

# **SUMMER INTERNSHIP PROGRAM**

**at**

**Brahmananda Narayana Multispeciality Hospital, Jamshedpur; Narayana Health, Jamshedpur, Jharkhand**

From 12<sup>th</sup> May to 19<sup>th</sup> July 2025

**A REPORT BY**

Rishiraj Chakrabarty

Master of Business Administration

Hospital and Health Management

Roll no: 2058

**2024-26**

under the Mentorship of

**Dr. Tripti Bisawa**



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NH/BNH/HR-Comm/2025/0483

July 19, 2025

**TO WHOMSOEVER IT MAY CONCERN**

Brahmananda Narayana Multispecialty Hospital (A unit of Narayana Health), Jamshedpur constitutes a multi-disciplinary super specialty hospital dedicated to offering world class services at an affordable cost in different disciplines including Cardiology, Cardiac Surgery, Nephrology, Orthopedics, General Surgery & General Medicine etc.

This is to certify that **Dr. Rishiraj Chakrabarty** has successfully undergone Internship Training with our organization for the period **May 12, 2025**, till **July 19, 2025**, and has completed his training hours at the **Outpatient Services, Inpatient Services & Emergency Department**. During the period of training, he was found hard working, sincere and bears good moral character.

We wish him every success in all his future endeavors.

Thanking you.

For NH Brahmananda Narayana Multispecialty Hospital,



**NH Brahmananda Narayana**  
Multispecialty Hospital  
Near Pardih Chowk, Tamolia, NH-33  
Jamshedpur, Jharkhand-831012  
Tel: +91 657 6600 500  
**Shree Hari Nair**  
Unit Head – HR

## Brahmananda Narayana Multispecialty Hospital

(A Unit of Narayana Hrudayalaya Limited) CIN: L85110KA2000PLC027497

**Hospital Address:** Near Pardih Chowk, Tamolia, NH 33, Jamshedpur 831012

Tel +91 657 6600 500

**Registered Office Address:** 258/A, Bommasandra Industrial Area, Anekal Taluk, Bengaluru - 560099

Our Accreditation



Appointment  
**1800 309 0309**



Email:  
**info.bnh@narayanahealth.org**

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## IIHMR University Faculty Mentor Approval

This is to certify that **Dr. Rishiraj Chakrabarty** of academic year 2024-26 of Institute of Health Management Research has prepared a poster with respect to his summer internship held during May-July 2025.

He has carried out work as per the guidelines. His poster is approved for presentation.

Date: 28/07/2025

A handwritten signature in blue ink, appearing to be 'TB' with a long horizontal stroke extending to the right.

Dr. Tripti Bisawa

Professor

IIHMR University

Name: Dr. Rishiraj Chakrabarty, Roll No.: 2058, Batch: MBA HM, Duration-70 days, Mentor: Dr. Tripti Bisawa, Organization mentor: Vikash Singh

This project explores how financial instability affects patient health and hospital admissions, and suggests ways for hospitals to tackle it.

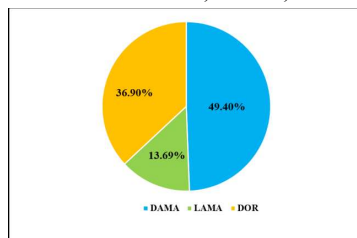
To analyze how financial issues can lead to physical and mental health problems

To understand the role of hospitals in managing such patients.

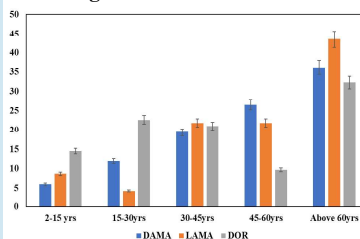
To propose solutions to prevent financial crises from escalating into medical emergencies

Analysis of 168 cases (83 DAMA, 23 LAMA, and 62 DOR)

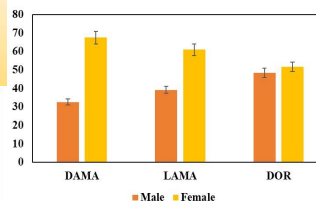
Distribution of DAMA, LAMA, and DOR cases



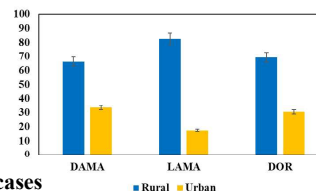
Age-Wise Distribution



Gender-Wise Distribution



Locality-Wise Distribution



Challenges in the workplace

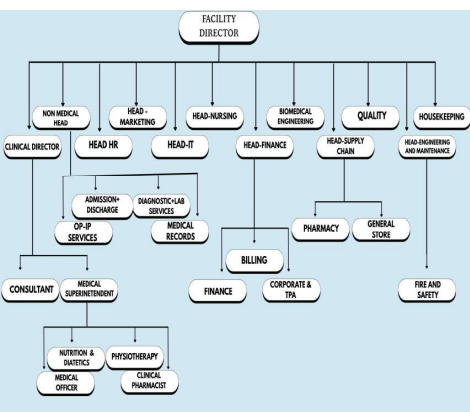
- Frequent bed shortages during peak hours increase ER waits and disrupt flow.
- Slow discharge summaries and billing delay bed turnover and stress patients.
- Many struggle with kiosks; limited staff during rush hours affects services.

Suggestion

Enhance patient flow by improving ER-to-ward coordination, optimizing bed utilization, and streamlining discharges digitally. Boost staffing and support to minimize delays during peak hours.

Key learning

Gained hands-on experience in admission, triage, bed management, billing, and insurance using tools like Athma and kiosks. Recognized the value of time management and identified gaps to enhance efficiency through planning and teamwork.



|          |                        |                                                                                                                                                                                                            |
|----------|------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Internal | <b>S</b> Strength      | Being part of the Narayana group gives the hospital an edge, with strong infrastructure and a team of skilled doctors and staff.                                                                           |
|          | <b>W</b> Weakness      | Located in Jamshedpur, a tier-2 city and away from the main city center, the hospital has limited reach. As a private facility, its higher treatment costs can make access difficult for local residents.  |
| External | <b>O</b> Opportunities | There's a rising demand for specialized, affordable care and preventive health packages in tier-2 cities. Expanding rural outreach, telemedicine, and local partnerships can help tap into this potential. |
|          | <b>T</b> Threats       | Nearby hospitals like Tata Memorial, MGM Hospital, and Brahmanandam Hospital create strong competition for this hospital.                                                                                  |

## Reporting Format (Weekly)

**Name of the Organisation:** Brahmananda Narayana Multispeciality Hospital, Jamshedpur;  
Narayana Health, Jamshedpur, Jharkhand.

**Area/ Department/ Project of Summer Internship Program:** Emergency

**Name of the Student:** RISHIRAJ CHAKRABARTY

**Roll no:** 2058 **Stream:** MBA in Hospital and Health Management

**Week no: 1 From:** 12.05.2025 to 17.05.2025

|                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
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| <b>Activity Done</b> | <ul style="list-style-type: none"><li>• Underwent a mandatory medical fitness checkup for the hospital's onboarding procedure.</li><li>• Given a comprehensive tour of the hospital facilities to understand its infrastructure, departmental workflow, and patient service pathways. The tour included key departments such as the Emergency Room, Outpatient Department (OPD), Inpatient Wards, Operation Theatres, ICU, Pharmacy, Diagnostic Labs, and Administrative Offices.</li><li>• The emergency department receives an average of 15–20 patients and has 10 beds divided by triage zones (yellow: 5, green: 2, red: 3, with 2 red zone beds having ventilation and oxygen support). It includes a procedure room, a medical preparation room, and a store room. Patient flow is managed via the triage system, with 9 admitted in one day—7 to IPD and 2 treated in ER. Biomedical waste is segregated using color-coded bins per the Biomedical Waste Management Rules.</li><li>• By 5:30 p.m., 10 patients visited the emergency department, with 6 admitted to the IPD. Among the ER admissions, 1 patient each was shifted to the IPD, CCU, and general ward, while others were managed accordingly. Two patients came via OPD ER, and 5 old OPD ER cases are now in IPD. New admissions at 10:40 a.m., case to the general ward, and an 11:20 a.m. referral.</li><li>• A total of 11 patients visited the emergency department. Among them, 3 were shifted to MICU, 1 to ICU, and 2 (1 male, 1 female) to the general ward. Discharges included 13, through corporate insurance (TPA) and 1 in cash, following the standard discharge protocol. The Aathma system support is currently being used at Narayana Health.</li><li>• A total of 13 patients visited the emergency department; 10 were admitted by 10:00 AM—2 to CCU, 1 to MICU, 3 to OPD, and 3 to the general ward, with 1 patient discharged post-dressing. Patient ID bands indicate conditions (e.g., brown for diabetes, red for allergies), and a yellow ER band displays patient and doctor details. Visited the general ward, 22 out of 26 male beds and 10 out of 12 female beds were occupied.</li></ul> |
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| <b>Linking theory (Classroom learning) with practice at your organisation</b> | <ul style="list-style-type: none"> <li>• Understanding the triage system in a hospital.</li> <li>• Understanding the structural and functional organization of a hospital, which serves as a prime component of the Essentials of Hospital Services.</li> <li>• The way to behave in an organization or any hospital.</li> <li>• Effective management of difficult situations.</li> <li>• Crowd management.</li> </ul>                                        |
| <b>Gaps identified on the working area.</b>                                   | <ul style="list-style-type: none"> <li>• There is a shortage of manpower, affecting overall efficiency.</li> <li>• Appointment scheduling for doctors is not managed effectively, leading to delays for patients.</li> <li>• The process of transferring patients from the emergency department to the IPD is time-consuming.</li> <li>• A new online booking doctors' appointments has been started, which is not yet accustomed to the patients.</li> </ul> |
| <b>Suggestions for improvement</b>                                            | <ul style="list-style-type: none"> <li>• Increase manpower.</li> <li>• Time management for doctors' appointments and admission of patients' needs to be much more efficient.</li> </ul>                                                                                                                                                                                                                                                                       |
| <b>Plan for the next week</b>                                                 | Will go through the emergency department infrastructure, organization, and management skills more profoundly.                                                                                                                                                                                                                                                                                                                                                 |

*Rishiraj Chakrabarty*

**Signature of the Student**

## Reporting Format (Weekly)

**Name of the Organisation:** Brahmananda Narayana Multispeciality Hospital, Jamshedpur;  
Narayana Health, Jamshedpur, Jharkhand.

**Area/ Department/ Project of Summer Internship Program:** Emergency

**Name of the Student:** RISHIRAJ CHAKRABARTY

**Roll no:** 2058 **Stream:** MBA in Hospital and Health Management

**Week no: 2** **From:** 19.05.2025 to 23.05.2025

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| <b>Activity Done</b> | <ul style="list-style-type: none"><li>• A total of 16 patients were admitted to the Emergency Department. One patient with chest pain was admitted to the CCU, another with lower limb pain to ER, and one with giddiness to the General Ward. Cases included CVA, spinal and neuropathic pain, hypoxia with COPD, hyperglycemia with diabetic foot, and gastroenteritis with CLD. Two patients were declared deceased and discharged.</li><li>• At 11:05 a.m., 9 patients were admitted to the Emergency Department; 3 were referred to OPD and 1 to the General Ward. I also had the opportunity to admit 4 dialysis patients through the system today.</li><li>• Today, I was assigned to the admission department, where I learned the daycare admission process. Beds are pre-allocated 24 hours in advance, and if the patient does not arrive, the allocation is cancelled. There were 3 DAMA cases—2 from Emergency and 1 from MICU. Out of 10 ED patients, 2 were admitted to the MICU, 2 to the General Ward (one male and one female), and 1 to the CCU.</li><li>• Today, I had the opportunity to admit 4 new chemo patients and observe the OPD to IPD admission process for surgery and urology cases. I also learned how the TPA department coordinates with insurance companies. From 12 a.m. to 9 a.m., there were 21 admissions. In the Emergency Department, 2 patients were admitted. I visited MICU (10 beds, 6 occupied) and CCU (14 patients out of 20 beds). I admitted 16 dialysis patients through the system (Aathma).</li><li>• I got the opportunity to admit 10 dialysis patients and 12 admitted to the Emergency Department.</li><li>• Today, I had the opportunity to work in the Outpatient Department (OPD) and observe how works are carried out.</li><li>• Fifteen patients were admitted to IPD, 8 from Emergency, 7 from OPD, 17 patients discharged, 44 dialysis patients admitted to Day Care, 14 chemotherapy patients admitted, and I also assisted with some admissions.</li></ul> |
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| <b>Linking theory (Classroom learning) with practice at your organisation</b> | <ul style="list-style-type: none"> <li>• Understanding the triage system in a hospital.</li> <li>• Handling difficult situations efficiently and understanding the admission procedure.</li> <li>• The appropriate conduct and behaviour expected within an organization or hospital.</li> <li>• Transformational leadership among department heads and effective communication during clinical rounds, alongside motivational strategies such as staff recognition, aligned with Maslow's Hierarchy and Herzberg's Two-Factor Theory.</li> </ul> |
| <b>Gaps identified on the working area.</b>                                   | <ul style="list-style-type: none"> <li>• Inefficient management of doctor appointment scheduling results in delays for patients.</li> <li>• The transfer process of the patient from the Emergency Department to the IPD is lengthy and time-consuming.</li> </ul>                                                                                                                                                                                                                                                                                |
| <b>Suggestions for improvement</b>                                            | Time management for doctors' appointments and patient admissions needs to be much more efficient to ensure smooth hospital operations. Streamlining the admission or appointment processes through better coordination, use of technology, and clear communication protocols can significantly improve patient flow, reduce waiting times, and enhance the overall quality of care.                                                                                                                                                               |
| <b>Plan for the next week</b>                                                 | I will thoroughly explore the infrastructure, organization, and management skills of other departments, aiming to gain a deeper understanding of the patient admission process.                                                                                                                                                                                                                                                                                                                                                                   |

*Rishiraj Chakrabarty*

**Signature of the Student**

## Reporting Format (Weekly)

**Name of the Organisation:** Brahmananda Narayana Multispeciality Hospital, Jamshedpur;  
Narayana Health, Jamshedpur, Jharkhand.

**Area/ Department/ Project of Summer Internship Program:** Emergency

**Name of the Student:** RISHIRAJ CHAKRABARTY

**Roll no:** 2058 **Stream:** MBA in Hospital and Health Management

**Week no: 3 From:** 26.05.2025 to 31.05.2025

|                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
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| <b>Activity Done</b> | <ul style="list-style-type: none"><li>During my visit to the General Wards, I observed that 8 out of 12 beds were occupied in the female ward and 23 out of 26 in the male ward, with various room occupancies, including 5 in one room and 3 in another room. The MICU had all 16 beds fully occupied, and 4 new patients were admitted through the ER—2 to the MICU and 1 to the CCU. I also learned that Corporate Insurance services are categorized into Public Sector Undertakings (PSUs) and Corporate Clients. The PSU segment includes organizations like IOCL, ONGC, HCL, and BHEL, while the Corporate Clients category includes schemes such as Ayushman Bharat, ECHS, CRPF, and ESIC.</li><li>I observed the admission process of a cystoscopy patient, which deepened my understanding of urological procedures and pre-operative protocols. I successfully admitted 3 chemotherapy patients and 18 dialysis patients, managing their documentation, coordinating with the respective teams, and confirming treatment schedules. In the Daycare 3 Bottom (ADT) area, I performed bed clearance and physical discharge procedures, successfully clearing 5 beds. Additionally, 8 patients were admitted through the Emergency Department—1 with fever, 1 requiring urgent care, 2 to the MICU, 3 to the General Ward, and 1 dialysis patient—while 4 patients were discharged from the IPD after completing their treatment.</li><li>Today, I admitted 2 patients for chemotherapy, handling the necessary coordination and documentation for oncology admissions. Three patients were admitted through the Emergency Department, including two male children (aged 12 and 9) who were later shifted to the General Ward. One male patient underwent discharge, contributing to a total of 7 discharges across various departments. During ward visits, I observed that 18 out of 26 male beds and 6 out of 12 female beds were occupied in the General Ward, along with patient movements in MICU, CCU, SICU, and specific cabin and daycare areas.</li><li>A total of 7 patients reported to the Emergency Department. Out of these, 5 were admitted to IPD, 2 to MICU, and 2 to CCU. One patient took DAMA due to financial issues, despite Ayushman eligibility. Two patients came for plaster application and did not require admission.</li><li>I had the opportunity to do a night duty in the hospital's Emergency Department, where 4 patients arrived with cardiac issues, abdominal pain, and nephrology problems. During the night, I learned how the</li></ul> |
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|                                                                               | <p>hospital census is recorded at 11:59 PM, how ward visits are conducted, and how each department functions during night hours. A total of 11 patients, 8 patients got admitted, 2 ER admissions, and 1 DAMA (Ayushman case). Also, I had the opportunity to observe the claim settlement process in TPA Department. I gained insight into how insurance claims are processed for admitted patients, including the steps involved in documentation, verification, coordination with insurance providers, and final approval for cashless treatment.</p> <ul style="list-style-type: none"> <li>I encountered 2 DAMA cases, where the patient, due to financial issues, preferred to continue treatment through consultation in the OPD. I learned about the hospital's daily reports, which include admission, discharge, and occupancy data. These reports are prepared by collecting information from each ward, detailing the number of patients admitted, discharged, and the current bed occupancy. The Manager on Duty (MOD) compiles a night report using patient lists from all wards to record the exact number of inpatients present.</li> </ul> |
| <b>Linking theory (Classroom learning) with practice at your organisation</b> | <ul style="list-style-type: none"> <li>Implementation of NABH standards, quality indicators, and patient safety goals to uphold institutional safety and service benchmarks.</li> <li>Health Information Systems (HIS) for patient registration, billing, and medical records, reinforcing key concepts of data integrity, interoperability, and privacy regulations comparable to HIPAA.</li> <li>Service marketing principles and customer satisfaction strategies are applied. I also observed the hospital's efforts in patient feedback collection, counselling, and public engagement through social media, managed by the PR department.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>Gaps identified on the working area.</b>                                   | <ul style="list-style-type: none"> <li>Many patients are unfamiliar with the digital system and often require assistance.</li> <li>There is a lack of awareness among patients about how to use the kiosk.</li> <li>High bed charges and expensive diagnostic tests (pathology and radiology) act as a deterrent for some patients who hesitate to get admitted.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>Suggestions for improvement</b>                                            | <ul style="list-style-type: none"> <li>Set up help desks with staff to assist patients using digital systems.</li> <li>Install visual guides and videos near kiosks to improve awareness.</li> <li>Provide transparent pricing and inform patients about subsidies and government schemes.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>Plan for the next week</b>                                                 | I plan to closely examine the infrastructure, organizational structure, and management approaches of other departments to gain a comprehensive understanding of the patient admission process.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |

*Rishiraj Chakrabarty*

**Signature of the Student**

## Reporting Format (Weekly)

**Name of the Organisation:** Brahmananda Narayana Multispeciality Hospital, Jamshedpur;  
Narayana Health, Jamshedpur, Jharkhand.

**Area/ Department/ Project of Summer Internship Program:** Emergency

**Name of the Student:** RISHIRAJ CHAKRABARTY

**Roll no:** 2058                      **Stream:** MBA in Hospital and Health Management

**Week no: 4      From:** 01.06.2025 to 06.06.2025

|                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| <b>Activity Done</b>                                                          | <ul style="list-style-type: none"> <li>• A total of 16 patients arrived at the emergency department. Among them, 3 were admitted to the MICU, 3 to the General Ward, and 3 to the CCU.</li> <li>• Two patients were treated in the OPD, two received ER care, and two opted for Discharge Against Medical Advice (DAMA). I also learned how the hospital compiles daily reports on admissions, discharges, mortalities, and ward-wise bed occupancy.</li> <li>• Out of 18 total admissions, 14 patients were shifted from the emergency department (ER) to the inpatient department (IPD), including one transfer to the MICU.</li> <li>• Two patients received ER care, while two opted for Discharge Against Medical Advice (DAMA)—one due to financial constraints and the other under the Ayushman scheme. One OPD patient was converted to IPD admission. Another patient was directly admitted to the IPD through the ER.</li> <li>• A total of 11 patients visited the emergency department, out of which 8 were admitted—7 to the General Ward and 1 to the OPD. One patient was referred to another facility, one received ER care, and another was admitted to the CCU.</li> <li>• One patient chose Discharge Against Medical Advice (DAMA) under the Ayushman scheme due to unwillingness to pay in cash. During this period, I also had the opportunity to work in the OPD department.</li> </ul> |
| <b>Linking theory (Classroom learning) with practice at your organisation</b> | <ul style="list-style-type: none"> <li>• Health Information Systems (HIS) for patient registration, billing, and medical records, reinforcing key concepts of data integrity, interoperability, and privacy regulations comparable to HIPAA.</li> <li>• Implementation of NABH standards, quality metrics, and patient safety goals to ensure institutional safety and maintain high-quality healthcare delivery.</li> <li>• Service marketing principles and customer satisfaction strategies were actively implemented. The hospital also emphasized patient feedback collection, counselling services, and public engagement through social media, all coordinated by the PR department.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |

|                                             |                                                                                                                                                                                                                                                                                                                                                                                   |
|---------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Gaps identified on the working area.</b> | <ul style="list-style-type: none"> <li>• Many patients are unfamiliar with the digital system and often require assistance.</li> <li>• There is a lack of awareness among patients about how to use the kiosk.</li> <li>• High bed charges and expensive diagnostic tests (pathology and radiology) act as a deterrent for some patients who hesitate to get admitted.</li> </ul> |
| <b>Suggestions for improvement</b>          | <ul style="list-style-type: none"> <li>• Set up help desks with staff to assist patients using digital systems.</li> <li>• Install visual guides and videos near kiosks to improve awareness.</li> <li>• Provide transparent pricing and inform patients about subsidies and government schemes.</li> </ul>                                                                       |
| <b>Plan for the next week</b>               | I plan to closely examine the infrastructure, organizational structure, and management approaches of other departments to gain a comprehensive understanding of the patient admission process.                                                                                                                                                                                    |

*Rishiraj Chakrabarty*

**Signature of the Student**

## Reporting Format (Weekly)

**Name of the Organisation:** Brahmananda Narayana Multispeciality Hospital, Jamshedpur;  
Narayana Health, Jamshedpur, Jharkhand.

**Area/ Department/ Project of Summer Internship Program:** Emergency

**Name of the Student:** RISHIRAJ CHAKRABARTY

**Roll no:** 2058                      **Stream:** MBA in Hospital and Health Management

**Week no: 5    From:** 09.06.2025 to 14.06.2025

|                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
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| <b>Activity Done</b>                                                          | <ul style="list-style-type: none"> <li>A total of 24 patients visited the emergency department today. Out of them, 11 were admitted to the IPD through the emergency, including 6 to the CCU, 8 to the MICU, and 5 to the General Ward; one MLC patient opted for DAMA, and three patients came for plaster and dressing. One patient received ER care and was discharged, and 3 MLC cases were handled. Additionally, 13 patients were admitted to the IPD through the OPD. In the OPD, I assisted 5 patients with downloading the NH Care app and explained its use, helped 5–6 patients book appointments through the kiosk, and visited the estimation cell to understand how surgical cost estimates are prepared.</li> <li>A total of 20 patients visited the emergency department today. Out of them, 3 were admitted to the MICU, 2 were shifted to the General Ward, and 1 was converted to OPD admission. There was 1 DAMA case and 1 patient was brought dead. Additionally, 6 patients received ER care, 2 came for plaster, and 3 came for dressing.</li> <li>A total of 17 patients came to the emergency department today. Out of these, 5 were admitted to the MICU and 5 were shifted to the General Ward. One patient was admitted to the CCU. Additionally, 5 patients received ER care and were discharged afterward.</li> </ul> |
| <b>Linking theory (Classroom learning) with practice at your organisation</b> | <ul style="list-style-type: none"> <li>The hospital records the inpatient count at midnight each day to monitor bed occupancy and manage resources efficiently.</li> <li>Service marketing principles and customer satisfaction strategies were actively implemented.</li> <li>NABH standards, quality indicators, and patient safety goals to uphold institutional safety and service benchmarks.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>Gaps identified on the working area.</b>                                   | <ul style="list-style-type: none"> <li>When many patients arrive at the hospital at the same time, it creates management challenges in deciding how and where to convert them.</li> <li>Bed availability becomes a major issue, often causing delays in shifting patients from the emergency department to appropriate wards.</li> <li>Due to limited beds, patient waiting time in the emergency department increases.</li> <li>During peak hours or on high-rush days, this issue becomes more critical, further affecting patient flow and care delivery.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |

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| <b>Suggestions for improvement</b> | <ul style="list-style-type: none"> <li>• Implement a digital system to monitor bed availability across all wards, allowing faster decision-making and smoother patient transfer.</li> <li>• Reserve a few flexible-use beds specifically for peak hours or high-volume days to handle sudden patient surges.</li> <li>• Improve coordination between emergency, IPD, and ward staff to streamline patient flow and reduce delays in admission.</li> <li>• Increase staffing during expected busy times to reduce delays in patient assessment, treatment, and admission.</li> <li>• Schedule planned admissions carefully to avoid clashing with emergency patient load, reducing pressure on bed availability.</li> </ul> |
| <b>Plan for the next week</b>      | I plan to closely examine the infrastructure, organizational structure, and management approaches of other departments to gain a comprehensive understanding of the patient admission process.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |

*Rishiraj Chakrabarty*

**Signature of the Student**

## Reporting Format (Weekly)

**Name of the Organisation:** Brahmananda Narayana Multispeciality Hospital, Jamshedpur;  
Narayana Health, Jamshedpur, Jharkhand.

**Area/ Department/ Project of Summer Internship Program:** Emergency and OPD

**Name of the Student:** RISHIRAJ CHAKRABARTY

**Roll no:** 2058 **Stream:** MBA in Hospital and Health Management

**Week no: 6 From:** 16.06.2025 to 21.06.2025

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| <b>Activity Done</b>                            | <ul style="list-style-type: none"> <li>A total of 14 patients came to the emergency department. One patient was brought dead. Among the rest, 1 was admitted to the semi-private general ward, 1 to MICU, and 1 to CCU. Additionally, 5 patients were admitted through OPD, including 1 to the general ward.</li> <li>There were 14 admissions and 7 discharges recorded. Four patients arrived at the emergency department. Out of these, 1 was admitted to the CCU and 2 to the MICU. A total of 8 patients were admitted to the IPD from the emergency department.</li> <li>A total of 19 patients visited the emergency department. Out of these, 14 patients were admitted to the IPD, 1 case was DAMA, and 2 patients received emergency care. Additionally, 1 patient came for dressing, and 1 was a medicolegal (MLC) case. I also worked in the OPD department during the day.</li> <li>One patient opted for DAMA due to financial issues and expressed interest in using the Ayushman scheme for future OPD visits. Two patients who arrived at the emergency department were transferred to the MICU ward. The DAMA case underscores the ongoing concern about the affordability of healthcare. Support through government schemes, such as Ayushman, can help reduce such cases.</li> <li>A total of 21 patients came to the emergency department today. Out of them, 8 were admitted to the General Ward, 3 to the MICU, and 1 to the CCU. Additionally, 3 patients were referred to the OPD, 2 received ER care, and 1 was brought dead. There was also 1 DAMA case due to financial issues, and I worked in the TPA department, where I learned the process of admitting ECHS patients.</li> <li>A total of 14 patients came to the emergency department. Out of these, 2 patients were shifted to the MICU and 1 patient to the CCU. Five patients were admitted to the General Ward. Additionally, 3 patients received ER care, and 3 were referred to OPD.</li> </ul> |
| <b>Linking theory (Classroom learning) with</b> | <ul style="list-style-type: none"> <li>Transformational leadership, supported by effective communication during clinical rounds and motivational strategies like staff recognition, reflecting principles from Maslow's Hierarchy of Needs and Herzberg's Two-Factor Theory.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |

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| <b>practice at your organisation</b>        | <ul style="list-style-type: none"> <li>NABH standards, quality indicators, and patient safety goals to uphold institutional safety and service benchmarks.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>Gaps identified on the working area.</b> | <ul style="list-style-type: none"> <li>The main drawback of the hospital is the delay in patient conversion from the emergency department to another department.</li> <li>Bed availability becomes a major issue, often causing delays in shifting patients from the emergency department to appropriate wards.</li> <li>Due to limited beds, patient waiting time in the emergency department increases.</li> <li>During peak hours or on high-rush days, this issue becomes more critical, further affecting patient flow and care delivery.</li> </ul>                                                                                                             |
| <b>Suggestions for improvement</b>          | <ul style="list-style-type: none"> <li>Narayana has introduced a digital consent form to help reduce the time taken in the process.</li> <li>Reserve a few flexible-use beds specifically for peak hours or high-volume days to handle sudden patient surges.</li> <li>Improve coordination between emergency, IPD, and ward staff to streamline patient flow and reduce delays in admission.</li> <li>Increase staffing during expected busy times to reduce delays in patient assessment, treatment, and admission.</li> <li>Schedule planned admissions carefully to avoid clashing with emergency patient load, reducing pressure on bed availability.</li> </ul> |
| <b>Plan for the next week</b>               | I plan to closely examine the infrastructure and management approaches of other departments to gain complete knowledge of the patient admission process.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |

*Rishiraj Chakrabarty*

**Signature of the Student**

## Reporting Format (Weekly)

**Name of the Organisation:** Brahmananda Narayana Multispeciality Hospital, Jamshedpur;  
Narayana Health, Jamshedpur, Jharkhand.

**Area/ Department/ Project of Summer Internship Program:** Emergency and OPD

**Name of the Student:** RISHIRAJ CHAKRABARTY

**Roll no:** 2058                      **Stream:** MBA in Hospital and Health Management

**Week no: 7    From:** 23.06.2025 to 28.06.2025

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| <b>Activity Done</b>                            | <ul style="list-style-type: none"> <li>• A total of 22 patients came to the emergency department. Out of them, 14 were admitted or converted to various wards—8 to the General Ward, 5 to MICU, and 1 to CCU. Additionally, there were 2 DAMA cases from the ER, 3 OPD admissions, and 1 MLC case that was converted to CCU.</li> <li>• Today, I learned about MRD tools and their functionality. Narayana is implementing the Athma software for digitization, where all details, including prescribed medicines, must be entered digitally before transferring patients from the emergency ward to other wards.</li> <li>• A total of 19 patients came to the emergency department. Among them, 3 were admitted to the General Ward, 6 to MICU, 3 to CCU, and 1 to a private ward, while 3 received emergency care. One MLC case was brought in and admitted to the MICU after emergency treatment, but the patient unfortunately passed away.</li> <li>• Today, I learned how to handle MLC cases and gained knowledge about the emergency codes—Blue, Pink, Purple, Red, and Orange—and when to use each code.</li> <li>• A total of 19 patients visited the emergency department. Out of these, 14 patients were admitted to the IPD, 1 case was DAMA, and 2 patients received emergency care. Additionally, 1 patient came for dressing, and 1 was a medicolegal (MLC) case. I also worked in the OPD department during the day.</li> <li>• One patient opted for DAMA due to financial issues and expressed interest in using the Ayushman scheme for future OPD visits. Two patients who arrived at the emergency department were transferred to the MICU ward. The DAMA case underscores the ongoing concern about the affordability of healthcare. Support through government schemes, such as Ayushman, can help reduce such cases.</li> </ul> |
| <b>Linking theory (Classroom learning) with</b> | <ul style="list-style-type: none"> <li>• Marketing is essential for hospitals to connect with the community, establish trust, and increase both patient visits and revenue.</li> <li>• Service marketing principles and customer satisfaction strategies were actively implemented by patient feedback collection, counselling</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |

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| <b>practice at your organisation</b>        | <p>services, and public engagement through social media, all coordinated by the PR department.</p> <ul style="list-style-type: none"> <li>Health Information Systems (HIS) were used for patient registration, billing, and medical records management, reinforcing key concepts such as data integrity, interoperability, and privacy standards like HIPAA.</li> </ul>                                                                                                                                                                                                                                                                                               |
| <b>Gaps identified on the working area.</b> | <ul style="list-style-type: none"> <li>The main drawback of the hospital is the delay in patient conversion from the emergency department to another department.</li> <li>Bed availability becomes a major issue, often causing delays in shifting patients from the emergency department to appropriate wards.</li> <li>Due to limited beds, patient waiting time in the emergency department increases.</li> <li>During peak hours or on high-rush days, this issue becomes more critical, further affecting patient flow and care delivery.</li> </ul>                                                                                                             |
| <b>Suggestions for improvement</b>          | <ul style="list-style-type: none"> <li>Narayana has introduced a digital consent form to help reduce the time taken in the process.</li> <li>Reserve a few flexible-use beds specifically for peak hours or high-volume days to handle sudden patient surges.</li> <li>Improve coordination between emergency, IPD, and ward staff to streamline patient flow and reduce delays in admission.</li> <li>Increase staffing during expected busy times to reduce delays in patient assessment, treatment, and admission.</li> <li>Schedule planned admissions carefully to avoid clashing with emergency patient load, reducing pressure on bed availability.</li> </ul> |
| <b>Plan for the next week</b>               | I plan to closely examine the infrastructure and management approaches of other departments to gain complete knowledge of the patient admission process.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |

*Rishiraj Chakrabarty*

**Signature of the Student**

## Reporting Format (Weekly)

**Name of the Organisation:** Brahmananda Narayana Multispeciality Hospital, Jamshedpur;  
Narayana Health, Jamshedpur, Jharkhand.

**Area/ Department/ Project of Summer Internship Program:** IPD (CCU, MICU, General ward- male and female).

**Name of the Student:** RISHIRAJ CHAKRABARTY

**Roll no:** 2058                      **Stream:** MBA in Hospital and Health Management

**Week no: 8    From:** 30.06.2025 to 05.07.2025

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| <b>Activity Done</b>                                                          | <ul style="list-style-type: none"> <li>• I worked in the Inpatient Department (IPD), specifically in the CCU, MICU, and general ward, both male and female. I learned how beds are allocated to patients admitted through the OPD and the emergency department. I also gained an understanding of how patient charts are updated in the system.</li> <li>• Also, come to know about the daily reports of doctor rounds and the length of stay of patients.</li> <li>• I assisted in understanding the discharge workflow. The treating consultant assesses the patient's recovery and provides discharge approval.</li> <li>• A summary is prepared, including diagnosis, treatment provided, medications prescribed, and follow-up advice.</li> <li>• Nurses or counsellors explain medication schedules, wound care (if applicable), diet, and follow-up appointments to the patient and their family.</li> <li>• The consultant signs off on the final discharge sheet.</li> <li>• I observed the step-by-step billing cycle, which includes bed charges (depending on the type of ward — CCU charges are higher than General Ward), medical procedures, investigations, and consumables used.</li> <li>• For insured patients, the Third-Party Administrator (TPA) department verifies approvals and facilitates cashless discharge.</li> <li>• Once the final bill is prepared, the patient's family clears the dues. The patient can only be discharged after payment completion or insurance clearance.</li> <li>• I also got the opportunity to prepare charge sheets of 15 patients and even took the feedback from patients and the patient party as well.</li> </ul> |
| <b>Linking theory (Classroom learning) with practice at your organisation</b> | <ul style="list-style-type: none"> <li>• The hospital records the inpatient count every day at midnight to efficiently monitor bed occupancy and manage resources effectively.</li> <li>• Marketing plays a vital role in helping hospitals engage with the community, build trust, and boost patient footfall as well as revenue.</li> <li>• Patient discharge, preparation of discharge summaries, and timely billing clearance are crucial aspects of effective hospital management.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |

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| <b>Gaps identified on the working area.</b> | <ul style="list-style-type: none"> <li>• Delay in billing and billing clearance by the hospital authority needs to be taken care of.</li> <li>• Delay in preparing discharge summary creates a hustle among the patient party.</li> <li>• Another drawback of the hospital is the delay in patient conversion from the emergency department to another department.</li> <li>• Bed availability becomes a major issue, often causing delays in shifting patients from the emergency department to appropriate wards.</li> </ul>                                                                                                                                                                                                                                                     |
| <b>Suggestions for improvement</b>          | <ul style="list-style-type: none"> <li>• Improve discharge planning and execution to free up beds on time — this includes early discharge rounds by consultants and timely bill finalization.</li> <li>• Expand the step-down units or observation wards to temporarily accommodate stable patients when beds in specialized wards are unavailable.</li> <li>• Integrate real-time billing updates so charges are added immediately after services are rendered, avoiding last-minute backlog.</li> <li>• Employ additional billing staff during peak hours and provide training for efficient billing practices.</li> <li>• For insured patients, ensure the TPA team proactively coordinates pre-authorization and approvals, reducing waiting time during discharge.</li> </ul> |
| <b>Plan for the next week</b>               | I plan to closely examine the infrastructure and management approaches of other departments to gain complete knowledge of the patient admission process.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |

*Rishiraj Chakrabarty*

**Signature of the Student**

## Reporting Format (Weekly)

**Name of the Organisation:** Brahmananda Narayana Multispeciality Hospital, Jamshedpur;  
Narayana Health, Jamshedpur, Jharkhand.

**Area/ Department/ Project of Summer Internship Program:** IPD (CCU, MICU, General ward- male and female).

**Name of the Student:** RISHIRAJ CHAKRABARTY

**Roll no:** 2058                      **Stream:** MBA in Hospital and Health Management

**Week no: 9    From:** 07.07.2025 to 12.07.2025

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| <b>Activity Done</b>                                                          | <ul style="list-style-type: none"> <li>• Worked in the IPD across CCU, MICU, and male/female general wards, observing bed allocation for patients admitted via OPD and emergency.</li> <li>• Learned how patient charts are regularly updated and how daily doctor rounds and length of stay are documented.</li> <li>• Understood the discharge process — from consultant approval to preparing the discharge summary with treatment details and follow-up advice.</li> <li>• Saw how nurses or counsellors guide patients and families on medication, wound care, diet, and appointments before discharge.</li> <li>• In the entire hospital, bed no. 13 is absent in all wards like GW (male and female), MICU, CCU, ITU, in the day care ward, like the chemotherapy and dialysis ward.</li> <li>• Observed the complete billing cycle, including ward charges, procedures, consumables, and the TPA process for insured patients.</li> <li>• Prepared chargesheets for 15 patients and collected patient feedback, gaining insights into service quality and improvement areas.</li> <li>• Gained knowledge about the preparation of the pacemaker report for patients.</li> <li>• Proper management and segregation of biomedical waste are efficiently done following the colour code in the hospital.</li> <li>• A mock drill regarding safety management was carried out to ensure the safety of the patients.</li> </ul> |
| <b>Linking theory (Classroom learning) with practice at your organisation</b> | <ul style="list-style-type: none"> <li>• Marketing plays a vital role in helping hospitals engage with the community, build trust, and boost patient footfall as well as revenue.</li> <li>• Patient discharge, preparation of discharge summaries, and timely billing clearance are crucial aspects of effective hospital management.</li> <li>• Management leadership is a prime factor in dealing with the chaos in the hospital ward.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>Gaps identified on the working area.</b>                                   | <ul style="list-style-type: none"> <li>• Delays in billing and final bill clearance by hospital authorities need to be addressed.</li> <li>• Preparing discharge summaries often takes longer than expected, creating stress for patients and their families.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |

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|                                    | <ul style="list-style-type: none"> <li>• There are frequent delays in transferring patients from the emergency department to other departments.</li> <li>• Limited bed availability often leads to bottlenecks for patients admitted from the emergency area to appropriate wards.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>Suggestions for improvement</b> | <ul style="list-style-type: none"> <li>• Strengthen discharge planning by conducting early consultant rounds and ensuring timely bill finalization to free up beds promptly.</li> <li>• Expand step-down units or observation wards to temporarily house stable patients when specialized beds are not immediately available.</li> <li>• Implement real-time billing updates so charges are added as services are provided, preventing last-minute backlogs.</li> <li>• Deploy additional billing staff during peak times and offer training to improve billing efficiency.</li> <li>• Ensure the TPA team proactively manages pre-authorizations and approvals for insured patients to minimize discharge delay.</li> </ul> |
| <b>Plan for the next week</b>      | I plan to closely examine the infrastructure and management approaches of this department to gain a complete understanding of the patient admission process.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |

*Rishiraj Chakrabarty*

**Signature of the Student**

## Reporting Format (Weekly)

**Name of the Organisation:** Brahmananda Narayana Multispeciality Hospital, Jamshedpur;  
Narayana Health, Jamshedpur, Jharkhand.

**Area/ Department/ Project of Summer Internship Program:** IPD and Quality

**Name of the Student:** RISHIRAJ CHAKRABARTY

**Roll no:** 2058

**Stream:** MBA in Hospital and Health Management

**Week no: 10 From:** 14.07.2025 to 19.07.2025

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| <b>Activity Done</b>                                                          | <ul style="list-style-type: none"> <li>• Prepared a daily report to record the number of days each patient stays in the hospital across all wards. This helps in monitoring bed occupancy and average stay duration.</li> <li>• Conducted routine rounds in all inpatient wards, including MICU, CCU, General Ward (Male &amp; Female), and Private Wards to observe patient care processes.</li> <li>• Monitored the expected number of discharges for each ward daily and took regular feedback from nursing and billing staff. Ensured that discharges for TPA and corporate patients were processed only after receiving proper approval.</li> <li>• Assisted in auditing patient files for completeness and compliance with hospital documentation standards.</li> <li>• IPSG-1 Audit- checked processes related to correct patient identification, diet administration, and sample collection. IPSG-6 Audit- observed measures implemented to reduce the risk of patient harm, such as fall risk assessments and safety checks.</li> <li>• Collected and reviewed APACHE scores in the MICU to analyze the severity of illness and calculate the percentage of mortality. This helped in determining the unit's average mortality rate.</li> <li>• Reviewed and maintained documentation for Code Blue events. Responded to a Code Blue activated in the CCU for a patient experiencing cardiac arrest; despite resuscitation efforts, the patient could not be revived.</li> <li>• Observed protocols related to the handling and disposal of hazardous materials to ensure safety standards were followed.</li> <li>• In the Quality Department, I conducted MRD audits and IPSG-6 audits for 2 patients each using the Sapphire app.</li> </ul> |
| <b>Linking theory (Classroom learning) with practice at your organisation</b> | <ul style="list-style-type: none"> <li>• Clear hierarchy, defined roles, and centralized decision-making guide hospital operations.</li> <li>• Teamwork and empathy among staff improve patient care and shift efficiency.</li> <li>• Daily audits, infection control checks, and hand hygiene monitoring ensure quality standards.</li> <li>• Patient comfort, safety, and emotional well-being are key priorities.</li> <li>• Continuous tracking of vitals, medication charts, and nursing notes reflects a focus on quality care.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |

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| <b>Gaps identified on the working area.</b> | <ul style="list-style-type: none"> <li>• Delays in billing and final bill clearance by hospital authorities need to be addressed.</li> <li>• Preparing discharge summaries often takes longer than expected, creating stress for patients and their families.</li> <li>• There are frequent delays in transferring patients from the emergency department to other departments.</li> <li>• Limited bed availability often leads to bottlenecks for patients admitted from the emergency area to appropriate wards.</li> </ul>                                                                                                                                                                                                |
| <b>Suggestions for improvement</b>          | <ul style="list-style-type: none"> <li>• Strengthen discharge planning by conducting early consultant rounds and ensuring timely bill finalization to free up beds promptly.</li> <li>• Expand step-down units or observation wards to temporarily house stable patients when specialized beds are not immediately available.</li> <li>• Implement real-time billing updates so charges are added as services are provided, preventing last-minute backlogs.</li> <li>• Deploy additional billing staff during peak times and offer training to improve billing efficiency.</li> <li>• Ensure the TPA team proactively manages pre-authorizations and approvals for insured patients to minimize discharge delay.</li> </ul> |
| <b>Plan for the next week</b>               | <p>As I conclude my internship tenure at the hospital, I had the valuable opportunity to closely observe and understand the overall management and organizational functions in a real healthcare setting. This experience allowed me to effectively bridge classroom theories with practical applications, gaining hands-on exposure to the complexities of running a hospital. It has been an insightful and enriching journey that deepened my understanding of healthcare operations and strengthened my managerial skills in a clinical environment.</p>                                                                                                                                                                 |

*Rishiraj Chakrabarty*

**Signature of the Student**

## Compiled Reporting Format

**Name of the Organisation:** Brahmananda Narayana Multispeciality Hospital, Jamshedpur;  
Narayana Health, Jamshedpur, Jharkhand.

**Area/ Department/ Project of Summer Internship Program:** Emergency, IPD, OPD, and Quality

**Name of the Student:** RISHIRAJ CHAKRABARTY

**Roll no:** 2058

**Stream:** MBA in Hospital and Health Management

**Tenure:** 12<sup>th</sup> May to 19<sup>th</sup> July 2025

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| <b>Activity Done</b> | <ul style="list-style-type: none"><li>Completed mandatory onboarding: Underwent medical fitness checks and received a comprehensive hospital tour covering ER, OPD, IPD, ICU, OTs, pharmacy, labs, and admin areas.</li><li>Observed Emergency Department operations: Monitored daily patient inflow (average 10–24 patients/day), triage system, patient transfers to IPD, MICU, CCU, and general wards.</li><li>Gained practical experience in admissions: Assisted with OPD to IPD conversions, daycare admissions for dialysis and chemotherapy, and learned bed allocation procedures.</li><li>Worked with the TPA and insurance: Observed claim settlement processes, cashless discharges, and understood coordination with government schemes like Ayushman Bharat.</li><li>Understood patient flow management: Identified bottlenecks in patient transfers from ER due to limited bed availability and manpower shortages.</li><li>Learned about hospital reporting: Participated in preparing daily census reports, occupancy stats, night reports, and updates on doctor rounds and length of stay.</li><li>Assisted with discharge workflow: Saw the step-by-step process, including consultant approval, discharge summary preparation, final billing, patient counselling, and feedback collection.</li><li>Supported digitalization initiatives: Guided patients in using kiosks, NH Care app, and understood the use of the Athma software and digital consent forms to improve efficiency.</li><li>Worked during peak hours/night shifts: Observed emergency protocols, MLC cases, coding systems, and how staffing levels affect patient flow during busy periods.</li><li>Suggested improvements: Recommended better manpower planning, digital bed monitoring, timely discharge planning, improved billing practices, and patient awareness drives for using online systems.</li></ul> |
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|                                                                               | <ul style="list-style-type: none"> <li>• I assisted in auditing patient files for completeness and compliance with hospital documentation standards.</li> <li>• Prepared a daily report to record the number of days each patient stays in the hospital across all wards. This helps in monitoring bed occupancy and average stay duration.</li> <li>• I also got the opportunity to prepare chargesheet of 15 patients and even took the feedback from patients and patient party as well.</li> <li>• Conducted routine rounds in all inpatient wards, including MICU, CCU, General Ward (Male &amp; Female), and Private Wards to observe patient care processes.</li> <li>• IPSPG-1 Audit- checked processes related to correct patient identification, diet administration, and sample collection. IPSPG-6 Audit- observed measures implemented to reduce the risk of patient harm, such as fall risk assessments and safety checks.</li> <li>• Collected and reviewed APACHE scores in the MICU to analyze the severity of illness and calculate the percentage of mortality. This helped in determining the unit's average mortality rate.</li> <li>• Reviewed and maintained documentation for Code Blue events. Responded to a Code Blue activated in the CCU for a patient experiencing cardiac arrest; despite resuscitation efforts, the patient could not be revived.</li> <li>• Observed protocols related to the handling and disposal of hazardous materials to ensure safety standards were followed. In the Quality Department, I conducted MRD audits and IPSPG-6 audits for 2 patients each using the Sapphire application.</li> </ul> |
| <b>Linking theory (Classroom learning) with practice at your organisation</b> | <ul style="list-style-type: none"> <li>• Applied hospital management principles: Understood the structural and functional organization of hospital departments (ER, OPD, IPD, ICUs) as part of Essentials of Hospital Services.</li> <li>• Implemented triage and patient flow concepts: Practically observed triage zones, patient prioritization, and how emergency admissions are handled, linking to emergency and disaster management theory.</li> <li>• Integrated health IT knowledge: Used the Athma system, kiosks, NH Care app, and digital consent forms, demonstrating how digitalization supports Health Information Systems concepts.</li> <li>• Connected financial management with patient care: Understood billing cycles, TPA processes, insurance claims, and DAMA cases due to affordability, relating to Hospital Financial Management and Medical Ethics.</li> <li>• Practiced patient communication and marketing skills: Learned the importance of counselling patients during discharge, collecting feedback, and how effective marketing builds trust and increases</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |

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|                                             | <p>patient footfall, aligning with Healthcare Marketing and Patient Relations.</p> <ul style="list-style-type: none"> <li>• Management leadership is a prime factor in dealing with the chaos in the hospital ward.</li> <li>• Marketing is essential for hospitals to connect with the community, establish trust, and increase both patient visits and revenue.</li> <li>• Clear hierarchy, defined roles, and centralized decision-making guide hospital operations.</li> <li>• Teamwork and empathy among staff improve patient care and shift efficiency.</li> <li>• Daily audits, infection control checks, and hand hygiene monitoring ensure quality standards.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                     |
| <b>Gaps identified on the working area.</b> | <ul style="list-style-type: none"> <li>• Delay in patient transfer: Slow conversion of patients from the Emergency Department to IPD or specialized wards due to limited beds and poor coordination.</li> <li>• Bed availability issues: Frequent shortage of beds, especially during peak hours, causing longer waiting times in the ER and affecting patient flow.</li> <li>• Inefficient discharge process: Delays in preparing discharge summaries and clearing final bills, which block bed turnover and create stress for patients and families.</li> <li>• Low digital awareness: Many patients struggle to use kiosks and online booking systems, leading to confusion and longer wait times.</li> <li>• Manpower constraints: Insufficient staff during high patient inflow periods, affecting time management for doctor appointments, admissions, and emergency care.</li> <li>• Due to having a financial constraint in this locality, the high cost of treatment leads to an increased number of cases of DAMA, LAMA, and DOR.</li> </ul> |
| <b>Suggestions for improvement</b>          | <ul style="list-style-type: none"> <li>• Streamline patient transfers: Improve coordination between the ER, IPD, and ward teams with real-time bed availability tracking and clear transfer protocols to reduce delays.</li> <li>• Expand flexible bed capacity: Reserve some flexible-use or step-down beds for peak hours or sudden surges, ensuring smoother patient flow when regular beds are full.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |

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|                      | <ul style="list-style-type: none"> <li>• Enhance discharge efficiency: Conduct early morning discharge rounds, use digital consent forms, and integrate real-time billing updates to clear beds on time and reduce last-minute rush.</li> <li>• Boost digital support for patients: Set up help desks, display visual guides near kiosks, and assign staff to assist patients with online booking and the NH Care app.</li> <li>• Strengthen manpower planning: Increase staffing levels during high-demand hours, improve appointment scheduling for doctors, and train staff for better handling of patient flow and billing.</li> <li>• Improve coordination between emergency, IPD, and ward staff to streamline patient flow and reduce delays in admission.</li> <li>• Increase staffing during expected busy times to reduce delays in patient assessment, treatment, and admission.</li> <li>• Schedule planned admissions carefully to avoid clashing with emergency patient load, reducing pressure on bed availability.</li> </ul> |
| <b>Key Learnings</b> | <p>Through this 10-week hospital experience as an intern, I gained valuable practical insights into how hospital systems operate from patient admission to discharge. I learned how triage, bed allocation, billing, and insurance processes work in real-time and how digital tools, such as the Athma system and kiosks, help streamline operations. I also understood the importance of interdepartmental coordination, effective patient communication, and efficient time management in enhancing patient care and satisfaction. Overall, this training strengthened my understanding of hospital management, highlighted the gaps that affect efficiency, and taught me practical ways to bridge them through better planning and teamwork.</p>                                                                                                                                                                                                                                                                                         |

*Rishiraj Chakrabarty*

**Signature of the Student**

**Signature of the University Mentor**

## Photographs of the workplace

*Triage system in the hospital*



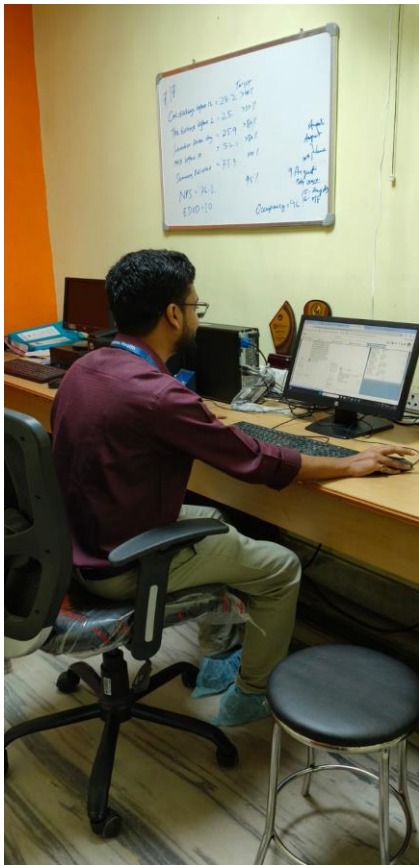
*Nursing station*



At emergency department gate



At sales force audit



Charge sheet check with the diabetic and nursing chart

