SUMMER INTERNSHIP PROGRAM

at

CK Birla Hospital (RBH), Jaipur

From 12th May 2025 to 21st July 2025

A REPORT BY

Shivanshi Gupta

Master of Business Administration

Hospital and Health Management

Roll no.- 2083

2024-26

under the Mentorship of

Dr. Susmit Jain, Associate Professor

CK Birla Hospitals
RUKMANI BIRLA HOSPITAL

RBH/2025/Jul/HRD/6862

Date: 21 Jul 2025

TO WHOM SO EVER IT MAY CONCERN

This is to certify that **Shivanshi Gupta** has successfully completed her internship in the **Medical Services** Department from 12 May 2025 to 21 Jul 2025.

Her behavior was respectful, punctual, and in alignment with hospital policies. She showed enthusiasm to learn, adapt, and communicate effectively with staff members, while maintaining a professional attitude throughout the program.

We commend her dedication and discipline during the tenure and believe she has gained valuable exposure to the work culture and expectations of a healthcare environment. We wish a continued success in all future academic and professional pursuits.

For **CK Birla Hospital – RBH**

Ravi Kumar
Unit Head | Human Resources

IIHMR UNIVERSITY

IIHMR University Faculty Mentor Approval

This is to certify that Ms. Shivanshi Gupta of academic year 2024-26 of Institute of Health Management Research has prepared a poster with respect to his/her summer internship held during May-July 2025.

She has carried out work as per the guidelines. Her poster is approved for presentation.

Date: 23.07.2025

(Signature of Faculty Mentor)

Name: **Dr. Susmit Jain**

Designation: Associate Professor,
IIHMR University, Jaipur.

SUMMER INTERNSHIP PROGRAM
IIHMR UNIVERSITY, JAIPUR

ANALYSIS OF THE DISCHARGE PROCESS IN THE PLANNED TPA AND CASH PATIENTS IN A TERTIARY CARE HOSPITAL, JAIPUR
CK BIRLA HOSPITAL (RBH), JAIPUR

University Mentor- Dr. Susmit Jain
Industry Mentor: Dr. Nimi Thadeshwer

Name- Shivanshi Gupta
2083 MBA HM

BRIEF HISTORY

CK Birla Hospitals, comprising its five identities across India
- The Calcutta Medical Research Institute (CMRI)(Kolkata)
- BM Birla Heart Research Center (BMH) (Kolkata)
- CK Birla Hospital (RBH) (Jaipur)
- CK Birla Hospitals (Gurugram)
- CK Birla Hospitals (West Delhi)

The five units of CK Birla Hospitals having footprint in Kolkata, Jaipur and Delhi which offer 800+ beds with comprehensive health care services in India.

RBH was launched in 2016 at Jaipur which now has the capacity of 230 beds overall, 75 ICU beds and 9 modular OT. The Hospital also offers Da-Vinci Robotic Surgery and is built on the foundations of clinical excellence, ethics and patient-centric care

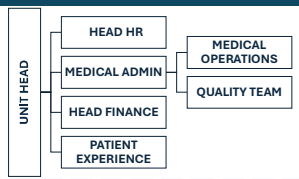
VISION

To provide best of Patient Service & Clinical Excellence.

MISSION

To create Clinical Centers of Excellence on a strong backbone of research, academics and evidence-based medicine for best clinical and patient outcome.

ORGANISATION STRUCTURE



Theoretical Understanding

- ✓Understanding of various essential departments in the hospital and its functions
- ✓Gained knowledge of the core concepts of the hospital management

Practical Exposure

- ✓Conducted audits of core departments
- ✓Application and development of skills like decision-making and problem-solving to real-world scenario

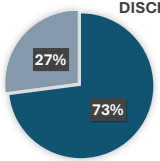
ANALYSIS OF THE DISCHARGE PROCESS IN THE PLANNED TPA AND CASH PATIENTS

AIM:- To compare and evaluate the discharge workflow for planned TPA-covered and cash-paying patients in CK Birla hospital, Jaipur

METHODOLOGY

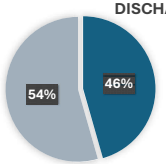
- **Study Design**: Cross-sectional study
- **Study Duration**: 30 days (23 May – 23 June 2025)
- **Sample Size**: 201 patients
  - 100 TPA patients
  - 101 Cash patients
- **Sampling Technique**: Convenience sampling of consecutive planned discharges
- **Inclusion criteria**- Planned discharges which are planned or tentative a day before
- **Exclusion criteria-** Unplanned discharges.

DELAYED V/S ON TIME DISCHARGES TPA DISCHARGES



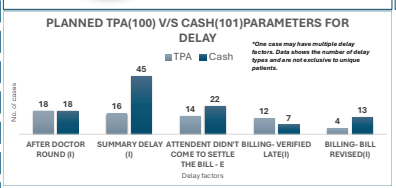
The average time taken is 284.05 min with 73% delays in TPA patient discharges.

DELAYED V/S ON TIME CASH DISCHARGES

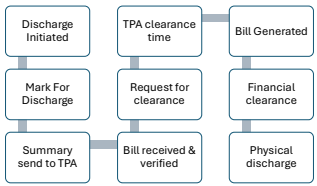


The average time taken is 112.40 min with 46% delays in cash patient discharges.

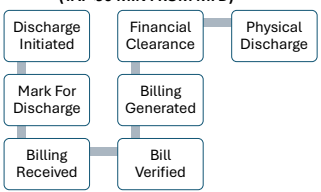
PLANNED TPA(100) V/S CASH(101)PARAMETERS FOR DELAY



DISCHARGE PROCESS FOR TPA PATIENTS (TAT<180 MIN FROM MFD)



DISCHARGE PROCESS FOR CASH PATIENTS (TAT<90 MIN FROM MFD)



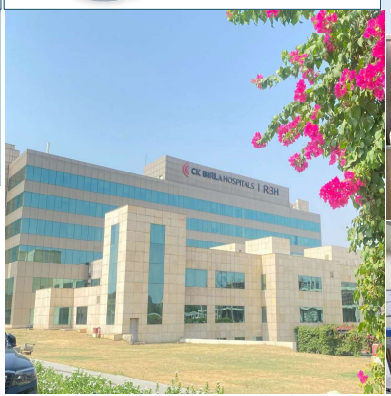
SWOT FOR DISCHARGE PROCESS

Strengths	Weaknesses
• Strong HIS system with discharge timeline tracking. • Well defined SOPs and trained teams	• Set protocols not being followed by the staff • Lack of interdepartmental coordination

Opportunities	Threats
• Real time alert of discharge delays using HIS • Digitalization and reducing paperwork	• Patient dissatisfaction • Revenue loss due to poor bed turnover

TOWS FOR DISCHARGE PROCESS

SO	• Leverage the present HIS; deploy delay alerts and reduce the manual paperwork
ST	• Strong protocols usage to maintain patient satisfaction and reduce bed turnover loss
WO	• Use present HIS for the improvement of interdepartmental coordination through digital dashboard as common communication channel
WT	• Do quarterly audits across the departments and teams to improve the accountability; conduct refresher trainings.



CHALLENGES FACED DURING INTERNSHIP

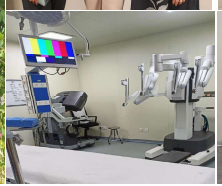
- Resistance to sharing data or delay reasons.
- Time management between observation and data compilation.
- Gaps in the designed protocols and actual practices.

MAJOR LEARNINGS DURING INTERNSHIP

- Observed the discharge workflow and process for both type of payors(TPA and Cash).
- Gained exposure to the real-time key hospital operations and interdepartmental coordination.
- Conducted internal audits for the infection control departments for the crucial areas like CSSD, Pre and Post op, OT etc.
- Learned how to apply quality improvement tools like Root Cause Analysis (RCA) and SWOT analysis for the departments
- Gained experience in open and close file audits.
- Conducted a retrospective study for the Pre-operative ALOS from the closed files
- Developed skills in Data management and its analysis.
- Analysis of the efficient practices and the gaps in the process and gave suggestions for the same.

SUGGESTIONS FOR IMPROVEMENT

- **Prioritizing discharges:** Scheduling of the consultant rounds in the IPD before the OT and OPD rounds .
- **Digitalize the manual handover**: Digitalizing the file handover instead of relying on paperwork and timeline for the automated delay alerts in the submission.
- **Improve HIS usage:** Ensure that the role-based access to the required discharge documents is available. Provide refresher training to the new and clinical staff.
- **Optimize the morning billing staff:** Due to the surge in workload in the morning, at least 2 staff available to process and verify the bills.
- **Billing counselling:** Advice the patients and the attendants to review the interim bill and financial clearance a day prior of discharge to avoid last minute bill revision.
- **Common platform for communication:** Instead of relying on social media, provide a common dashboard/platform in order to improve communication.



Weekly Report (01)

Name of the Organisation: CK Birla Hospital (RBH), Jaipur

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

Name of the Student: Shivanshi Gupta

Roll no: 2083 **Stream: MBA Hospital and Health Management**

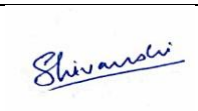
Week no: 1 **From: ….12/05/2025……to…17/05/2025……**

Activity Done	• Observed and got the briefing for the following areas IPD (3rd, 4th & 5th floor), OPD (PCS), TPA, OT And CSSD, IT, Radiology and laboratory, Marketing, Pharmacy, Emergency, Blood bank, MRD • Received induction session on NABH guidelines Infection control Fire and safety Patient satisfaction BLS
Linking theory (Classroom learning) with practice at your organisation	• Medication management from the essential of hospital services in pharmacy department • Zoning of CSSD and OT • Biomedical waste management • Emergency codes • Evacuation plans • Floor planning according to the departments like nightingale wards, blood bank near HDU, ER and OPD on ground floor, signages, separate exit and entrances etc. • Hospital indices like (percentage of bed occupancy, Average length of stay)

Gaps identified on the working area.	• Delays in discharge despite planning it a night before the day of discharge. It occurs usually due to delay in TPA clearance or delay from the staff end. • There are more beds on one floor, leading to increased workload for one single subunit in the IPD department (4th floor) • Lack of IEC material in the waiting room for the patient's safety and awareness regarding various health conditions. Even the ones that are present are too small to read and are not present in bilingual format for the readability of all

Suggestions for improvement	• For discharge delays
	  ○ Have a discharge tracking system for all the departments
	  ○ Create a fast track TPA desk for unplanned discharge
	• For excess workload on one floor
	  ○ Provide extra staff for peak hours
	  ○ Redistribution of the beds on the floors
	• For the IEC materials
	  ○ Provide bilingual IEC material with proper readability and visibility

Plan for the next week	• Allocation of the department • Project ideations and observation techniques studied • Relocating gaps in the area I am assigned in



Signature of the Student

Approved by the IIHMR University's Mentor

Weekly Report (02)

Name of the Organisation: CK Birla Hospitals (RBH), Jaipur

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

Name of the Student: Shivanshi Gupta

Roll no: 2083 **Stream: MBA Hospital and Health Management**

Week no: 2 **From: ……19/05/2025 ……to……24/05/2025…..**

Activity Done	• Department assigned • One project given by the organisation is infection control audit in which I am to cover the CSSD and Pre-operative and postoperative area for this week • Decided my major project on Comparative study of TPA and non-TPA planned discharge process (To measure and compare discharge timelines for TPA vs non-TPA patients) • Started to collect the samples for my study • Submitted the report for CSSD for the quality improvement meeting
Linking theory (Classroom learning) with practice at your organisation	• Applied the accredited checklist from the ministry of infection control for CSSD audit in infection control • Analysed the discharge process and challenges to understand the health economics and organizational behaviour • Sampling and research methodology for the study • Used the method of report writing for the submission of a report.
Gaps identified on the working area.	• Infrastructural gaps in CSSD. Lack of space is causing issues with the storage and management of the sterile and non-sterile instruments

	• Managerial issues and miscommunication at inter and intra departmental level. • Lack of adherence to hand hygiene practices

Suggestions for improvement	• Infrastructural gaps
	  ○ Reorganizing space according to the zones
	  ○ Use of vertical storage and modular racks
	• Managerial and miscommunication gaps
	  ○ Use of proper communication methods instead of just verbal
	  ○ Take checklists and digital tracking into consideration

Plan for the next week	• Sample collection continued for the major project in discharge process • Auditing the department for infection control which is assigned to us

Signature of the Student

Approved by the IIHMR University's Mentor

Weekly Report (03)

Name of the Organisation: CK Birla Hospital (RBH), Jaipur

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

Name of the Student: Shivanshi Gupta

Roll no: 2083 **Stream: MBA Hospital and Health Management**

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

Activity Done	• Observed the discharge process of the IPD floors of 3rd, 4th and 5th floor. • Collection of the sample data for the Major project • Pre-op and post op quality reports were made and given to the head of the infection control department. • Had a briefing regarding the major project with the industry mentor. • Attended infection control session
Linking theory (Classroom learning) with practice at your organisation	• Research methodology • Hand hygiene practices • Lean management theory like TAT, workflow mapping • Essentials of hospital services
Gaps identified on the working area.	• Communication gaps • Hygiene practices not following • Incomplete documents sent to TPA causing delay
Suggestions for improvement	• Define proper SOPs • One person for communication assigned to every floor • Use proper documentation checklist • Review files before sending them to TPA • Refresher training for hand hygiene • Cleaning of floors 3 times a day

Plan for the next week	• OT audit for infection control project • Collect samples for the major project

Signature of the Student

Approved by the IIHMR University's Mentor

Weekly Report (04)

Name of the Organisation: CK Birla Hospitals (RBH), Jaipur

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

Name of the Student: Shivanshi Gupta

Roll no: 2083 **Stream: MBA Hospital and Health Management**

Week no: 4 **From: ……2/06/2025 ……to……7/06/2025……..**

Activity Done	• Collection of data for the samples taken for the major project • Had 2 meetings with the industry mentors regarding the project, report and presentation • Discussion regarding the OT audit with the head of the infection control and formed a checklist for the audit.
Linking theory (Classroom learning) with practice at your organisation	• Research methodology • Essentials of hospital services - Operation theatre • Lean management • Financial management • Life insurance
Gaps identified on the working area.	• Miscommunication • Incomplete documents • Lack of GDA staff • Lack of refresher training
Suggestions for improvement	• Implementation effective communication protocols. • Standardized checklist documentation templates • Conduct periodic audits for the documents. • Recommended hiring temporary staff for peak hours or season • Conduct periodic trainings

Plan for the next week	• Collection of more samples • Report submitting for the CSSD and pre-op. • Presentation of that report (tentative)

Signature of the Student

Approved by the IIHMR University's Mentor

Weekly Report (05)

Name of the Organisation: CK Birla Hospital (RBH), Jaipur

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

Name of the Student: Shivanshi Gupta

Roll no: 2083 **Stream: MBA Hospital and Health Management**

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

Activity Done	• Had a meeting with the industry mentors regarding the project and data collection. • Collected data (continued) for the major project. • Format of checklist for the infection control audit in the OT • Submitted two reports of CSSD and pre-op to the organization.
Linking theory (Classroom learning) with practice at your organisation	• Research methodology • Essentials of hospital services - Operation theatre • Report writing • Lean management • Financial management • Life insurance
Gaps identified on the working area.	• Miscommunication • Incomplete documents • Lack of GDA staff • Hygiene practices not following
Suggestions for improvement	• Define proper SOPs • One person for communication assigned to every floor • Use proper documentation checklist • Recommended hiring temporary staff for peak hours or season • Refresher training for hand hygiene

Plan for the next week	• Collection of data for the major project • OT audit for infection control • Analysis of the data collected for the major project

Signature of the Student

Approved by the IIHMR University's Mentor

Weekly Report (06)

Name of the Organisation: CK Birla Hospital (RBH), Jaipur

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

Name of the Student: Shivanshi Gupta

Roll no: 2083 **Stream: MBA Hospital and Health Management**

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

Activity Done	• Continued to collect data last lot of data for the Major project • Segregated the data in Excel • Had a meeting with the industry mentor regarding the data • Had a meeting with the head of infection control department and assigned us OT audit • Made the checklist for the OT audit for infection control • Did the audit in the OT for the infection control and observed their practices.
Linking theory (Classroom learning) with practice at your organisation	• Application of data management skills • Checklist based auditing of OT • OT zoning and requirements • Professional communication • Excel
Gaps identified on the working area.	• Inefficient cleaning of OT • Hand hygiene and scrubbing not followed • BMW management is not followed properly • Miscommunication • Incomplete documents • Lack of GDA staff

Suggestions for improvement	• Refresher training for hand hygiene and BMW management • Checklist based cleaning of OT • Hold daily meetings and SBAR methods • Use a standard checklist and review the documents accordingly • Hire more GDA staff.
Plan for the next week	• Report writing for the OT audit • Format the data for the major project • Discussing to the industry mentor regarding the next project

Signature of the Student

Approved by the IIHMR University's Mentor

Weekly Report (07)

Name of the Organisation: CK Birla Hospital (RBH), Jaipur

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

Name of the Student: Shivanshi Gupta

Roll no: 2083 **Stream: MBA Hospital and Health Management**

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

Activity Done	• Data analysis of the major project • Meeting with the industry mentor and presenting the data for the data summarization. • Infection control audit in OT continued. • Made a report of OT and submitted it to the head of the infection control department • Met with the industry mentor to decide the second minor project
Linking theory (Classroom learning) with practice at your organisation	• Application of data management skills • Checklist based auditing of OT • OT zoning and requirements • Professional communication • Excel • Report writing
Gaps identified on the working area.	• Lack of staff • Lack of hand hygiene • Not proper cleaning of OT department, floors and surfaces
Suggestions for improvement	• Periodic audits for the OT for infection control • Refresher training for hand hygiene for all the staff • Refresher training for BMW to the staff • Infection control practices refresher training to the staff especially GDA

Plan for the next week	• Starting a new project after discussing the mentor. • Observe pharmacy department and admission desk for further information • Start poster making for the major project

Signature of the Student

Approved by the IIHMR University's Mentor

Weekly report (08)

Name of the Organisation: CK Birla Hospital (RBH), Jaipur

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

Name of the Student: Shivanshi Gupta

Roll no: 2083 **Stream: MBA Hospital and Health Management**

Week no: 8 **From: …30/06/2025……to… 5/07/2025……**

Activity Done	• Had a meeting with the head of the infection control department regarding the OT report submission • OT report submitted with the corrections • Data analysis and summarization of the data for the Major project and its presentation. • Prepared SWOT analysis for the infection control practices as a minor project for all the 3 departments • Started a project on the Pre-op ALOS project given by the organization to do. • Observed the admission desk for its processes.
Linking theory (Classroom learning) with practice at your organisation	• Applied NABH based infection control concepts for SWOT analysis of the 3 departments • Applied biostatistics and data analytics concepts to prepare the data for Pre-op ALOS and major project • Used reporting and operations knowledge for the submission of the OT report • Used strategic tools for the infection control practice assessment • Used project planning, task management and communication for the task in hand

Gaps identified on the working area.	• Inefficient cleaning of OT • Hand hygiene and scrubbing is not followed by the staff • BMW management is not followed properly • Lack of GDA staff • Refresher training is not being followed.
Suggestions for improvement	• Periodic audits for the OT for infection control • Refresher training in hand hygiene for all the staff • Refresher training for BMW and hand hygiene for the staff • Infection control practices refresher training to the staff especially GDA
Plan for the next week	• Work on the pre-op ALOS data. • Discussion with industry mentor regarding the data • Analysis of the Data • Reauditing of all 3 departments.

Signature of the Student

Approved by the IIHMR University's Mentor

Weekly report (09)

Name of the Organisation: CK Birla Hospital (RBH), Jaipur

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

Name of the Student: Shivanshi Gupta

Roll no: 2083 **Stream: MBA Hospital and Health Management**

Week no: 9 **From: …7/07/2025……to… 12/07/2025……**

Activity Done	• Collected data from the closed files of the MRD department for the last 2 months for the Pre- op ALOS project. • Cleaned and sorted the data for analysis through Excel • Sample size- 106 • Reaudit of CSSD department for the infection control practices • Started to prepare the poster for the university Summer Internship Program • Prepared a Power point presentation of the major project to be shown in the organization to the mentors. • Had a meeting with the industry mentor regarding this.
Linking theory (Classroom learning) with practice at your organisation	• Applied NABH based infection control concepts for CSSD reaudit • Essentials of hospital services in CSSD reauditing • Applied data analytics concepts to clean sort the data for Pre-op ALOS • Data visualization to showcase the project findings along with the presentation skills
Gaps identified on the working area.	• Hand hygiene not followed by the staff • No proper counselling regarding the packages and requirements before the admission for the surgery • Documentation is not proper and streamlined

Suggestions for improvement	• Refresher training in hand hygiene for all the staff • Proper counselling to the patients regarding the tests they should get done before the admission. • Proper documentation and a reference checklist should be maintained.
Plan for the next week	• Work on the pre-op ALOS data. • Reaudit of the Pre-op and Operation Theatre • Complete the SIP poster • Presentation and final submission of the major and minor project to the senior management • Submission of all the project reports to the organization.

Signature of the Student

Approved by the IIHMR University's Mentor

Weekly report (10)

Name of the Organisation: CK Birla Hospital (RBH), Jaipur

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

Name of the Student: Shivanshi Gupta

Roll no: 2083 **Stream: MBA Hospital and Health Management**

Week no: 10 **From: …14/07/2025……to…19/07/2025……**

Activity Done	• Re- audit of OT and Pre-op. • Discussion with the head of the infection control department regarding the improvements in all 3 departments post audit. • Analysis of the pre-op ALOS data and presenting the findings to the industry mentor. • Presentation of the major and minor project to the senior management of the organization.
Linking theory (Classroom learning) with practice at your organisation	• Research methodology • Essentials of hospital services - Operation theatre • Data management • Presentation skills
Gaps identified on the working area.	• Miscommunication • Incomplete documents • Hygiene practices not following • Lack of adherence to the protocols
Suggestions for improvement	• Establish proper communication channels • Provide refresher training for the staff regarding the protocols and practices and conduct audits for the same. • Streamline the documentation processes.

Signature of the Student

Approved by the IIHMR University's Mentor

Compiled report

Name of the Organisation: CK Birla Hospital (RBH), Jaipur

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

Name of the Student: Shivanshi Gupta

Roll no: 2083 **Stream: MBA Hospital and Health Management**

Activity Done	• **Observed and got the briefing for the following areas** o IPD (3rd, 4th & 5th floor) o OPD (PCS) o TPA o Billing department o Robotic surgery o Financial counselling o OT o CSSD o IT o Radiology o Laboratory o Marketing o Pharmacy o Emergency o Blood bank o MRD • **Received induction session on** o NABH guidelines o Infection control o Fire and safety o Patient satisfaction

	○ BLS • **Did Audits in** ○ CSSD ○ Pre and Post Op ○ Operation Theatre ○ Closed file audits • **Process:** ○ Discharge Process of Planned TPA patients and TAT ○ Discharge Process of Planned Cash patients and TAT ○ CSSD sterilization process ○ Pre-op process and TAT ○ Wheel in and Wheel out process and TAT ○ OT robotics draping and infection control processes • **Projects done in the Organization** ○ <u>Project 1 (Major)-</u> ▪ Analysis of the Discharge processes of the Planned TPA and Cash patients. ▪ Aim: **-** To compare and evaluate the discharge workflow for planned TPA-covered and cash-paying patients in CK Birla hospital, Jaipur ▪ Methodology: Cross-sectional study on 100 TPA patients and 101 cash patients. ▪ Key Findings: Delays due to the after-doctor's round, summary delay and late processing of the bill ▪ Suggestion: Prioritizing discharges, Digitalize the manual handover, Improve HIS usage, Optimize the morning billing staff, Billing counselling, Common platform for communication

	○ Project 2 – ▪ Infection control practice internal audit for CSSD ○ Project 3 – ▪ Infection control practice internal audit for Pre-op department ○ Project 4 – ▪ Infection control practice internal audit for Operation Theatre ○ Project 5 (Minor Project) – ▪ SWOT Analysis of the infection control practices in OT, CSSD and Pre-Op department ○ Project 6 – ▪ A Retrospective Analysis of Pre-operative Average Length of Stay (ALOS) for TKR/THR Patients in a Tertiary Care Hospital • Re-audited infection control practices in the following departments: ○ CSSD ○ Pre- and post-op department ○ Operation Theatre • Presentation of the data for the projects in every 15 days in the organisation and discussed the progress of the projects and seek guidance. • Last week had a final presentation of the major and minor projects to the senior management and the industry mentors.
Linking theory (Classroom learning) with practice at your organisation	• Applied NABH based infection control concepts for CSSD reaudit • Essentials of hospital services in CSSD reauditing

	• Applied data analytics concepts to clean sort the data for Pre-op ALOS • Data visualization to showcase the project findings along with the presentation skills • Medication management from the essential of hospital services in pharmacy department • Zoning of CSSD and OT • Biomedical waste management • Emergency codes • Evacuation plans • Floor planning according to the departments like nightingale wards, blood bank near HDU, ER and OPD on ground floor, signages, separate exit and entrances etc. • Hospital indices like (percentage of bed occupancy, Average length of stay) • Applied the accredited checklist from the ministry of infection control for CSSD audit in infection control • Analysed the discharge process and challenges to understand the health economics and organizational behaviour • Sampling and research methodology for the study • Used the method of report writing for the submission of a report. • Hand hygiene practices • Lean management theory like TAT, workflow mapping • Application of data management skills • Checklist based auditing of OT according to the NABH guidelines. • Professional communication for the presentation of the data. • Intermediate Excel • Applied NABH based infection control concepts for SWOT analysis of the 3 departments

	• Applied biostatistics and data analytics concepts to prepare the data for Pre-op ALOS and major project • Used strategic tools for the infection control practice assessment • Used project planning, task management and communication for the task in hand
Gaps identified on the working area.	• Hand hygiene not followed by the staff • No proper counselling regarding the packages and requirements before the admission for the surgery • Delays in discharge despite planning it a night before the day of discharge. It occurs usually due to delay in TPA clearance or delay from the staff end. • There are more beds on one floor, leading to increased workload for one single subunit in the IPD department (4th floor) • Lack of IEC material in the waiting room for the patient's safety and awareness regarding various health conditions. Even the ones that are present are too small to read and are not present in bilingual format for the readability of all • Infrastructural gaps in CSSD. Lack of space is causing issues with the storage and management of the sterile and non-sterile instruments • Managerial issues and miscommunication at inter and intra departmental level. • Incomplete documents sent to TPA causing delay • Inefficient cleaning of OT • BMW management is not followed properly • Lack of GDA staff

Suggestions for improvement	• **For discharge delays**
	  ○ Have a discharge tracking system for all the departments
	  ○ Create a fast track TPA desk for unplanned discharge

	○ Define proper SOPs ○ Provide extra staff for peak hours ○ Redistribution of the beds on the floors ○ Review files before sending them to TPA ○ Conduct periodic audits for the documents. ○ Recommended hiring temporary staff for peak hours or season • **For the IEC materials** ○ Provide bilingual IEC material with proper readability and visibility • **Infrastructural gaps** ○ Reorganizing space according to the zones ○ Use of vertical storage and modular racks • **Managerial and miscommunication gaps** ○ Use of proper communication methods instead of just verbal ○ Take checklists and digital tracking into consideration ○ Hold daily meetings and SBAR methods ○ One person for communication assigned to every floor • **Infection control –** ○ Refresher training for hand hygiene ○ Cleaning of floors 3 times a day ○ Recommended hiring temporary staff for peak hours or season ○ Refresher training for hand hygiene and BMW management ○ Checklist based cleaning of OT

	○ Periodic audits for the OT for infection control ○ Infection control practices refresher training to the staff, especially GDA • **Pre- Op ALOS –** ○ Streamline the admission process and standardize it to reduce the ALOS for Pre-op. ○ Proper counselling to the patients regarding the tests they should get done before the admission.
Key Learnings	• Observed the discharge workflow and process for both types of payors (TPA and Cash). • Gained exposure to the real-time key hospital operations and interdepartmental coordination. • Conducted internal audits for the infection control departments for the crucial areas like CSSD, Pre and Post op, OT etc. • Learned how to apply quality improvement tools like Root Cause Analysis (RCA) and SWOT analysis for the departments • Gained experience in open and close file audits. • Conducted a retrospective study for the Pre-operative ALOS from the closed files • Developed skills in Data management and its analysis. • An analysis of the efficient practices and the gaps in the process and gave suggestions for the same. • Applied textbook knowledge to real-life scenarios in the hospital. • Improved analytical thinking to understand the inefficiencies in the workflows. • Gained confidence in handling operations and administration related tasks.

	• Learned the importance of accountability, communication and teamwork to deliver quality care to the patient.

Signature of the Student

Approved by the IIHMR University's Mentor