly
- Use ICU data for predictive analytics to forecast bed needs

THREATS

- Rise in Competitors
- Perception of high cost
- Risk of delayed admission for critical patients due to occupied ICU beds by stable patients

TOWS

	Opportunities	Threats
Strengths	SO Strategies) Use strong ICU team + analytics to forecast and expand capacity Leverage NABH /JCI reputation to tap nearby catchment areas	ST Strategies) Use 24/7 intensivist coverage to reduce delays for critical patients Promote infection control & location advantage to counter cost perceplon and competition
Weakness	WO Strategies) Integrate real-time dashboards using existing data to support expansion Shift from manual to predictive analytics to manage ICU readiness	WT Strategies) Digitally streamline ICU bed management to avoid delays Minimize verbal miscommunica tion to lower risk of misallocated ICU stays

Key learnings

- Gained in-depth understanding of ICU workflows — from patient admission to discharge
- Realized the importance of timely patient transfer in optimizing bed availability and care quality.
- Improved skills in data analysis, documentation review, and SOP evaluation.
- Understood the significance of HIS and digital tools in tracking patient movement and occupancy.
- Gained confidence in presenting findings professionally and contributing meaningfully to process improvement.

Usefulness

- Internship experience improved my skills in healthcare operations, hospital workflow analysis, and practical decision-making.
- Understood the gap between clinical stability and administrative discharge delays.
- Gained hands-on exposure to real-time ICU operations and patient movement challenges.

Challenges Faced During Internship

- Limited access to real-time ICU data due to confidentiality and system restrictions.
- Difficulty in coordinating with multiple departments (ICU, wards, operations, billing) for information collection.
- Reluctance from some staff to share details or discuss operational issues openly.

Suggestions

- Implement a Real-Time ICU Bed Monitoring Dashboard
- Appoint a Patient Transfer Coordinator
- Use Colour-Coding in HIS for Transfer-Ready Patients
- Conduct Regular ICU Utilisation Audits