SUMMER INTERNSHIP PROGRAM

at

MAX SUPER SPECIALTY HOSPITAL

MOHALI, (CHANDIGARH)

From 12TH MAY to 19TH JULY 2025

A REPORT BY

DR. RADHIKA CHOPRA

Master of Business Administration

Hospital And Health Management

Roll no: 2043

2024-2026

Under the Mentorship of

Dr. Alok Kumar Mathur
Associate Professor

IIHMR UNIVERSITY JAIPUR

Certificate No – 2025/20218

CERTIFICATE
OF ACHIEVEMENT

MAX Healthcare

Max Institute of Medical Education

Certifies that

Radhika Chopra

has completed Internship in the department of

Hospital Operation

at Max Super Speciality Hospital, Mohali, Punjab

from 12th May 2025 to 19th July 2025

Head of the Department

Dr Vinitaa Jha
Director - Research & Academics
Max Healthcare Institute Ltd

IIHMR UNIVERSITY

IIHMR University Faculty Mentor Approval

This is to certify that **Dr.Radhika Chopra** 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 Faculty Mentor)

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SUMMER INTERNSHIP PROGRAM

EVALUATION OF SURGICAL SAFETY CHECKLIST COMPLIANCE AND INTERVENTIONS TO IMPROVE PATIENT SAFETY IN OPERATION THEATRES
MAX SUPERSPECIALITY HOSPITAL, MOHALI

MAX Healthcare

UNIVERSITY MENTOR : DR ALOK KUMAR MATHUR
ORGANISATIONAL MENTOR: DR RITIKA CHOUDHARY

IIHMR UNIVERSITY

PRESENTED BY: DR RADHIKA CHOPRA
MBA (HM) / ROLL NO: 2043

ABOUT THE ORGANISATION

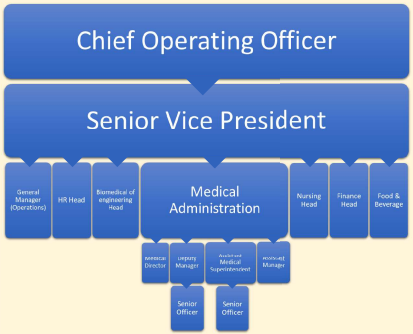
MAX Superspecialty Hospital, Mohali, established in 2011, is a 250+ bedded multi-specialty facility offering over 46 specialties including **Neurosciences, Cardiac Sciences, Cancer Care, Orthopedics, Obstetrics & Gynecology**, among others.

The hospital is well-equipped with a Medical Intensive Care Unit (MICU), Surgical Intensive Care Unit (SICU), Critical Care Unit (CCU), and Cath Labs. It is accredited by NABH and also houses NABL-accredited Max Labs and blood banks.

MISSION AND VISION

TO SERVE: With commitment and compassion in the heart, deliver the highest standard of patient centered care to those they serve.
TO EXCEL: To excel from a dream team of doctors and specialties to support staff that goes the extra mile to deliver quality care, excellence in their DNA.
VISION: To be India's most respected healthcare provider, committed to top clinical standards, patient care, advanced technology, and leading research.

ORGANISATIONAL STRUCTURE



AIM OF THE PROJECT

To evaluate compliance with the WHO Surgical Safety Checklist in OTs, identify implementation gaps, and assess the impact of training on improving adherence and patient safety.

SWOT ANALYSIS

STRENGTH

- OT staff are trained in basic checklist protocols.
- Existence of SSC policy (though enforcement is weak).
- Presence of infrastructure and environment to support compliance.

WEAKNESS

- Checklist often filled retrospectively or skipped entirely.
- Lack of clear accountability for checklist completion.
- Lack of strict monitoring, audit, or feedback.

OPPORTUNITIES

- Scope to improve accountability through role assignment.
- Integration of automated reminders and digital checklists.
- raining and orientation for all surgical team members.

THREATS

- High surgical load creates time pressure in OT.
- Inadequate staffing in some shifts increases checklist neglect.
- Environment with multiple lined-up cases increases error risk.

TOWS ANALYSIS

STRENGTH-OPPORTUNITIES (S-O STRATEGIES)

- Use existing infrastructure to digitize SSC and implement auto-reminders.
- Train and assign existing staff to own checklist roles with tech support.
- Leverage existing SSC policy framework to integrate feedback mechanisms.

WEAKNESS-OPPORTUNITIES (W-O STRATEGIES)

- Assign dedicated SSC coordinator in each shift to ensure accountability.
- Digitize checklist with mandatory fields to avoid retrospective filling.
- Introduce regular feedback and monitoring to improve checklist discipline.

STRENGTH-THREATS (S-T STRATEGIES)

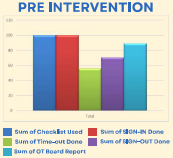
- Use HIS/EHR to manage case load visibility and avoid checklist skipping.
- Create buffer time between cases through SOPs, reducing OT pressure.
- Engage strong existing infrastructure to streamline multiple-case management.

WEAKNESS-THREATS (W-T STRATEGIES)

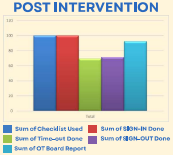
- Automate checklist reminders to prevent skipping under time pressure.
- Introduce strict SOPs and accountability even with late arrivals.

DATA ANALYSIS

PRE INTERVENTION



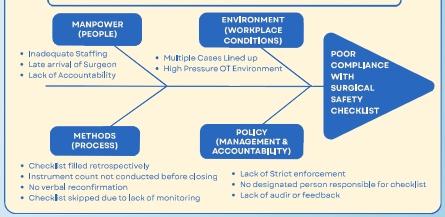
POST INTERVENTION



PRE INTERVENTION COMPLIANCE

POST INTERVENTION COMPLIANCE

ROOT CAUSE ANALYSIS



THEORETICAL

- Learnt about ideal workflows, lean systems, and quality improvement
- Studied proper format and legal importance of records
- Learnt about HIS, EMR, and digital health innovations

PRACTICAL

- Data Collection & Analysis
- Experienced manpower shortages, multitasking and overlapping responsibilities
- Experienced actual teamwork, communication gaps, and interdepartmental delays

OTHER PROJECTS

- A Study on Surgical Time Patterns to Improve Operation Theatre Efficiency
- Audit of Preoperative Consent Documentation
- Evaluating OPD Flow and Patient Wait Times in Peak vs. Non-Peak Hours

CHALLENGES

- Data Access and Confidentiality
- Faced communication gaps with clinical staff due to their busy schedule
- Cross-Department Coordination
- Challenge in Suggesting Improvements
- Incomplete Access to Digital Systems

LEARNINGS

- Helped develop skills in communication, teamwork, time management, and decision-making.
- Importance of Role Clarity and Accountability
- Data Collection & Audit Skills
- Problem-Solving & Root Cause Analysis
- Operational Insight into High-Pressure Settings.
- Ethical Considerations and Confidentiality.
- Exposure to Digital Health Tools

SUGGESTIONS

- Regular training sessions should be taken
- Ensure enough manpower is available in each shift to manage workload smoothly
- Set Up Patient Navigation Counters at all key entry points to guide patients through departments.
- Strengthen Internal Audits Across Departments
- Designate Priority Lanes/Counters for Elderly, Pregnant Women, and Differently-Abled in registration and pharmacy.

Name of the Organization: MAX SUPER SPECIALTY HOSPITAL MOHALI (CHANDIGARH)
Department: HOSPITAL OPERATIONS
Name of the Student: Dr. RADHIKA CHOPRA
Roll no: 2043 **Stream:** MBA (HM)

WEEK- 1 REPORT (12TH MAY TO 17TH MAY'2025)

Activity Done	• Attended Hospital Orientation covering all key departments like OPD, IPD, Emergency, Pharmacy, Diagnostics, Registration & Billing. • Mentor-Mentee Interaction & Discussion. • Observed patient flow and departmental coordination. • Noted how the hospital maintains patient records and documentation. • Started preliminary data collection for scheduled vs. actual OT (Operation Theatre) times for surgeries.
Linking theory (Classroom learning) with practice at your organization	• Layout of Hospital Infrastructure. • Principle of division of work. • Infection control measures taken in hospital. • Conflict management and interdepartmental collaboration. • Understood the Importance of SOP's and communication in hospital.
Gaps identified on the working area.	• Long waiting hours for patients in the OPD and at registration counters. • Lack of proper signage and directions for new patients. • Congestion at the entry gate, no designated zones for staff/patient. • Weak interdepartmental communication affects workflow and patient coordination.
Suggestions for improvement	• Allocate a designated parking area for staff, patients and visitors. • Install clear, multilingual signboards for departments, wards and emergency exits. • Circulating areas in Emergency need better management to make it hustle free. • Space utilization and waiting area comfort.
Plan for the next week	• Visit the Operation Theatre (OT) to observe workflows and processes and Interact with OT staff and coordinators to understand their challenges. • Monitor Discharge Process. • Monitor the PAC (pre anesthetic checkup) process.

SIGNATURE OF STUDENT **APPROVED BY IIHMR UNIVERSITY MENTOR**

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WEEK- 2 REPORT (19TH MAY TO 24TH MAY'2025)

Activity Done	• Continued data collection for Operation Theatre (OT), focusing on actual vs. scheduled time. • Analyzed the **OPD Registration Department** processes such as new patient registrations, OPD transactions, and billing for investigations during outpatient visits were reviewed. • Visited the **TPA Department** to understand the workflow of patient insurance processing and the mechanisms in place for timely claim approvals and coordination with insurance providers. • Observed the **Admission Department**, gaining insight into patient admission procedures across units including daycare, wards, and ICUs. Studied the use of technological tools such as hospital portal and the **Hospital Information System (HIS)** in managing admissions. • Visited the **Pre-Anesthetic Checkup (PAC) Department** to understand the process followed for evaluating patients prior to surgery, including assessments and documentation required for anesthesia clearance.
Linking theory (Classroom learning) with practice at your organization	• Operational processes observed in OPD registration, admission aligned with standard principles of hospital operations and patient flow management. • The use of Hospital Information Systems (HIS) across departments reflected practical applications of healthcare IT in improving coordination, data management, and service delivery. • Insurance handling and claim processing by the TPA department demonstrated the real-world functioning of third-party administration and the importance of clear documentation and timely communication. • Admission procedures across different units such as ICU, wards, and daycare illustrated structured admission planning and the role of centralized systems in tracking bed availability and patient movement. • The pre-anesthetic checkup (PAC) process highlighted the importance of clinical protocols and patient safety measures prior to surgical procedures.
Gaps identified on the working area.	• Due to the lag in updating bed status post-discharge, patients awaiting admission often experience long waiting times, leading to dissatisfaction. • Poor interdepartmental communication, especially between clinical and administrative teams. • TPA claim approvals often experience delays due to late documentation or delayed responses from the clinical departments, particularly doctors, affecting the overall discharge timeline. • Occasional delays in registration during peak hours were noted, along with a lack of clear guidance for new patients, leading to confusion and frustration.

	• The hospital portal system is often slow and prone to technical glitches, causing delays in accessing patient data, updating records, and processing administrative tasks.
Suggestions for improvement	• Set up a self-service kiosk or mobile tab for tech-savvy patients to complete registration quickly. Train staff regularly in soft skills and patient communication to improve their patient experience. • Maintain a priority system for emergency or time-sensitive admissions to reduce unnecessary delays. • Conduct time audits regularly to identify peak hours and assign additional staff accordingly. • Organize monthly review meetings with insurers to discuss claim delays and streamline workflows. • Introduce a patient feedback mechanism at each desk to gather suggestions and address concerns promptly.
Plan for the next week	• Observe and analyze the discharge process, including documentation, approvals, billing, and final clearance steps. • Visit various hospital floors and wards to study the workflow and coordination between the nursing staff, housekeeping, and administrative teams. Interact with staff at different nursing stations to understand patient management practices, shift handovers, and communication systems used. • Visit the CSSD (Central Sterile Services Department) to understand sterilization protocols, instrument processing workflow, and coordination with operation theatres and wards.

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WEEK- 3 REPORT (26TH MAY TO 31st MAY'2025)

Activity Done	• Visited **CSSD** (Central Sterile Services Department): Understood instrument sterilization, cleaning protocols, classification of zones (unsterile, sterile, clean), and tracking of surgical instruments. • Observed **Radiology Department** Learned how patient registration is done, how imaging procedures like X-ray, CT scan, and MRI are conducted, and how the reports are prepared and delivered to patients and doctors. • Analyzed **Discharge Process**: Learned about planning for discharges, identifying discharge delays, and importance of timely discharges for managing bed occupancy and new admissions. • Visited **Blood Bank**: Gained insight into donor screening, blood collection, testing (HIV, HCV, etc.), component separation (RBCs, plasma, platelets), storage and distribution. • Visited **MRD (Medical Records Department):** Understood the importance of proper documentation, record classification, storage, legal relevance, and use in audits/research.
Linking theory (Classroom learning) with practice at your organization	• Applied concepts of Hospital Support Services Management while observing CSSD and MRD operations. • Understood principles of Quality Management through sterilization standards and radiology reporting protocols. • Saw the relevance of Health Information Management in MRD and Radiology data handling. • Connected knowledge of Hospital Operations and Bed Management with discharge planning and its role in improving Turnaround Time (TAT).
Gaps identified on the working area.	• Although the hospital is highly digitalized, delays in the discharge process are still observed due to pending documentation from doctors, incomplete clearance from the nursing team, billing formalities, and occasionally slow TPA processing. • In CSSD, some of the sterilization process data is still recorded manually and not fully integrated into the digital system, leading to inefficiencies and difficulty in real-time tracking. • In the Radiology Department, patient waiting time is considerably high, leading to delays in diagnostic services and patient dissatisfaction. • In the Blood Bank, the process of blood issuance and matching takes considerable time. Often, attendants are required to donate blood before blood is provided for transfusion, resulting in treatment delays and dissatisfaction due to claims of non-availability.
Suggestions for improvement	• Establish a structured discharge coordination checklist involving doctors, nursing staff, billing, and TPA teams to ensure timely discharge processing • Digitalize the entire sterilization tracking system to eliminate manual data entry. Implement centralized software to monitor and log all sterilization

	cycles, ensuring accuracy, traceability, and efficiency. • In Radiology, optimize patient scheduling by introducing staggered appointments, prioritizing based on clinical urgency, and sending reminders to reduce overcrowding and wait time. • Improve blood inventory management by maintaining a buffer stock of common blood groups. Implement a donor mobilization program to encourage regular voluntary donations, reducing dependency on attendants for immediate donations.
Plan for the next week	• Visit the Operation Theatre (OT) to collect data on the use of the Surgical Safety Checklist and assess the level of compliance among the surgical team. • Visit the Emergency Department to observe and understand its workflow and functioning, including how patients are received, triaged, managed, and how coordination is maintained for timely care and treatment delivery. • visiting the Daycare unit to observe its functioning and understand the workflow and processes involved. Additionally, I will be collecting and reviewing the various consent forms that are required to be filled out prior to surgeries.

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WEEK- 4 REPORT (2nd JUNE TO 7TH JUNE'2025)

Activity Done	• Visited the **Emergency Department** and observed the entire patient workflow – from admission, diagnosis to treatment. • Understood how initial assessments and triage are handled. • Assisted mentor with the daily discharge process, including paperwork and coordination. • Collected data related to patient **consents** for surgeries for audit purposes. • Conducted daily visits to the Operation Theatre (OT) to monitor and record reasons for delays in surgical procedures.
Linking theory (Classroom learning) with practice at your organization	• Applied concepts of hospital workflow and patient journey from operations management classes. • Observed Emergency Department triage and related it to concepts of prioritization and resource allocation. • Correlated NABH and IPSG guidelines with the consent process and surgical safety in OT. • Real-time exposure to discharge planning aligned with academic topics of healthcare documentation and coordination.

Gaps identified on the working area.	• Minor delays observed in-patient admissions due to high footfall in Emergency.
	• Some surgical consent forms were incomplete or filled at the last minute.
	• Delay in surgeries due to:
	  o Incomplete pre-operative investigations.
	  o Late patient shifting.
	  o Coordination gaps between departments.
	• Unavailability of beds after surgery for urgent cases, causing waiting time for shifting patients' post-surgery.
	• Site marking for surgery not consistently done or verified before the patient enters the OT area, increasing risk of wrong-site surgery.

Suggestions for improvement	• Improve triage efficiency and admission processing in the Emergency Department. • Enhance OT scheduling and inter-departmental communication to reduce delays. • Digitizing consent collections was feasible for better compliance. • Plan for dedicated post-op beds, especially for urgent cases, to ensure smooth patient transfer. • Reinforce surgical safety protocol with mandatory site marking checks and verification before shifting patients into OT.

Plan for the next week	• Continue visiting the OT to collect data on surgery delay reasons. • Conduct an audit of consent forms in the Daycare unit to evaluate completeness and compliance.

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Week -5 Report (9th JUNE TO 14th JUNE 2025)

Activity Done	• Assessed **pre-operative patient consent forms**. The audit involved reviewing whether consent forms were signed and properly filled in before surgery. I recorded instances of incomplete, missing, or improperly documented consents. • Collected and registered operation theatre data for my project under my mentor on optimizing **Surgical Safety Checklist implementation** in a tertiary care hospital. This helped in assessing current compliance and identifying gaps in checklist usage. • Continue with the ongoing observation and assistance in the **discharge process,** focusing on documentation, patient counselling, and inter-departmental coordination to ensure timely and efficient discharges.
Linking theory (Classroom learning) with practice at your organization	• Applied concepts from hospital quality management, patient safety protocols, and healthcare operations taught in class to real-time OT processes, such as consent validation, checklist adherence, and surgical preparation workflows.
Gaps identified on the working area.	• Incomplete or missing consent forms in several surgical cases. • In emergencies, where consent was bypassed, proper documentation explaining the urgency and justification was often missing. • Some team members fill the checklist after the surgery to 'tick the box' rather than using it as a real-time tool. • Non-uniform adherence to Surgical Safety Checklist steps, especially during the "Sign Out" phase.
Suggestions for improvement	• Make consent form verification a mandatory part of the "Sign In" protocol. • Conduct regular awareness and training sessions on the checklist for OT staff.
Plan for the next week	• Continue with the data collection regarding the project assigned by the mentor. • Review the hospital's food and meal service process for patients, focusing on hygiene, nutrition, and feedback mechanisms. • Assess biomedical waste (BMW) handling from source (wards/OT/labs) to final disposal. Identify segregation issues, training gaps, and compliance with CPCB/NABH norms.

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Week -6 Report (16th JUNE TO 21st JUNE 2025)

Activity Done	• Continued auditing consents in the Operation Theatre, ensuring pre-surgery consents are properly filled. • Conducted an **audit on doctors' handovers**, focusing on medical officers on the floors. • Reviewed the **pantry working** and service process for patients, with emphasis on hygiene, nutrition, and patient feedback. • Assessed **biomedical waste handling**, from source generation to final disposal.
Linking theory (Classroom learning) with practice at your organization	• Applied knowledge of clinical governance and patient safety protocols to assess the quality of doctors' handovers and consent processes. • Used operational management concepts to review pantry workflow, hygiene standards, and patient satisfaction. • Applied infection control and biomedical waste management guidelines learned in class to practical hospital waste disposal practices.
Gaps identified on the working area.	• Incomplete or delayed handovers by medical officers in certain shifts. • Some consents found partially filled or missing patient/doctor signatures before surgery. • Pantry services lacked consistent hygiene checks and timely feedback collection. • Minor non-compliance in segregation and interim storage of biomedical waste at source.
Suggestions for improvement	• Regular training and monitoring for medical officers on proper handover protocols. • Reinforce the importance of timely and complete consent documentation with OT staff. • Implement daily hygiene audits and feedback collection in pantry services. • Conduct refresher training for staff on biomedical waste segregation and timely disposal.
Plan for the next week	• Assess the pharmacy department's workflow, focusing on medication management, storage, and dispensing processes. • Discuss the data collected for the Surgical Safety Checklist and consent audits with the mentor. • Plan training sessions for staff based on audit findings to improve compliance and quality of care.

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Week -7 Report (23rd JUNE TO 28th JUNE 2025)

Activity Done	• Assessed the **pharmacy department's** workflow, focusing on medication management, storage, and dispensing processes. • Observed **laundry services**, including the linen flow, collection, washing, and distribution process. • Planned training sessions for staff with my mentor based on audit findings to improve compliance and quality of care.
Linking theory (Classroom learning) with practice at your organization	• Applied knowledge of hospital materials management and quality assurance in evaluating pharmacy and laundry workflows. • Utilized concepts from healthcare operations management to assess resource allocation and compliance in daily processes. • Implemented audit tools and quality indicators, as taught in class, to evaluate performance and suggest improvements.
Gaps identified on the working area.	• No scheduled training calendar or refresher sessions for staff involved in pharmacy or linen management. • Sometimes Delay in timely supply of fresh linen to critical care units.
Suggestions for improvement	• Conduct periodic training sessions and audits to ensure SOP compliance.
Plan for the next week	• Continue data collection for ongoing audits. • Collect data related to OPD registration department – focusing on issues like occasional delays during peak hours and lack of clear guidance for new patients. • Identify gaps and propose actionable solutions for smoother registration processes.

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WEEK- 8 REPORT (30TH JUNE 5TH JUNE 2025)

Activity Done	• Conducted a Mini **Patient Satisfaction Survey** in the OPD and inpatients • Observed **Inventory and Supply Chain Management** process. • Attended a Daily morning operations round and daily briefing with mentor. • Collected data related to **OPD registration Department** during peak and non-peak hours. • Observed proper cleaning in OT, recovery areas and the Wards.
Linking theory (Classroom learning) with practice at your organization	• Applied concepts of quality assurance and patient satisfaction measurement. • Observed the supply chain optimization in hospital setting. • Understood Operations planning, linking to hospital administration concepts.
Gaps identified on the working area.	• Limited Patient Awareness about feedback channels. • Lack of real-time tracking of patients wait time. • Inconsistent documentation practices among different staff members. • Slight delays in OT cleaning, Instance of delayed toilet cleaning and minor confusion in linen disposal observed.
Suggestions for improvement	• Awareness among patients regarding feedback. • Regular short training courses to standardize documentation practices. • regular checks and staff reminders to ensure timely cleaning and hygiene compliance.
Plan for the next week	• Visit the Quality department and understand their audit process. • Begin drafting the summary report of findings so far with mentor guidance.

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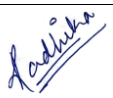
WEEK- 9 REPORT (7th JULY to 12th JULY 2025)

Activity Done	• Visited the **Quality department** and understood their audit process. • Collected **post-intervention data** for the audits I had conducted earlier. • Compiled and analyzed collected data for all audits and observational studies. • Compared **pre- and post-intervention** data to identify changes in compliance and process efficiency • Initiated the drafting of final internship report and project summaries.
Linking theory (Classroom learning) with practice at your organization	• Applied statistical tools and quality indicators in analyzing real hospital data. • Understood how clinical audit outcomes influence management decisions.
Gaps identified on the working area.	• Inconsistent feedback loops from data collection to actionable improvement. • Lack of cross-functional training among some departments.
Suggestions for improvement	• Establish feedback-based action plans post-audit. • Encourage digitization of audit records for easier tracking.
Plan for the next week	• Finalize project report and PowerPoint presentation. • Present key findings to mentor and collect feedback.



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WEEK- 10 REPORT (14th JULY TO 19TH JULY 2025)

Activity Done	• Completed and submitted **final internship report** and audit project summaries. • Delivered final presentation of findings and suggestions to hospital mentor. • Took feedback from different departments about audit data usability.
Linking theory (Classroom learning) with practice at your organization	• Integrated knowledge of hospital operations, quality management, and communication skills in presenting findings. • Applied project planning and healthcare analytics in summarizing results.
Gaps identified on the working area.	• There was no regular follow-up after small internal audits or checks.
Suggestions for improvement	• Conduct short awareness sessions about audits for all departments. • Appoint a responsible person in each department to follow up on audit findings. • Create a brief handover guide for future interns to help them align early.

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Compiled Report

Name of the Organization: MAX SUPER SPECIALTY HOSPITAL

Department: HOSPITAL OPERATIONS

Name of the Student: DR. RADHIKA CHOPRA

Roll no: 2043 **Stream:** MBA (HM)

Activity Done	• Attended Hospital Orientation and got introduced to different departments like OPD, IPD, pharmacy, registration, billing, diagnostics. • Visited the front office department to understand the new patients' OPD registration, billing, documentation and other related tasks. • Observed the TPA department, its functioning, how insurance claims are processed, and the coordination between the hospital staff and insurance companies. • Visited the admission and discharge counter to get an overview of the documentation required for the admission process into ICU, daycare, emergency. • Learned about the hospital information system (HIS) and hospital portal used for various processes. • Visited the Central Sterile Services Department (CSSD) and learned about the cleaning, sterilization and tracking process of instruments. • Observed the processing of Radiology department, report preparation and distribution to the patients. • Learned about how discharges are handled, reasons for delay and how timely discharges help in faster bed allocation to new patients. • Visited the blood bank, learned about criteria for blood donation, testing and storage of blood. • Learned about the importance of MRD (Medical Records Department) proper

	documentation, and use of records for audits and legal purposes. • Visited the emergency department and learned about the process of admission, treatment and shifting of the patient. • Conducted an audit on doctor's handovers during shift changes which included important information like patient's condition, ongoing treatment and next steps to be taken to reduce errors and improve patient safety. • I visited the dietary department and learned about the patient's diet charts, pantry services, testing of food quality, and hygiene practices. • Assessed the biomedical waste handling from source generation to final disposal. • Learned the working of pharmacy department, how the medicines are stocked, storage and supplied as per requirement. • Observed the laundry process, how dirty linen is collected, washed and sent back for timely use. • We conducted a patient satisfaction survey along with the patient welfare team in the OPD and inpatients. • **PROJECT 1 - Evaluation of Surgical Safety Checklist Compliance and Interventions to Improve Patient Safety in Operation Theatres.** • Conducted a prospective observational study in the Operation Theatre to check how well the Surgical Safety Checklist was being followed. • Visited the OT regularly and observed multiple surgeries, collecting real-time data during each procedure. • Analyzed the data to understand the level of compliance with each step of the checklist. • Based on data interpretation, identified areas where checklist use needed improvement. • I shared the identified gaps and suggested possible solutions to my mentor for improving compliance and patient safety. • **PROJECT 2: Audit of Preoperative Consent Documentation** • Conducted An audit to check the completeness and accuracy of surgical consent forms. • Visited the Operation Theatre and day care to collect real-time data by reviewing patient files.

	• Analyzed the forms to see if they were properly filled and signed before surgery. • Identified gaps and suggested improvements • **PROJECT -3: Assessment of Surgical Timeliness and Compliance in Operation Theatre** • Conducted an observational study to assess how surgeries adhered to their scheduled start times. • Collected data from the OT on actual vs. scheduled surgery timings. • Analyzed the delays and identified patterns affecting timeliness. • **PROJECT-4: Evaluating OPD Flow and Patient Wait Times in Peak vs. Non-Peak Hours** • Conducted a descriptive observational study in the OPD to understand patient flow. • Collected data on wait times during peak and non-peak hours. • Analyzed the data to identify variations and delays.
Linking theory (Classroom learning) with practice at your organization	• Saw the actual hospital infrastructure setup. • Understood the division of roles and responsibilities in different departments. • Learned the importance of interpersonal communication. • Realized the importance of standard operating procedures and how they help in the functioning of the hospital. • Importance of hospital IT in improving coordination. • Importance of proper documentation and timely communication. • Applied learnings from Hospital Support Services while observing CSSD and MRD department. • Concept of quality management during sterilization process in CSSD and radiology reporting process. • Observed Emergency Department triage and related it to concepts of prioritization and resource allocation. • Linked NABH & IPSG guidelines with the preoperative consent process to ensure safe and standard operating procedures. • Applied infection control and biomedical waste management guidelines learned in class to

	practical hospital waste disposal practices. • Learnings about medication management in hospitals. • Applied concept of quality assurance and patient satisfaction. • Applied statistical tools and quality indicators in analyzing real hospital data. • Understanding the organizational culture and behavior. • Learned how human resource management contributes to continuous and efficient working of hospital.
Gaps identified on the working area.	• The registration and billing counter area was overcrowded due to limited space and inadequate seating. • Confusion among new patients due to lack of proper sign boards. • Not enough parking space, which creates a lot of hassle. • Noticed delay in updating bed availability during discharge process which leads to delay in new patient admission process. • Delay in insurance claim approvals due to late documentation either from doctor or nurse side. • Technical glitches in hospital portals sometimes make it difficult for staff to access data. • Even with digital system discharges are delayed due to pending discharge summaries, nursing and billing clearance and delay in insurance claim approvals. • In the CSSD department some processes are still manual which may at any time lead to human error. • Long waiting time for scans in radiology departments leading to delays in treatment and patient dissatisfaction. • Often, patient families are asked to arrange donors before transfusion, which delays treatment and causes stress. • Incomplete or last-minute filling of consent forms. • Missing site markings for surgery in patients before the patient enters the OT premises. • Delay in surgeries due to incomplete documentation, late shifting of patients etc. • Non-adherence to the steps of surgical safety checklist especially time out & sign out phases.

	• Incomplete or delayed handovers by floor medical officers. • Delayed doctor rounds. • Slight dissatisfaction among patients regarding room and toilet cleaning. • Data is collected but not always used quickly to make improvements.
Suggestions for improvement	• Proper waiting and seating area outside billing and registration counters. • Token based system should be implemented. • Clear and multilingual sign boards must be placed. • Introduce self-help kiosks so that tech savvy patients can do their own registration and save time. • Conduct timely audits to identify the gaps and improve regularly. • Organize monthly discussions and meetings with the insurance companies to solve claim delay issues. • Start a feedback system at all counters to get regular updates from the patients and to timely address their concerns. • Digitalize the tracking of sterilization cycles in CSSD through software to save time and reduce manual errors. • Keep a stock of commonly needed blood groups ready and start regular donor drives so the hospital doesn't have to rely on patient attendants at the last moment. • Early planning for post-operative bed allocation to reduce last minute hassle and ensure smooth patient transfer. • Make consent form verification a mandatory part of sign in protocol. • Label the dustbins and training for newly joined staff on waste segregation. • Allocation of more GDA staff on floors and for patient shifting's.
Key Learnings	• Understood the complete patient journey from registration to discharge and learned how different departments work together. • Learned about the importance of proper documentation like consents forms, discharge summaries and medical records to ensure patient safety.

	• Gained knowledge about data collection and hospital audits to identify gaps improve the quality of care. • Learned about the hospital IT system which helps in maintaining patient data. • Learned the importance of sanitization, infection control and biomedical waste management inn maintaining a safe hospital environment. • Understood the value of good communication and teamwork among different departments. • Connected classroom learning with real hospital practices.

Signature of the Student

Approved by the IIHMR University's Mentor