SUMMER INTERNSHIP PROGRAM

at

Fortis Hospital, Manesar

From 12th May, 2025 to 19th July, 2025

A REPORT BY

Name of the student – Risha Chattaraj

Master of Business Administration

Hospital and Health Management

Roll no – 2056

2024-26

under the Mentorship of

Dr. Deepti Sharma, Associate Professor

IIHMR UNIVERSITY

Fortis
HOSPITAL
Manesar, Gurugram

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July 19, 2025

TO WHOMSOEVER IT MAY CONCERN

This is to certify that **Ms. Risha Chattaraj** D/o **Mr. Subir Chattaraj** has completed her Internship in the department of **Patient Care Services** at Fortis Hospital, Manesar, Gurugram from **May 12, 2025** to **July 19, 2025.**

We wish her all the best in her future endeavors.

For **Fortis Hospital,Manesar,Gurugram,**

Rahul Khandelwal
Head Human Resources

IIHMR UNIVERSITY

IIHMR University Faculty Mentor Approval

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

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

Date: 29/07/2025

Dr. Deepti Sharma

Associate Professor

IIHMR University, Jaipur

Name: Risha Chattaraj **Roll No:** 2056
Duration: 2.5 months
Organization Mentor: Minakshi Popli Chopra **IIHMR Mentor:** Dr. Deepti Sharma

Topic: Enhancing Service Efficiency in PHC: A trend based evaluation of Patient footfall.

Brief History

Fortis Hospital, Manesar, established in 2024, Fortis Healthcare Network, is a part of state-of-the-art and a major multi-super speciality hospital and is known for advance technology and extraordinary patient care. It offers various specialties including cardiology, neurology, oncology, which creates a major healthcare destination for the region.

Vision

To create a world-class integrated healthcare delivery system in India, combining medical excellence with compassionate care.

Mission

To be a globally respected healthcare organisation, known for clinical excellence and distinctive patient experience.

Theoretical understanding vs Practical Exposure

Theoretical	Practical
1. Hospital operations and workflow management	1. Managed PHC activities, ensuring proper patient flow and coordinating with diagnostic departments
2. Communication and inter departmental coordination	2. Coordinated between PHC, OPD, Pathology, Radiology, NIC t reduce delays and proper report dispatch resulting in internal communication improvements
3. Health care analytics and data visualization	3. Used excel to compile PHC footfall data, visualize corporate - wise service utilization and derived insights from trends

SWOT Analysis

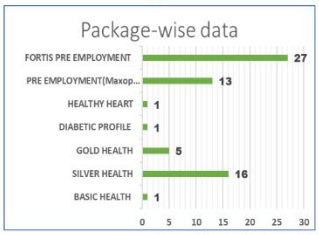
S – Strengths
- Strong brand presence and reputation across India
- Wide networkof 28+ hospitals and diagnostic centers
- Expertise in multiple specialties like cardiology, oncology, orthopaedics
- Leadership in medical tourism(patients from 50+ countries)

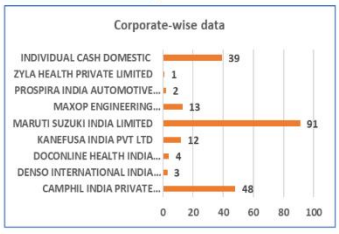
W – Weaknesses
- High dependence on urban and metro locations
- Limited presence in rural healthcare delivery
- High operational costs due to premium infrastructure
- Limited scalability in government- funded health programs

O – Opportunities
- Growing demand for privatehealthcare and preventive services
- Expanding telemedicine and digitalhealth platforms
- Rising medical tourism in Asia
- Potential expansion into tier-2 and tier-3 cities

T – Threats
- Intense competition from other hospital chains (e.g., Apollo, Max)
- Changing government policies and healthcare regulations
- Economic downturns impacting patient affordability
- Technological disruptions from new health-tech startups

Data Analysis and Findings

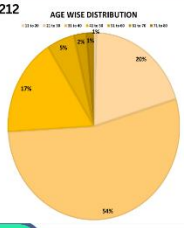




Data of patients from 1st - 30th May of sample size-212

Findings

- Silver Health(16 patients) and Gold Health(5 patients) are the most preferred comprehensive packages
- Basic Health,Healthy Heart and Diabetic Profile packages had minimal uptake(1 patient each)-indicating low awareness or targeted need
- Maruti Suzuki had the highest organizational tie-up(91 patients)
- Majority of patients (114) fall in the 31 to 40 years age bracket - indicating this is the most health - conscious or corporate screening group
- 2nd highest group is 21 - 30 years (42 patients), possibly new employees undergoing pre employment checkups.
- Senior age groups (51 - 80) years showed very low engagement



Organisation Structure

Facility Director

- **Medicial Superintendent**
  - Chief of Nursing
  - Biomedical Head
  - Head of CSSD
  - AMS/DMS
  - Quality Head
  - Blood bank Supervisor
  - OT Supervisor
- **Head Admin**
  - Chief Security Officer
  - Head-PCS
  - Head-IT
  - Head-HK
  - Head-Engineering
- **Head HR**
  - Asst. Manager Talent Acq. Team
  - Training
- **Finance Controller**
  - Accounts department
  - Internal Audit
  - ERP Management
  - Taxation
- **Head Sales and Marketing**
  - Digital Marketing
  - Referral Marketing
  - Branding

Learning during internships

- Gained first hand exposure to the end to end process and coordination of PHCs
- Observed how large-scale corporate tie ups and how they drive preventive healthcare
- Understood the commercial aspect of B2B healthcare services especially in pre employment screening
- Learned how pricing, awarnes and relevance affect package uptake

Challenges Faced

- Handling patient flow and managing time became challenging during rush hours or bulk corporate checkups.
- The fast-paced protocol driven healthcare environment was overwhelming in the first few days.
- Due to insufficiency of staff there was pressure on individual personnel. For example: I had to manage 20-25 patients at a time single handedly

Suggestions for improvements

- Deploy additional support staff during peak morning hours to manage high patient volumes efficiently.
- Provide comprehensive training to all hospital staff to ensure smooth process execution and seamless patient handling, even in the absence of assigned PHC personnel.
- Ensure availability of PHC consultants in the evening post-report dispatch to facilitate same-day consultations and reduce the need for repeat visits.
- Need for elderly focused awareness programs.

Reporting Format

(Weekly)

Name of the Organisation: Fortis Hospital , Manesar

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

Name of the Student: Risha Chattaraj

Roll no: 2056 **Stream: MBA (Hospital and Health Management)**

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

Activity Done	During my internship in the PCS department OPD, I assisted with patient registration, appointment scheduling, guiding patients, and maintaining daily records. I observed patient flow management and interacted with nursing staff, OPD coordinators, and patients to understand daily operations.
Linking theory (Classroom learning) with practice at your organisation	From our classroom sessions in Essentials of Hospital Services, I learned about patient care protocols, OPD workflow, and patient satisfaction measures. I could connect these concepts with real-time practices such as the appointment system, queue management and triaging of walk-in patients. The theory about SOPs was visible in the OPD workflow.
Gaps identified on the working area.	1. Waiting time for some specialties due to uneven doctor distribution. 2. Make arrangements to sit during peak hours.(specially in POD 3) 3. Delay in uploading electronic medical records (EMR) for nursing assessment due to workload. 4. Patient feedback system is manual and has not been followed effectively.
Suggestions for improvement	1. Improve queue management during seating space and crowd hours. 2. On additional staff for EMR updates to improve real -time documentation. 3. Additional nursing staffs on PODs 4. For a digital reaction system with follow -up mechanisms to remove concerns.
Plan for the next week	1.Shadow the nursing staff during patient triage to understand clinical assessment processes. 2.Observe the feedback collection system more closely. 3.Compare the functioning of different speciality OPDs. 4.Assist the OPD coordinator in patient flow analysis

Risha Chattaraj

Signature of the Student

Approved by the IIHMR University's Mentor

Reporting Format

(Weekly)

Name of the Organisation: Fortis Hospital , Manesar

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

Name of the Student: Risha Chattaraj

Roll no: 2056 **Stream: MBA (Hospital and Health Management)**

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

Activity Done	I managed the preventive health checkup department including coordinating patients' flow and report management. Additionally, I handled the pod (patient on the desk) section, helped the patients, answered their queries and follow -up. I also contributed to pathological, radiological and pharmacy service conversion to increase patient experience and department's efficiency.
Linking theory (Classroom learning) with practice at your organisation	Theoretical knowledge of hospital operations, patient flow and departmental coordination helped me apply practical skills in real -time management of many services. Concepts such as the patient's satisfaction, process efficiency, and contradiction communication were practically applied.
Gaps identified on the working area.	1. Lack of streamlined coordination between departments during peak hours 2. Due to insufficiency in PCS and nursing staffs there is workload on single personnel 3. Limited awareness about conversion services in patients
Suggestions for improvement	1.Regular training of employees on interdepartmental coordination 2.Display informative posters or provide leaflets about available conversions (pathology, radiology, pharmacy) to patients 3.Track real conversion of patients in different departments
Plan for the next week	1. Work on raising patient awareness for conversion services 2. Collect response from patients using Pods to identify more improvement areas

Risha Chattaraj

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Reporting Format

(Weekly)

Name of the Organisation: Fortis Hospital , Manesar

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

Name of the Student: Risha Chattaraj

Roll no: 2056 **Stream: MBA (Hospital and Health Management)**

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

Activity Done	During my internship in preventive health checkup (PHC) and Pods departments, I coordinated and supervised patient desk activities. I was involved in the management of patient registration, assisting report dispatch, patient guidance and service distribution. I also ensured timely coordination between clinical units and front desk. Additionally, I supported the staff in maintaining the patient's record and smoothing the daily operation.
Linking theory (Classroom learning) with practice at your organisation	From our classroom sessions in the imperative of hospital services, I understood concepts such as patient-focused care, health checkup workflow and communication strategies. These principles practically helped me apply knowledge in patient desk coordination, explaining preventive screening packages and ensure better patient experience. SOP and patient navigation principles were clearly implemented in PHC and Pods department
Gaps identified on the working area.	• Report dispatch delays due to backlog in clinical departments. • Some patients were unaware of the package inclusion, causing confusion. • Peak checkups affect the smooth flow, insufficient employees during hours.
Suggestions for improvement	• Create a digital display board for report collection status. • When the patient is high, deploy additional assistant employees during the morning hours. • Use internal communication software to streamline coordination between Clinical Department.
Plan for the next week	• Work with clinical teams to understand the report generation timeline. • Help patient information handouts for PHC services. • Monitor the patient's waiting time and the performance of the employees.

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Reporting Format

(Weekly)

Name of the Organisation: Fortis Hospital , Manesar

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

Name of the Student: Risha Chattaraj

Roll no: 2056 **Stream: MBA (Hospital and Health Management)**

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

Activity Done	During the month of May, I managed nursing stations (Pods -desk patient) at Fortis Hospital, Manesar. My major responsibility included coordinating front desk operations and ensuring smooth patient flow. In addition, I analysed prescription from the EMR (Electronic Medical Record) of OPD patients to identify the conversions required for other hospital services. I handled and maintained the Excel record of daily conversions from OPD consultations: IPD Entrance, Laboratory Investigation, Radiology Diagnostics, NIC (Non-Invasive Cardiology) Procedures, OP Pharmacy Tips, Neuro Diagnostic Tests were monitored and ensured accurately. I also directed patients about their next stages and supported real -time documentation
Linking theory (Classroom learning) with practice at your organisation	The concepts of our organization with practice (classroom learning) along with concepts from our "hospital services" classes- such as patient workflow management, OPD-EMR integration, inter-departmental coordination and quality service distribution- was implemented in these interns. I understood the importance of communication flow and the interpretation of the prescription in the operation of the hospital. EMR-based prescription analysis helped me practice digital data handling and patient conversion tracking, as discussed in our academic sessions.
Gaps identified on the working area.	The prescription instructions were not always clearly marked for conversion purposes. Delay in confirming the conversion details between OPD and Diagnostic/IPD departments. There is no automatic system as a flag requirement-Manual tracking in excel was about to take time.
Suggestions for improvement	Integrate a digital alert system in EMR to suggest possible conversions. Display department-wise conversion flow chart on pods for quick guidance. Start an interdepartmental coordination board to reduce the delay and streamlines the referral.
Plan for the next week	Design a digital format to track conversions to reduce excel dependence. Do a small survey to assess the patient understanding of post-consultation stages.

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Reporting Format

(Weekly)

Name of the Organisation: Fortis Hospital , Manesar

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

Name of the Student: Risha Chattaraj

Roll no: 2056 **Stream: MBA (Hospital and Health Management)**

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

Activity Done	Monday: assisted in the Radiology Department and observed the clinical process. Tuesday: Managed PHC patients and assisted in pods operations. Wednesday: 7 PHC patients handled in the first half; Help OPD in 2 half. Thursday: In the second half of the day, 12 PHC patients handled. Friday: In the second half, 8 PhC patients managed. Saturday: With the supervision of 13 PHC cases till 4:40 pm, a tat report was also presented to the hospital mentor (OPD Head) in Excel Sheet.
Linking theory (Classroom learning) with practice at your organisation	Hospital service distribution, patient handling and applicable concepts of OPD workflow. PHC understood practical challenges in coordination and clinical services.
Gaps identified on the working area.	1. Delay in patient movement from OPD to radiology. 2. Lack of real -time tracking of PHC patients. 3. Inadequate employees support during high patient load in the second half.
Suggestions for improvement	1. Apply a real -time EMR update system for patient flow coordination. 2. When the PHC load is high, assign more pods staff during the second half. 3. Provide brief orientation to new PHC patients to reduce confusion.
Plan for the next week	1. Help the daily PHC workflow with attention to the patient response collection. 2. Observe and report on the referral pattern for pathology and radiology. 3. Analyze the patient's satisfaction and prepare a small summary for the TAT report.

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Reporting Format

(Weekly)

Name of the Organisation: Fortis Hospital , Manesar

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

Name of the Student: Risha Chattaraj

Roll no: 2056 **Stream: MBA (Hospital and Health Management)**

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

Activity Done	Supervision at nursing stations (Pods - patients on the desk), conversion data in TAT and Excel was prepared through prescription analysis. Started planning a project on preventive health checkup (PHC).
Linking theory (Classroom learning) with practice at your organisation	Class knowledge of hospital workflow, prescription audit and PHC processes during supervision in pods. Data handling and excel skills are used to analyze the patient's prescriptions and conversions, aligning with health management subjects.
Gaps identified on the working area.	• Lack of awareness among patients about PHC package. • Poor follow -up system
Suggestions for improvement	• Display PHC benefits on pods • automate TAT and conversion dashboard. • introduce follow-up calls
Plan for the next week	• PHC project scope and objectives finalize. • Start collecting baseline data for PHC uptake. • Continue supervising on pods

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Reporting Format

(Weekly)

Name of the Organisation: Fortis Hospital , Manesar

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

Name of the Student: Risha Chattaraj

Roll no: 2056 **Stream: MBA (Hospital and Health Management)**

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

Activity Done	I was assigned to pods (patients at the desk) or nursing stations. I oversee and manage the flow of patients under the guidance of pod in-charge. I assisted data entry related to patient conversion for various departments such as laboratory, radiology, NIC (non-invasive cardiology) and others. Additionally, I maintained an Excel sheet tracking a turnaround time (TAT) for each patient - especially the time between their entry into the doctor's consultation room and the billing time - for 9 separate doctors in the pod.
Linking theory (Classroom learning) with practice at your organisation	The concepts learned in class sessions such as patient flow management, healthcare quality, hospital data recording, and the use of TAT indicators were implemented. This enhanced my understanding of how the patient's throwput and service delivery timeline is adapted to the theoretical model monitoring and real -time hospital settings.
Gaps identified on the working area.	• Delay in data entry was noted • Some patients were not properly directed, which were in confusion in reaching other departments. • Inconsistencies were seen to have accurate consultation beginning or record time.
Suggestions for improvement	• Deployment of a patient sailor in pods to streamline the department-wise movement. • STAFF training continuously and for accurate time data capture.
Plan for the next week	• Compiling weekly conversion data for Start trend analysis. • Propose a format to track TAT entry into all pods. • Assist OPD procedures to solve the delay in the slight patient flow by mapping.

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Reporting Format

(Weekly)

Name of the Organisation: Fortis Hospital , Manesar

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

Name of the Student: Risha Chattaraj

Roll no: 2056 **Stream: MBA (Hospital and Health Management)**

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

Activity Done	During this week, I was actively engaged in the management of the pods (patients on the desk) area, also known as nursing stations. My responsibilities included helping patients, guiding their respective departments and ensuring a smooth flow of operation. I documented patient conversion data for services such as laboratory, radiology, NIC and other references. I compiled and analysed the turnaround time (TAT) for each patient seen by 9 doctors, using Excel sheets to track the duration from doctor consultation to billing. This helped in monitoring departmental efficiency.
Linking theory (Classroom learning) with practice at your organization	Practical contact of hospital workflow helped me implement the concepts of healthcare quality management, service distribution procedures and classrooms learned in class. TAT tracking and conversion analysis allowed me to understand how real -time data can improve the patient's experience and resource plan. Manual recording of TAT increases the risk of errors.
Gaps identified on the working area.	• Manual recording of TAT increases the risk of errors. • No proper feedback system to track patient difficulties during department visits.
Suggestions for improvement	• Assign volunteers for patient guidance. • Develop a dashboard for real-time visibility of referrals and conversions.
Plan for the next week	• Continue POD supervision and focus more on real-time observation of workflow gaps. | • Prepare department-wise weekly summary of patient conversions. • Explore feasibility of digital tracking for TAT recording.

Risha Chattaraj

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Reporting Format

(Weekly)

Name of the Organisation: Fortis Hospital , Manesar

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

Name of the Student: Risha Chattaraj

Roll no: 2056 **Stream: MBA (Hospital and Health Management)**

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

Activity Done	During this week, I continued my responsibilities in supervising the PODs (Patients on Desk), also referred to as nursing stations. My core tasks involved assisting patients in navigating the hospital departments efficiently and ensuring a seamless patient flow. I also took charge of collecting and updating data related to patient conversions for services including Laboratory, Radiology, NIC, and other referrals. In addition, I maintained and analyzed the Turnaround Time (TAT) for patients seen by 9 doctors. This was done by using Excel to track the time from patient consultation with the doctor to the final billing. The data provided useful insights into departmental performance and patient processing times.
Linking theory (Classroom learning) with practice at your organization	This week's hands-on experience helped me apply important concepts from hospital operations, such as quality improvement, patient flow optimization, and time management. The process of TAT tracking and conversion data analysis gave me a deeper understanding of how data-driven decision-making can lead to better hospital efficiency and resource planning.
Gaps identified on the working area.	• The manual entry of TAT data increases chances of human errors.
Suggestions for improvement	• assign volunteers to support patient direction. • Create a dashboard to monitor patient referral and conversion status in real-time.
Plan for the next week	• Continue POD supervision and focus more on real-time observation of workflow gaps. | • Prepare department-wise weekly summary of patient conversions. • Explore feasibility of digital tracking for TAT recording.

Risha Chattaraj

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Reporting Format

(Weekly)

Name of the Organisation: Fortis Hospital, Manesar

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

Name of the Student: Risha Chattaraj

Roll no: 2056 **Stream: MBA (Hospital and Health Management)**

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

Activity Done	During this week, I continued to monitor pods (nursing stations), ensuring smooth coordination between departments and helped patients to navigate OPD services efficiently. My responsibilities included solving on-ground patient questions, guiding the patient's flow in clinical services and coordinating with employees to reduce the service delay. In parallel, I actively worked on my assigned project-PHC (preventive health check-up) footfall analysis. I collected relevant data from the hospital system about the health check-up packages selected by normal and corporate patients. Based on this data, I created comparative bar and pie charts to imagine package preferences and corporate-wise service use (eg, Maruti Suzuki). Data is being compiled to extract trends and insight on health check -up behaviour.
Linking theory (Classroom learning) with practice at your organization	This week helped to bridge the difference between class subjects such as healthcare analytics and hospital operations. Using Excel for data management and chart construction allowed me to apply data visualization concepts learned during research. In addition, the management of pods incorporates the patient's experience, service distribution and principles of communication - to align with learning from hospital administration and operation management.
Gaps identified on the working area.	• The patient's name from PHC was not updated as a part of his health checkup checklist in the OPD advisory list, which delayed consultation and leaflets updates. • Digital dashboard deficiency for quick view of PHC package.
Suggestions for improvement	• Apply a centralized dashboard for real -time tracking of PHC footfall and patient package preference. • Provide extensive training to all hospital staff so that the smooth process is done and handling in the absence of PHC personnel assigned to the uninterrupted patient
Plan for the next week	As it marks the end of my internship at Fortis Hospital, Manesar, my focus for the coming week will be on the final internship report compiling and presenting. I will summarize the major insights from my POD supervision experience and preventive health check-up (PHC) project, including data trends and recommendations. I plan to reflect the consequences of learning and practical applications obtained during internships.

Risha Chattaraj

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Approved by the IIHMR University's Mentor

Compiled Reporting Format

Name of the Organisation: Fortis Hospital, Manesar

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

Name of the Student: Risha Chattaraj

Roll no:2056 **Stream: MBA (Hospital and Health Management)**

Activity Done	• Managed and supervised pods (patients on the desk)/nursing stations, smooth patient flow and contradiction coordination. • Supported patient registration, guidance, querry resolution and report removing. • Monitor and documented OPD consultation conversion for pharmacy using IPD, lab, radiology, NIC, neurodynnostics and excel. • Collecting and analyzing the Turnaround Time (TAT) data in 9 doctors for monitoring service deadline. • Preventive Health Investigation (PHC) coordinated the department; Worked on a project analyzing the PHC footfall, compiled the data and created the visual report (bar and pie chart). • Pamphlet analysis was done from EMR to identify the required departmental referrals. • Participated in real -time clinical coordination, and interacted with nursing, pathology and radiology teams. • Summary reports on weekly trends and department-wise conversions.
Linking theory (Classroom learning) with practice at your organisation	• Knowledge applicable from hospital services, hospital operations and healthcare analytics. • Practical use of concepts: OPD Workflow, SOP compliance, interdaptal coordination, EMR handling, and patient satisfaction metrics. • Excels were used for data analysis, TAT tracking and conversion trends, connecting it with academic lessons in the quality of healthcare, patient throwput and service efficiency. • Integrated text in communication and hospital administration to increase patient experience and service distribution.
Gaps identified on the working area.	• Manual tat entry prone to human error; No digital tracking system. • EMR updates and consultation-to-referral handoff delays. • Peak affects insufficient staffing, pods and PHCs during hours and other parts.

	• Lack of awareness in patients about conversion services and PHC package inclusions. • Poor response collection system, largely manual and ineffective. • No centralized digital dashboard for PHC or conversion tracking. • Inconsistent interdepartmental metal communication, especially during high patient loads.
Suggestions for improvement	• Develop a real -time digital dashboard for TAT, PHC footfall and patient conversions • Deploy volunteers or patients to improve the patient's direction and reduce confusion. • Conduct regular employee training on SOP, interdpt metal coordination and time data accuracy. • Use automatic alerts in EMR for conversion recommendations and follow -up flags • Provide informative sheet and digital display about PHC package and service flow. • Introduce the follow-up call system post-consultation for better patient engagement.
Key Learnings	**Hospital operations and workflow** • Pod (patient on the desk) gained experience on hands in supervision, smooth patient flow and frontline service distribution • Understand the practical functioning of OPD workflow including patient registration, consultation, diagnosis and referral coordination • Learned how the contradiction affects the efficiency of the communication hospital, especially during peak hours **Data management and analysis** • Skills developed in Excel-based tracking, compilation and analysis: • Patient conversion in departments such as lab, radiology, pharmacy, IPD, NIC • Turnaround time (TAT) up to billing for 9 doctors in doctor consultation • Damping analysis through EMR to identify referral patterns and improve service linkage • Created PHC (Preventive Health Czech-up) bar and pie charts for footfall trends-a normal vs. corporate uptake, eg, Maruti Suzuki. **Preventive Health Check-Up (PHC) Services** • PHC understood the structure and operational intervals in coordination • Identified less patient awareness about PHC packages and worked on improving visibility and trekking. • A strategy was prepared for PHC footfall monitoring including package preference and departmental conversion **Solution to real -time problem** • Dealing of issues like manual data entry errors, EMR updates, and communication lag • Suggesting digital dashboard and automatic EMR alert. • Recommendation of deployment of

	volunteers/patient sailors for better guidance. • Worked on developing patient-centered improvements such as feedback systems and information handouts. **Theory to practice application** • Applied classroom concepts such as: • Patient satisfaction metrics • SOP adherence • Healthcare quality indicators • Hospital analytics and operations management • Experienced the impact of TAT monitoring and data-driven decision-making on real-time service quality. **Communication and Collaboration** • In communication skills were improved in coordinating with nursing staffs, doctors and administrative units to streamline patient services. • Learned to effectively manage patient queries, directional guidance, and post-consultation follow-ups. **Process corrections and recommendations** Developed ability to: • Identify operational bottlenecks • Recommend technology-capable solutions • Propose scalable reforms such as real-time dashboard, digital feedback tools and follow-up systems.

Risha Chattaraj

Signature of the Student

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