# SUMMER INTERNSHIP PROGRAM

# at

# APOLLO SPECIALITY HOSPITAL, JAYANAGAR BANGALORE

From 12/05/2025 to 21/07/2025


A REPORT BY

**Shivani S Pillai**

Master of Business Administration Hospital and Health Management

Roll no.: 2081

2024-26


under the Mentorship of

**Dr. SANDESH KUMAR SHARMA, ASSOCIATE PROFESSOR**

IIHMR UNIVERSITY

Apollo HOSPITALS
TOUCHING LIVES

**21st July 2025**

# INTERNSHIP CERTIFICATE

This is to certify that **Dr. Shivani S. Pillai** 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**

APOLLO HOSPITALS BANGALORE

Apollo Speciality Hospital, Jayanagar
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IIHMR UNIVERSITY

# IIHMR University Faculty Mentor Approval

This is to certify that **Dr. Shivani S Pillai** 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: _28/07/2025_____

Dr. Sandesh Kumar Sharma
Associate Professor

1, Prabhu Dayal Marg, Near Sanganer Airport, Jaipur- 302029, Rajasthan, India.
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# RECORD REVIEW OF OUTPATIENT TO INPATIENT NON-CONVERSION IN TERTIARY CARE HOSPITAL

NAME – DR SHIVANI S PILLAI
BATCH-HM 29
ROLL NO-2081

University Mentor:
Dr Sandesh Kumar Sharma

Organisation Mentor:
Dr Ashwini Ashok

## ABOUT THE ORGANISATION

Apollo Speciality Hospital is a multi-speciality tertiary care hospital in South Bangalore with 150 beds.It provides vast inpatient and outpatient services in specialities like orthopedics, neurosciences, cardiology, pulmonology, gastrology, critical care, and many more.It is also equipped with modern diagnostic tools like MRI,CT,Endoscopy, sleep lab all accredited by the NABL.

### HISTORY

With inception in 2007 ,Apollo Jayanagar is a part of the AHEL (Apollo Hospitals Enterprise Limited )1983 founded by Chairman and Founder Dr Prathap C Reddy .It is backed by Apollo Group's legacy of clinical innovation, NABL accredited labs and highest standards of care .

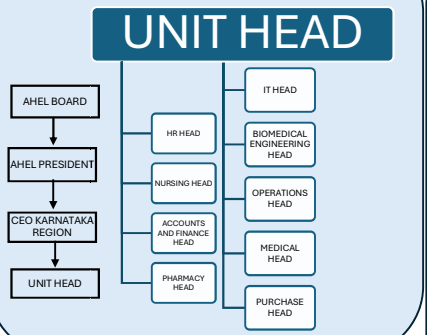
## VISION

'Touch a billion lives'
The long term goal of Apollo Hospitals is to expand its reach and provide the highest standards of healthcare services that impacts one billion individuals .

## MISSION

To bring healthcare of international standards within reach of every individual. They are committed to the achievement and maintenance of excellence in education, research and healthcare for the benefit of humanity .

## ORGANISATIONAL STRUCTURE




## OBJECTIVES

1.To analyse the OPD to IPD non-conversion rates

2.To find out and understand reasons of non admissions

3 .To suggest ways to improve conversion rates .

## METHODOLOGY

- Design of study –Descriptive cross sectional
- Study Type – Record review
- Sample size used -99(Total non admissions from Jan to jun )
- Inclusion criteria – Patients visiting to OPDs of pulmonology, gastro-surgery, neurology,neurosurgery .
- Exclusion criteria- Patients who visit OPDs other than mentioned above .
- DATA COLLECTION
- Quantitative data -1.In-patient admission advices
  2. In-patient admission cancellation
- Qualitative Data –

1. Interviewed SLMs to understand reasons of non conversions and IP Billing staffs to understand reasons of insurance rejection .
2. Designed and administered questionnaire to patients advised for admission but didn't get admitted

| DEPARTMENT | CONVERSION RATE (%) | | |
|---|---|---|---|
| | APRIL | MAY | JUNE |
| GIMAS TEAM(GASTRO INTESTINAL MINIMAL ACCESS SURGERY) | 91.58 | 90 | 95.29 |
| NEUROSURGERY and NEUROLOGY | 84.93 | 84.91 | 83.93 |
| PULMONOLOGY | 75 | 80 | 84.85 |

## RESULTS

1.Elective surgeries with shorter length of stays were having higher conversion percentages ,eg GIMAS team at Apollo Jayanagar

2.Neurosurgery and neurology usually has high budgeted which are generally difficult to convince even after financial counselling,reassurance and discount

3. Non admission in pulmo dept are usually because of longer hospital stay because of medical management hence higher budget as well.

4.Insurance rejections were mostly because of non –coverage ,immature policy ,non disclosure of comorbidities .

## SWOT ANALYSIS OF OPD

| STRENGTHS | WEAKNESS | OPPORTUNITIES | THREATS |
|---|---|---|---|
| 1.Highly specialised and experienced senior consultants – many with over 20 years of experience . | 1.Very high costs | 1.Streamline patient flow to senior consultants to reduce OPD waiting time | 1.Multiple competitors in near vicinity |
| 2.Strategic location –in middle of the city with ample transport services – road and metro | 2.Alleged prescriptions of Unnecessary diagnostic tests | 2. Enhance transparency in price tariffs for outpatient services ,diagnostic tests ,health checks – helps build more trust among patients. | 2.Negative public and social media sentiments about corporate medical ethics – negatively impacting brand reputation |
| 3. All-rounded care – OPD/IPD/ICU/OT/Lab/Pharmacy /digital health (Apollo 24/7 app) | 3.Long OPD waiting time for some doctors –especially senior consultants | 3.Expand preventive care and long term management of chronic /lifestyle associated diseases via OPD- can potentially increase footfall and increase perceived long-term value | |
| 4.Availability of ultra modern diagnostic and lab services | 4.Lack of attention by staff – Senior doctors,other admin staffs | | |

## THEORETICAL LEARNING

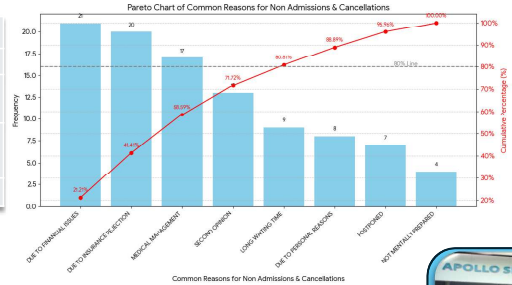
1.Studied hospital services like PRM, OPD, ICU, OT, Supportive services.

2.People management through effective Communication, professionalism and Body language

3.Studied concepts of financial management, Research and study designs .

## PRACTICAL UNDERSTANDING

1.Observing the departments practically showed how all these departments have their own workflow and still work inter-dependently to provide quality healthcare services .
2.Practical observation and execution of people management at OPD,IPD,Health check camps through effective communication and query resolution.
3.Got to see how financial counselling is done in corporate hospital setting, understood revenue cycle management and implementing study design in the project .




## CHALLENGES FACED

1.Patients were sometimes reluctant to reveal reasons for not getting admitted upon interviewing
2. Hospital MIS (MEDMANTRA ) data is kept confidential hence accessing the admission data required many prior permissions - Operations head ,OPD head,IPD head
3. Only the departments which had an SLM could retrieve the data for the number of advised cases for admission

## SUGGESTIONS

1.Better,complete and prior financial counselling,Reassurance, educating and enquiring about their insurance policy coverage and maturity

2. Complimentary Basic/mid-level health check packages for the attenders (one /two )

3. Educate about EMI/ 0% Interest loans/crowdfunding options especially for high budget surgeries (neurosurgery/cardiac surgical cases)

4. Flexibility of charges

5 .Better marketing strategies - brand campaigns /medical checkup camps and referrals ,visiting consultants .

6.Display video testimonies of successful cases .

7. Only OT admissions for procedures - care post surgery at outside hospital ,so less room rent is incurred

8.Pre-admission diagnostic tests can be done on OP basis rather than IP basis .


# Compiled Reporting Format

**Name of the Organization: APOLLO SPECIALITY HOSPITAL JAYANAGAR**

**Area/Department of Summer Internship Program -**

**OPERATIONS MANAGEMENT**

**Name of the Student: Dr Shivani S Pillai**

**Roll no:2081** **Stream: MBA – health and hospital management**

| **Activity Done** | • A project work was undertaken -with a focus on OPD patient getting converted to IPD patient with analyzing the underlying reasons for declining the admission and also providing suggestions and recommendations to increase the current conversion rate which would directly impact the hospital revenue.<br>1. Interviewed patients and called some other patients to understand their reasons for non-admission.<br>2. Interviewed SLMs (Service Line Managers) to understand the process of conversion from OPD to IPD and financial counselling.<br><br>• Coordinated and managed a health check camp at BEML (Bharat Earth Movers Limited) at Soudha and Indira Nagar locations<br>1. With approximately 280 patients<br>2. Executed planning, scheduling, resource allocation, coordination between different departments, real time progress monitoring, crowd management.<br>• Observed the standard operating procedures and gained insights about hospital operations management departments -PRM, OPD,IPD (covering Admissions, wards, Discharge),OT,F&B, MRD.<br>• Performed audits in various departments in operations and checked compliance with the established standards using the checklist provided.<br>• Learnt insurance claims documentation to be sent to TPA companies and carried out many documentations work for patients with different surgical packages.<br>• Managed patient flow from entry to exit, sequenced the early, late, on-time reporters along with referrals, report show cases and walk-in cases. |
|---|---|

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| | • Theoretical learning taught us effective communication and professional behavior among staff members affect patient decision and thus influencing the relationship between patient and hospital. Practically it was confirmed as well when patients were satisfied after proper communication and professional behavior. |
| **Linking theory (Classroom learning) with practice at your organization** | • OP to IP conversion – Marketing healthcare, consumer behavior.<br>1. Conversion also depended on how well services are marketed as well. Promotion, pricing and place (location/convenient logistics) also influenced patient decision making from OP to IP care.<br>2. CBA (Cost benefit analysis) – Conversion fails when value of IP care perceived by patient is not greater than its cost.<br><br>• Audits in various departments (Admission/PRM/F&B/doctors/nurses/security/ housekeeping) act as a feedback mechanism for continuous improvement and TQM (Total Quality Management)<br>1. Put greater emphasis on identifying gaps and deviations & areas which need improvement.<br>2. Compliance with NABH accreditation concepts.<br>3. Incident reporting system (AIRS in Apollo) & RCA (Root Cause Analysis) for resolution of patient grievance.<br><br>• Essential hospital services – OPD, IPD, OT, ICU & supporting services like PRM (Call Centre), pharmacy, housekeeping, F&B etc. are all interlinked to provide quality healthcare.<br>• Camp activities were linked to the following classroom theories.<br>1. Process flow and crowd management – Managing flow of patients to different departments of health checks and preparing schedules of batches to be sent to hospital for in-hospital tests.<br>2. Healthcare marketing – Providing good health check service will spread the word of mouth to others as well.<br>3. Interdepartmental coordination. |

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| | 4. HR & Team management – Communication between Apollo team of medical & management professionals & also handling visiting medical professionals from outside for the purpose of camp. |
| **Suggestions for improvement** | • Streamline the number of appointments given for senior consultants according to the time taken for one appointment (normally 30-45 minutes) but HMIS slots are only 15 minutes long.<br>• Conducts audits and trainings for lab staffs so that the prior communication about lab report TAT is given and patient is informed where to get their reports from.<br>• More staffs/better training in F&B department and housekeeping department.<br>• More effective communication between internal departments like admissions/IPD/ward managers/ICU & OT coordinators.<br>• Prior financial counselling to be of sufficient duration so that the patient completely understands the situation and can take a strong decision about proceeding forward with IP admission.<br>• For camp activities to be smoother -<br>1. Appointment slots could have been given which could have helped in crowd management.<br>2. Resource allotment could have been better and in accordance with number of patients to be checked on that particular day.<br>3. Medical equipments like digital BP apparatus should be well calibrated prior and spare apparatus should be present including manual ones as well.<br>4. Separate machines for Echo and USG could have avoided the extra-long waiting time for patients as well as the medical professionals or USG doctor and Echo technician could have been given different time slots to come and perform the tests.<br>5. The in-hospital tests for BEML, Soudha (Echo/USG/TMT) could have been better planned (In terms of medical equipments/staffs/rooms) to handle the extra |

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| | load of BEML employees on top of IP/OP/AHC/ER cases. |
| **Key Learnings** | 1. Understood day-to-day activities of hospital operations and functioning of various departments including PRM, OPD, IPD, ICU, OT, IP billing and Insurance.<br>2. Observation of inter departmental coordination for smooth patient flow and quality service delivery.<br>3. Understood importance of patient experience, escalation and resolution of grievance and communication strategies for redressal.<br>4. Understood the SOPs (in accordance with the NABH standards) of supportive services like F&B, housekeeping and how they play an important role in increasing patient satisfaction and delighting the customer.<br>5. OT & Cath lab observation, zoning practices, infection control in sterile areas – Understood surgical workflows, SOPs and learnt the pre, intra and post operative documentation.<br>6. Health camp planning and execution – Learnt camp coordinator activities like organizing a multi-specialty health check camp covering two locations and approximately 280 patients over a span of six days.<br>7. Learnt about insurance and cash billing processes, claim documentation, Insurance SOPs and importance of TAT in increasing patient satisfaction.<br>8. Interpersonal skills – Developed professional communication, time management and conflict resolution skills. Also learnt to adapt with hospital work culture, maintain confidentiality and working in high pressure settings. |

**Signature of the Student**

**Approved by the IIHMR University's Mentor**

*Report should be maximum of 10-12 pages excluding the weekly reports and poster*

# Reporting Format (Weekly)

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

**Area/ Department/ Project of Summer Internship Program:** Operations management.

**Name of the Student:** Dr Shivani S Pillai

**Roll no:** 2081 **Stream:** MBA – Hospital and health Management – B batch

**Week no:** 01 **From**:…….12/05/2025.….**to**…..18/05/2025……..

| | |
|---|---|
| **Activity Done** | • Introduction to the operations department.<br>• Introduction to the PRM dept<br>• Introduction to the Hospital management information system. |
| **Linking theory (Classroom learning) with practice at your organisation** | • Hospital is analysed as a system -input ,throughput and output.<br>• Observing out patients (input)move through various process (consultations,diagnosis,discharge)<br>• Communication in healthcare – PRM is a bridge between patients and hospital staffs – handling emotional and stressed patients . |
| **Gaps identified on the working area.** | • Increased waiting time in opd for seeing the doc<br>• Poor communication by call centre agents with patients/clients who call to avail information or appointments<br>• Wrong handling of CRM software by agents |
| **Suggestions for improvement** | • Training to call centre agents regarding handling stressful /emotional /back to back /rush hour calls. |
| **Plan for the next week** | • Learning and observing guest relations manager's activities and shadowing her during work.<br>• Learning how to communicate with VIP/high profile patients<br>• Understanding feedback systems currently in use by the hospital. |

**Signature of the Student – Shivani S Pillai**

**Approved by the IIHMR University's Mentor**

*On the last day of every week Saturday -) report in the above format should be submitted to the faculty mentor. Submission of total 10 reports in 10 weeks is compulsory. Each report should not be more than 2 pages.*

# Reporting Format (Weekly)

**Name of the Organisation:Apollo speciality hospital, Jayanagar, Bangalore**

**Area/ Department/ Project of Summer Internship Program: Operations Management internship**

**Name of the Student:Dr Shivani S Pillai**

**Roll no:2081 Stream:MBA HOSPITAL AND HEALTH MANAGEMENT**

**Week no:02 From: ....19-5-2025……to……24-5-2025……..**

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| **Activity Done** | • Internal Auditor of PRM dept in entirety was done in which ten calls per agent were checked if it was tagged correctly as<br>1.Appointment related (business enquiries)or<br>2.Non business related/lab report related/other non revenue generating calls. |
| **Linking theory (Classroom learning) with practice at your organisation** | • Quality management and continuous improvement - audit represents a check phase in the PDCA(plan do check act) cycle<br>• Observing and correcting SOPs and their compliance.<br>• HMIS understanding and application |
| **Gaps identified on the working area.** | • Many agents had tagged calls wrongly - marking business calls as non business calls.<br>• Also sone agents had made some not so appropriate/friendly/ courteous calls to some of the patients during calls |
| **Suggestions for improvement** | • Regular training and meeting for performance assessment and appraisal<br>• Streamline tagging categories<br>• Potential improvement can be- AI assisted call tagging tools integrated in the CRM software that can suggest tags based on keywords in the conversation<br>• Incorporation of tagging categories into KPIs |

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| **Plan for the next week** | • Internal auditing of all other dept categories<br>• Taking rounds to collect feedback from clients/ attenders and report to the concerned authorities and finish entering patient preference in E-portal SMS sending software |

**Signature of the Student Shivani S Pillai**

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# Reporting Format (Weekly)

**Name of the Organisation: Apollo Speciality hospital , Jayanagar, Bangalore**

**Area/ Department/ Project of Summer Internship Program: Operations Management**

**Name of the Student:Dr Shivani S Pillai**

**Roll no: 2081** **Stream: MBA - Hospital and health management - 29-(B)**

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

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| **Activity Done** | • Monthly internal audit for various depts eg: housekeeping,nursing,F and B services, admission, discharge,doctor sevice , security was done using standard checklists<br>• Attended open forum at AHJN where employee performance was evaluated and awards for excellence were given . |
| **Linking theory (Classroom learning) with practice at your organisation** | • TQM- Total quality management through continuous improvement of processes.<br>• Hospital Operations management - efficiency, coordination, optimization of the processes<br>• Compliance with NABH standards<br>• PMS - Performance management system |
| **Gaps identified on the working area.** | • Many standards in many depts eg: F and B, Discharge, security were not followed properly<br>• Discharge TAT percentage was below 50 percent as found out during open forum - Friday flourish. |
| **Suggestions for improvement** | • The respective staff can be trained regularly to follow the quality/ Audit standards<br>• RCA of discharge TAT Percentage reduction and the improvement in those specific aspects |
| **Plan for the next week** | • Posting in OPD (Out Patient Department)<br>• To observe , analyse,understand and document the workflow, activities and gaps in our patient department |

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# Reporting Format (Weekly)

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

**Area/ Department/ Project of Summer Internship Program: Operations Management**

**Name of the Student: Dr Shivani S Pillai**

**Roll no: 2081** **Stream: MBA HM – 29 B batch**

**Week no:4** **From:….02-06-2025…… to ……07-06-2025 ……..**

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| **Activity Done** | • Observed the entire OPD-learnt the workflow of OPD<br>• Assisted in coordinating with OPD-A,B,C with the dept and the respective doctors in streamlining and scheduling the entry and exits of patients<br>• Resolved queries of patients and guided them thus reducing touchpoints |
| **Linking theory (Classroom learning) with practice at your organisation** | • Systems theory -OPD as a system with interconnected components<br>• Process mapping ,communication theory<br>• Workflow analysis,customer service principles<br>• Organisational behaviour-interaction,communication,coordination |
| **Gaps identified on the working area.** | • Patients come in bulk during some peak hours of 11.00 am to 1.30 pm – managing all types of consultations eg.arriving on time,late arrival,early arrival ,referrals ,report showing and walk ins- is a task needing to be managed ,needs more improvement and coordination |
| **Suggestions for improvement** | • Better communication at all touchpoints especially OPD -C and admissions counter<br>• Training for soft skill improvement for counter clerk staffs<br>• OPD-C can have an assistant who takes care of sequencing /entry /exits /of patients to the rooms of that OPD |

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| **Plan for the next week** | • Learning the full process of insurance authorisation<br>• OP/ER/Direct patient to IP conversion and non conversion charts and finding out why admission didn't happen<br>• Further observing and analysing the OPD workflow and give suggestions |

**Signature of the Student – Shivani S Pillai**

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# Reporting Format (Weekly)

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

**Area/ Department/ Project of Summer Internship Program: Operations Management**

**Name of the Student: Dr Shivani S Pillai**

**Roll no: 2081** **Stream: MBA HM – 29 B batch**

**Week no:5** **From:….09-06-2025…… to ……14-06-2025 ……..**

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|---|---|
| **Activity Done** | • Coordinated with a few senior consultants to order ,sequence different types of appointments.<br>• Coordinated and did insurance authorisation forms/document work with IP billing dept .<br>• Discussion of the project topic with university mentor . |
| **Linking theory (Classroom learning) with practice at your organisation** | • Appoinment scheduling and worklflow management – streamline appointments ,reduce overall patient waiting time .<br>• Interpersonal communication and teamwork<br>• Revenue cycle management – Pre- Authorisation and insurance is directly linked to RCM<br>• NABH and documentation standards |
| **Gaps identified on the working area.** | • There were some irregularities in checkin and checkouts of patients as some appointments patients arrived early ,some arrived late,some are referrals ,some come only to show reports ,some are follow ups ,some might be walk ins .Absence of appropriate sequence so as to avoid conflict .<br>• Pharmacy floaters on duty – not present , and if present -they are arriving late.<br>• Vitals desk /cubicle- situated in a non private space just on the way to OPD-C |
| **Suggestions for improvement** | • Appointment slots for senior consultants can be elongated In the software directly as mostly appointment are longer than just the computerised 15 mins of booked appointments- the number of appointments possible and booked would align better. |

| | |
|---|---|
| | • Report showing /referrals /follow-ups /walk-ins need to be streamlined better –with better communication so patient doesn't get frustrated .<br>• Vitals desk /cubicle should be properly situated – in a closed/private area not in the hall way to any opd. |
| **Plan for the next week** | • IPD Posting to be started<br>• Workflow of different departments to be studied – admissions /mid level processes/ discharge /billing /insurance . |

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# Reporting Format (Weekly)

**Name of the Organisation : APOLLO SPECIALITY HOSPITAL JAYANAGAR, BANGALORE**

**Area/ Department/ Project of Summer Internship Program: OPERATIONS MANAGEMENT**

**Name of the Student: Dr. SHIVANI S PILLAI**

**Roll no: 2081** **Stream: MBA – HOSPITAL & HEALTH MANAGEMENT**

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

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|---|---|
| **Activity Done** | • Observed 2nd, 3rd floor wards – learnt the workflow of admission to wards.<br>• Observed ICU and learnt the SOPs of ICU workflow.<br>• Identified some gaps in ICU.<br>• Further discussed about project topics to university mentor. |
| **Linking theory (Classroom learning) with practice at your organisation** | • Operations management theory – Patient flow optimisation, TAT for beds, capacity management.<br>• Lean healthcare concepts – Minimise delays in room readiness, admission & discharge.<br>• Nurse to patient ratio in ICU, documentation SOPs, compliance to NABH nursing protocols. |
| **Gaps identified on the working area.** | • Sometimes bed is not ready for the next confirmed patient, communication between multiple departments has delay.<br>• Nurses have high workload both in ICU and wards – it causes delay in services.<br>• During night time, the housekeeping staff are also less available, so patients don't get to avail their services at the right time, especially female housekeeping staff. |
| **Suggestions for improvement** | • Prior communication between different patient services like ward/nursing/housekeeping/admissions should be improved and more timely.<br>• Work hours of nurses should be more optimised. |

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| | • No. of nurses, housekeeping staffs should be according to the NABH standards.<br>• Billing processes are points of delays – TPA preauthorization approvals are potential bottlenecks.<br>• Patients need correct information and prior communication regarding interim bill and final bill.<br>• Discharge process delays can be shortened by preparing pre-discharge checklist. |
| **Plan for the next week** | • Work further on project topic.<br>• Start collecting data from OPD.<br>• Interview SLMs for knowing about OPD to IPD conversions.<br>• Understand reasons for non-conversions.<br>• Understand bed occupancy of wards<br>• Continue IPD posting |

**Signature of the Student**

**Dr. Shivani S Pillai**

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# Reporting Format (Weekly)

**Name of the Organisation : APOLLO SPECIALITY HOSPITAL JAYANAGAR, BANGALORE**

**Area/ Department/ Project of Summer Internship Program: OPERATIONS MANAGEMENT**

**Name of the Student: Dr. SHIVANI S PILLAI**

**Roll no: 2081** **Stream: MBA – HOSPITAL & HEALTH MANAGEMENT**

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

| | |
|---|---|
| **Activity Done** | • Observed more of ICU workflow.<br>• Observed IPD workflow.<br>• Monitored sample collection and process of sending to lab.<br>• Calculated bed occupancy rate (BOR) and analysed it. |
| **Linking theory (Classroom learning) with practice at your organisation** | • Lean management – continuous monitoring and real time update for elimination of delays.<br>• Six sigma concept (DMAIC model) – define/measure/analyse/improve/control.<br>• Healthcare quality management – daily rounds, patient-family communication.<br>• Patient flow management from ER to ICU to ward. |
| **Gaps identified on the working area.** | • Patient counselling/visiting time in ICU causes total chaos during that 1.5 – 2 hr period – causing distress to the recovering patients.<br>• Human errors during billing were noted while observing the work of hospital internal billing auditor. |
| **Suggestions for improvement** | • Better coordination between interlinked departments of admissions/ward/nursing department/IP billing/insurance.<br>• Patients coming to lab sample collection area/other scans or medical tests should be properly informed about their TAT for report collection and where to collect them from. |

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| | • Availability of new room/bed at critical or peak hours is an area of improvement. |
| **Plan for the next week** | • Understand IP billing and insurance department workflow.<br>• Understand bottlenecks in the department.<br>• To understand financial counselling during billing.<br>• Continue in other minor departments<br>• Continue working on the project. |

**Signature of the Student**

**Dr. Shivani S Pillai**

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# Reporting Format (Weekly)

**Name of the Organisation : APOLLO SPECIALITY HOSPITAL JAYANAGAR, BANGALORE**

**Area/ Department/ Project of Summer Internship Program: OPERATIONS MANAGEMENT**

**Name of the Student: Dr. SHIVANI S PILLAI**

**Roll no: 2081** **Stream: MBA – HOSPITAL & HEALTH MANAGEMENT**

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

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| **Activity Done** | • Got to understand the SOP about food packing & delivery from F&B dept to patients admitted.<br>• Understood more about insurance pre authorization.<br>• Continued working on the project. |
| **Linking theory (Classroom learning) with practice at your organisation** | • TQM – Total quality management and NABH standards.<br>• Process standardization, minimise variability in providing services and to improve patient satisfaction.<br>• Concept of co-pay, deductibles and reimbursement vs cashless models.<br>• Interdepartmental coordination for workflow optimization. |
| **Gaps identified on the working area.** | • Less/insufficient staffing in F&B department.<br>• Delay in delivering F&B items to patients on demand.<br>• Delay/no connection while trying the non-medical service supply helpline. (Dial 30)<br>• Admission staff do not note down the mode of payment.(Cash/Credit) |
| **Suggestions for improvement** | • Improvement in no. of staff for more timely delivery of meals and beverages.<br>• Better training and development classes/program for F&B staffs. |

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| | • Better and adequate financial counselling should be given for patients when advised for admission.<br>• Admission staff needs to enter cash/credit while admission only, else billing staff needs to invest morning hours into changing the billing modes of all admitted patients. |
| **Plan for the next week** | • Health check camp managing and coordinating – BEML, Soudha.<br>• Continuing in IP billing department.<br>• Continue working on project. |

**Signature of the Student**

**Dr. Shivani S Pillai**

**Approved by the IIHMR University's Mentor**

*On the last day of every week Saturday -) report in the above format should be submitted to the faculty mentor. Submission of total 10 reports in 10 weeks is compulsory. Each report should not be more than 2 pages.*

# Reporting Format (Weekly)

**Name of the Organisation : APOLLO SPECIALITY HOSPITAL JAYANAGAR, BANGALORE**

**Area/ Department/ Project of Summer Internship Program: OPERATIONS MANAGEMENT**

**Name of the Student: Dr. SHIVANI S PILLAI**

**Roll no: 2081** **Stream: MBA – HOSPITAL & HEALTH MANAGEMENT**

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

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| **Activity Done** | • Learnt concepts and SOPs about cash and insurance TAT.<br>• Cashless and reimbursement models.<br>• Managed and coordinated a health camp at BEML (Bharat Earth Movers Limited), Soudha. |
| **Linking theory (Classroom learning) with practice at your organisation** | • Lean management – Reduce unnecessary delays in final billings – pre authorization should be sent early, discharge summary should be intimated on time, making sure documents are complete before sending.<br>• Project management theory – Planning, scheduling, resource allocation, interdepartmental coordination, real-time monitoring, cloud management. |
| **Gaps identified on the working area.** | • Resource from hospital like ECG gel was over during Day 1 camp activities.<br>• Some employee files had no patient identification sticker.<br>• Medical equipment (BP apparatus) was not calibrated/working properly.<br>• Reports of tests were uploaded slowly/not getting uploaded. |
| **Suggestions for improvement** | • Resource allocation from hospital needs to be planned better (In accordance to the number of cases to be taken) |

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| | • Digital BP apparatus to be checked prior/keep a spare in case of malfunctioning unit/spare manual apparatus also.<br>• Patient files (Billing details, list of tests, patient identification sticker) needs to be complete beforehand.<br>• In-hospital checks like USG and echocardiogram need to have more resources (machines and staffs) to handle extra patients on camp day. |
| **Plan for the next week** | • Camp coordination and management at BEML, Indiranagar unit.<br>• Learning further about IP billing and insurance department workflow.<br>• Continue working on the project. |

**Signature of the Student**

**Dr. Shivani S Pillai**

**Approved by the IIHMR University's Mentor**

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# Reporting Format (Weekly)

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

**Area/ Department/ Project of Summer Internship Program:** Operations management.

**Name of the Student:** Dr Shivani S Pillai

**Roll no:** 2081 **Stream:** MBA – Hospital and health Management – B batch

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

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| **Activity Done** | • Coordinated another health check camp at BEML Indira nagar<br>• Learnt workflow of CSSD ,Cathlab ,and medical records department<br>• Continued working on the project and reports |
| **Linking theory (Classroom learning) with practice at your organisation** | • Managing a project – ensuring highest quality with smooth operations<br>• P-D-C-A Cycle – in accordance with CQI (continuos quality improvement )<br>• Operations management – using process mapping and streamlining of workflow<br>• Essentials of hospital services theory of 1.CSSD 2.MRD |
| **Gaps identified on the working area.** | • During camp -USG Doctor and Echocardiogram technician were present but only one machine was there – long queue of patients was there fro both the tests and availability of female doctor for USG of female BEML employees was also a bottleneck .<br>• Cathlab staffs including doctors /technicians /nurses are not given enough mandated paid leaves or a dept shift even after when the TLD badges were showing extra readings |
| **Suggestions for improvement** | • During camp, either there should have been two separate machines for USG and Echocardiogram or else the time slots for both should have been different -so the queue for the patients waiting for both the tests would be shorter |

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| | • The employees at Cathlab were dissatisfied with the way the radiation exposure was being dealt with and were pointing about the management's fault -stricter rules should be implemented for wearing protective gearing lead apron,head cap ,thyroid collar for cath lab staffs and all other staffs as well who are constantly under radiation exposure with enough paid leaves and dept shifts as mandated by the law . |

**Signature of the Student – Shivani S Pillai**

**Approved by the IIHMR University's Mentor**

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