SUMMER INTERNSHIP PROGRAM

at

(Apollo Hospitals, Jayanagar, Bangalore)

From **12-MAY 2025** to **21-JULY 2025**

A REPORT BY

Dr. Shreelakshmi K

Master of Business Administration

(Hospital & Health Management)

Roll no- **2084**

2024-26

under the Mentorship of

Dr. Deepti Sharma

Associate Professor

Apollo HOSPITALS
TOUCHING LIVES

21st July 2025

INTERNSHIP CERTIFICATE

This is to certify that **Dr. Shreelakshmi K** has successfully completed her **Internship** in the Department of **Operations** from **12th May 2025** to **21st July 2025** in **Apollo Speciality Hospitals, Jayanagar, Bangalore**. She was diligently involved in the task assigned to her. During this period, we found her to be punctual, responsible, sincere and hard working.

We wish her all the best for her future endeavours.

For Apollo Speciality Hospitals, Jayanagar, Bangalore.

Korivi Chennaiah
HR -Manager

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IIHMR University Faculty Mentor Approval

This is to certify that **Dr. Shreelakshmi K** 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 : 30/07/2025

(Signature of Faculty Mentor)

Dr. Deepti Sharma

Associate Professor

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Summer Internship Program

Discharge Process at Apollo Hospital, Jayanagar, Bengaluru.

Presented by- Dr Shreelakshmi K
Roll No: 2084
MBA Hospital & Health (Batch 2024-26)
University mentor: Dr. Deepti Sharma

Apollo HOSPITALS

Apollo Hospital, Jayanagar, Bengaluru.

Apollo Hospital, Jayanagar, Bengaluru, is a super specialty hospital renowned for its comprehensive healthcare services and patient-centric approach. Established with a commitment to clinical excellence and affordable healthcare, it is a key institution within the Apollo Hospitals Group, one of Asia's largest healthcare providers. The hospital offers a wide range of medical specialties, advanced diagnostic facilities, and state-of-the-art infrastructure, catering to the diverse healthcare needs of the community in Bengaluru and beyond. Its dedication to quality and patient care has earned it a strong reputation in the region.

Vision and Mission

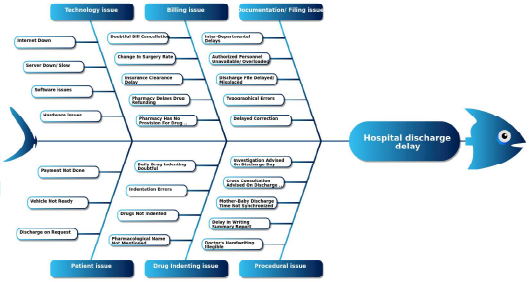
The vision of Apollo Hospitals is to bring healthcare of international standards within the reach of every individual. They are committed to the achievement and maintenance of excellence in education, research, and healthcare for the benefit of humanity. Their mission is to blend the best of technology and human compassion to provide comprehensive, cost-effective, and quality healthcare services that are accessible to all.

Problem statement

Discharge from the hospital is a very important indicator of the quality of care and patient satisfaction. There has been continuous striving to reduce the time of discharge to optimize the bed capacity and cut organizational costs besides achieving patient delight. It is thus an important area of research to identify the bottlenecks in the discharge process and suggest ways to resolve the issues.

Objectives

- To study the process of discharge of patients in the selected hospital
- To find out the time taken at each step of the discharge process
- To identify the factors leading to delay in discharge of patients and suggest solutions to reduce the discharge time



Methodology

- **Study place - Apollo speciality Hospital**
- **Study population -All patients in the wards**
- **Study period-2 months**
- **Sampling technique- Quantitative techniques**
- **Inclusion Criteria - Cash and TPA patients**
- **Exclusion criteria - Day care/outpatients**

SWOT Analysis: Hospital Discharge Process

Strength
- Defined Protocols : Standard operating procedures (SOPs) in place for discharge.
- Experienced Staff: Trained nursing and billing staff familiar with discharge formalities.
- EMR Integration: Use of Electronic Medical Records speeds up discharge documentation.
- Dedicated Discharge Desk: Separate unit/desk handling discharge cases streamlines communication.

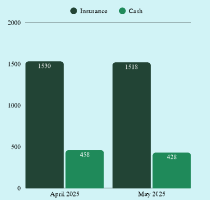
Weaknesses
- Delay in Final Billing: Time-consuming billing processes, especially for insurance patients.
- Poor Interdepartmental Coordination: Delays due to waiting for final reports or doctor approval.
- Prolonged TAT (Turnaround Time).
- Lack of Discharge Planning: Patients and families not informed early about expected discharge time.

Opportunities
- Implementation of digital discharge forms.
- Enhanced patient engagement through mobile apps.
- Partnerships with home care services.
- Utilization of predictive analytics for discharge planning.
- Feedback mechanism

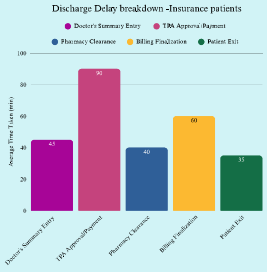
Threats
- Staff burnout due to high workload.
- Evolving regulatory compliance requirements.
- Competition from other healthcare providers.
- Legal/Documentation errors
- Patient dissatisfaction

Patient Discharge Data: April - May 2025

The following charts illustrate the total patient discharge for April and May 2025 at Apollo Hospital, Jayanagar, broken down by payment method (insurance vs. cash). This data provides valuable insights into patient demographics and financial trends influencing the discharge process.



Patient Discharge by Type (April & May 2025)



Learnings and Value Addition

The internship at Apollo Hospital provided invaluable insights into the intricacies of hospital operations, particularly concerning patient flow and discharge management. A key learning was the critical importance of inter-departmental coordination in ensuring a smooth and timely discharge process. Understanding the various bottlenecks, from pharmacy delays to administrative clearances, highlighted the need for a holistic approach to process improvement.
The value added through this internship includes identifying specific areas for improvement within the discharge workflow, proposing data-driven solutions, and contributing to a more patient-centric experience. By analyzing existing procedures and interacting with various stakeholders, a deeper appreciation for the operational challenges and opportunities for efficiency gains was developed. This experience is directly applicable to future roles in healthcare management and process optimization.

Proposed suggestions for Discharge Process

Based on the analysis and challenges identified, a series of proposed improvements are recommended to streamline the hospital discharge process at Apollo Hospital, Jayanagar, Bengaluru. These recommendations aim to enhance efficiency, reduce delays, and improve the overall patient experience.

Early Discharge Planning
Initiate discharge planning from the point of admission, involving patients and families in the process to set expectations and prepare for post-discharge care.

Automated Communication System
Implement an automated notification system to alert relevant departments (pharmacy, billing, transport) about impending discharges, minimizing last-minute coordination efforts.

Interim Billing
The main hurdle in the discharge if TPA patients was the delay in approval of the bills by the third party. Steps must be taken to ensure early approvals by discussing workable solutions with the stakeholders.

Standardized Medication Reconciliation
Develop and strictly adhere to a standardized protocol for medication reconciliation at discharge to prevent errors and delays.

Dedicated Discharge Lounge
Establish a comfortable discharge lounge where patients can wait for final clearances, freeing up hospital beds more quickly.

Staff Training and Empowerment
Conduct regular training sessions for staff on efficient discharge protocols and empower them to make decisions that expedite the process within guidelines.

Conclusion

- The SIP at Apollo Hospital, Jayanagar, Bengaluru, successfully identified critical bottlenecks within the patient discharge process, particularly delays stemming from pharmacy bill preparation and the final physical departure of patients. The data analysis highlighted significant areas for improvement, underscoring the need for enhanced inter-departmental coordination and streamlined procedures.
- The proposed recommendations, including early discharge planning, automated communication systems, and the establishment of a dedicated discharge lounge, offer a comprehensive roadmap to address these challenges. Implementing these improvements is anticipated to yield substantial benefits, transforming the discharge experience for both patients and hospital staff.
- Enhanced Efficiency
- Streamlined workflows will reduce administrative burden and optimize resource allocation.
- Improved Patient Satisfaction
- Reduced wait times and a clearer discharge process will lead to a more positive experience.
- Operational Excellence
- By addressing core issues, the hospital can achieve higher operational standards and bed turnover efficiency.

Reporting Format Week – 1

Name of the Organisation: Apollo Speciality Hospital, Jayanagar, Bangalore

Area/ Department/ Project of Summer Internship Program: Operations (Discharge)

Name of the Student: Dr Shreelakshmi K

Roll no: 2084 Stream: MBA (HM)

Week no: 1 From: 12/05/25 to 17/05/25

Activity Done	1. 1. Orientation & Documentation: o Finished HR formalities such as document verification and issuance of ID. Participated in an introduction session by Dr. Ashwini Mushrif (Head of Department). 2. Discharge Process Learning: o Witnessed the complete discharge workflow for both insurance and cash patients. The important steps involved: Pre-Authorization (Pre-Auth): Insurance patients need pre-approval from their provider prior to admission. Discharge Summary: Doctors prepare, complete in the Apollo Dashboard, and floor managers verify Billing Settlement: Nurses settle discharges only after payments (medications, lab tests) have been made. 3. Insurance & Billing Systems: o Heard about the "Claimbook" portal for insurance document uploads (diagnosis, KYC forms, PPN declarations). o Delved into approval phases: Initial (72-hour limit), Revised (for additional days), and Final (payment in full). o Insurance usually starts within 24 hours of admission. With the policy details, they provide forms, KYC forms, and declarations. There are

	forms that needs to be filled by doctor as well as patient. Supporting documents are Adhar, PAN card, Lab reports / doctor prescription o In case of NRI patients, passport copy and a passport sized photograph is required. o If it's a corporate insurance, the company ID card, and the remaining documents, 4. Technology in Healthcare: o Surveyed Apollo's Hospital Information System (HIS), "Med Mantra," utilized for patient records, discharge summaries, and billing. 5. Departmental Shadowing: Discussed with floor managers how their responsibilities in discharge coordination, billing, and intra-department communication can be understood.
Linking theory (Classroom learning) with practice at your organisation	- Discharge Process of the Patient: saw planned/instant discharges to cash and insurance patients. Saw how pre-authorization (pre-Auth) maintains confidence between the hospital and insurance companies. - Billing & Documentation: Utilized theoretical medical billing concepts to actual situations, for example, using the "Activity Record for Billing" and "Claimbook" portal for insurance approvals. Studied capping, revised approvals, and final claim settlements. - Healthcare IT Systems: Associated IT management research with the hospital's application of "Med Mantra" (HIS) for tracking patient information and discharge summaries. Described how consultants make updates electronically prior to the floor managers' activation of discharges.
Gaps identified on the working area.	Delays in Discharge: Pre-authorization for insurance patients often incomplete, causing bottlenecks. Financial consent forms (KYC, PPN declarations) occasionally missing.

	- Training Gaps: New staff struggle with the "Claimbook" portal, leading to errors in uploading documents for insurance approvals.
Suggestions for improvement	1. Standardize Checklists: Implement a mandatory pre-discharge checklist for insurance patients (e.g., pre-Auth, KYC, PPN forms) to reduce delays. 2. Cross-Department Training: Conduct sessions for nurses and floor managers on billing workflows and Med Mantra updates to improve coordination. 3. Real-Time Alerts: Integrate notifications in Med Mantra to alert staff when discharge summaries are pending consultant approval.
Plan for the next week	• Improve communication skills, focus on better understanding of data categorization during patient admission, possible shuffling between different departments of operations such as IPD & Discharge.

Signature of the Student: Dr. Shreelakshmi K

Approved by the IIHMR University's Mentor: Dr. Deepti Sharma

WEEK – 2

Name of the Organisation: Apollo Speciality Hospital, Bengaluru

Area/ Department/ Project of Summer Internship Program: IPD (operations)

Name of the Student: Dr Shreelakshmi K

Roll no: 2084 Stream: MBA (HM)

Week no: 2 From: 19/05/25 to 24/05/25

Activity Done	Visited 2nd, 3rd floor wards and learned the workflow of ward admissions. Visited ICU and learned the sops of ICU workflow. Visited from which all patients are flowing to ICU like OT, ER, Cath lab and also viewed the counselling process, how transport associates and nurses work together while transferring the patients. Found some gaps in ICU. Crash cart checked and signed every day in every shift. Saw the internal billing auditing that is 48 hour post admission the internal auditor verifies the interim bills for any procedure/consumables/consultations [which are of high cost]. If anything such is left out - then the auditor raises the question /informs the manager. It is rectified right away. Visited OT. 7 OTs where 3 are dedicated for orthopedics and 1 for Bronchoscopy, endoscopy, colonoscopy, and rest Ots are shuffled between neurosurgery and GIMAS(gastro and surgical),
Linking theory (Classroom learning) with practice at your organization	Operations management theory right arrow patient flow optimization, turnaround time for beds, Capacity Management. Lean healthcare principles-reduce delays in room availability, admissions and discharge. Nurse to patient ratio and ICU documentation sops, NABH compliance, nursing protocols. 6 Sigma [DMAIC model] Patient flow management - admission - discharge chain
Gaps identified on the working area.	Sometimes bed is not ready for the next confirmed patient. Communication between multiple departments has been delayed. Nurses have high workload both in ICU and ward and it causes delay in services Night time the housekeeping staff also are less and the patient will not be able to avail housekeeping services at the right time.
Suggestions for improvement	Prior communication between different departments like ward slash nursing Flash nursing slash housekeeping/admissions should be improved and more timely Work hours of nurses should be more optimised Number of nurses and housekeeping staff should be to the NABH standards. Billing processes PR points of delays-identify bottlenecks high film patient needs, correct info and prior communication regarding to the inpatient billing Discharge process can be shortened by pre discharge list checklist, TPA processes needs optimization.

Plan for the next week	Will continue in ipd • Assist in mapping the entire discharge process from patient readiness to exit. • Collaborate with IT/admin team to explore possible digital improvements. • Collect and analyze feedback from at least 10 discharged patients.

Signature of the Student: Dr. Shreelakshmi K

Approved by the IIHMR University's Mentor: Dr. Deepti Sharma

WEEK – 3

Name of the Organisation: Apollo Speciality Hospitals, Jayanagar, Bangalore

Area/ Department/ Project of Summer Internship Program: Operations { IPD & Discharge}

Name of the Student: Dr Shreelakshmi K

Roll no: 2084 Stream: MBA HM

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

Activity Done	• Helped coordinate patient discharge with nursing, pharmacy, and billing. • Patient readiness and discharge turnaround time (TAT). •Assisted in preparing daily discharge reports and pending discharge lists. •Joined review meetings and feedback gathering.

Linking theory (Classroom learning) with practice at your organisation	• Used Hospital Operations Management concepts to comprehend discharge processes. •Comprehended real-world application of Health Information Systems (HIS) deployed in IPD titled as MED MANTRA used solely in Apollo Hospitals. • Noticed the significance of Interdepartmental Communication and Process Flow learned through Healthcare Management lessons. • Used principles of Service Quality Management in observing patient satisfaction and delayed discharges.
Gaps identified on the working area.	• Lack of real-time discharge status updates leading to delays. • Poor communication between departments (e.g., pharmacy, billing, nursing). • Inconsistent discharge checklist usage by staff. • Manual data entry slowing down report generation
Suggestions for improvement	• Introduce a digital dashboard for real-time discharge tracking. • Assign a discharge coordinator for each ward to streamline communication. • Standardize and digitize the discharge checklist for accountability. • Provide training on efficient use of the hospital management system to reduce delays.
Plan for the next week	Start deciding on project. Start my week with PRM to understand on patient service excellence and patient feed back systems.

Signature of the Student: Dr. Shreelakshmi K

Approved by the IIHMR University's Mentor: Dr. Deepti Sharma

Week – 4

Name of the Organization: Apollo Speciality Hospital, Bengaluru.

Area/ Department/ Project of Summer Internship Program: Service Excellence (Operations)

Name of the Student: Dr Shreelakshmi K

Roll no: 2084 **Stream: MBA (HM)**

Week no: 5 From: 2/06/25 To 07/06/25

Activity Done	Visited rounds on different departments of hospital such as OPD, IPD, ICU and Executive wards to hear the complaints and feedback of patients, also tried to resolve the issues by calling the concerned people such as floor managers and administration. Also updated the complaints on the Patient Preference portal so that there will be no errors during their next visit. Provided TLC (Tender loving care) to geriatric and paediatric patients by preparing handmade gifts and charts.
Linking theory (Classroom learning) with practice at your organisation	Significance of communication, problem-solving ability enhanced in the health systems management in order to be able to coordinate with administrative personnel.
Gaps identified on the working area.	During interaction with patients, I realized there were some communication gap between different departments in the hospital and the nurses and staff were not properly informing the patients about the procedures and were not connecting with the patients. Some instructions given by the consultants to patients, but were not written in notes led to miscommunication between patients and nurses.

Suggestions for improvement	Proper communication of the treatment plan, training of empathy for nurses, so that they can connect with the patients and provide effective care.
Plan for the next week	From next week, I will be working on Guest relations and Patient Relationship Management to provide best care possible to the patients and work on feedback and complaints

Signature of the Student: Dr. Shreelakshmi K

Approved by the IIHMR University's Mentor: Dr. Deepti Sharma

WEEK- 05

Name of the Organisation: Apollo Speciality Hospital, Bengaluru

Area/ Department/ Project of Summer Internship Program: Guest Relations (Operations)

Name of the Student: Dr Shreelakshmi K

Roll no: 2084 **Stream: MBA (HM)**

Week no: 6 From: 09/06/25 to 14/06/25

Activity Done	I spend this week learning the inner workings of Public relationship management team and how the agents interact with the patients and what are the software they use, with guest relationship manager. I observed how to take feedback , suggestions and complains and work on it to provide better services to the patients. Took some feedback and informed the respective departments to take the actions immediately. Tried to clear the concerns onsite.

Linking theory (Classroom learning) with practice at your organisation	bridging theory from the classroom (analytics, feedback loops, patient segmentation) to actual software workflows that establish trust and service.
Gaps identified on the working area.	Patients may feel that their concerns are not taken seriously if they are not informed about the outcomes of their complaints. Overworked staff may struggle to provide empathetic care, impacting patient experiences.
Suggestions for improvement	Regularly analyze complaint data to identify recurring issues, then adjust policies, processes, or training to prevent recurrence, Acknowledge complaints quickly, then actively update the patient at each stage
Plan for the next week	Start my week with OPD to understand on appointment and consultation and the waiting hours Learn about OPD to IPD conversions.

Signature of the Student: Dr. Shreelakshmi K

Approved by the IIHMR University's Mentor: Dr. Deepti Sharma

WEEK - 6

Name of the Organization: Apollo Speciality Hospital, Bengaluru.

Area/ Department/ Project of Summer Internship Program: OPD (Operations)

Name of the Student: Dr Shreelakshmi K

Roll no: 2084 **Stream: MBA (HM)**

Week no: 7 **From: 16/06/25 to 21/06/25**

Activity Done	Managed booking of certain doctors (particularly gastroenterologists and nephrologists) to assist patients and make consultation process smooth and efficient as well as ensure smooth workflow in OPD. Worked a whole week in Orthopedics OPD. Participated in pre-op discussion with doctors and patients. Witnessed numerous OP to IP conversions. Performed some excel work related to operations and doctors. Managed consultation room distribution to consultants effectively as in when required. Performed crowd management and address patients' problems and queries.and solve issues and queries of patients
Linking theory (Classroom learning) with practice at your organisation	Concepts of hospital services is used in patient care, addressing queries, crowd control and enhance service delivery, concepts of organization behaviour are used.
Gaps identified on the working area.	Some consultants and doctors are not available at the appointment schedule time causing increased wait time of the patients, less manpower in certain specific areas of opd causes difficulties in managing patients. Due to emergency OTs the doctors' appointments were delayed multiple times. Some communication gaps were also identified leading to overcrowding and negative feedback.
Suggestions for improvement	Availability of doctors and consultants in allotted time and increase of manpower in areas of crowd management. Clear communication with patients in case of non-availability of the doctor.
Plan for the next week	Continue assisting in OPD operations, guiding patients, managing appointments and resolving queries and supporting smooth workflow while identifying further areas of improvement.

Signature of the Student: Dr. Shreelakshmi K

Approved by the IIHMR University's Mentor: Dr. Deepti Sharma

WEEK – 7

Name of the Organisation: Apollo Speciality Hospital, Bengaluru

Area/ Department/ Project of Summer Internship Program: OPD (Operations)

Name of the Student: Dr Shreelakshmi K

Roll no: 2084 **Stream: MBA (HM)**

Week no: 8 **From: 23/06/25 to 28/06/25**

Activity Done	Guiding patients through OPD process, coordination of consultant and doctor schedules and appointments, clarified patie nts problems and queries, recorded the feedbacks and complaints, assisted in ensuring smooth flow at OPD.
Linking theory (Classroom learning) with practice at your organisation	Applied Hospital Operations, Patient Care Management, and Healthcare quality concepts to rationalize OPD operations, control appointment s, and handle patients' concerns efficiently.
Gaps identified on the working area.	Consultants and doctors not available at the time of appointments, coordination gap between OPD receptions and vital desks, low availability of wheelchairs and transport, long queues and crowding at OPD receptions.
Suggestions for improvement	Coordination and communication among the different staff members, availability of doctors and consultants at the time of appointments, more wheelchairs and transport facilities for patients.
Plan for the next week	Will start my week in admission and IP billing. Will learn about the bottlenecks in TPA and cash patients and how to improve the discharge process. Will learn about different room categories.

Signature of the Student: Dr. Shreelakshmi K

Approved by the IIHMR University's Mentor: Dr. Deepti Sharma

WEEK - 8

Name of the Organisation: Apollo Speciality Hospital, Jayanagar , Bangalore

Area/ Department/ Project of Summer Internship Program: Operation (Admissions)

Name of the Student: Dr Shreelakshmi K

Roll no: 2084 **Stream: MBA(HM)**

Week no: From: 30/06/25 to 05/07/25

Activity Done	Acquired the process of admission like preparing admission files and consent form, assisted in arranging files and data entry for patient admission, and observed layout of opd and consultation rooms. acquired billing, record keeping and good communication with patients A typical admission file contains admission consent form (containing attender details, phone number, relationship to patient and emergency contact number) , patient identification tag, allergy tag if any allergy , ward pass for attenders, activity record for billing.
Linking theory (Classroom learning) with practice at your organization	Employed data analytical skills for quantitative methods to organize data and files, dealing with staff coordinators and supervisors exhibited functional aspects of organization behavior and business communication
Gaps identified on the working area.	Language barriers with staff and patients making communication, challenging, difficulty in understanding the categorization of data during admission.
Suggestions for improvement	Use analytics and apply tools to identify trends and refine categories, provide training on data management techniques in staff, conduct periodic reviews to correct is classifications.
Plan for the next week	• Shadow Floor Managers: Observe differences between planned and instant discharges, focusing on cash vs. insurance workflows.

	• Explore Claimbook Portal: Document steps for uploading diagnosis reports and handling claim rejections/clarifications. • Will start looking into ICU and OT and its workflow observation.

Signature of the Student: Dr. Shreelakshmi K

Approved by the IIHMR University's Mentor: Dr. Deepti Sharma

Week – 9

Name of the Organisation: Apollo Speciality Hospital, Bengaluru

Area/ Department/ Project of Summer Internship Program: Operations (ICU)

Name of the Student: Dr Shreelakshmi K

Roll no: 2084 **Stream: MBA (HM)**

Week no: 9 **From: 07/07/25 to 19/07/25**

Activity Done	Observed ICU workflow IPD workflow observation Sample collection and sending it to laboratory. Calculating BOR [bed occupancy rate]and studying Visited OT. There are 6 OTS out of which 3R dedicated to orthopedics and 2 are for GIMAS(gastro and surgical) 1 OT for ENT and 1 OT for Bronchoscopy, endoscopy, colonoscopy.
Linking theory (Classroom learning) with practice at your organization	Lean management- continuous monitoring and real time update- elimination of delay 6 Sigma [DMAIC model]-definition/ measure analyse/improve/control Healthcare quality management daily rounds, patient- family communication Patient flow management-ipd - admission - discharge chain

Gaps identified on the working area.	Counselling /visitors time in ICU causes total chaos During that 2 hour. Causing disturbance 2 recovering patients. Human errors in building Sir noted while observing the hospital internal billing by the auditor.
Suggestions for improvement	better coordination between interlinked departments of admission/ward/nursing departments/ IP building/discharge. Patients coming to lab sample collection area or other lab scans or medical test are not properly informed about their TAT for report. Patient should be given proper information prior true collecting or performing test Bed readiness was an area for an improvement-availability of new room or bed at critical points was lacking
Plan for the next week	From next week I will be working on a health camp happening at BEML, onsite as well as offsite and will manage and co-ordinate the camp to provide the best possible care to the patients and without causing delay in care.

Signature of the Student: Dr. Shreelakshmi K

Approved by the IIHMR University's Mentor: Dr. Deepti Sharma

Week- 10

Name of the Organisation: Apollo Speciality Hospital, Bengaluru

Area/ Department/ Project of Summer Internship Program: BEML health camp coordination (Operations)

Name of the Student: Dr Shreelakshmi K

Roll no: 2084 **Stream: MBA (HM)**

Week no: 10 **From: 14/07/25 to 21/07/25**

Activity Done	Arranged a large BEML Health Camp in the hospital, facilitating smooth movement of patients from OPD, IPD, emergency patients to diagnostic sections. Handled patient registration, accompanied BEML staff to respective units, and arranged all the scheduled tests and scans to be performed with efficiency. Prevented crowding and confusion by real-time coordination with different departments like diagnostics, lab, and radiology. When waiting was too long, engaged with BEML patients and offered them some refreshments.
Linking theory (Classroom learning) with practice at your organisation	Implemented Applied Hospital Operations Management, Resource Allocation, and Patient Flow Coordination concepts learned in class. Theoretical principles of queue management, stakeholder coordination, and service excellence were translated into real-time management of crowd control, scanning scheduling, and avoiding bottlenecks.
Gaps identified on the working area.	Lack of prior intimation to all departments led to initial delays in diagnostic services. No single-point coordination system—communication was dependent on personal contacts. No standardized protocol for managing corporate health camps within regular OP/IP workflow. Irregular maintenance of machines led to delay in the service
Suggestions for improvement	Assign a dedicated camp coordinator and ensure advance communication to all involved departments. Create a standard operating procedure (SOP) for handling corporate or large group health camps. Develop a camp checklist to ensure readiness in diagnostics, pharmacy, and billing. Use color-coded ID slips or separate counters for camp patients to streamline their journey.

Plan for the next week	Complete summer internship program in Apollo speciality Hospital , Jayanagar. Make a poster and report for the college.

Signature of the Student: Dr. Shreelakshmi K

Approved by the IIHMR University's Mentor: Dr. Deepti Sharma

Compiled Reporting Format

Name of the Organisation: Apollo Speciality Hospital, Bengaluru.

Area/ Department/ Project of Summer Internship Program: OPERATIONS

Name of the Student: Dr. Shreelakshmi K

Roll no: 2084 **Stream: MBA (HM)**

Activity Done	Assisted in preparing admission files, consent forms, and patient identification documents. Supported the admissions desk with data entry and patient communication. Observed ICU workflow, patient transfers from ER/OT/Cath lab, and nursing coordination. Participated in internal billing audits—identifying missed procedures or consumables. Shadowed discharge process—cash and insurance (including TPA coordination). Helped prepare discharge reports and pending discharge lists. Attended review meetings and gathered patient feedback on delays and service quality. Managed OPD appointments, mainly in orthopedics and gastroenterology. Participated in pre-op discussions and OP to IP conversion cases. Performed real-time patient coordination during health camp (BEML). Worked with PRM to collect, escalate, and track complaints/resolutions. Observed and assisted in the Claimbook insurance documentation and upload process. Practiced crowd control and queue management at OPD. Helped with real-time interdepartmental communication (consultants ↔ pharmacy ↔ diagnostics). Offered Tender Loving Care (TLC) to geriatric and pediatric patients. Engaged in excel and reporting work for doctors and operations staff. Clarified patient queries and guided them to correct departments. Provided onsite feedback resolution and helped minimize OPD chaos.

Linking theory (Classroom learning) with practice at your organization	Applied **Hospital Operations Management** in admissions, discharges, and patient coordination. Used **Lean Healthcare Principles** to reduce room turnover delays and optimize flow. Practiced **Six Sigma DMAIC** for problem-solving in discharge and OPD processes. Applied **Patient Flow Models** in IPD, OPD, and emergency coordination. Understood **Turnaround Time (TAT)** and how it reflects on discharge and diagnostics. Linked **Healthcare Finance Concepts** with billing, TPA approvals, and claim submission. Used **Health Information Systems** (HIS – Med Mantra) for tracking patient records. Practiced **Stakeholder Management** during health camp and daily rounds. Observed **Service Excellence Models** in real-time feedback and patient experience. Applied **Queue Management Theory** to OPD and health camp patient movement. Used **Communication Models** in interdepartmental coordination and patient counseling. Studied **Organizational Behaviour** in resolving staff-patient conflicts. Applied **Resource Allocation Theories** during health camp coordination. Implemented **Patient-Centered Care Models** in TLC and grievance resolution. Realized the importance of **Policy Compliance (NABH standards)** in staffing and SOPs. Leveraged **Team Dynamics** while coordinating between departments. Connected **Analytics & Data Interpretation** with billing errors and feedback trends. Reinforced **Classroom learning** of ethics, documentation, and operational integrity through field exposure.
Gaps identified on the working area.	Language barriers led to miscommunication between patients and some staff. ICU visiting hours caused chaos and patient discomfort. Delay in room readiness for admitted patients due to late housekeeping coordination.

	Consultants often late for OPD appointments, leading to crowding. OPD manpower shortage made managing patient flow difficult. Interdepartmental communication gaps during discharges delayed TAT. Lack of standardized discharge checklist across departments. Manual data entry was slow and error-prone, delaying discharge reports. Claimbook portal used inefficiently—documents often missing or misclassified. No real-time alert system for pending consultant discharge summaries. Discharge staff not trained on full billing workflow, causing last-minute errors. No pre-intimation to departments during corporate health camps like BEML. No defined SOP for handling large-scale corporate health camps. Feedback received by PRM not always followed up or closed. Patients unaware of waiting time or status during tests/scans. Some consultants didn't record instructions in EMR, causing confusion for nurses. Availability of wheelchairs and transport support was inconsistent. Errors noted in internal billing audits due to human error or oversight.
Suggestions for improvement	1. Introduce a **centralized discharge dashboard** to monitor real-time status. 2. Implement **automated alerts** in HIS for pending consultant summaries. 3. Assign **dedicated discharge coordinators** per ward to streamline processes. 4. Create **standardized checklists** for insurance/cash discharges. 5. Provide **Claimbook training** for billing/insurance staff. 6. Increase **OPD staffing**, especially in peak morning hours. 7. Ensure **doctor punctuality** via scheduling buffers or alerts.

	8. Improve **OPD crowd control** with token systems or real-time updates. 9. Set up **feedback closure tracking** with PRM to ensure resolution transparency. 10. Train nursing and front-desk staff on **empathy and communication skills**. 11. Provide **printed waiting time/TAT slips** for diagnostics/lab tests. 12. Assign **camp coordinators** with checklists and advance department alerts. 13. Prepare **color-coded ID tags or lanes** for health camp participants. 14. Increase **inventory of wheelchairs, trolleys**, and transport staff. 15. Digitize **manual reporting work** using integrated dashboards and analytics. 16. Conduct **monthly interdepartmental meetings** to review workflow gaps. 17. Encourage **real-time consultant documentation** for better handoffs. 18. Build a **backup roster** for housekeeping and transport during night shifts.
Key learnings	○ Real-world hospital operations require **constant coordination** between departments. ○ The best service is delivered when **communication is timely and clear**. ○ **Lean and Six Sigma tools** are highly relevant in healthcare for waste reduction. ○ The **discharge process** is complex and must be streamlined through SOPs. ○ **Patient satisfaction** is highly influenced by soft skills, not just clinical care. ○ **Feedback systems** must include follow-up for real improvement. ○ Digital systems like **Med Mantra** and **Claimbook** are powerful if used correctly. ○ Managing **corporate camps** requires SOPs and strong planning. ○ **Empathy and TLC** go a long way in building trust in healthcare.

	○ **Time management** by doctors and staff is critical to overall efficiency. ○ Operational bottlenecks are often **avoidable with better planning**. ○ **Documentation discipline** is key to financial accuracy and patient safety. ○ **Queue control and space planning** affect how patients perceive service quality. ○ Teamwork and **interdepartmental respect** matter more than hierarchy. ○ **Internships reveal hidden gaps** between theory and practice. ○ **Training and orientation** should not be overlooked, especially in insurance. ○ **Service excellence** is a continuous process—not a one-time event. ○ Every department—from security to pharmacy—**contributes to patient experience**.

Signature of the Student: Dr. Shreelakshmi K

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