SUMMER INTERNSHIP PROGRAM

AT

FORTIS MEMORIAL RESEARCH INSTITUTE, GURUGRAM

From 12th May - 21st July 2025

A REPORT BY

Ms. Pratiksha Priyadarshini

Master of Business Administration

(Hospital & Health Management)

2024-2026

Under the mentorship of

Dr. Arindam Das Sir

IIHMR UNIVERSITY

Fortis MEMORIAL
RESEARCH INSTITUTE
GURUGRAM

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21st July, 2025

To Whomsoever It May Concern

This is to confirm that **Ms. Pratiksha Priyadarshini** had been an **Intern** from **May 12th, 2025** to **July 21st, 2025** at **Fortis Memorial Research Institute** in the **PCS** department.

During her training she exhibited a high level of professionalism and a tremendous zest for learning.

We wish **Ms. Pratiksha Priyadarshini** all the best in her future endeavor's.

For Fortis Hospitals Limited

for

Shalini Vij
Training and Development
Senior Manager - HR

Head of Department

IIHMR UNIVERSITY

IIHMR University Faculty Mentor Approval

This is to certify that **Ms. Pratiksha Priyadarshini** 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: 25/7/2025

Arindam Das

Dr. Arindam Das
Professor

Improving Hospital Bed Management at FMRI: A Strategic Approach to Reduce Turnaround Time

PRESENTED BY: Pratiksha Priyadarshini
ROLL NO: 2033
BATCH: MBA-HM(29TH)
UNIVERSITY MENTOR: Dr.Arindam Das
ORGANIZATION MENTOR: Ms. Nishi Chacko (Head-OPD)

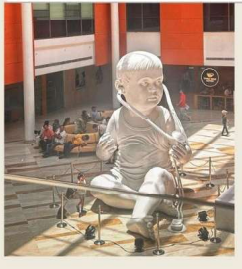
Fortis MEMORIAL RESEARCH INSTITUTE

ABOUT FMRI

Fortis Memorial Research Institute (FMRI) is a 311-bedded multispecialty, quaternary care hospital with 15 OTs and 105 ICU beds & with JCI and NABH accreditation. It is a hospital known for its advanced Centers of Excellence in robotic surgery, cardiology, oncology, organ & joint transplantation, and many more.

FMRI was ranked in the list of "World's Best Smart Hospitals 2023 (Newsweek Survey) at 29th position.

IIHMR UNIVERSITY



Practical vs. Theoretical Exposure

The internship provided hands-on experience with actual hospital operations and coordination activities in bed management, as compared to the theoretical understanding gained at IIHMR University.It emphasized the significance of system-level thinking, time-bound coordination and real time decision making.

Challenges

- Data collection and analysis proved challenging due to the complexity of accessing and interpreting relevant data.
- Inter-departmental coordination was difficult, involving complex communication and handovers between various departments.
- Initial resistance from staff to new proposed processes or changes in established routines was observed.
- The inherent unpredictability of patient admissions and discharges made maintaining a consistent bed flow challenging.
- Time constraints required balancing in-depth analysis with the fast-paced hospital environment.

Redesigned Dashboard for Bed Management

Colour Codes	Meaning
Red	Discharge Intimation (patient planned for discharge)
Orange	Pharmacy clearance (waiting for medication clearance)
Blue	System Discharge (formal discharge done in HIS)
Yellow	Room Vacant & Unclean (needs housekeeping attention)
White	Room available (clean and ready for new patient)
Violet	Room allotted (bed manager has assigned this room)
Green	Room occupied by patient
Black	Room Blocked on Request (for procedure, VIP, maintenance etc)

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.

SWOT ANALYSIS

Strengths
1.The clinical & operations team work efficiently especially during peak hours
2.The patient care process runs 24*7 ensuring constant patient-care and service.

Weakness
1.Coordination between departments (Nursing, housekeeping, billing) is sometimes slow.
2.There is no visual tool to instantly track bed status.

Opportunities
1.A live digital dashboard with colour codes could improve bed tracking.
2.Regular/weekly staff training especially in communication and patient service to enhance overall coordination.

Threats
1.TPA delays can keep patients waiting even after clinical clearance.
2.Delays in room cleaning & preparation by the housekeeping staff can lead blocking of new patient admission.

Objectives

- To propose a redesigned bed management dashboard for the Health Information System (HIS) to make bed status easier to access, interpret, and act upon.
- To monitor department-wise bed utilization using real-time data collected over 4 weeks.
- To assess the current bed management practices in the IPD & Emergency Department.
- To evaluate the gaps in interdepartmental coordination and communication.

TOWS Analysis

Strengths- Opportunities (SO) Strategy
1.Use of robust IT infrastructure of FMRI to implement real time bed tracking sytems.
2.Reduce patient wait times & improve patient satisfaction by utilizing current SOPs and well trained staff.

Weakness-Opportunities (WO) Strategy
1.Implement smart bed allocation technologies by using opportunity of available government incentives for digital health.
2.Collaboration with startups/tech vendors to create predictive analysis for patient inflow and bed occupancy.

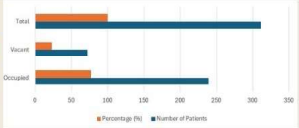
TOWS

Strength-Threats (ST) Strategy
1.Using the hospital's robust operational protocols to handle unexpected spikes in patient admissions (such as during outbreaks).
2.Integrate the nursing and housekeeping staff with centralized dashboards to ensure timely bed turnover.

Weakness-Threats (WO) Strategy
1.Digitals logs and automatic warnings can be used to address inconsistent paperwork or delays during handovers.
2.Reduce delays due to shift changes by assigning dedicated bed managers for each shift.

Bed Occupancy Status (a/e to data of 4 weeks)

Category	Number of Patients	Percentage (%)
Occupied	239	76.8
Vacant	72	23.2
Total	311	100



Suggestions

Based on my internship experience and analysis, I would like to propose the following suggestions to Fortis Memorial Research Institute to further improve its bed management process and reduce TAT:

1.Finding – HIS dashboard lacked clarity & colour coding, causing confusion in bed status visibility.
Suggestion – Redesigning of IIIS dashboard using district colour coded indicators for occupied, available, cleaning and blocked beds.

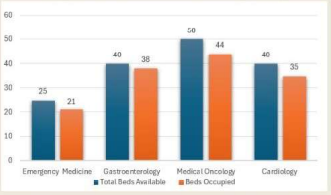
2.Finding- Delay in updating bed status after discharge in the HIS system.
Suggestion – Ensuring real-time updates of bed availability and discharge status in HIS.

3.Finding- Communication between nursing, housekeeping and admission teams was inconsistent and verbal.
Suggestion – Implementing standardized communication protocols using real time alerts or SMS via HIS.

4. Finding- HIS shows only binary bed status (occupied/vacant), cleaning status is missing.
Suggestion – Integrating cleaning and readiness status in the IIIS for better real time tracking.

Organizational Structure

Department-Wise Bed Occupancy



Major Learnings During Internship

- Coordinated the patient journey from admission to discharge.
- Developed skills in assessing the total time required for each stage from admission to discharge of patients.
- Acted as a bridge between clinical & non-clinical departments.
- Understood the critical role of communication and collaboration.
- Enhanced problem-solving and adaptability in a dynamic environment.
- Realized how efficient bed management improves patient experience.

WEEKLY REPORTS

WEEK No -1 (12th May- 17th May)

Name of the Organisation: Fortis Memorial Research Institute, Gurugram

Area/ Department/ Project of Summer Internship Program: Department- Operations (Patient-Care Services)

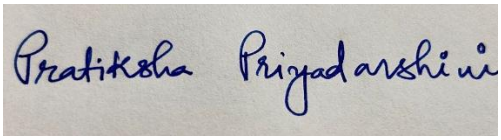
Submitted by: Pratiksha Priyadarshini

Roll no: 2033

Activity Done	• On the very first day, I was introduced to the HOD of Patient-Care Services, Heads of OPD & IPD. • I assisted at the call centre for 3 days for patient's appointment regarding teleconsultation and emergencies. I have also worked in processing payment confirmation of patients via calls and emails. • On the 4th day, induction session of the UG & 1st floor was conducted. • On the 5th & 6th day, I assisted in the admission & billing counter of Health for You Department in the hospital. I also coordinated patients in the admission counter so that they get appointments and other services without facing any inconvenience.
Linking theory (Classroom learning) with practice at your organisation	• Applied OPD/IPD workforce theories in scheduling and patient coordination. • Completed registration forms and other data documentation in accordance with hospital guidelines. • Implemented and monitored interactions between the IT team and appointment systems.
Gaps identified on the working area.	• Department – IPD **Issue** - Lack of bed availability. • Department – Call-centre **Issue** - Delayed emergency responses
Suggestions for improvement	• Using historical admission trends and a specific system for analysis, bed requirements can be predicted more quickly. • Improvement for quick emergency response. • Reduced conflicts for bed management and improved efficiency.

Plan for the next week	• Learn advanced digital billing system • Work with IT to identify workflow bottlenecks. • Work with Bed & Floor Managers for understanding the process of IPD admission.

Signature of the Student



WEEK No -2 (19th May- 24th May)

Name of the Organisation: Fortis Memorial Research Institute, Gurugram

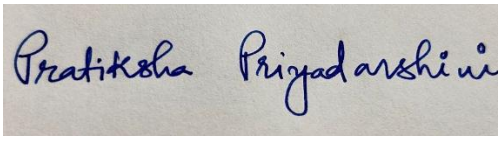
Area/ Department/ Project of Summer Internship Program: Department- Operations (Patient-Care Services)

Submitted by: Pratiksha Priyadarshini

Roll no: 2033

Activity Done	• Observed and recorded the discharge process in real time, as well as the analysis of the complete discharge workflow. • The time required for each step of the procedure, the complete discharge documentation, and any follow-up actions done were all examined in the discharge records. Details of each discharge process (billing, discharge summary, processing, and approval) were taken. • Talked with physicians, nurses, and administrative staff to understand their responsibilities during the discharge process.
Linking theory (Classroom learning) with practice at your organisation	• Applied technical writing and documentation skills acquired in the classroom to produce thorough and precise breakdown reports. • Applied discharge process theory to carry and monitor the whole process in an accurate manner.
Gaps identified on the working area.	• Lack of proper communication between internal staff due to which leading in delay of discharge process.
Suggestions for improvement	• Assigned specialized discharge coordinators to oversee the discharge procedure and guarantee that every stage is carried out efficiently. • To guarantee accuracy and uniformity of information, use standardized discharge documentation.
Plan for the next week	• Working with TPA department. • Monitoring bed management system. • Attending weekly briefings.

Signature of the Student



WEEK No -3 (26th May- 31th May)

Name of the Organisation: Fortis Memorial Research Institute, Gurugram

Area/ Department/ Project of Summer Internship Program: Department- Operations (Patient-Care Services)

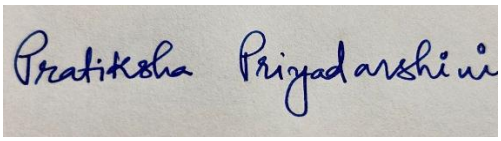
Submitted by: Pratiksha Priyadarshini

Roll no: 2033

Activity Done	• Coordinated with the TPA Department by calling doctors for patient approval updates. • Updated patient status and added relevant remarks in the system post doctor communication. • Closely observed and monitored bed availability through the Hospital Information System (HIS). • Aligned and reviewed overall discharge process to observe the Turnaround Time (TAT).
Linking theory (Classroom learning) with practice at your organisation	• Linked the theory and practice of hospital resource management by using HIS in real-time to track bed availability. • Used healthcare coordination skills to communicate with TPA department doctors for patient approval • Updated patient information and status in the system using data management and appropriate documentation principles. • Linked classroom lessons to real-world situations, demonstrating an understanding of the significance of process efficiency in hospital operations.
Gaps identified on the working area.	• Insufficient departmental cooperation and pending approvals cause delays in the discharge procedure. • Insufficient real-time updates on bed availability in the HIS, which causes uncertainty when allocating beds and transferring patients.
Suggestions for improvement	• Timely coordination between the TPA team and doctors should be improved to speed up the discharge process. • Regular updates in the HIS about bed status can help in better planning and quicker patient transfers. • Clear communication protocols between departments can reduce delays and improve efficiency.
Plan for the next week	• Observing whether patient care services are properly implemented in different departments

	• Discussion with different floor coordinators and nursing staff and supervising them.

Signature of the Student



WEEK No -4 (2nd- 7th June)

Name of the Organisation: Fortis Memorial Research Institute, Gurugram

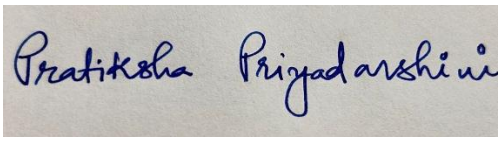
Area/ Department/ Project of Summer Internship Program: Department- Operations (Patient-Care Services)

Submitted by: Pratiksha Priyadarshini

Roll no: 2033

Activity Done	• Observed various hospital departments, such as F&B services, housekeeping, emergency, and front and back office. • Visited different floors of the hospital daily to observe and assess patient care services and support systems. • Engaged with floor coordinators and nursing supervisors to learn about daily reporting protocols and bed management.
Linking theory (Classroom learning) with practice at your organisation	• I tried to connect classroom concepts from the Hospital Services module with real-world hospital practices. • Acquired a comprehensive grasp of the hospital's organizational structure, the ways in which various departments collaborate, and how their activities complement the hospital's overarching strategic purposes.
Gaps identified on the working area.	• Observed that several departments lacked adequate coordination and communication, which occasionally caused delays in the provision of services. • Discovered that patient complaints and feedback were not always swiftly addressed, which had an impact on the general experience and satisfaction of the patient.
Suggestions for improvement	• To improve the entire patient experience, train employees in patient communication and service quality. • Establish frequent interdepartmental briefings or meetings to enhance team coordination and communication. • Implement a more efficient system for collecting and responding to patient feedback in real time.
Plan for the next week	• Going for feedback rounds. • Looking after the operational flow of different departments. • Discussion and meeting with HOD regarding SIP Project.

Signature of the Student



WEEK No -5 (9th – 14th June)

Name of the Organisation: Fortis Memorial Research Institute, Gurugram

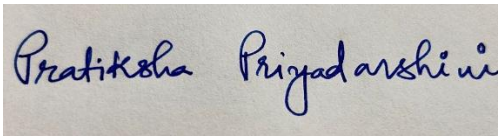
Area/ Department/ Project of Summer Internship Program: Department- Operations (Patient-Care Services)

Submitted by: Pratiksha Priyadarshini

Roll no: 2033

Activity Done	• Assisted with the daily operational flow of a specific department • Assists in organizing and maintaining operational records and data. • Performed patient care and feedback rounds in the emergency room. • Discussed about my SIP project with my organizational mentor.
Linking theory (Classroom learning) with practice at your organisation	• Applied the Essentials of Hospital Services theories to patient care in emergency departments and outpatient departments. • To comprehend the organization and identify opportunities for development, organizational behaviour theories were applied.
Gaps identified on the working area.	• Identified potential bottlenecks in specific operational workflows, leading to delays (eg- patient check-in, discharge procedure) • Discovered possible inefficiencies in current data recording/reporting methods.
Suggestions for improvement	• To cut down on wait times, suggest a new patient check-in procedure that can include a pre-arrival registration option. • Suggested implementing a standardized communication protocol between departments to streamline information sharing.
Plan for the next week	• Coordination with different floors • Feedback collection • Working on project and collecting data of patients

Signature of the Student



WEEK No -6 (16th – 21st June)

Name of the Organisation: Fortis Memorial Research Institute, Gurugram

Area/ Department/ Project of Summer Internship Program: Department- Operations (Patient-Care Services)

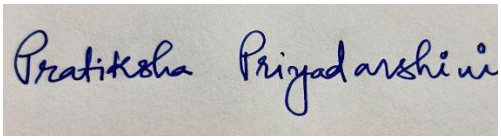
Submitted by: Pratiksha Priyadarshini

Roll no: 2033

Activity Done	• Coordinated with the 2nd Floor Manager to oversee patient-care activities in Cath-LAB, CCU and ICU. • Monitored essential services like bed availability, timely medication, food delivery, and hygiene. • Interacted with patients and attendants to collect feedback on hospital services and care quality. • Continued working on the assigned internship project related to patient care process optimization. • Participated in daily operational briefings with the floor staff to understand challenges and ongoing improvements.
Linking theory (Classroom learning) with practice at your organisation	• Applied concepts related to theoretical knowledge of Total Quality Management (TQM) and NABH guidelines to observed practices in ICU/CCU. • Understood the practical implementation of Six Sigma concepts in service delay minimization. • Applied classroom learning on patient satisfaction, hospital support services, and service quality to real-time scenarios.
Gaps identified on the working area.	• Delay in interdepartmental communication (e.g., pharmacy, dietetics, nursing) leading to minor service lags. • Lack of a unified digital dashboard to track patient service requests in real time. • Incomplete or delayed documentation of patient feedback and service resolutions.
Suggestions for improvement	• Introduce a centralized digital tool to track and manage patient service requests and interdepartmental updates. • Conduct regular staff training on soft skills and communication to improve patient interaction and responsiveness.

	• Standardize the patient feedback collection process through mobile/tablet interfaces for quicker data collection and real-time analysis.
Plan for the next week	• Compile and begin initial analysis of patient feedback collected so far. • Attend an interdepartmental coordination meeting (if scheduled) to understand communication gaps better. • Finalize the structure of the internship project and begin drafting key sections.

Signature of the Student



WEEK No -7 (23rd –28 th June)

Name of the Organisation: Fortis Memorial Research Institute, Gurugram

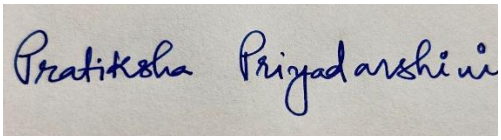
Area/ Department/ Project of Summer Internship Program: Department- Operations (Patient-Care Services)

Submitted by: Pratiksha Priyadarshini

Roll no: 2033

Activity Done	• Working on creating samples for redesigning of the dashboard for bed management. • Went to different departments like Quality, HR, F&B to understand the overall working. • Observed the working of patient service quality in the general wards. • Had discussion with HOD regarding any improvements of patient services for this week.
Linking theory (Classroom learning) with practice at your organisation	• Applied hospital operations and service quality management concepts to evaluate and enhance patient care. • Practiced the communication and patient-centered care concepts that were taught in the course modules.
Gaps identified on the working area.	• Lack of centralised & user-friendly bed management dashboard. • Inconsistent monitoring of patient service quality in general wards.
Suggestions for improvement	• For more effective bed distribution, introducing a dashboard system that is more interactive and real-time. • Routine audits or feedback gathering to enhance the quality of patient care.
Plan for the next week	• Finalize the dashboard sample design and get the HOD's input. • Prepare a brief report outlining problems with interdepartmental coordination and include suggestions for action. • Participate in patient feedback sessions

Signature of the Student



WEEK No -8 (30th June –5th July)

Name of the Organisation: Fortis Memorial Research Institute, Gurugram

Area/ Department/ Project of Summer Internship Program: Department- Operations (Patient-Care Services)

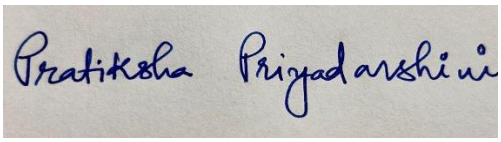
Submitted by: Pratiksha Priyadarshini

Roll no: 2033

Activity Done	• Visited Day-Care and OPD (Cardiology, Paediatrics, Pulmonology) to discuss and supervise the junior coordinators for efficient and smooth functioning of patient services and monitor the 'wait time' of patients. • Visited the HR department to observe and understand the working process of Human Resources at FMRI. • Monitored & checked the discharge status of patients in the ICU (Room 101-105). • Continued working with the ongoing Project.
Linking theory (Classroom learning) with practice at your organisation	• Applied concepts of patient flow management by observing and supervising wait times in OPD and Day-Care units. • Visited the HR department and gained an understanding of workforce coordination and HR operations in a hospital context. • Monitoring patient discharge plans in the ICU allowed me to put my knowledge of bed management and patient turnover into practice.
Gaps identified on the working area.	• Operational delays are caused by unclear communication between medical staff and junior coordinators. • Inadequate coordination between the operations and HR departments to enhance worker deployment during periods of high patient volume.
Suggestions for improvement	• To decrease wait times and raise patient satisfaction, the OPD should implement a computerized queue management system. • Enhance HR and operational cooperation to allocate workers more dynamically, particularly during peak hours.

	• Organize regular/weekly training and orientation sessions for junior coordinators to improve service quality and communication.
Plan for the next week	• Coordinate with quality control teams to understand NABH protocols followed in patient services. • Work under HOD of Patient Experience to under the IPD patient services better. • Continue contributing to the ongoing project with a focus on practical suggestions for improving service delivery.

Signature of the Student



WEEK No -9 (7th July-12th July)

Name of the Organisation: Fortis Memorial Research Institute, Gurugram

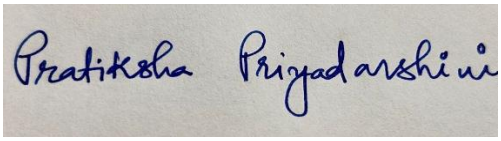
Area/ Department/ Project of Summer Internship Program: Department- Operations (Patient-Care Services)

Submitted by: Pratiksha Priyadarshini

Roll no: 2033

Activity Done	• Visited Nightingale ward, PICU, NICU to monitor and check the discharge status of patients. • Conducted follow-up calls to Doctors (approx. 65) for TPA Approval of patients. • Monitored the admission process and wait time of patients in the gastro department (OPD) in the 2nd floor. • Continued working with the project by collecting data from HIS system and discussion with HOD.
Linking theory (Classroom learning) with practice at your organisation	• Applied the principles of management to understand the patient flow analysis taught in the classroom. • Observed practical implications of reduced wait times and patient satisfaction.
Gaps identified on the working area.	• Lack of automated alerts/reminders for pending discharges or required approvals. • Increased patient wait times are the result of inconsistent time management in the OPD admission process.
Suggestions for improvement	• To minimize communication delays and facilitate departmental coordination, assigning a dedicated operations coordinator for each shift. • Conducting regular/ weekly training sessions on discharge planning to admission staff.
Plan for the next week	• Continue with data collection for data analysis of bed occupancy per week/month. • Preparing the final report of SIP and PPT for hospital

Signature of the Student



WEEK No -10 (14th-21st July)

Name of the Organisation: Fortis Memorial Research Institute, Gurugram

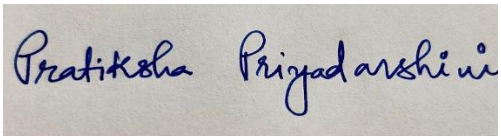
Area/ Department/ Project of Summer Internship Program: Department- Operations (Patient-Care Services)

Submitted by: Pratiksha Priyadarshini

Roll no: 2033

Activity Done	• Visited the OPD departments in the ground floor for supervising the junior coordinators and monitoring the patient flow. • Attended a weekly meeting with all the hospital staff along with respective department HOD's on patient-care and safety. • On the last day, I presented a PPT to my HOD explaining her about my learnings in the internship period and various suggestions I can provide for the improvement of the shortcomings
Linking theory (Classroom learning) with practice at your organisation	• Implemented principles of healthcare quality management and patient safety while monitoring real-time operational practices during hospital-wide meetings. • My final report and presentation helped me work with Ms-Excel & PowerPoint so effectively and strengthen my knowledge about health system governance.
Gaps identified on the working area.	• During peak hours, the uneven distribution of patient load across OPD counters resulted in extended wait periods. • During specific OPD hours, lack of staff in the admission counters, resulting in delayed registrations.
Suggestions for improvement	• Use daily patient flow patterns to dynamically assign workers during OPD peak hours. • Use of digital queue management system to monitor patient movement and reduce crowd at reception counters.
Plan for the next week	• This was the last week of the internship, so I will now be focusing on the compilation of the final project report, which will include all the information, insights, data and suggestions I got during the internship.

Signature of the Student



COMPLIED REPORTING FORMAT

Name of the Organisation: Fortis Memorial Research Institute, Gurugram

Area/ Department/ Project of Summer Internship Program: Department- Operations (Patient-care Services)

Submitted by: Pratiksha Priyadarshini

Roll no: 2033

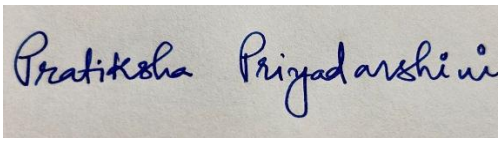
Activity Done	**75-days Internship Report** ▪ I have joined FMRI for my summer internship on 12th May 2025 in the operations (patient-care services) department. ▪ FRMI is a 311-bedded multi-super speciality hospital with 15 OTs and 105 ICUs & with JCI & NABH accreditations. FMRI is an advanced centre of excellence in Robotic surgery, Oncology, Neurosciences, Renal Sciences, BMT, Organ Transplants, Gynaecology, Cardiac sciences and Obstetrics. ▪ The internship started with a quick orientation of the different departments of the hospital by my departmental HOD. ▪ My HOD (Mrs. Minakshi Chopra) explained about the operational process, admission process and patient experience. Later, I was assigned with my organizational mentor (Ms. Nishi Chacko- Head of OPD). **Call Centre & Heart for You (HFY) Department** ▪ First 2-days from joining, I was assigned to the Heart for You (HFY) Department and call center where I observed the working and coordinated accordingly. ▪ In the Heart for You department, I have coordinated with patients in their admission process for various test such as Blood sample collection, ECG, Ultrasound). ▪ I was supervised by staff members of the call center regarding calling, mailing patients for informing confirmation or delays for the teleconsultation services and announcing emergency codes in the hospital. **TPA Department** ▪ I observed and understood the complete TPA process: From Patient Admission → Pre-Authorization → TPA Approval → Treatment & Monitoring → Final Bill &

	Discharge →Claim Settlement → Post-Hospitalization Claims. ▪ I coordinated with the TPA Department by calling doctors for patient approval status and updated patient status and added relevant remarks in the system post doctor communication. **<u>Admission & Billing</u>** ▪ Observed to understand the complete admission process in the 1st week both for emergency cases and planned admission. ▪ Worked at the front desk to collect personal details of patients (such as Name, Age, Gender, Contact details-mobile no, email ID, Home address, ID Proof) and generate their UHID. ▪ I have helped to maintain and organize operational data and records in the HIS system. **<u>Bed Management</u>** ▪ Assisted patients regarding room allocation based on Patient/Family's preference, Doctor's recommendation or Room availability. ▪ Closely observed and monitored bed availability through the Hospital Information System (HIS). ▪ Interacted with floor coordinators and nursing in-charges to understand bed management in every ward/floor and daily reporting procedures. **<u>Discharge Lounge</u>** ▪ Observed on the analysis of the entire discharge workflow and noted the whole process of discharge in real-time and taken details of each discharge process [Billing →Discharge Summary Preparation → Documents upload → Approval from TPA → Bill finalization → Patient Discharge] ▪ Analysed the discharge records, including the time taken for each step of the process, the completeness of discharge documentation and any follow up action taken. ▪ Kept a live tracking record on the number of discharges happening per day and TAT time involved in the completion of the entire discharge process. ▪ Also had discussion with nurse staff, doctors and administration staff to know about their roles in the discharge process.

	▪ I have observed the working of Front & Back Office and documented patient data in the Fortis Health Information System (HIS). ▪ I have also observed the working of F&B & Housekeeping departments to ensure proper patient care services. ▪ For 2 complete weeks, I have interacted with patients and attendees to collect feedback on hospital services and care quality. ▪ Monitored the admission process and wait time of patients in all the OPD department (3 weeks – Oncology, Pulmonary, Paediatrics & Neurology; 3 weeks – Gastroenterology, Cardiac Sciences, Day-care & Emergency; 2 weeks – Diabetology, Neurosurgery & Internal Medicine). ▪ I have started working on my internship project from 2nd week onwards after thorough observation and discussion with my organizational mentor. I have been assigned to work on the topic – "Improving Hospital Bed Management at FMRI: A Strategic Approach to Reducing Turnaround Time"
Linking theory (Classroom learning) with practice at your organisation	▪ Observed the practical application of patient-centered care, encompassing important facets of theories of service quality and patient satisfaction. ▪ Applied organizational behavior theories, JIT and Lean management theories, Total Quality Management (TQM), and NABH guidelines to observed ICU/CCU practices. ▪ Recognized how Six Sigma principles are applied in practice to reduce service delays. ▪ Observed and monitored wait times in the OPD and day care centers by applying concepts of patient flow management. ▪ Applied hospital operations and service quality management concepts to evaluate and enhance patient care. ▪ Applied knowledge of discharge process and Turnaround Time (TAT) to check if discharge cases met expected turnaround time.
Gaps identified on the working area.	▪ Noticed a lack of proper coordination and communication between some departments, which sometimes led to delays in service delivery. ▪ Incomplete or delayed documentation of patient feedback & service resolutions.

	▪ Lack of automated reminders/alerts for pending discharges or required approvals. ▪ Increased patient wait-times due to inconsistent time management in the OPD admission process. ▪ Limited real-time bed availability updates in the HIS, leading to confusion in bed allocation and patient transfers. ▪ Lack of centralized, user-friendly HIS dashboard. ▪ During specific OPD hours, lack of staff in the admission counters, resulting in delayed registrations. ▪ Potential bottlenecks in patient check-in and discharge process. ▪ Operational delays are caused by unclear communication between medical staff and junior coordinators.
Suggestions for improvement	▪ Redesigning the HIS dashboard for bed management in distinct colour codes for each stage of the discharge and admission process. ▪ Reduced bed management conflicts and improved efficiency. ▪ Faster forecasting of bed management based on historical admission patterns. ▪ Regular interdepartmental meetings or briefings for improved communication. ▪ Regular staff training on patient communication & service quality. ▪ Clear communication protocols between departments to reduce delays. ▪ Regular updates in the Fortis Health Information System (HIS) for better planning and quicker patient transfers. ▪ Regular audits to improve efficiency and enhance patient care services.
Key Learnings	✓ Understood the working of different departments within the operation department (Emergency, IPD, Patient Care Services,, Patient Experience, OPD, Billing). ✓ Gained hands on experience in monitoring and recording the time taken for each step from admission to discharge. ✓ Observed and monitored how delays happen due to lack of communication and coordination. ✓ Based on real time observation, I could suggest – redesigning of dashboard to navigate information quickly and easily, 30-40 mins training each day for new/junior coordinators to improve inter-departmental and patient communication. ✓ Improved my communication skills and learning abilities to understand the workflow of a hospital.

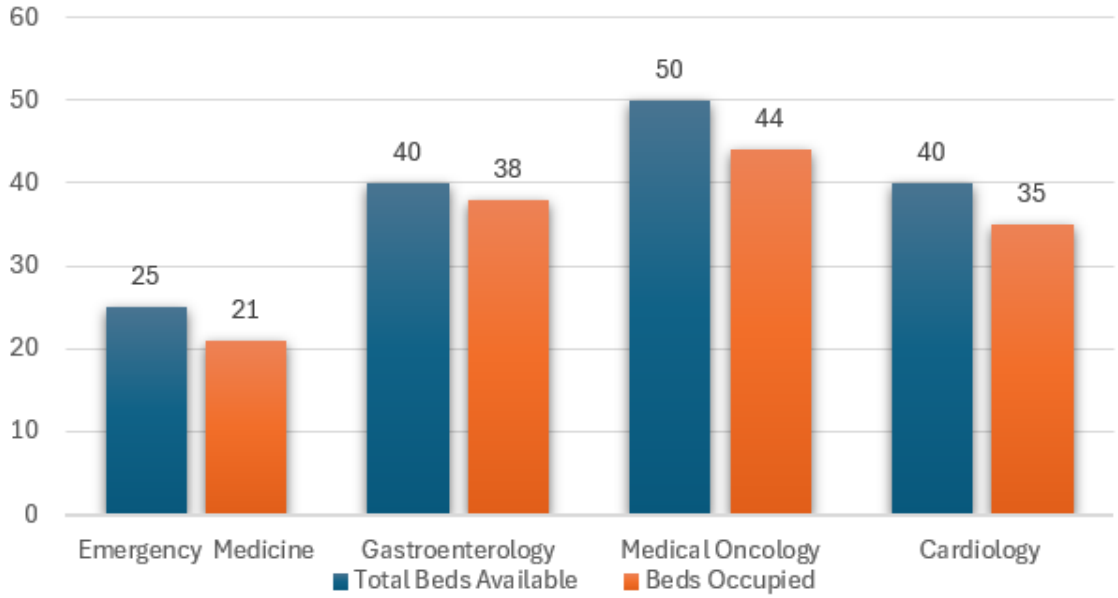
Signature of the Student



BED OCCUPANCY STATUS

(According to the data collected over 4 weeks)

Department	Total Beds Available	Beds Occupied
Emergency Medicine	25	21
Gastroenterology	40	38
Medical Oncology	50	44
Cardiology	40	35



EVALUATION OF GAPS IN INTER-DEPARTMENTAL COORDINATION AFFECTING BED TURNOVER

Area	Observed Gap	Impact
Communication between discharge & housekeeping staff	Delay in notifying housekeeping after discharge	Increased bed block time
Nursing to admission desk	Discharge not reported in real time.	Delay in assigning next patient
Lack of real time updates in HIS	HIS not updated quickly after discharge	System shows incorrect bed status
Emergency to IPD transfer	Delay in coordinating available beds for emergency transfers.	Patient wait time increased.

Redesigned Dashboard for Bed Management

I have redesigned the dashboard for bed management in order to ensure clarity, systematization & ease of navigation for healthcare staff using the Health Information System (HIS) at FMRI. This redesigned bed management dashboard ensures better visualization & systematic monitoring of bed status. With easy to identify colour codes linked to each stage of patient discharge & occupancy process, it will enhance visual communication, enabling staff to quickly understand the real-time status of beds & take necessary action accordingly.

Colour Codes	Meaning
Red	Discharge Intimation (patient planned for discharge)
Orange	Pharmacy clearance (waiting for medication clearance)
Blue	System Discharge (formal discharge done in HIS)
Yellow	Room Vacant & Unclean (needs housekeeping attention)
White	Room available (clean and ready for new patient)
Violet	Room allotted (bed manager has assigned this room)
Green	Room occupied by patient
Black	Room Blocked on Request (for procedure, VIP, maintenance etc)

I have also conducted a Time Motion Study (TMS) by taking a sample of two different patients to understand and monitor the time taken for each stage from admission to discharge process.

Sl No.	Stages	Time taken (in mins) for Patient 1	Time taken (in mins) for Patient 2
1	Arrival of patient in the Emergency Department	0	0
2	Initial Assessment	18	20
3	Registration & HIS entry	15	22
4	Bed Allocation Process	35	40
5	Transfer to Ward/Room	15	20
6	Initial Doctor Rounds	24	30
7	Investigations	90	120
8	Treatment Phase (Observation Period)	240	360
9	Doctor's Discharge Decision Period	--	--
10	Discharge Summary Preparation	120	180
11	Final Billing & Clearance	60	75
12	Final Discharge	30	45
13	Total Time taken from Admission → Discharge process	647 mins	912 mins

Key Findings –

- Preparation of Discharge Summary took a lot of time (120-180 mins) which causes in delay of new patient admission.
- Delayed in Bed allocation occurred due to slow coordination between emergency department (Nursing ,admission staff and ward staff) and Bed manager.
- Patient Registration and data entry in HIS system of surgical patient (Patient 2) took more time.
- Investigation of different tests and procedures also took longer time for both patients.