SUMMER INTERNSHIP PROGRAM

at

C. K. BIRLA HOSPITAL, DELHI

From 12th MAY 2025 to 15th JULY 2025

A REPORT BY

SWARNIMA GUPTA

Master of Business Administration

(Hospital and Health Management)

Roll no. – **2100**

2024-26

under the Mentorship of

Dr. Ritu Vashistha

Assistant Professor, IIHMR University Jaipur

IIHMR UNIVERSITY

CK BIRLA
HOSPITAL

CKBH/DL/EC/Trainee/2025/08

July 15th , 2025

To Whomsoever It May Concern

This is to certify that Ms. **Swarnima Gupta**, D/O Mr. Rakesh Gupta, who has undergone the course of "**Hospital & Health Management**" from **IIHMR University**, and has completed her internship for **Two** months in Medical Services Department from 12th May 2025 to 15th Jul 2025 at CK Birla Hospital Pvt. Ltd., Delhi.

Her rating for the internship is "Good".

We wish her a bright future.

For, **CK Birla Healthcare Pvt. Ltd.**

CK Birla Healthcare Pvt. Ltd. 57/41, West Punjabi Bagh New Delhi-110026

Pankaj Tewari
General Manager - Human Resources

IIHMR UNIVERSITY

IIHMR University Faculty Mentor Approval

This is to certify that **SWARNIMA GUPTA** of academic year 2024-26 of **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: 29/07/2025

Dr.Ritu Vashistha
Assistant Professor

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DISCHARGE TURN AROUND TIME ANALYSIS
CK BIRLA HOSPITAL, DELHI

Name: Swarnima Gupta; 2100; HM-29

Faculty Mentor: Dr. Ritu Vashistha
Organization Mentor: Dr. Anupriya Sharma

Organization History, Vision & Mission

History

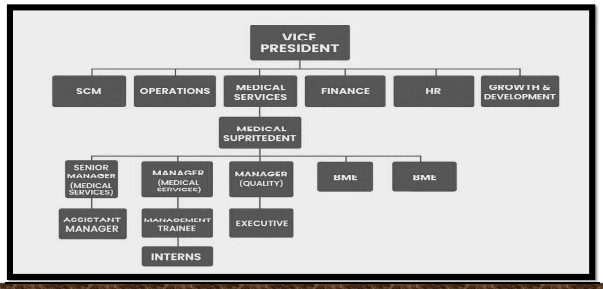
CK Birla Hospital in Delhi is part of the larger CKA Birla Group, which has a legacy dating back to 1862. The Delhi hospital (Punjabi Bagh) opened in early 2021, building on the group's long-standing commitment to healthcare and its first hospital in Gurgaon (2017).

Vision and Mission

Vision: To transform the future of healthcare through outstanding clinical outcomes, research, education, and compassionate care

Mission: To deliver global standards of clinical excellence, maintain integrity in healthcare, and uphold a promise of trust, empathy, and continuity of care, with patients at the heart of their actions.

Organization Structure



SWOT Analysis

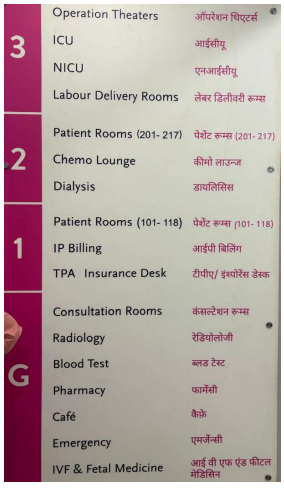
Strengths
- Data-Driven Analysis: Comprehensive review of 370 patient records.
- Clear Patient Categorization: Insights for TPA vs. Cash patients.
- Key Parameter Focus: Examination of specific discharge stages.
- Proactive Improvement: Commitment to identifying and solving inefficiencies.

Weaknesses
- Longest D/C Summary Delay: Initial stage is most time-consuming.
- Significant Billing Bottleneck: Major delay, especially for TPA patients.
- Higher TPA TAT: TPA cases consistently take longer.
- Cash Patient Summary Delays: Internal clinical documentation issues.

Opportunities
- Streamline Processes: Optimize D/C Summary workflow.
- Enhance TPA Coordination: Accelerate bill clearance.
- Optimize Inventory/Docs: Reduce implant-related delays.
- Increase Patient Satisfaction: Faster discharge improves experience.
- Gain Operational Efficiency: Quicker bed turnover, potential revenue increase.

Threats
- External Dependencies: Reliance on insurance providers causes delays.
- Resistance to Change: Staff may resist new workflows.
- Unforeseen Patient Delays: Factors like "Patient Denied Discharge."
- Maintaining Consistency: Challenge in ensuring long-term adherence to new processes.

Photo Gallery



Theory Understanding VS Practical Exposure

Theory Understanding: Applied knowledge of healthcare operations, patient flow, and data analysis principles.
Practical Exposure: Involved direct analysis of 370 discharge records, identifying real-world bottlenecks, and quantifying actual TATs for TPA vs. Cash patients.
Synergy: Theoretical frameworks guided data collection, while practical findings validated and refined these theories, leading to actionable, data-driven recommendations for improving discharge efficiency.

Learnings and Usefulness

Improving discharge TAT is crucial for enhanced patient satisfaction and hospital efficiency.
Regular monitoring of TAT metrics is essential for operational excellence.
Cross-departmental coordination (clinical documentation, TPA coordination, billing) is key.
The analysis provides actionable insights for optimizing hospital workflows and patient experience.

Objectives

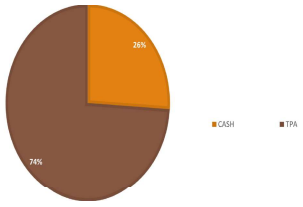
Evaluate Delays: Assess duration and frequency of delays in the patient discharge process.
Compare Patient Types: Differentiate and analyze discharge experiences for TPA and Cash patients.
Identify Key Reasons: Pinpoint primary causes contributing to discharge delays.
Suggest Improvements: Propose actionable insights for enhancing service quality and operational flow.

Methodology

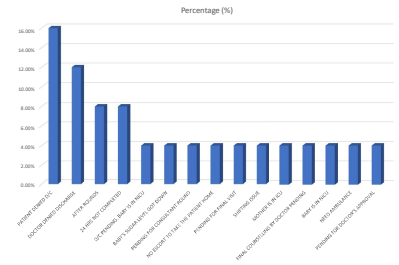
Data Source: Comprehensive discharge records from CK Birla Hospital, Delhi.
Total Patients Reviewed: 370 patient discharge records.
Categorization: Segmented into TPA (Third-Party Administrator) and Cash categories.
Key Parameters Examined:
Discharge Summary: Completion and approval times.
Billing & Clearance: Efficiency of financial processes.
Room Vacate Time: Patient departure from the ward.
Delay Reasons: Specific causes documented for hold-ups.

Findings

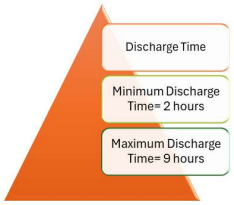
Overall Average TAT (MFD to Room Vacate): 5.37 hours
Stage-wise Averages Across All Patients: MFD to D/C Summary: 2.59 hours –
Longest delay stage, indicating potential delays in completing the discharge summary.
MFD to Bill Ready: 1.06 hours – Relatively quick transition.
Bill Ready to Bill Clearance: 2.28 hours – Significant bottleneck, suggesting financial clearance delays.
Bill Clearance to Room Vacate: 0.90 hours – Relatively efficient movement after bill clearance.
Patients Face longer delays, particularly in Bill Clearance (due to insurance coordination) and Discharge Summary finalization.
Cash Patients: Generally, faster in Bill Clearance and over all TAT, but can face internal delays, especially in summary preparation.
Root Causes of Delay: TPA Patients: Insurance claim approvals and documentation or financial clearance.
Cash Patients: Delay in final discharge summaries by medical staff, internal process inefficiencies.



TYPE OF PATIENTS



REASONS OF DELAY



MINIMUM AND MAXIMUM DISCHARGE TAKEN

DISCHARGE PROCESS

Challenges

Slow Discharge Summary: Longest initial delay from MFD.
Billing Bottleneck: Significant delay in bill clearance, especially for TPA.
TPA Complexities: Longer overall TAT due to insurance and documentation.
Cash Patient Summary Delays: Internal inefficiencies in documentation.
Implant Hold-ups: Issues with inventory and related paperwork.
Patient-Initiated Delays: Factors like "Patient Denied Discharge."

Suggestions

Streamline D/C Summary Process: Identify reasons for delays in MFD to D/C Summary
Implement timely MFD entry and fast-track doctor approvals.
Accelerate Bill Clearance: Investigate reasons for long Bill Ready to Bill Clearance time, especially for TPA cases.
Improve communication with insurance providers and explore pre-approvals for common procedures.
Advance coordination with TPAs .
Improve documentation processes for implants
Continuous Monitoring: Continue to monitor TAT metrics regularly.

Weekly Report – 1

Name of the Organisation: CK BIRLA DELHI

Area/ Department/ Project of Summer Internship Program: Quality

Name of the Student: Swarnima Gupta

Roll no: 2100 Stream: HM 29

Week no: 1 From: 12/05/2025 to 17/05/2025

Activity Done	• Documentation & Orientation session was conducted on first day by Quality and HR department. • Had a tour of CK BIRLA Hospital along with detailed overview of some departments like CSSD & Emergency. • Meeting with Dr. Anupriya Sharma mam (DMS), she had a brief session regarding SIP process followed by project discussion. • Also had a meeting with DR . Minakshi Mittal (Medical Superintendent) who briefed us about hospital operations of various departments. • Had a brainstorming session about the selection of topic of SIP. • Visited OPD & Obs and Gynae Dept, and had observed the same process of admission, billing, & TPA over there. • Presented the overview of topic selected for SIP to DMS. • Visited ER Module and had a briefing about ER operations by Senior Manager Emergency he explained Emergency Zoning, TAT.
Linking theory (Classroom learning) with practice at your organisation	• Utilised knowledge of Organisational Behaviour, Human Resource Management theories to analyse departmental functioning. • Applied concepts of "Essentials of Hospital Service" to understand the clinical operations of CK BIRLA.
Gaps identified on the working area.	• Observed inconsistency in area of feedback records. • Irregularities in assessment of vitals in some OPD's.
Suggestions for improvement	• Implement mandatory vital signs protocol & conduct a regular documentation audit for feedback.
Plan for the next week	• Go through the topic. • Along with observing remaining IPD's & OPD's.

Weekly Report – 2

Name of the Organisation: CK BIRLA HOSPITAL, DELHI

Area/ Department/ Project of Summer Internship Program: Quality

Name of the Student: Swarnima Gupta

Roll no: 2100 Stream: HM 29

Week no:2 From: 19/05/2025 to 24/05/2025

Activity Done	• I conducted live audits of inpatient files to evaluate the accuracy, completeness, and timeliness of documentation during the discharge process. The audits focused on identifying any missing notes, delays in summary preparation, pending orders, or discrepancies between clinical and billing entries. • Visited multiple clinical and administrative departments—including General Medicine, Surgery, Pediatrics, Billing, Nursing Stations, Pharmacy, and the Medical Records Department (MRD)—to observe how each unit contributes to the discharge process. These visits helped in understanding the interdepartmental coordination required for a smooth discharge, as well as the communication gaps that can lead to delays. • Measured the Turnaround Time (TAT) for the discharge process, starting from the time the doctor initiates the discharge order to the final exit of the patient from the hospital. The TAT was tracked in real-time across different departments and case types. The analysis revealed that delays often occur due to late preparation of discharge summaries, pending billing entries, or lack of coordination between departments
Linking theory (Classroom learning) with practice at your organisation	• Gained Knowledge about Utility Services. • Related concepts of Supply Chain Management in hospitals. • Applied concepts of “Essentials of Hospital Service” to understand the clinical operations.
Gaps identified on the working area.	• Overcrowding of Canteen premises during rush hours.
Suggestions for improvement	• Increase capacity according to footfall.
Plan for the next week	• Work on the SIP topic assigned & cover the remaining dept. to understand their working.

Weekly Report – 3

Name of the Organisation: CK BIRLA HOSPITAL, DELHI

Area/ Department/ Project of Summer Internship Program: Quality and operations

Name of the Student: Swarnima Gupta

Roll no: 2100 Stream: HM 29

Week no:3 From: 26/05/2025 to 31/05/2025

Activity Done	• Measured the Turnaround Time (TAT) for the discharge process, starting from the time the doctor initiates the discharge order to the final exit of the patient from the hospital. The TAT was tracked in real-time across different departments and case types. The analysis revealed that delays often occur due to late preparation of discharge summaries, pending billing entries, or lack of coordination between departments • Understanding the TPA process for claims • Understanding the process of planned and unplanned discharges. • Noted the reasons for delays in MFD (marked for discharge) of the patient.
Linking theory (Classroom learning) with practice at your organisation	• Gained Knowledge about Utility Services. • Applied concepts of "Essentials of Hospital Service" to understand the clinical operations.
Gaps identified on the working area.	• Irregularity in maintaining the discharge summaries
Suggestions for improvement	• Increase capacity according to footfall.
Plan for the next week	• Work on the SIP topic assigned & cover the remaining dept. to understand their working.

Weekly Report – 4

Name of the Organisation: CK BIRLA HOSPITAL, DELHI

Area/ Department/ Project of Summer Internship Program: Quality and operations

Name of the Student: Swarnima Gupta

Roll no: 2100 Stream: HM 29

Week no:4 From: 02/06/2025 to 07/06/2025

Activity Done	• Understood floor management and patient flow process at the hospital. • Followed patient processes from admission to discharge. • Observed how patient movement is managed by nursing station. • Coordination of various departments like dietetics, housekeeping, clinical pharmacology, IPD pharmacy, IDTR, TPA etc for patient management.
Linking theory (Classroom learning) with practice at your organisation	• Related concepts of Organisation behaviour in hospital. • Applied concepts of "Essentials of Hospital Service" to understand the clinical operations of CK BIRLA HOSPITAL.
Gaps identified on the working area.	• Checklist is not filled completely.
Suggestions for improvement	• Data should be routinely analysed to identify trends and department.
Plan for the next week	• Continue to observe functioning and coordination of various departments in hospital.

Weekly Report – 5

Name of the Organisation: CK BIRLA HOSPITAL, DELHI

Area/ Department/ Project of Summer Internship Program: Quality and operations

Name of the Student: Swarnima Gupta

Roll no: 2100 Stream: HM 29

Week no:5 From: 9/06/2025 to 14/06/2025

Activity Done	• Understanding the process of birth registration on mcd site • Measured the Turnaround Time (TAT) for the discharge process, starting from the time the doctor initiates the discharge order to the final exit of the patient from the hospital. The TAT was tracked in real-time across different departments and case types. The analysis revealed that delays often occur due to late preparation of discharge summaries, pending billing entries, or lack of coordination between departments • Noted the reasons for delays in MFD (marked for discharge) of the patient.
Linking theory (Classroom learning) with practice at your organisation	• Gained Knowledge about Utility Services. • Applied concepts of "Essentials of Hospital Service" to understand the clinical operations .
Gaps identified on the working area.	• MFD delays due to late doctor rounds.
Suggestions for improvement	• Shortage of GDA staff and MRD incharge
Plan for the next week	• Work on the SIP topic assigned & cover the remaining dept. to understand their working.

Weekly Report – 6

Name of the Organisation: CK BIRLA HOSPITAL, DELHI

Area/ Department/ Project of Summer Internship Program: Quality and operations

Name of the Student: Swarnima Gupta

Roll no: 2100 Stream: HM 29

Week no:6 From: 16/06/2025 to 21/06/2025

Activity Done	• Visited the OT, Patient Care Service Dept. and Wellness Lounge. • In depth understanding of Quality checklists used for internal department auditing. • Overview of the marketing dept.
Linking theory (Classroom learning) with practice at your organisation	• Applied concepts of "Marketing Management" to understand the brand management of CK Birla. • Related concepts of Hospital Services in hospital.
Gaps identified on the working area.	• PCS lack the consultant that would help one to understand the health concern and packages.
Suggestions for improvement	• Shortage of GDA staff and MRD incharge • A team of consultants that can clear the queries and help in providing the best care.
Plan for the next week	• Work on the SIP topic assigned & cover the remaining dept. to understand their working.

Weekly Report – 7

Name of the Organisation: CK BIRLA HOSPITAL, DELHI

Area/ Department/ Project of Summer Internship Program: Quality and operations

Name of the Student: Swarnima Gupta

Roll no: 2100 Stream: HM 29

Week no:7 From: 23/06/2025 to 28/06/2025

Activity Done	• Visited MRD Dept. observed the Record section of hospital ,got to know about MLC cases and other legal documentations which has to be saved. • Observed the Complaint and Grievance addressing process and RCA, CAPA methods. • Visited Infection Control Dept. got to know about the mandatory things to be followed within hospital premises. • Conducted an internal audit on a floor checked all the necessary parameters according to IPSG,NABH,JCI guidelines. • Tracked the compliance of Sepsis Bundle Pathway in ICUs.
Linking theory (Classroom learning) with practice at your organisation	• Related concepts of HRM in MRD dept. • Applied concepts of "Essentials of Hospital Service" to understand the clinical operations of CK BIRLA.
Gaps identified on the working area.	• Infection Control Dept could have more members in team to manage efficiently and reduce time.
Suggestions for improvement	• Shortage of GDA staff and MRD incharge
Plan for the next week	• Work on the SIP topic assigned & cover the remaining dept. to understand their working.

Weekly Report – 8

Name of the Organisation: CK BIRLA HOSPITAL, DELHI

Area/ Department/ Project of Summer Internship Program: Quality and operations

Name of the Student: Swarnima Gupta

Roll no: 2100 Stream: HM 29

Week no:8 From: 30/06/2025 to 05/07/2025

Activity Done	• Compiled the data for discharge process TAT • Finding reasons for delay in the discharge process • Completed birth registration on mcd website • Worked on my SIP project segregated all the data in Excel to assess and find out the compliance rate
Linking theory (Classroom learning) with practice at your organisation	• Related concepts of Hospital Services in hospital. • Applied concepts of "Essentials of Hospital Service" to understand the clinical operations of CK Birla.
Gaps identified on the working area.	• Shortage of GDA staff and MRD incharge.
Suggestions for improvement	• A team of consultants that can clear the queries and help in providing the best care.
Plan for the next week	• Work on the SIP topic assigned & cover the remaining dept. to understand their working.

Weekly Report – 9

Name of the Organisation: CK BIRLA HOSPITAL, DELHI

Area/ Department/ Project of Summer Internship Program: Quality and operations

Name of the Student: Swarnima Gupta

Roll no: 2100 Stream: HM 29

Week no:9 From: 07/07/2025 to 12/07/2025

Activity Done	• Segregate the data for cash and tpa patients in discharge tat • Found the reasons of delay in discharge process and discussed with operations head in the hospital • Data analysis of the collected data • Prepared presentation of the segregated data of discharge process tat.
Linking theory (Classroom learning) with practice at your organisation	• Related concepts of Hospital Services in hospital. • Applied concepts of "Essentials of Hospital Service" to understand the clinical operations of CK Birla.
Gaps identified on the working area.	• Shortage of space in waiting area as per the footfall of the patients • Inconsistencies in documentation in mrd department
Suggestions for improvement	• Enhance data collection methods and enhance presentation clarity and impact.
Plan for the next week	• Deliver the SIP presentation and incorporate feedback.

Weekly Report - 10

Name of the Organisation: CK BIRLA HOSPITAL, DELHI

Area/ Department/ Project of Summer Internship Program: Quality and operations

Name of the Student: Swarnima Gupta

Roll no: 2100 Stream: HM 29

Week no:10 From: 14/07/2025 to 15/07/2025

Activity Done	• Gave my final internship presentation to the hospital leadership team, including people from Medical Services, Quality, HR, and Operations. • Attended a feedback session with the Quality Head, where I got helpful suggestions on how my project can be used for long-term improvement in the hospital
Linking theory (Classroom learning) with practice at your organisation	• Saw how HR topics like managing staff performance, keeping teams motivated, and clear communication affect how well staff follow rules about documentation and quality. • Understood that hospital systems need strong HR and team coordination to make sure everyone sticks to the quality standards.
Gaps identified on the working area.	• Many reports on staff performance are made after the work is done, but they aren't used early enough to fix or improve things in real-time.
Suggestions for improvement	• Start proper shift handovers so nothing gets missed when one team hands over to another.
Plan for the next week	• I will be preparing for my final presentation at college and will organize all the documents I need for my project submission and future use.

Signature of the Student

Approved by the IIHMR University's Mentor

Complied Report

Name of the Organisation: CK BIRLA HOSPITAL, DELHI

Area/ Department/ Project of Summer Internship Program: Quality and operations

Name of the Student: Swarnima Gupta

Roll no: 2100 Stream: HM 29

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Linking theory (Classroom learning) with practice at your organisation	• Applied knowledge of Organizational Behavior and Essentials of Hospital Service. • Gained knowledge about Utility Services and Supply Chain Management. • Related Financial Management & HRM with hospital functions. • Related concepts of Marketing Management. • Able to correlate: ▪ NABH Guidelines ▪ Hospital planning ▪ HR capacity building ▪ Patient satisfaction and quality management ▪ Hospital information system ▪ Disaster management codes ▪ Supply chain management (IPD pharmacy) ▪ Hospital operation process ▪ Resource allocation ▪ Marketing and branding ▪ Medical ethics and legal aspect ▪ Strategic management ▪ RCA/CAPA
Gaps identified on the working area	• Lack of real time feedback system. • Inconsistencies in maintaining feedback and vital signs documentation. • Overcrowding in canteen during rush hours. • Coordination issues between clinical and non-clinical terms affected timely service delivery like delayed diet delivery. • Lack of backup during peak emergency time in ambulance management. • Occasional backlogs in file digitization in MRD. • No dedicated patient counsellor in PCS for health packages. • Delay in pre-authorization and discharge approvals. • Junior staff unable to answer a few protocols related questions during ward audits. • Reporting errors observed in OT notes and High-risk consent. • Missing documentation of dietary advice and medication explained to patient/attendant.
Suggestions for improvement	• Implement a digital real-time patient feedback system accessible via QR codes or tablets. • Enforce standardized digital forms with mandatory fields for vital signs and feedback documentation. • Stagger lunch breaks, expand seating capacity, or offer pre-order/delivery options. • Appoint a specialized patient counsellor within PCS to guide patients on health packages. • Establish clear inter-departmental communication channels and regular coordination meetings.

	• Develop a robust emergency backup plan with additional on-call drivers/ambulances or external partnerships. • Allocate more resources to MRD for digitization or explore automated scanning solutions. • Streamline the pre-authorization/discharge process with dedicated personnel and digital platforms. • Implement regular protocol training and accessible digital protocol guides for all junior staff. • Implement standardized templates and a dual-verification process to minimize documentation errors. • Mandate a standardized checklist or dedicated section in patient records for dietary and medication counselling documentation.
Key Learnings	• Gained hands-on experience of data collection, organisation and analysis for quality check. • Analysed how patient feedback is gathered and assessed for continuous improvement. • Understood the key importance of various elements like signages, emergency exits, hygiene etc for patient and staff safety. • Understood the importance of timely and accurate documentation. • Learned about interdepartmental coordination to improve patient care services. • Observed the flow of medical records and documentations in hospital. • Gained confidence in communicating with healthcare professionals, from nurses to department heads. • Understood the impact of outsourced services on hospital's internal operations. • Learned about the inventory management practices in hospital. • Co-related theory learnings with hands-on experience. • Appreciated the holistic view of hospital operations from patient entry to discharge and from clinical to non-clinical care.

Signature of the Student

Approved by the IIHMR University's Mentor