SUMMER INTERNSHIP PROGRAM

at

Max Smart SuperSpeciality Hospital, Saket

From 15 May 2024 to 21 May

A REPORT BY

Dr. Pratibha Boora

Master of Business Administration

Health and Hospital Management

Roll no: 2032

2024-26

under the Mentorship of

Dr. Arindam Das

IIHMR UNIVERSITY

Annexure A

Completion Certification from the Organization

CERTIFICATE

This is to certify that Dr./Mr./ ~~Ms.~~ PRATIBHA BORA of 2024-26 (batch) of Operations (MaxSmart) (Name of the department/institute) has worked with our organization for his/her summer internship from 15 May, 2025 to 21 July, 2025 (date). The overall performance shown by him/her during the period was excellent/good/average. This certificate is being issued to meet the requirements of the IIHMR University.

Date: 21/7/25

(Signature of organization Mentor)

Name: Dr. Nutan Panda

Designation: AGM - Hospital Administration

Seal/Stamp of the Organization

IIHMR UNIVERSITY

IIHMR University Faculty Mentor Approval

This is to certify that **Dr Pratibha Boora** 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: 31/07/2025

Arindam Das

Dr. Arindam Das

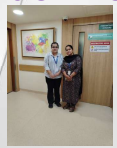
Professor

1, Prabhu Dayal Marg, Near Sanganer Airport, Jaipur- 302029, Rajasthan, India.
Ph.: 0141- 3924700, 2791431- 32, Fax: 0141 3924738, E-mail: iihmr@iihmr.edu.in, Web.: www.iihmr.edu.in

PROJECT ON OP TO IP CONVERSION PROCESS EVALUATION IN HOSPITAL

Presented by – Dr. Pratibha Boora
Batch - 2024-2026 (MBA Hospital and Health)
University mentor – Dr. Arindam Das (Professor)

Guided by:
Dr. Nutan Panda (Organization mentor)



Brief history and description about organization

Prior to being purchased by Max Healthcare in 2015, Saket City Hospital was the name of the 250+ bed tertiary care facility in South Delhi known as Max Smart Super Speciality Hospital, Saket. It provides cutting-edge care in cardiology, neurology, oncology, nephrology, and orthopaedics and is now a digitally enabled facility. It incorporates EMR, smart intensive care units, and tele-ICU systems and is well-known for renal transplants, intricate surgeries, and minimally invasive procedures. Accredited by NABH and NABL, and empanelled under TPAs, EWS, and CGHS. Offering ethical, patient-centered, and technologically advanced healthcare throughout North India, services include clinical research, DNB training, and international patient care.

Organization Vision and Mission

Vision: To put patients at the center of everything organization do by fusing cutting-edge technology, compassionate care, and medical excellence to make high-quality healthcare accessible.

Mission: The mission is to provide safe, moral, and excellent medical care to all patients using skilled personnel and cutting-edge medical procedures while treating each one with kindness and respect.

Organization structure

- Unit Head
- Head HR
- Head Finance
- Head Quality
- Head Sales and Marketing → Senior Executive Team
- Head Operations
- Medical Superintendent
- Patient Experience

Challenges faced during internship

Process Discrepancies: Seeing notable irregularities in the exchange of information and patient flow, especially at crucial transition points such as the estimation desk.

Limitations on Information Access: Handling data collection while making sure that patient privacy and hospital system restrictions are strictly followed.

Learning during an internship

Optimizing Hospital Operations: Acquired vital knowledge on how to simplify intricate processes and boost productivity in a highly specialized hospital environment.

Improving Patient Experience: Recognized how smooth communication and navigation directly affect patient satisfaction and important decision-making processes.

SWOT Analysis

Strength
- Reputable hospital; strong clinical foundation.
- Existing energy-efficient infrastructure (LEDs, HVAC upgrades, water reuse, backup

Weakness
- Inconsistent patient navigation; estimation delays.
- High energy use; no real-time monitoring; lack of smart sensors/solar.

Opportunities
- Leverage digital adoption for efficiency & revenue.
- Implement smart tech & renewables for sustainability.

Threats
- Patient defection; financial concerns/trust erosion.
- Rising energy costs; environmental impact.

Practical exposure VS Theoretical understanding

- Practical exposure focuses on applying management principles directly within a healthcare facility's operations, while academic knowledge establishes the foundational concepts.
- Direct engagement cultivates immediate problem-solving, real-time decision-making, and effective communication in a dynamic clinical setting, whereas Theoretical learning broadens understanding and refines analytical capabilities.

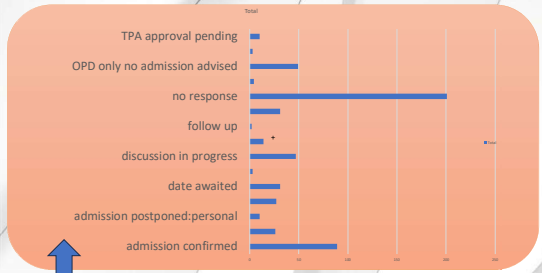
Usefulness of internship

- Hospital industry exposure
- Networking with hospital industry members
- Opportunity to improve communication skills
- Learned about healthcare settings

ABOUT THE PROJECT

Objective

- **The study aims to analyse the current OP to IP conversion and recommend improvements. Objectives include tracking patient journeys, identifying barriers, evaluating estimation services, and understanding non-admission reasons.**



Discussion

- **Key inefficiencies (estimation delays, navigation/infrastructure gaps, communication/counselling deficiencies) negatively impact patient trust and conversion rates.**

Methodology

This descriptive study at Max Smart Super Specialty Hospital used both qualitative and quantitative methods.

Quantitative Methods

•**OPD Observations:** 70 observations recorded on patient movement to the estimation desk.

•**Retrospective Calling:** 547 calls tracked patients from OPD for admission advice, estimation receipt, and conversion reasons.

Qualitative Methods

•**OPD Observations (Logged Issues):** Detailed patient and coordinator interactions at the estimation desk.

•**Estimation Desk Observation:** Identified issues like delays, unclear communication, and weak OPD coordination at IP admission and Gynae/Obstetrics estimation desks.

•**Feedback Calls:** Conducted with admission-advised patients to understand non-conversion reasons.

Key observations include:

•**"No response"** is the most frequent outcome, indicating a significant communication gap.

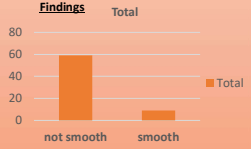
•**"Admission confirmed"** represents a substantial portion of successful conversions.

•Other categories like "OPD only no admission advised," "discussion in progress," "date awaited," "follow up," and "TPA approval pending" highlight retrospective calling Data analysis..

Conclusion

- **Operational inefficiencies and communication gaps are primary contributors to sub-optimal OP to IPD conversion.**

Findings



Samples: ~70 patients.

•**"Smooth" Process:** 59 patients had a smooth journey to the estimation desk.

•**"Not Smooth" Process:** 9 patients experienced difficulties.

•**Key Reasons for Difficulty:** Patients often went alone, lacked proper counseling, or required additional coordinator/doctor contact for procedure details/codes.

Results

Observations revealed significant challenges in patient navigation, estimation desk processes, and communication

Issue	Frequency
Navigation	High
Estimation Delay	High
Communication	Moderate

Challenge	Impact
Delayed Estimates	High
Poor Coordination	Moderate
Counseling Gaps	High

Status	Percentage
Converted	50%
Planning	20%
Dropped	30%

Recommendations:

Category	Recommendation
Infrastructure & Navigation	Clear signage; escort services for patient guidance.
Process Standardization & Timeliness	Standardized estimation procedures with defined timelines.
Dedicated Follow-up Mechanisms	Establish a team for timely patient follow-ups.
Staff Training & Communication	Regular training on empathetic communication and patient engagement.
Workflow Enhancements	Clear OPD advice, guided navigation, prompt estimates, immediate follow-up, smooth admission confirmation.

Reporting Format (Weekly)

Name of the Organisation: Max smart super speciality Hospital, saket

Area/ Department/ Project of Summer Internship Program: Operations Department

Name of the Student: Dr. Pratibha Boora

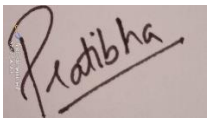
Roll no: 2032 **Stream: Health and Hospital Management**

Week no: 1 **From: …15 May 2025……to……..25 July 2025……..**

Activity Done	Observed patient flow and processes in B Block OPD (including NHA/CGHS billing and international patient services), identifying challenges in manpower and efficiency. Gained initial exposure to patient tracking software and safety protocols. Also observed A Block departments (Orthopaedics, Cardiology, etc.), noting layout and diverse services like Bronchoscopy and Audiometry.
Linking theory (Classroom learning) with practice at your organisation	Observed OPD patient flow (operations management), billing/referrals (resource allocation), international patient services (global healthcare), quality standards, and HIVS software (health information systems).
Gaps identified on the working area.	Staffing issues in OPD and Lounge. * OPD token shortage. * Inefficient Lounge front desk. * No structured feedback
Suggestions for improvement	Optimize manpower, enhance token system, review front office processes, implement feedback mechanisms.
Plan for the next week	Deep dive into specific OPD departments, engage with staff, study existing protocols, explore technology utilization.

Dr.Pratibha Boora

Signature of the Student



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Reporting Format (Weekly)

Name of the Organisation:Max smart super speciality Hospital, saket

Area/ Department/ Project of Summer Internship Program: Operations Department

Name of the Student: Dr Pratibha Boora

Roll no: 2032 **Stream: Health and Hospital management**

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

Activity Done	Explored key hospital functions such as marketing, admissions, insurance, F&B, housekeeping, and biomedical systems. I also assisted in discharge processes, radiology, credit operations, and Salesforce-based patient coordination and follow-up.
Linking theory (Classroom learning) with practice at your organisation	Links with Operations Management, Healthcare Systems, and Patient-Centered Care theories by applying hospital workflow optimization, interdepartmental coordination, and patient engagement concepts. It also connects with Health Information Systems theory through hands-on use of digital tools like Salesforce and PACS.
Gaps identified on the working area.	Gaps included space and workflow inefficiencies, communication lapses, billing transparency issues, limited digital integration, and the need for enhanced staff training and patient support.
Suggestions for improvement	improvements include enhancing patient navigation, discharge coordination, CRM follow-ups, digital tracking systems, and interdepartmental workflow efficiency.
Plan for the next week	Plan to deepen involvement in discharge coordination, Salesforce follow-ups, credit operations, and interdepartmental workflows while enhancing documentation and patient feedback processes.

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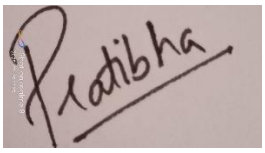

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Reporting Format (Weekly)

Name of the Organisation: Max smart superspeciality Hospital, saket, New Delhi

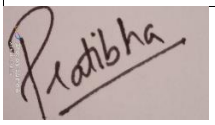
Area/ Department/ Project of Summer Internship Program: operations department

Name of the Student: Dr. Pratibha Boora

Roll no: 2032 Stream: MBA (Health and Hospital)

Week no 3: From:……26 May 2025……to……31 May 2025……..

Activity Done	observed key operations and protocols across OT, ICU, NICU, and PICU departments. The focus was on infection control, patient safety, equipment handling, documentation, interdepartmental coordination, and quality care practices.Supported the Salesforce Conversion Project by managing patient outreach, consent documentation, financial verification, surgery scheduling, and data entry in HAI software.
Linking theory (Classroom learning) with practice at your organisation	concepts like quality assurance, infection control, patient safety, and interdepartmental coordination are practically implemented across OT, ICU, NICU, and PICU operations. This hands-on exposure reinforced classroom learning on healthcare operations, resource optimization, and patient-centered care management.Applied theoretical concepts of hospital operations through patient outreach, consent tracking, financial verification, scheduling, and data management.
Gaps identified on the working area.	in digital inventory management and real-time equipment tracking, leading to manual delays. Additionally, interdepartmental coordination and staff punctuality could be strengthened to enhance OT efficiency and ICU communication flow.inefficient patient communication tracking, delayed financial updates, and poor integration of clinical scheduling with hospital software.
Suggestions for improvement	strengthening digital integration across departments for real-time coordination and automating inventory and documentation processes to enhance efficiency, reduce manual errors, and ensure timely patient care delivery.implementing automated patient consent tracking and real-time surgery scheduling integration in HAI software to enhance workflow efficiency.
Plan for the next week	plan to analyze the operational workflows and efficiency metrics of critical care units (OT, ICU, NICU, PICU) and propose practical suggestions for quality improvement. I will also work on aligning these insights with hospital management strategies and patient safety standards.Learn Salesforce project, contact patients for consent, verify estimates, schedule surgeries, and update HAI records.



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Reporting Format (Weekly)

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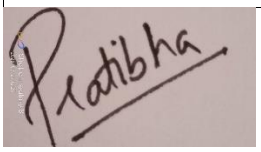
Area/ Department/ Project of Summer Internship Program: Operations Department

Name of the Student: Dr. Pratibha Boora

Roll no: 2032 Stream: MBA (Health and Hospital Management)

Week no: 4 From:…2 Jun ,2025……to……7 Jun, 2025……..

Activity Done	Conducted follow-up calls with patients advised admission/surgery across multiple departments (Oncology, Orthopedics, ENT, etc.) to confirm if estimation was received. Recorded responses in Excel for Salesforce project. Additionally, observed OPD Block A to assess whether patients advised admission visited the estimation desk, received guidance, and whether they intended to continue treatment at Hospital.
Linking theory (Classroom learning) with practice at your organisation	Applied concepts from hospital operations, CRM, patient flow, and service quality to real-time hospital processes and data capture
Gaps identified on the working area.	Lack of consistent patient guidance to estimation desk Poor follow-up mechanism for patients not availing services Limited patient awareness about estimation process
Suggestions for improvement	Deploy staff/volunteers to assist patients to estimation desk Improve signage and communication regarding the estimation process Implement structured follow-up for patients exiting without estimation
Plan for the next week	Continue data collection and patient follow-up, analyze drop-off patterns, and suggest process improvements for OPD-to-estimation workflow.



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Reporting Format (Weekly)

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Area/ Department/ Project of Summer Internship Program: Operations Department

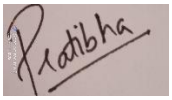
Name of the Student: Dr. Pratibha Boora

Roll no: 2032 **Stream: MBA (Health and Hospital Management)**

Week no: 5 **From:……9 Jun 2025……to……14 Jun 2025……..**

Activity Done	• Observed OPDs (A, B, C, D, Mother & Child). Tracked patient journey (admission advised to estimation). Identified loopholes: estimation desk accessibility, patient counseling completeness, satisfaction with estimates. • Called retrospective data list. Confirmed estimation/admission advice. Noted surgery plans or reasons for non-conversion. • Overall Goal: Identify and address issues in OPD to IP conversion.
Linking theory (Classroom learning) with practice at your organisation	• Operations Mgt.: Patient flow analysis, process improvement. • Patient Experience: Understanding counseling & satisfaction impact. • Data Analytics: Using retrospective data for insights. • Revenue Cycle Mgt.: Understanding conversion's role
Gaps identified on the working area.	• Poor signage to estimation desk. • Inconsistent estimation counseling. • Patients leaving without estimation. • Lack of robust follow-up on advised admissions.
Suggestions for improvement	• Clear signage/maps. • Standardized counseling script. • Enhanced estimation tracking system. • Proactive patient follow-up.
Plan for the next week	• Continue OPD observations (focus specific areas). • Target 'X' retrospective calls. • Start qualitative analysis of non-conversion reasons. • Prepare preliminary loophole report.

Signature of the Student



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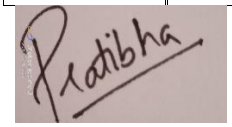
Area/ Department/ Project of Summer Internship Program: Operations Department

Name of the Student: Dr. Pratibha Boora

Roll no: 2032 **Stream: MBA Health and Hospital Management**

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

Activity Done	Primary activity involved observing the patient journey within various Outpatient Departments (OPDs) – specifically OPD A, B, C, D, and the Mother and Child OPD. I meticulously tracked patients from their initial consultation with the doctor to the point where they were advised admission and proceeded to the estimation desk. The objective was to identify any bottlenecks or inefficiencies in this pre-admission process.
Linking theory (Classroom learning) with practice at your organisation	primary activity involved observing the patient journey within various Outpatient Departments (OPDs) – specifically OPD A, B, C, D, and the Mother and Child OPD. I meticulously tracked patients from their initial consultation with the doctor to the point where they were advised admission and proceeded to the estimation desk. The objective was to identify any bottlenecks or inefficiencies in this pre-admission process.
Gaps identified on the working area.	1. Patient Guidance: Some patients appeared uncertain about the next steps after being advised admission, indicating a potential need for clearer signage or dedicated staff to guide them to the estimation desk. 2. Estimation Desk Wait Times: Depending on the time of day, there were observable wait times at the estimation desk, which could potentially impact patient experience and decision-making regarding admission. 3.. Initial Counselling Clarity While observing, it seemed that the initial counselling at the estimation desk, particularly regarding potential cost variations, could be further streamlined for complete patient understanding. This is an area I will delve deeper into in the coming weeks.
Suggestions for improvement	1. Clearer Signage and Patient Guides: Enhance wayfinding signage to the estimation desk and consider the possibility of a patient greeter or a quick explainer at the OPD exit for those advised admission. 2. Queue Management System: Explore the implementation of a queue management system at the estimation desk to reduce perceived wait times and improve patient flow. 3. Standardized Communication Protocols: Develop and implement standardized communication protocols for the estimation desk to ensure all potential variations in cost are clearly and consistently conveyed to patients.
Plan for the next week	1. Information Clarity Assessment: Assessing the clarity and completeness of information provided to patients regarding estimation, potential variations in cost (due to extra stay, medicines, new doctor involvement in OT, etc.). 2. Identifying Patient Queries: Documenting common questions and concerns raised by patients at the estimation desk to understand their information needs. 3. Preparation for Retrospective Calling: Begin preparing the methodology and data collection tools for the third part of the project, which involves retrospective calling to patients.



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Reporting Format (Weekly)

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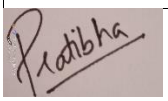
Area/ Department/ Project of Summer Internship Program: Operation department

Name of the Student: Dr. Pratibha Boora

Roll no: 2032 **Stream: MBA (Health and Hospital Management)**

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

Activity Done	* Conducted OPD observations (A,B,C,D, M&C), tracking ~60 patients from consultation to estimation desk for surgery advice. * Observed IP Admission and Gynae & Obs estimation desks, noting process differences and traffic. * Performed ~650 retrospective calls (e-Rx, estimation patients) to track admission advice, estimation receipt, and surgery plans. * Identified overall process loopholes in OP to IP conversion.
Linking theory (Classroom learning) with practice at your organisation	* Applied patient flow analysis and process improvement concepts to real-world OP to IP conversion challenges.
Gaps identified on the working area.	*Patient navigation issues from OPD to estimation desk (surgery advised). * Inconsistent processes and counseling at estimation desks. * Lack of structured post-consultation follow-up for advised admissions/surgeries.
Suggestions for improvement	*Implement clear patient guidance (signage/navigators). * Standardize estimation desk processes and counseling. * Develop robust patient follow-up and feedback mechanisms.
Plan for the next week	*Begin detailed quantitative data analysis. * Draft preliminary report on findings and initial recommendations.



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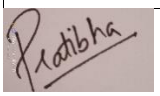
Area/ Department/ Project of Summer Internship Program: Operation department

Name of the Student: Dr. Pratibha Boora

Roll no: 2032 Stream: MBA (Health and Hospital Management)

Week no: 8 From:…30 Jun 2025……to……5 Jul 2025……..

Activity Done	* Conducted OPD observations (A,B,C,D, M&C), tracking ~70 patients from consultation to estimation desk for surgery advice. * Observed IP Admission and Gynae & Obs estimation desks, noting process differences and traffic. * Performed ~800 retrospective calls (e-Rx, estimation patients) to track admission advice, estimation receipt, and surgery plans. * Identified overall process loopholes in OP to IP conversion.
Linking theory (Classroom learning) with practice at your organisation	* Applied patient flow analysis and process improvement concepts to real-world OP to IP conversion challenges.
Gaps identified on the working area.	*Patient navigation issues from OPD to estimation desk (surgery advised). * Inconsistent processes and counseling at estimation desks. * Lack of structured post-consultation follow-up for advised admissions/surgeries.
Suggestions for improvement	*Implement clear patient guidance (signage/navigators). * Standardize estimation desk processes and counseling. * Develop robust patient follow-up and feedback mechanisms.
Plan for the next week	*Begin detailed quantitative data analysis. * Draft preliminary report on findings and initial recommendations.



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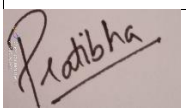
Area/ Department/ Project of Summer Internship Program: Operations Department

Name of the Student: Dr. Pratibha Boora

Roll no: 2032 Stream: MBA (Health and Hospital Management)

Week no: 9 From:…7 Jul 2025……to…12 Jul 2025……..

Activity Done	Studied Green Building Guidelines specific to hospital setups, focusing on energy and water efficiency. Designed a detailed Checklist as per Green Building .Collaborated with the Engineering Department to understand existing energy and water efficiency practices in the hospital. Conducted physical inspections of water leakages in washrooms, taps, kitchen, and other water supply areas. Collected data including location, room numbers, and photographs. Assessed unnecessary electricity usage across departments, noted locations, and captured photographic evidence with time and place.
Linking theory (Classroom learning) with practice at your organisation	Applied classroom knowledge of energy audits, sustainability in healthcare, and hospital operations to identify energy and water inefficiencies. Connected concepts of Green Building Certification (IGBC) and Facility Management to real-time observations in the hospital setting.
Gaps identified on the working area.	Presence of multiple water leakages in different locations (taps, washrooms, pantry, etc.). Unnecessary electricity usage during daylight hours where natural light was sufficient.Lack of display instructions for staff on conserving water and switching off lights when not in use.Absence of a systematic monitoring checklist for routine checks on energy and water efficiency.
Suggestions for improvement	Immediate repair of water leakages identified with clear documentation. Installation of stickers or signages for energy saving reminders (switch off lights, taps, etc.).Utilize daylight effectively in corridors to reduce electricity consumption. Develop a monthly monitoring checklist for continuous assessment of water and energy usage.
Plan for the next week	Prepare photographic documentation for each observation point.Analyze collected data to present areas of wastage in a structured format.Draft a final checklist aligned with IGBC Green Building for hospital use.Discuss initial findings with the Engineering Department and suggest corrections.



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Area/ Department/ Project of Summer Internship Program: Operations Department

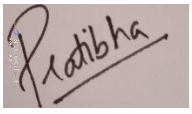
Name of the Student: Dr. Pratibha Boora

Roll no: 2032 **Stream: MBA Health and Hospital Management**

Week no: 10. From:……14 Jul 2025……to……19 July 2025……..

Activity Done	Studied Green Building features and requirements for energy and water conservation in hospitals. Prepared a checklist for Green Building features. Checked for water leakage in taps, washrooms, kitchens, and other water supply points.Identified issues in washrooms like leakage from taps, flush tanks, exhaust fans, etc. Collected data with location/room numbers where rectification is needed. Checked electricity wastage in unnecessary areas through evening rounds. Documented all observations with photos, time, and location details.
Linking theory (Classroom learning) with practice at your organisation	Applied concepts of energy efficiency, water management, facility management, hospital operations, and sustainability in healthcare as learned in class to real-time hospital infrastructure and Green Building assessment.
Gaps identified on the working area.	Water leakages in washrooms, taps, and other supply areas. Unnecessary electricity usage after office hours in corridors and non-operational areas. No proper monitoring checklist in place for regular checks. Exhaust fans running unnecessarily in washrooms.
Suggestions for improvement	Immediate rectification of identified leakage points. Install awareness signage for water and energy saving. Optimize electricity usage during low activity hours. Create a routine monitoring checklist for housekeeping and engineering teams.
Plan for the next week	N.A. (As it is last week of Internship)

Signature of the Student



Approved by the IIHMR University's Mentor

On the last day of every week Saturday -) report in the above format should be submitted to the faculty mentor. Submission of total 10 reports in 10 weeks is compulsory. Each report should not be more than 2 pages.

Compiled Reporting Format

Name of the Organization: Max Smart Superspeciality Hospital, Saket, New Delhi

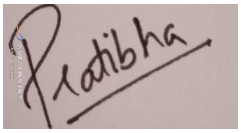
Area/ Department/ Project of Summer Internship Program:

Operations Department

Name of the Student: Dr. Pratibha Boora

Roll no: 2032 Stream: MBA Health and Hospital Management

Activity Done	Project 1 (OP to IP): Tracked 70+ OPD to IP patient journeys, conducted 547 feedback calls, observed navigation/counselling gaps. Project 2 (Energy): Assessed hospital energy profile via on-site observations (IGBC checklist), water leakage data, electricity pattern analysis (HVAC 30-40%), and efficiency measure review.
Linking theory (Classroom learning) with practice at your organization	Applied classroom management principles to real-world healthcare operations, enhancing problem-solving, decision-making, and communication skills. Bridged theoretical understanding with practical execution.
Gaps were identified in the working area.	Project 1 (OP to IP): Noted significant estimation delays, patient navigation issues, poor communication/counselling, process discrepancies, and information access limits. Project 2 (Energy): Identified high energy use (HVAC), no real-time monitoring, lighting wastage (lack of automation), recurring water leakages, missed renewable energy chances, and weak audit followthrough.
Suggestions for improvement	Project 1 (OP to IP): Implement better signage/escorts, standardize estimation, establish patient follow-up, improve staff communication training, and streamline admission. Project 2 (Energy): Install real-time monitoring, add motion/daylight sensors, fix water leakages, boost awareness, explore solar PV, and strengthen audit implementation.
Key Learnings	Gained insights into process optimization, patientcentricity, and professional communication. Understood sustainability in hospitals and the importance of datadriven decision-making.



Signature of the Student

Approved by the IIHMR University's Mentor

Report should be maximum of 10-12 pages excluding the weekly reports and poster.