

Profile of the Organisation

Brief History and Description of Organization

Narayana Health was founded in 2000 by Dr. Devi Shetty, initially as Narayana Hrudayalaya, a single cardiac hospital in Bangalore. The goal was to provide affordable, high-quality healthcare, particularly in cardiac care, which was previously inaccessible to many due to high costs. Over time, Narayana Health expanded into a multi-specialty healthcare network with hospitals and heart centers across India and an international subsidiary in the Cayman Islands.

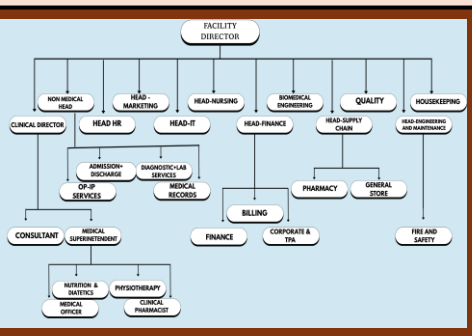
Vision

To provide high-quality, affordable healthcare to the broader population in India.

Mission+

Our core values signify the acronym "iCare", which comprises of innovation & efficiency, Compassionate care, Accountability, Respect for all, and Excellence as a culture.

ORGANISATION STRUCTURE



Challenges Faced

- Patients struggled with using kiosks and the NH Care app due to language barriers and lack of digital familiarity.
- Doctors showed resistance to the Digital Medicine Card during the trial phase.
- Frequent delays and long waiting periods in OPD due to inefficient flow and late doctor arrival
- Limited feedback channels post-service.
- Resistance among clinical staff to adopt new systems like NAMAHA due to unfamiliarity and discomfort with digital processes.

SWOT ANALYSIS

- Digital tools- kiosks, NH Care App, ATHMA functional.
- Strong leadership support for digital transformation across departments.
- Pilot initiatives like NAMAHA and Digital Medicine Card show forward planning.



- Staff training and patient assistance desks.
- Multilingual, simplified interfaces.
- SMS/WhatsApp for better communication
- Expand digital tools to IPD and pharmacy.

- Low digital literacy among patients.
- Staff resistance to new systems.
- Incomplete shift from paper to digital.
- Underuse of new digital tools

- Widening digital divide among patients.
- System failures disrupting care flow.
- Data privacy and cyber risks
- Poor user experience damaging trust.



TOWS Analysis

OPPORTUNITIES

- Arrange hands-on training programs to reduce staff hesitation.
- Set up support counters and awareness activities to guide patients unfamiliar with digital tools.

THREATS

- Prevent partial or failed digital shifts by ensuring all staff receive both online and in-person training.
- Enhance user satisfaction by gathering patient feedback and testing systems with real users before full implementation.

WEAKNESSES

- Use support from available digital systems to introduce simple, multilingual user interfaces.
- Extend successful models like NAMAHA and Digital Medicine Cards to inpatient services.

STRENGTHS

- Rely on leadership and working pilot projects to thoroughly test digital systems and avoid breakdowns.
- Form a dedicated team within the IT department to manage data privacy and security concerns.

Difference between practical exposure and theoretical understanding

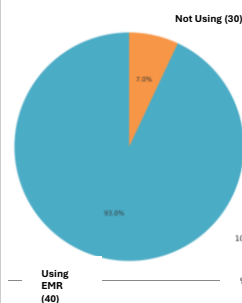
Theoretical Understanding

- Learned about ideal hospital workflows and patient movement in theory.
- Learned about the use of digital systems like EMRs, Telemedicine, and tech-based services.
- Our Organisation Behaviour and Communication courses stressed the importance of teamwork, professional interaction, and patient handling skills.
- Ayushman Bharat (AB-PMJAY) were taught as policy frameworks aimed at affordability and accessibility.

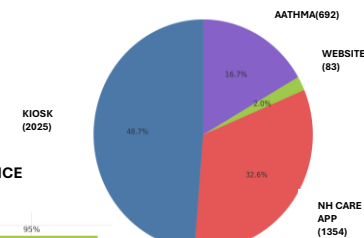
Practical Exposure

- Observed real challenges like long waiting times, poor coordination, and unclear directions in OPD.
- Helped patients use kiosks and apps, but noticed issues like poor usability, lack of language support, and limited training.
- Found inconsistent staff conduct, especially during peak hours or emergencies.
- Learnt how these schemes are used in surgeries and treatments, and how they affect hospital operation.

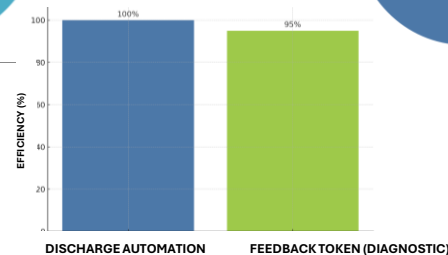
OP EMR ADOPTION AMONG DOCTORS



SOURCE OF OPD APPOINTMENTS (13-31 MAY)



DIGITAL TOOL PERFORMANCE METRICS



Major Learnings During Internship

- Learnt that the digital tools need to match the digital literacy level of the population being served.
- The clinical staff require sustained motivation, training, and demonstration to adopt new technology.
- The digital scheduling and token systems could enhance patient flow and reduce chaos.
- Feedback must be accessible and multilingual to capture accurate patient sentiments.
- Identified the need for hands-on exposure, mock drills, and IT support to ensure seamless digital functioning in upcoming IP EMR.

SUGGESTIONS

- Set up multilingual kiosks and patient helpdesks to support users with low digital literacy.
- Introduce periodic digital skill building sessions and incentive based adoption strategies for staff.
- Introduce token-based systems with real time display and optimize doctor schedules using patient data.
- Implement SMS-based or WhatsApp-integrated feedback mechanisms in local languages.
- Conduct regular mock drills and assign dedicated IT staff to monitor real-time issues and guide users.