SUMMER INTERNSHIP PROGRAM

at

FORTIS HOSPITAL, MANESAR, GURUGRAM

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

A REPORT BY

RIDDHIMA AGARWAL

Master of Business Administration

(Hospital and Health Management)

Roll no- 2054

2024-26

Under the Mentorship of

Dr. VARSHA TANU

Assistant Professor

Fortis
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July 19, 2025

TO WHOMSOEVER IT MAY CONCERN

This is to certify that **Ms. Riddhima Agarwal** D/o **Mr. Jitesh Agarwal** has completed her Internship in the department of **Medical Administration** 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 Dr Riddhima Agarwal of academic year 2024-26 of Institute of Health Management Research has prepared a poster with respect to her summer internship held during May-July 2025.

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

Date: 28/07/2025

(Signature of Faculty Mentor)

28/7/2025

Name: **Dr. Varsha Tanu**

Designation: Associate Professor,
IIHMR University, Jaipur.

Study on Discharge Delays and Compliance with Turnaround Time at Fortis Hospital, Manesar

RIDDHIMA AGARWAL | ROLL NO: 2054 | MBA HM 29 | BATCH 2024-2026

FACULTY MENTOR: DR. VARSHA TANU | ORGANISATION MENTOR: DR. PRIYANKA KUNDRAI

ABOUT FORTIS HOSPITAL, MANESAR

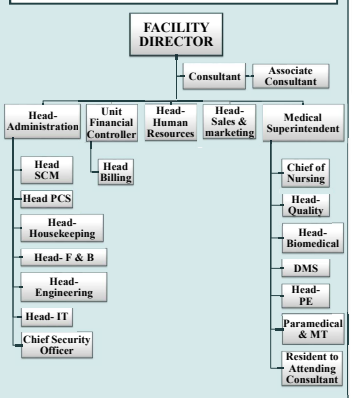
Fortis Hospital Manesar, established in 2024 is a 350-bedded Multi- Speciality Hospital located in Sector 5, Manesar, Gurugram. Fortis Healthcare Limited – an IHH Healthcare Berhad Company– is a leading integrated healthcare services provider in India. It is one of the largest healthcare organizations in the country with 28 healthcare facilities, 4,500+ beds and 400 diagnostics centers in India, UAE, Nepal & Sri Lanka. The Company is listed on the BSE Ltd and National Stock Exchange (NSE) of India. Fortis focuses on world-class patient care and ethical medical practice, employing around 23000 people and offering a full range of healthcare services.

VISION AND MISSION

Vision: To create a world-class integrated healthcare delivery system in India, entailing the finest medical skills combined with compassionate patient care.

Mission: To be a globally respected healthcare organization known for Clinical excellence and Distinctive Patient Care.

ORGANIZATION STRUCTURE



SWOT ANALYSIS

STRENGTH

1. Defined discharge policy.
2. Existing HIS and EMR to see discharge updates.
3. Dedicated staff to monitor discharges.
4. Availability of interpreters for international patients.
5. Awareness of IPSG goals.

WEAKNESS

1. Non experienced staff.
2. No discharge lounge.
3. Delay in preparation of discharge summary.
4. Delay in Doctor's morning round.
5. No financial counselling done before discharge.

OPPORTUNITY

1. Training of staff for better efficiency.
2. Implement financial counselling for attendants in advance.
3. Create a real-time discharge dashboard linked to HIS.
4. RCA of discharge delay.

THREAT

1. High patient volume may create greater delays.
2. Risk of negative patient feedback due to discharge delay leading to lower Net promoter score.
3. Negative online reviews may lead to reduced future admission rates.

THEORETICAL UNDERSTANDING

1. Theoretical knowledge helped in understanding fundamental concepts related to the functions of a hospital.
2. Theory provides framework (What & Why).
3. Involves learning using case studies and hypothetical situations.

PRACTICAL EXPOSURE

1. Practical exposure helped in understanding how to manage day-to-day operations of a hospital.
2. Practical exposure enhances problem-solving ability (How).
3. Involves addressing real time challenging situations.

CHALLENGES FACED

1. Collection of Primary data was challenging.
2. Adapting to a new workplace environment.
3. Coordination with various stakeholders.
4. Using criticism constructively.
5. Documentation and management of patient complaints.
6. Limited time to interact with Nurses due to high Patient-Nurse ratio.
7. Uncooperative behaviour of some staff.

MAJOR LEARNINGS

1. Discharge process as a role of medical administration.
2. Learnt about IPSG goals.
3. Use of MS Excel in analyzing the data of Hospital.
4. Got hands–on experience on HIS and EMR.
5. Importance of patient satisfaction.
6. Exposure of Corporate hospitals.
7. Learnt about NABH accreditation and its mandatory parameters.

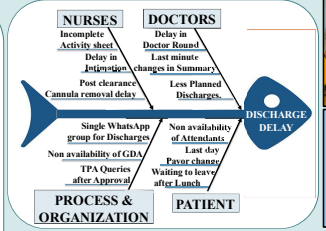
SUMMER TRAINING PROJECT

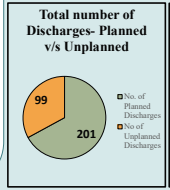
OBJECTIVES-

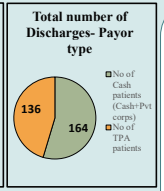
1. To observe each step in discharge process from the moment a patient is marked for discharge to the actual physical discharge.
2. To identify if any delay occurs in discharge process and determine their root causes.
3. To measure the number of discharges completed within recommended TAT.
4. To provide suggestions to reduce discharge delays.

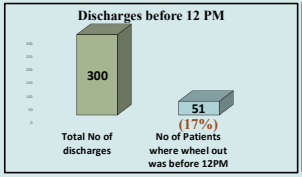
METHODOLOGY-

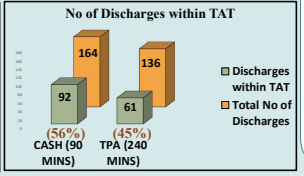
1. **Study setting-** In Patient Department (IPD) of Fortis Hospital, Manesar
2. **Study Design-** Descriptive and Observational
3. **Sampling type-** Convenience sampling
4. **Sample size-** 300 patients
5. **Duration-** 15th May,2025 to 15th July,2025
6. **Inclusion Criteria-** Patients admitted to the hospital between 15th May and 15th July.
7. **Exclusion Criteria-** Daycare and Dialysis Patients.
8. **Data Collection-** Primary Data was collected by direct observation and activity mapping and secondary data was collected through HIS.











SUGGESTIONS

1. Increase the number of discharge planning.
2. Finalize discharge summary one day prior.
3. Create separate group for discharge intimation update.
4. Ensure updated billing activity is sent by assigning one billing staff per floor.
5. Ensure GDA availability post clearance.
6. Start evening duty for MT.
7. Set up a discharge lounge where patients can wait after 12 PM to avoid additional room rent.
8. Conduct Root Cause Analysis of each discharge delay.
9. Start financial counselling for attendants on expected discharge day billings in advance.

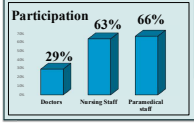
OTHER PROJECT

OBJECTIVES-

1: To find out how many medical, nursing staff and paramedical staff are aware with the International Patient Safety Goals.
2: To propose training programs to increase awareness towards IPSG.

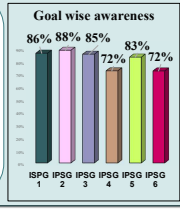
METHODOLOGY-

A Google Form comprising a 12-MCQ questionnaire was created and circulated to collect data about each goal.



PARTICIPATION-

	Total Number	Participated in survey
Doctors	104	30 (29%)
Nursing Staff	120	76 (63%)
Para-medical staff	36	24 (66%)
Total	260	130 (50%)



FINDINGS-

Role	Total Number	IPSG 1	IPSG 2	IPSG 3	IPSG 4	IPSG 5	IPSG 6
Doctor	30	22	24	25	19	21.5	24.5
Nursing staff	76	69	73	70	56.5	65.5	57
Paramedical staff	24	20.5	17.5	15.5	17.5	20.5	12
Total	130	111.5	114.5	110.5	93	107.5	93.5

Role	SUGGESTION	
Doctors	IPSG 4	IPSG 5
	Training on conducting surgical time out	Training on proper hand hygiene practices
	Train about the purpose of doing a surgical time out	Training on the WHO's five moments of hand hygiene
Nursing Staff	IPSG 4	IPSG 6
	Training on conducting surgical time out	Encourage patients to wear non-slippery footwear and issue non slip socks to reduce risk of falls
	Train about the purpose of doing a surgical time out	Training to use standardized fall risk assessment tools
Para-medical Staff	IPSG 3	IPSG 6
	Train about double verification process	Encourage patients to wear non-slippery footwear and issue non slip socks to reduce risk of falls
	Awareness about LASA color code used in hospital	Training to use standardized fall risk assessment tools

REPORT 1

Name of the Organisation: Fortis Hospital, Manesar, Gurugram

Area/ Department/ Project of Summer Internship Program: Medical Administration

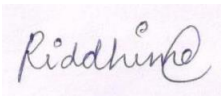
Name of the Student: Riddhima Agarwal

Roll no: 2054 **Stream:** Hospital and Health Management

Week no: 1 **From:** 12 May'2025 to 17 May'2025

Activity Done	• Orientation about the hospital and understanding about its basic functioning. • Visited various departments and created a detailed floor map of the hospital. • Explored one floor each day to understand the functioning and facilities provided. • Induction into the organization's work culture. • Learnt about overall work process of the Outpatient and Inpatient Departments. • Observed interdepartmental coordination for the smooth functioning of the hospital. • Observed the steps in the discharge process in inpatient wards. • Conducted audits of inpatient files and compiled an Excel sheet for incomplete documentation.
Linking theory (Classroom learning) with practice at your organisation	• Essentials of Hospital Services- Previous hospital visits organized by the college provided understanding of hospital departments, which made it easier to identify and relate to them during the internship. • Skills learned, such as MS Excel and Word helped me work more efficiently during documentation and auditing tasks.
Gaps identified on the working area.	• Presence of undocumented records in patient files. • Inadequate number of General Duty Assistants (GDA) staff on some floors which leads to delay in wheel out during discharge.

Suggestions for improvement	• Ensure complete and accurate documentation in patient files by conducting regular internal audits. • Assign adequate number of GDA staff on each floor to improve operational efficiency.
Plan for the next week	• Study the functioning of the hospital in greater depth and understand the operations of individual departments. • Discuss potential project ideas with the organizational mentor. • Learn about the Radiology Department and the Laboratory. • Gain hands-on experience with the hospital's Electronic Medical Record (EMR) system.



Signature of the Student

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REPORT 2

Name of the Organisation: Fortis Hospital, Manesar, Gurugram

Area/ Department/ Project of Summer Internship Program: Medical Administration

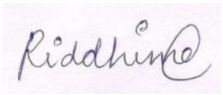
Name of the Student: Riddhima Agarwal

Roll no: 2054 **Stream:** Hospital and Health Management

Week no: 2 **From:** 19 May'2025 to 24 May'2025

Activity Done	• Understood the Outpatient Department's (OPD) working process, including patient registration and billing procedures. • Accompanied the medical administration team on patient rounds to observe patient care. • Conducted audits of inpatient files and compiled an Excel sheet to track incomplete documentation. • Visited the Inpatient (IP) Pharmacy and learn about the medicine dispensing process, quality indicators, the escalation matrix in supply chain management, and reviewed key forms such as the Non-Formulary Drug Request Form and Medication Error Reporting Form. • Visited the Emergency Department and learned about the triage process and hospital emergency codes. • Conducted audits on mock drills conducted in the hospital over the past six months to assess emergency preparedness. • Received overview of the hospital's Electronic Medical Records (EMR) system and Health Information System (HIS).
Linking theory (Classroom learning) with practice at your organisation	• Essentials of hospital services – Triage, Emergency codes, and medication management. • Digital Health – Electronic medical records and Hospital information system. • Skills learned, such as MS Excel and Word helped me work more efficiently during documentation and auditing tasks.

Gaps identified on the working area.	• Presence of undocumented records in patient files. • Lack of completion of patient consent forms. • Incomplete data entry in the Electronic medical records.
Suggestions for improvement	• Ensure regular audits and staff training to minimize undocumented records in patient files and promote complete documentation. • Encourage real-time data updates in the EMR system. • Provide training to ensure complete and accurate data entry in the EMR.
Plan for the next week	• Study the functioning of the hospital in greater depth and understand the operations of individual departments. • Understand and observe the process of patient discharges in hospital wards and chemotherapy day care. • Discuss potential project ideas with the organizational mentor.



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REPORT 3

Name of the Organisation: Fortis Hospital, Manesar, Gurugram

Area/ Department/ Project of Summer Internship Program: Medical Administration

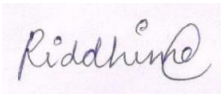
Name of the Student: Riddhima Agarwal

Roll no: 2054 **Stream:** Hospital and Health Management

Week no: 3 **From:** 26 May'2025 to 31 May'2025

Activity Done	• Tracked discharges in inpatient wards and observed each step in discharge process. • Tracked nurse response time to call bells in the wards to assess patient service efficiency. • Conducted audits of inpatient files to verify completeness. • Understood the IPD (In-Patient Department) billing process, including TPA clearance, final billing steps, and observed the steps in which delay occurs. • Explored the HIS (Hospital Information System) and EMR (Electronic Medical Records) in detail. • Observed if the Room cleaning TAT is followed after patient wheel out.
Linking theory (Classroom learning) with practice at your organisation	• Essential of hospital services- Utilized theoretical knowledge of IPD. • Essentials of hospital services-Room Cleaning Turnaround Time (TAT). • Essentials of hospital services- Used the knowledge of international patient safety goals (IPSG). • Digital Health – Electronic medical records and Hospital information system.
Gaps identified on the working area.	• Delay in IPD billing due to shortage of billing staff, affecting patient discharge timelines. • Delay in initial assessment of the patient performed by the Doctor after admission to ward. • Improper communication and coordination among nursing staff, leading to service delays. • Shortage of General Duty Assistant (GDA) staff affecting patient movement and discharge efficiency.

Suggestions for improvement	• Strengthen the IPD billing process through better staffing. • Increase the number of GDA staff to improve operational support and patient handling. • Conduct regular training programs for nursing staff to improve communication and response effectiveness.
Plan for the next week	• Continue to monitor and analyse discharge processes in general wards and chemotherapy day care. • Explore the discharge TAT (Turnaround Time) and contributing factors for delays. • Understand the coordination between clinical and non-clinical departments in the discharge workflow.



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REPORT 4

Name of the Organisation: Fortis Hospital, Manesar, Gurugram

Area/ Department/ Project of Summer Internship Program: Medical Administration

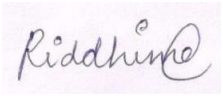
Name of the Student: Riddhima Agarwal

Roll no: 2054 **Stream:** Hospital and Health Management

Week no: 4 **From:** 02 June'2025 to 07 June'2025

Activity Done	• Monitored patient discharges in inpatient wards, gaining insights into discharge documentation and coordination. • Understood the process of typing discharge summaries and challenges faced by medical transcriptionists. • Reviewed the discharge checklist and its role in finalizing discharges. • Tracked nurse response time to call bells in the wards to assess patient service efficiency. • Audited the mock drills conducted in the hospital for emergency preparedness. • Tracked room cleaning turnaround time post-discharges to assess bed readiness. • Conducted audits of inpatient files to verify completeness and accuracy. • Explored the HIS (Hospital Information System) and EMR (Electronic Medical Records) in detail.
Linking theory (Classroom learning) with practice at your organisation	• Applied knowledge of IPD operations from the Hospital Services module. • Linked Room Cleaning Turnaround Time (TAT) with Hospital Support Services. • Understood efficient bed turnover as part of Hospital Operations metrics. • Used principles from the International Patient Safety Goals (IPSG) for audit. • Applied learnings from the Digital Health module to understand HIS and EMR functioning.

Gaps identified on the working area.	• Delay in initial assessment of patients by Doctors post-admission. • Shortage of General Duty Assistant (GDA) staff affecting patient movement and discharge efficiency. • Absence of a night-shift medical typist (MT) causing delays in discharge summary preparation during night hours.
Suggestions for improvement	• Strengthen the IPD billing process through better staffing and task allocation. • Increase the number of GDA staff to improve patient handling and support services. • Appoint a dedicated night-shift medical typist to reduce delay in preparation of discharge summary.
Plan for the next week	• Continue monitoring and analysing discharge processes in general wards and chemotherapy day care. • Study the discharge Turnaround Time (TAT) and contributing factors for delays. • Understand coordination between clinical and non-clinical departments in discharge workflow.



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REPORT 5

Name of the Organisation: Fortis Hospital, Manesar, Gurugram

Area/ Department/ Project of Summer Internship Program: Medical Administration

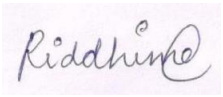
Name of the Student: Riddhima Agarwal

Roll no: 2054 **Stream:** Hospital and Health Management

Week no: 5 **From:** 09 June'2025 to 14 June'2025

Activity Done	• Observed and documented the mock drill conducted for Code RRT (Rapid Response Team) to evaluate emergency response readiness in critical clinical scenarios. • Participated in the Code Green mock drill, which focused on internal evacuation procedures and coordination during disaster management. • Monitored patient discharges in inpatient wards, gaining insights into discharge documentation and coordination. • Reviewed the discharge checklist and its role in finalizing discharges. • Tracked nurse response time to call bells in the wards to assess patient service efficiency. • Audited the mock drills conducted in the hospital for emergency preparedness. • Tracked room cleaning turnaround time post-discharges to assess bed readiness.
Linking theory (Classroom learning) with practice at your organisation	• Applied knowledge of IPD operations from the Hospital Services module. • Applied knowledge of Emergency codes from hospital services module. • Linked Room Cleaning Turnaround Time (TAT) with Hospital Support Services. • Applied learnings from the Digital Health module to understand HIS and EMR functioning.
Gaps identified on the working area.	• Shortage of General Duty Assistant (GDA) staff affecting patient movement and discharge efficiency. • Absence of a night-shift medical typist (MT) causing delays in discharge summary preparation during night hours.

	• Investigations are not charged on real time instead everything is charged at the time of discharge.
Suggestions for improvement	• As soon as an investigation is ordered and performed, the system should auto-generate the charge in the patient's account. • Increase the number of GDA staff to improve patient handling and support services. • Conduct regular communication and coordination training for nursing staff. • Appoint a dedicated night-shift medical typist to reduce discharge delays and improve efficiency.
Plan for the next week	• Understand about the engineering and maintenance department in detail. • Continue monitoring and analysing discharge processes in general wards and chemotherapy day care. • Study the discharge Turnaround Time (TAT) and contributing factors for delays.



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REPORT 6

Name of the Organisation: Fortis Hospital, Manesar, Gurugram

Area/ Department/ Project of Summer Internship Program: Medical Administration

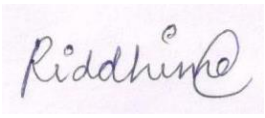
Name of the Student: Riddhima Agarwal

Roll no: 2054 **Stream:** Hospital and Health Management

Week no: 6 **From:** 16 June'2025 to 21 June'2025

Activity Done	• Collected Google reviews from patients being discharged as part of the Patient Experience Team's feedback initiative. • Conducted post-discharge follow-up calls with patients to assess satisfaction and contribute to the Net Promoter Score (NPS) in the Medblaze system. • Visited the Engineering and Maintenance Department to understand the hospital's chiller plants and how temperature is regulated and maintained across the facility. • Monitored patient discharges in inpatient wards, gaining insights into discharge documentation and coordination. • Tracked room cleaning turnaround time post-discharges to assess bed readiness.
Linking theory (Classroom learning) with practice at your organisation	• Applied concepts from the Essentials of Hospital Services module to understand the functioning and importance of Engineering and Maintenance departments. • Used learning from the Digital Health module to understand the application of the Medblaze system in capturing feedback and calculating NPS. • Applied communication skills learned in the Communication Planning and Management module while interacting with patients and collecting feedback.
Gaps identified on the working area.	• Investigations are not charged on real time instead everything is charged at the time of discharge. • Shortage of General Duty Assistant (GDA) staff affecting patient movement and discharge efficiency.

Suggestions for improvement	• As soon as an investigation is ordered and performed, the system should automatically generate the charge in the patient's account. • Increase the number of GDA staff to improve patient handling and support services.
Plan for the next week	• Follow up on NPS tracking and analyse patient feedback. • Participate in the upcoming NABH audit and gain an understanding of audit criteria and compliance practices.



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REPORT 7

Name of the Organisation: Fortis Hospital, Manesar, Gurugram

Area/ Department/ Project of Summer Internship Program: Medical Administration

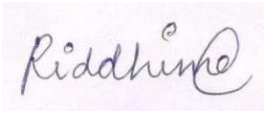
Name of the Student: Riddhima Agarwal

Roll no: 2054 **Stream:** Hospital and Health Management

Week no: 7 **From:** 23 June'2025 to 28 June'2025

Activity Done	• Participated in the NABH audit conducted in the hospital and observed the various criteria, standards and levels of NABH accreditation. • Learnt about the documentation required and compliance needed to meet NABH standards. • Collected Google reviews from patients on the day of discharge, as part of feedback initiative by Patient Experience Team. • Called patients a day after discharge to assess satisfaction and encourage them to fill the review link for the hospital which contributes to the Net Promoter Score (NPS) in the Medblaze system of the Hospital. • Monitored patient discharges in inpatient wards • Tracked room cleaning turnaround time post-discharges to assess bed readiness. • Visited the Engineering and Maintenance Department again to gain deeper understanding of critical infrastructure, including DG (Diesel Generator) systems, RO (Reverse Osmosis), water treatment units, UPS (Uninterruptible Power Supply), Chiller Systems, and AHU (Air Handling Unit).
Linking theory (Classroom learning) with practice at your organisation	• Applied theoretical knowledge from the Essentials of Hospital Services module to understand hospital accreditation standards and quality benchmarks under NABH. • Used learning from the Digital Health module to understand the application of the Medblaze system in capturing feedback and calculating NPS. • Applied communication skills learned in the Communication Planning and Management module

	while interacting with patients and collecting feedback.
Gaps identified on the working area.	• Nursing department require more regular internal audits to ensure continuous compliance with NABH standards. • The records for critical alerts by the Laboratory were found to be not fully updated during the internal audit rounds.
Suggestions for improvement	• Conduct internal mock audits at the departmental level more frequently to ensure readiness and compliance at all times.
Plan for the next week	• Follow up on NPS tracking and analyse patient feedback trends.



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REPORT 8

Name of the Organisation: Fortis Hospital, Manesar, Gurugram

Area/ Department/ Project of Summer Internship Program: Medical Administration

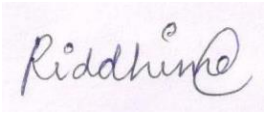
Name of the Student: Riddhima Agarwal

Roll no: 2054 **Stream:** Hospital and Health Management

Week no: 8 **From:** 30 June'2025 to 5 July'2025

Activity Done	• Conducted daily patient rounds to collect feedback from inpatients regarding their hospital stay and services. • Collected Google reviews from patients on the day of discharge, as part of feedback initiative by Patient Experience Team. • Called patients a day after discharge to assess satisfaction and encourage them to fill the review link for the hospital which contributes to the Net Promoter Score (NPS) in the Medblaze system of the Hospital. • Monitored patient discharges in inpatient wards • Tracked room cleaning turnaround time post-discharges to assess bed readiness.
Linking theory (Classroom learning) with practice at your organisation	• Used communication skills developed through the Communication Planning and Management module to interact effectively with patients. • Used learning from the Digital Health module to understand the application of the Medblaze system in capturing feedback and calculating NPS.
Gaps identified on the working area.	• Many patients reported that the nursing staff did not respond promptly to their calls or queries, indicating a need for improved response time. • Some patients highlighted issues with the hospital Wi-Fi.
Suggestions for improvement	• Conduct training and awareness sessions for nursing staff to enhance promptness and responsiveness

Plan for the next week	• Learn about the Billing Audit process to understand how billing accuracy and transparency are ensured • Understand the MCF (Medical Case Files) Audit process to know how patient case files are reviewed for quality, compliance, and completeness. • Visit the CSSD (Central Sterile Services Department) to understand its functioning, workflows, sterilization processes, and its importance in infection control and patient safety.



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REPORT 9

Name of the Organisation: Fortis Hospital, Manesar, Gurugram

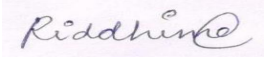
Area/ Department/ Project of Summer Internship Program: Medical Administration

Name of the Student: Riddhima Agarwal

Roll no: 2054 **Stream:** Hospital and Health Management

Week no: 9 **From:** 7 July'2025 to 12 July'2025

Activity Done	• Visited the CSSD to understand its complete process flow. • Monitored patient discharges in inpatient wards. • Conducted daily patient rounds to collect feedback from inpatients regarding their hospital stay and services. • Collected Google reviews from patients on the day of discharge, as part of feedback initiative by Patient Experience Team. • Learnt about Billing Audit.
Linking theory (Classroom learning) with practice at your organisation	• Knowledge of CSSD from Essentials of hospital services module.
Gaps identified on the working area.	• Collecting Google reviews physically is time-consuming and inefficient.
Suggestions for improvement	• Enable patients to submit Google reviews through a digital link sent to their mobile phones instead of collecting reviews manually.
Plan for the next week	• Understand about Fortis Operating System (FOS). • Visit the OPD to understand the Outpatient Department workflow and patient handling process.



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REPORT 10

Name of the Organisation: Fortis Hospital, Manesar, Gurugram

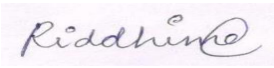
Area/ Department/ Project of Summer Internship Program: Medical Administration

Name of the Student: Riddhima Agarwal

Roll no: 2054 **Stream:** Hospital and Health Management

Week no: 10 **From:** 14 July'2025 to 19 July'2025

Activity Done	• Learnt about the parameters and structure of the Fortis Operating System (FOS). • Analysed discharge data to find areas that need improvement. • Conducted daily patient rounds to collect feedback from inpatients to document their issues.
Linking theory (Classroom learning) with practice at your organisation	• Used communication skills developed through the Communication Planning and Management module to interact effectively with patients.
Gaps identified on the working area.	• Many patients reported that the nursing staff did not respond promptly to their calls or queries, indicating a need for improved response time.
Suggestions for improvement	• Conduct training and awareness sessions for nursing staff to increase responsiveness.
Plan for the next week	-



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COMPILED REPORT

Name of the Organisation: Fortis Hospital, Manesar, Gurugram

Area/ Department/ Project of Summer Internship Program: Medical Administration

Name of the Student: Riddhima Agarwal

Roll no: 2054 **Stream:** Hospital and Health Management

Activity Done	• **Created a detailed floor plan:** Made a detailed floor plan on the first day to understand the physical layout of the hospital and understand about the patient flow within the hospital. • **Overview of Discharge process and steps in discharge process:** Understood the overall discharge process in the inpatient ward including each step in the discharge process. • **Monitoring IPD Discharge Turn Around Time (TAT):** Actively tracked the discharge of IPD patients and tracked the time of each step, from the time of activity sheet sent till the patient wheel out. This helped in calculating Turn Around Time (TAT) for discharge of each patient. • **Audit of Inpatient Files:** Reviewed IPD patient files to check for compliance with required documents and ensure all forms were present and properly filled (Admission consent, General Consent, Progress notes, Nursing Notes, Medical chart, and Surgery consent, Anaesthesia consent, pre-anaesthesia checkup-PAC, Operation theatre notes if Surgery was performed) • **ICU to Ward Transfers and Form Compliance:** Checked completeness of ICU to ward transfer forms and ensured proper documentation was maintained during patient transfers. • **Audit of Initial Assessment Timeliness:** Checked whether initial assessment of IPD patients by both nurses and doctors was completed within the stipulated Turn Around Time (TAT) of 30 minutes from floor arrival time. • **Audit of VTE Form Compliance:** Checked patient files to see whether the VTE

	(Venous Thromboembolism) risk assessment forms were filled within 24 hours of patient admission. • **Call Bell Response Optimization:** Monitored response times to patient call bells in IPD to identify if there is any delay, and propose solutions for improved response time. • **Understanding of Engineering and Maintenance Department:** Understood about the responsibilities of engineering and maintenance department. Gained insights into how the Engineering and Maintenance department ensures smooth functioning of hospital by Heating, Ventilation and Air Conditioning (HVAC). Temperature is maintained by Chiller Plants and Air Handling Units (AHUs). Also, understood about basics of Power supply by use of Diesel Generators (DG) and Uninterruptible Power Supply (UPS). • **Audit of Mock Drills Conducted:** Reviewed records of mock drills conducted in the hospital from September 2024 to June 2025. The audit focused on checking whether mock drills were conducted timely as per schedule or not and see if they were documented. • **Participation in NABH Audit Preparation:** Contributed to the preparation for the NABH audit scheduled on 25th June' 2025. Assisted in organizing important documentation including the Mock Drill File and Hospital Management Committee (HMC) files to ensure compliance with accreditation standards. • **Tracking of Room Cleaning Time Post Discharge:** Monitored the time taken for room cleaning after patient wheel-out during discharge and to check weather room was cleaned within recommended Turn Around Time of 30 minutes. • **Collection of Google Reviews from Patients:** I collected Google reviews from patients on the day of their discharge. This helped increase the hospital's online presence and assist future patients in making informed choices. • **Post-Discharge Feedback Collection via Calls:** Called patients one day after discharge to collect their feedback and encourage them to fill the feedback

	form via the provided link. The feedback is recorded in the Medblaze software, which is used to calculate the hospital's Net Promoter Score (NPS) and identify areas for improvement. • **Visit to CSSD Department:** Visited the Central Sterile Supply Department (CSSD) and understood its workflow and zones-Decontamination Area, Processing Area, Sterile Area, and Dispensing Area. Learned about different sterilization indicators used to ensure instrument safety and observed the use of dumbwaiters for transporting sterilized instruments to the Operation Theatre (OT) and Emergency Room (ER). • **Visit to IPD Pharmacy:** Visited the Inpatient Pharmacy and gained insights into its key quality indicators such as Stock Out, Local Purchase, Rejection before GRN (Goods Receipt Note), and Variation from Purchase. Observed the Non-Formulary Drug Request Form, Medication Error Reporting Form, and the escalation matrix of the Supply Chain Management. Also learned about the handling and storage of recall items, near expiry, and expired drugs in designated cupboards. • **Visit to Radiology Department:** Visited the Radiology Department to observe its workflow and understand how imaging services are managed. Learned about the use of PACS software, which is used to store radiology reports that can be viewed and printed whenever needed. • **Patient Rounds in IPD to Identify Issues:** Conducted morning rounds in the Inpatient Department (IPD) to directly interact with patients and document any issues they are facing. • **Understood Parameters of Fortis Operating System (FOS):** Gained knowledge about the key parameters of the Fortis Operating System. • **IPSG Awareness Study:** Conducted a questionnaire-based study to check IPSG awareness among medical, paramedical, and nursing staff.

	• **Summer internship project:** Worked on a project to track patient discharges and analyse how many discharges were completed within the Discharge Turn Around Time (TAT).
Linking theory (Classroom learning) with practice at your organisation	• **Hospital Management Information Systems:** 1. A Hospital Management Information System (HMIS) is an integrated software platform that manages hospital operations. 2. OneFortisHIS- Understand the functions of HIS portal at Fortis for hospital management. 3. EMR- Learnt about use of EMR in OPD and IPD. 4. Medblaze- Patient feedback is systematically collected and analyzed through the Medblaze software • **Department Functions and Daily Activities:** 1. Outpatient Department (OPD): Learning the workflow, daily activities, and patient management processes in the OPD. 2. Inpatient Department (IPD): Understanding the roles, responsibilities, and day-to-day operations within the IPD. • **Synergy between Departments:** 1. Recognizing the importance of interdepartmental communication and collaboration for the seamless functioning of the hospital. 2. Understanding how various departments interact and support each other to provide comprehensive patient care. • **Patient Experience Enhancement:** 1. Understanding the methods used to enhance patient experience and gather patient satisfaction feedback. 2. Learning the importance of patient feedback in improving healthcare services and patient care quality. • **Organization Hierarchy and Communication-** 1. Recognizing the significance of effective communication and coordination between doctors, patients, and healthcare staff.

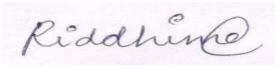
	• **Infection Control and Quality assurance:** 1. Standards for quality assurance in hospitals include protocols and benchmarks for patient care, safety, efficiency, and regulatory compliance to ensure consistent and high-quality healthcare delivery. 2. Understanding the types and impact of various HAIs that affect hospital wards. • **Compliance and Documentation Audits:** 1. Understood the role of documentation in legal, clinical, and operational compliance. 2. Conducted audits of patient files, consent forms, VTE risk forms, and mock drill. • **NABH Standards and Accreditation:** 1. Learned how hospital activities align with NABH standards. 2. Assisted in NABH audit preparations, including organizing HMC files and mock drill documentation. • **Business Communication in Healthcare:** 1. Applied formal and informal communication skills during interactions with patients, nursing staff, doctors, and administrative teams. • **Application of Principles of Management:** 1. Applied management principles like planning, supervision, and coordination while tracking discharges and conducting audits. • **Disaster Management and Hospital Codes:** 1. Learned about various color codes used in hospital disaster management as taught in Essentials of Hospital Services. • **Application of Research Methods:** 1. Learned how to collect, interpret, and analyse primary data to identify gaps and suggest improvements in hospital operations.
Gaps identified on the working area.	• **Incomplete Activity Sheet at Discharge** **Issue:** Nurses sometimes send incomplete activity sheets at the time of discharge, with either missing charges or overcharges.

	Impact: This leads to delays in billing and patient discharge. • **Delay in Patient Wheel-Out After Clearance** **Issue:** Even after billing clearance, patient wheel-out is delayed due to unavailability of General Duty Assistant (GDA) staff. **Impact:** This causes delay in discharge process and delay in room availability for new patient. • **Delay in Morning Doctors' Rounds** **Issue:** Morning rounds by doctors are often delayed. **Impact:** This leads to delays in unplanned discharges, prolonging patient stay and affecting bed availability for new admissions. • **Limited Availability of Medical Typists** **Issue:** There are only a limited number of medical typists available to prepare discharge summaries. **Impact:** This shortage sometimes causes delays in generating discharge summaries, ultimately leading to delays in the patient discharge process • **Incomplete Consent Forms in Patient Files** **Issue:** Patient files are often found with incomplete or missing consent forms required for various procedures. **Impact:** This poses legal and compliance risks. • **Delay in Initial Assessment by Doctors** **Issue:** Initial assessment of patients by doctors is often delayed beyond the expected time. **Impact:** This results in delayed medical administration and treatment initiation. • **Delay in Timely Delivery of Patient Meals** **Issue:** During patient rounds, it was observed that meals were not delivered to patients on time. **Impact:** This leads to patient dissatisfaction. • **Risk of Infection While Collecting Google Reviews Physically** **Issue:** Visiting each discharge patient physically to collect Google reviews increases the risk of infection transmission. **Impact:** This poses a health risk to staff and patients. • **Delay in Nurse Response to Call Bells** **Issue:** In some cases, nurses did not respond to patient call bells timely. **Impact:** This led to patients waiting for long time.

	• **Patient Dissatisfaction with Nursing Services** **Issue:** During post-discharge feedback calls, several patients expressed dissatisfaction with the nursing care provided during their stay. **Impact:** Poor nursing services affect the overall patient experience and can negatively impact the hospital's reputation and Net Promoter Score (NPS).
Suggestions for improvement	• **Updated Activity Sheet for Billing** **Recommendation:** Ensure nurses submit complete and accurate activity sheets to avoid billing errors and discharge delays. • **GDA Availability after Bill Clearance** **Recommendation:** Ensure GDA staff are available after bill clearance to avoid delays in patient wheel-out. • **Timely Morning Doctor Rounds** **Recommendation:** Ensure doctors conduct morning rounds on time to avoid delay in discharges. • **Increase Number of Medical Typists (MTs)** **Recommendation:** Appoint more MTs and ensure night shift to avoid delays in discharge summary preparation. • **Create Discharge Lounge** **Recommendation:** Set up a discharge lounge where patients can wait after 12 PM to avoid additional room rent charges. • **Regular Internal Audit of Patient Files** **Recommendation:** Conduct routine internal audits of patient files to ensure timely and complete documentation compliance • **EMR Pop-Up Reminder for Initial Assessment** **Recommendation:** Add a pop-up alert in the EMR system to remind doctors to complete the initial assessment within the required time frame.

	• **Timely Meal Delivery by F&B Department** **Recommendation:** Set fixed delivery time and do regular audits to check for meal delivery on time. • **Send Google Review Link Digitally** **Recommendation:** Share the Google review link with patients via WhatsApp instead of collecting reviews physically to reduce infection risk. • **Reward for Timely Call Bell Response** **Recommendation:** Introduce a reward system for nurses who consistently respond to call bells on time. • **Differentiated call bell system** Recommendation: Implement a differentiated call bell system with color codes or distinct sounds for different categories of staff (Nursing and GDA) to improve response time. • **Regular Training on IPSG Goals** **Recommendation:** Conduct regular training sessions to improve awareness of International Patient Safety Goals (IPSG) among hospital staff.
Key Learnings	• Understood the tracked steps in the discharge process and discharge TAT (Turn Around Time). • Learned about required documents in patient files and checked their compliance through audits. • Understood how Net Promoter Score (NPS) score is generated and the role of promoters and detractors in calculating NPS. • Learned about International Patient Safety Goals (IPSG) and their importance in hospitals. • Understood the importance of collecting patient feedback to identify gaps and improve hospital services. • Gained exposure to hospital departments like Radiology, IPD Pharmacy, CSSD, and Engineering, and understood their workflows • Learned how delays in services (discharges, GDA unavailability, billing errors) impact patient satisfaction.

	• Participated in NABH preparation, gaining knowledge about hospital accreditation standards and file documentation. • Understood the workflow of engineering & maintenance including systems like HVAC, UPS, DG and water treatment. • Understood about CSSD zones and sterilization protocols including the role of indicators and dumbwaiters. • Observed how limited manpower (MT & GDA) impacts patient experience and operational efficiency.



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