SUMMER INTERNSHIP PROGRAM

at

Max Smart Super Speciality Hospital Delhi

From: 12/05/2025 to 21/07/2025

A REPORT BY

Pragati Patidar

Master of Business Administration

(Hospital and Health Management

Roll no. -2027

2024-26

Under the Mentorship of

Dr. Vinod Kumar SV

Professor

IIHMR UNIVERSITY

Certificate No – 2025/20553

CERTIFICATE
OF ACHIEVEMENT

MAX Healthcare

Max Institute of Medical Education

Certifies that

Pragati Patidar

has completed Internship in the department of

Hospital Operation

at Max Smart Super Speciality Hospital, Saket, New Delhi

from 12th May 2025 to 21st 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 **Ms. Pragati Patidar** academic year 2024-26 of **Institute of Health Management Research, IIHMR University, Jaipur** 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: 29/07/2025

Dr. Vinod Kumar SV

Professor

IIHMR University, Jaipur

Study on IP Admission Process (Time Motion Study)
Max Smart Super Speciality Hospital ,Delhi

Presented by – Pragati Patidar ,MBA-HM 29
Roll No. 2027

University Mentor:
Dr. Vinod Kumar SV

Organization Mentor
Dr. Nutan Panda

Objectives:

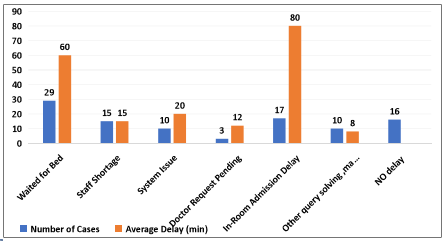
"To study , document and measure the time taken at each step involved in the inpatient admission process,from patient arrival at the front desk to bed allotment in the IPD."

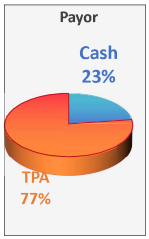
Methodology

Study Area : IP Admission Department
Type of Study:Observational
Sample Size:100 Patients
Tools used:Excel for analysis

Hospital Overview

Max Healthcare Institute Limited,based in delhi ,operates 19 hospitals with 4,000 +beds across North India. It includes Divisions like Max lab for pathology and Max@Home for home medical services.Max Smart Super Speciality Hospital in Saket, a 250 -bed facility,offers advanced care in Cardiac Sciences,Orthopaedics,Urology,Neurology,Paediatrics, Obstetrics, and Gynaecology, Mr. Abhay Soi is Chairman and Managing Director.



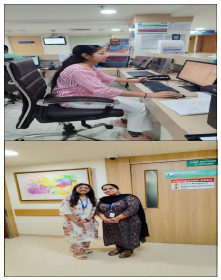


Vision

Vision : To be the most regarded healthcare provider in India committed to the highest standards of clinical excellence and patient care, supported by latest technology and cutting-edge research.

Mission :To Serve With commitment and compassion in our heart, we deliver the highest standard of patient-centered care to those we serve.

To Excel From a dream team of doctors and specialists to support staff that goes the extra mile to deliver quality care.



Challenges Faced

- Busy periods made it difficult for staff to engage in discussions or interviews.
- Missing or incomplete patient files delayed data verification and made it hard to track accurate admission time steps.
- Limited time available to cover all admission shifts, especially night and in room admission.
- Analysis of Data.

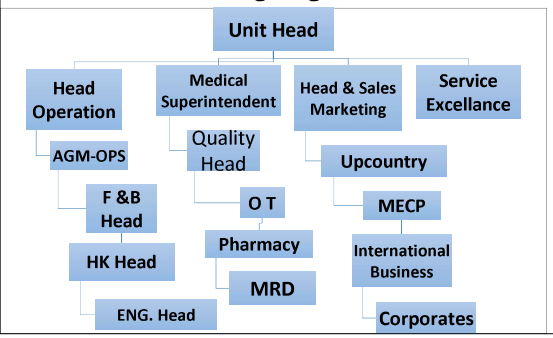
Suggestions

- There should be proper display of signages, which should be easily visible from distance, helps patient to reach their destination without any assistance.
- Interdepartmental Coordination: Ensure coordination among all hospital departments.
- The wait due to housekeeping can be reduced if there is proper monitoring and simultaneously updating the system about the clearance.
- There should be display of admission formalities.
- The financial counselling should be done in keep and calm place for better two-way communication between care provider and seeker.
- There should be an enquiry counter for patients other than who seek admissions and thus reduces the load from the IPD counter.

Learning During Internship

During my Hospital Internship, In IP Admission, I improved Admission Process Turnaround Time (TAT), managed patient flow, and reviewed important documents. In the In-Patient Department (IPD), I conducted ward rounds, collected patient feedback, audited files, and used hospital software for discharges. Additionally, I learned about medical records and observed CSSD,F&B department workflow and improved department operations, enriching my understanding of healthcare operations and skills in patient care coordination.

Organogram



SWOT Analysis

STRENGTH	WEAKNESS
Well-trained and polite front-desk staff Clearly defined admission process and SOPs forms Integration with Electronic Medical Records (EMR)24x7 admission facility	Long waiting time during peak hours Incomplete or manual documentation in some cases Limited coordination with nursing/floor staff Insufficient patient guidance for required documents
OPPORTUNITY	**THREAT**
Implementing digital kiosks or self-check-in systems Staff training in communication and multilingual support Integration of WhatsApp/SMS-based pre-admission	Patient dissatisfaction due to delays or confusion. Data entry errors leading to medico-legal issues. High staff turnover affecting continuity

THEORETICAL VS PRACTICAL KNOWLEDGE

Studying theory provided a foundational understanding of health service organization. Practical experience demonstrated how these concepts apply in real-world scenarios. By integrating theory with hands-on learning, I've developed the skills to deliver effective health services and achieve successful outcomes.

Weekly Report – 1

Name of the Organization: Max Super Smart Speciality Hospital, Delhi

Department of Summer Internship Program: Operation Department

Name of the Student: Pragati Patidar

Roll no :2027 **Stream:** MBA-Hm

Week no: 1 **From: 12th May to 17th May**

Activity Done	• Orientation of entire hospital floors.
	• Observation and basic overview were noted of following departments of hospital: -
	  • Medical record department
	  • Store
	  • Biomedical engineering
	  • CSSD
	  • Security
	  • OPD: - D Block (Urology and Nephrology),C block and mother and child OPD.
	  • Call center
	  • Human resources
	  • Front desk
	• Learned about purposes, hierarchy structure, workflow, software used, equipment handling, Sterilization and billing practices of above-mentioned departments.
	• Guided patients for their doctor consultation. Observed the Billing process using token system, referral link using CGHS and Delhi Govt. card.

Linking theory (Classroom learning) with practice at your organization	• Concept of: - Workflow Optimization
	  ○ Patient flow management
	  ○ CSSD sterilization methods and indicator
	  ○ Healthcare technology – HMIS systems
	  ○ HR requirement process
	  ○ Biomedical equipment maintenance
	  ○ Code violet announcement – Violent in IP- admission department of hospital seen and security team members present there within minutes.

Gaps identified on the working area.	• Only two Billing counters in OPD • No help desks in mother and child • OPD No feedback system. • Slot management problem • Some Patients felt difficulty in online booking for an appointment. sometime calls are waiting. • Toilets should be more hygienic. • No adequate space for seating of patients and their relatives in C block OPD.
Suggestions for improvement	• Increase billing counters in all OPD One help desks should be there in OPD. • Introducing feedback system. • Training of soft skills to front desk staff. • Improve hygiene standards. • Expand more seating arrangement in OPD.
Plan for the next week	• Explore to other departments of hospital and Their role and responsibilities in operation management.

Signature of the Student

Pragati Patidar

Weekly Report -2

Name of the Organization: -Max Smart Super Speciality Hospital, Delhi

Department of Summer Internship Program: -Operations Department

Name of the Student: -Pragati Patidar

Roll no: -2027 **Stream: -** MBA-HM

Week no: 2 **From: -**19th May to 24th MAY

Activity Done	• Understood the basic functioning and noted overview of following departments: - o Food and Beverages: -Ensuring and saw delivering hygienic, medically appropriate and timely meals daily to patients and staff. o Linen and Laundry /housekeeping: - Visited and observed department laundry process for soiled and used clothes, collected in marked hampers (by area) sent to laundry and collected then sent for washing. o Marketing: - Interacted Internal Branding team and understood External marketing –ATL/BTL.Understood the hospital brand positionings and promotional efforts for service awareness. o Radiology: -Observed TAT, Wearing TLD badges seen, observed room design, shielding for radiation safety, warning signages for restricted areas. o Sales: -understood sales channels, PA, Insurances, corporate client channel.
Linking theory (Classroom learning) with practice at your organization	• Concept of workflow design and Resource utilization. • Quality assurance –NABH standards in Radiology and Housekeeping department. • Marketing management, ATL/BTL Promotion and patient targeting. • Sales and business development by client's acquisition, Referrals, medical tourism, partnership with international Doctors and corporate healthcare marketings-Collaborates

	with govt. institution. • Revenue and Financial management
Gaps identified on the working area.	• Patient feedback on meals is not collected in a timely manner. • After use, most doctors don't properly tie the gowns and dispose of them same. • Sometime name tags are missing or have incorrect spellings, causing confusion in identifying staff names. • In the radiology department, DEXA room exists but does not have a functioning machine. Signage is unclear, no help desk available.
Suggestions for improvement	• Implement feedback systems or digital forms to collect daily patients rating for F&B services. • Introduce strong tagging system to prevent losses in laundry and linen management. • Update signage in Radiology, implement queue management system to enhance patient experience. • Increase the CT, MRI Machines and ensure DEXA scan room equipped with a functioning machine. • Utilize advanced analytical for improved marketing and sales performance.
Plan for the next week	• Explore to other departments and will observe IPD admission process, floor rounds, and the management role of floor manager.

Signature of the Student

Pragati Patidar

Weekly Report-3

Name of the Organization: Max Smart Super Speciality Hospital**,** Delhi

Department of Summer Internship Program: Operations Department

Name of the Student: Pragati Patidar

Roll no: 2027 **Stream: MBA-HM**

Week no: 3 **From: 26th May to31st May**

Activity Done	• Observed the operational workflow and visited the various floors of hospital: - o I accompanied the Floor Manager, Housekeeping Manager, and Quality Manager on the floor round. During the round, we interacted with patients and their attendants to assess their satisfaction with hospital services. o Patient Feedback: Most of the feedback was positive, indicating that the services were well received. o Participated in the discharge planning process in the evening for the next morning and helped the floor manager in making the excel sheet, so that it can aid in creating timely bed vacancies o Distributed the pamphlets on discharge process and informed the patients and their attendants about the discharge process and timings etc. o Understood floors discharge process step by step in detail o Observed Daily Floors Manager Activities completely includes: - Discharge process, summary, coordination, patients round, feedback, report and audio, data collection
Linking theory (Classroom learning) with practice at your organization	• Discharge Planning Process, bed management and Patient Satisfaction surveys are directly observed in real hospital scenarios. • Healthcare Quality checked during floors rounds

	• Patient Feedback • Data management -Using excel sheets in application of hospital Health Information System. • Effective communication in healthcare settings with patients and teams to smooth run of hospital operation.
Gaps identified on the working area.	• It was observed that proper dusting is not being carried out daily. This indicates a failure in housekeeping standards and responsiveness to patient's needs, affecting service quality • Patient awareness: -Despite pamphlet distribution, some patients still lacked clarity about discharge process. • Communication gap and coordination were also delays in medication clearance.
Suggestions for improvement	• Standardized Feedback Collection too • Quick data analysis system • Interactive Patient Education Tools. • Inter departmental coordination between billing,pharmacy,nursing, and floor management. • Clear communication with clarity of information at all.
Plan for the next week	• Explore IP Admission department for observation and document the admission and Transfer processes. • Explore the billing workflow and understand TPA coordination • Suggest a few topics and finalize the Project after discussing them with my organization's mentor.

Signature of the Students

Pragati Patidar

Report Week 4

Name of the Organization: -Max Smart Super Speciality Hospital, Delhi

Department of Summer Internship Program: - Operations Department

Name of the Student: - Pragati Patidar

Roll no: -2027 **Stream: MBA-HM**

Week no: - 4 **From: 2nd June to 7th June**

Activity Done	Observed the operational workflow and visited IP admission and OT department: - • All the admissions, including TPA, cash, and corporate insurance, take place here. • The patient is provided with an estimation consisting of charges for the room, medicine, food, etc., before admission. At the TPA desk, the client submits documents for insurance approval. • At the Admission desk, the process starts after the admission is saved in the system. A face sheet is printed, which includes all the patient's basic information and is sent with the patient up to the ward. • Emergency OPD and Corporate Entrance – At the emergency entrance, emergency cases are handled, and admissions are done here through PSU panels. Ration cards are also accepted here for EWS patients. • The hospital has 13 OTs for different specialties, including a robotic surgery theater. Each operating room is equipped with HEPA filters to keep the air clean. C-arm machines are also in use. • Visited the OT and observed ongoing surgeries, including robotic surgery.
Linking theory (Classroom learning) with practice at your organization	• Hospital Information System (HIS): -Healthcare IT and digital health records. • Admission & Billing Workflow: Admission types (TPA, cash, insurance) and estimation processes taught in Health Finance & Operations were observed live in action. • OT management, emergency workflows, and sterile environment practices use of HEPA filters and C-Arm).

	• Patient-Centric Care: The categorization of patients based on EWS (ration card), PSU panels discussed in Health Systems & Policies. • Four zones of OT were there.
Gaps identified on the working area.	• Few patients seemed unclear about the documents required for insurance approval, indicating a need for better pre-admission counselling or signage. • Some delays were observed in the start times of surgeries because of equipment readiness. • Limited Seating in the IP Admission Department and there was no bed available for Pt.
Suggestions for improvement	• Digital Pre- Admission Module for patients to upload insurance documents and receive estimations in advance. • Use of multilingual signage, digital displays. • Enhance waiting area and seating in the TPA section to accommodate more attendants comfortably. • Develop a real-time OT dashboard to streamline scheduling, cleaning, and turnover time between surgeries.
Plan for the next week	• Explore ICUs • In- depth Study of Admission Process. • Work on my project Admission Process Optimization and time motion study, Sample collection.

Signature of the Student

Pragati Patidar

Weekly Report - 5

Name of the Organization: - Max Smart Super Speciality Hospital, Delhi

Department of Summer Internship Program: - Operations Department

Name of the Student: - Pragati Patidar

Roll no: -2027 **Stream**: MBA-HM

Week no: -5 **From:** 9th June to 14th June

Activity Done	Observed the operational workflow and working of ICUs at hospital and IP admission: - • The first step is triage followed by counselling patients and families to address their fears, emotions and financial concerns. • Max has a specific chart to record vitals, input-output, urine, motion, etc., hourly daily. • Patient Safety Measures are strictly followed. • ICU Care: Comfort care is provided after filling the comfort form. • Pain control, sedation, and palliative care are ensured • Diet and nutrition are strictly monitored • Patient flow: ICU → HDU → Ward / Direct Discharge • Monitoring KPIs like, Vitals: BP, HR, RR, SpO2, Temp, MAP, Glucose, Others: Urine output (hourly), fluid balance, ventilator, central line, drug infusion • Tracking quality Metrics: Infection/readmission rates, med errors, feedback. • Records: Notes, digital charts, CPR logs (DAM) • Best Practices are observed: - Oral care, bedsore prevention, early mobilization, DVT prevention (elevation, devices, meds), Antibiotic stewardship, Special care for elderly. • Additionally, I observed the IP admission process for my project, focusing on the flow from patient arrival to bed allotment

Linking theory (Classroom learning) with practice at your organization	• Patient flow management observed. • Practical exposure to Quality Indicators (KPIs)-infection control. • Hospital Safety Standards- safety practices such as bed sore prevention and early mobilization were consistently followed. • Admission Process Design- theoretical models involving triage, counselling, documentation, and bed allotment.
Gaps identified on the working area.	• Occasional delays in real-time entry of patient vitals and fluid balance in digital records. • Sometimes insufficient time is available for comprehensive counselling during peak hours. • Comfort form filling and comfort care protocols are followed but could benefit from more staff awareness and consistency. • At times, patient admission was delayed due to the high patient load and limited staff availability.
Suggestions for improvement	• Develop a quick counselling checklist for busy hours to ensure key emotional and financial aspects are still covered even in limited time. • Regular reminders and audits can help ensure early mobilization is consistently practiced across all eligible patients. • Additional staff during peak hours to reduce admission waiting time.
Plan for the next week	• Explore other ICUs at hospitals. • Expand data collection to include additional IP admissions, both cash and TPA, and different shifts. • Measure and document time taken at each step from patient arrival to bed allotment to identify bottlenecks. • Plan to interact with admission and ICU staff to understand their challenges and suggestions.

Signature of the Student

Pragati Patidar

Weekly Report - 6

Name of the organization: - Max Smart Super Speciality Hospital, Delhi

Department of Summer Internship Program: - Operations Department

Name of the Student: - Pragati Patidar

Roll no: -2027 **Stream:** MBA-HM

Week no: -6 **From:** 16th June to 21st June

Activity Done	Observed the operational workflow and working of NICU and PICU at Max hospital: - • Observed care provided in 12-bedded NICU including warmers maintaining 36.5°C. • Checked availability and setup of the crash cart, intubation trolley, dressing trolley, feeding room, isolation room which is under negative pressure. • Checked NICU store inventory – CSSD items, narcotics cupboard, breast pump machine. • Verified availability of vaccines: Polio, BCG, Hepatitis B (on demand). • Learned importance of Kangaroo Mother Care (KMC): helps maintain temperature, reduces hospital stay, treats Apnoea. • Observed premature baby care and complication management (respiratory distress, feed intolerance • Observed 10-bedded PICU for patients aged 1 month to 18 years. • Witnessed critical procedures: tracheostomy, bronchoscopy, blood transfusion. • Monitored nurse-to-patient ratios: 1:1 for ventilation, 3:1 for stable cases. • Participated in/observed regular audits for quality assurance. • Observed interdepartmental coordination via calls. • Reviewed CPRS system use for records and documentation. • Working on my project- Hospital IP admission process optimization by collecting data through observation and Pt. interaction.

Linking theory (Classroom learning) with practice at your organization	• Applied concepts of healthcare operations management to real-time ICU workflows. • Practiced process mapping and quality assurance techniques observed in the hospital setting. • Linked patient safety standards, equipment management, and documentation protocols with theoretical models discussed in class. • Practical exposure to clinical documentation systems (CPRS) emphasized the importance of digital records management taught in Digital Health modules. • Applied quality indicators and audit processes in a live hospital environment to understand their role in service improvement.
Gaps identified on the working area.	• Delay in real-time updating of records in the CPRS system by some staff. • Limited awareness among supporting staff regarding proper equipment arrangement and inventory management. • Sometime delays in interdepartmental coordination impact timely patient care. • Admission Process Bottlenecks: Identified unnecessary waiting time during IP admission due to manual steps and limited patient guidance.
Suggestions for improvement	• Staff Training and hands-on CPRS training to minimize documentation errors and delays. • Improve System Speed and Power Backup • Improve Departmental Coordination. • Implement pre-admission counseling and document pre-verification to save time on admission day.
Plan for the next week	• Continue detailed observation and complete the collection of sample data for 100 patients, including detailed time records for each step of the admission process.

Signature of the Student

Pragati Patidar

Weekly Report -7

Name of the Organization: - Max Smart Super Speciality Hospital, Delhi

Department of Summer Internship Program: - Operations Department

Name of the Student: - Pragati Patidar

Roll no: -2027 **Stream:** MBA-HM

Week no: -7 **From:** 23rd June to 28th June

Activity Done	• I have understood the IP (In-Patient) admission process by observing the complete workflow and working on my project collecting a total of 110 samples over a week. • I conducted a time-motion study, recording the time taken at each step from the moment the patient arrives at the hospital until the bed is allocated. • I covered the types of admissions referred from OPD, ER and Newborn baby including planned unplanned with payors- TPA, cash and in-room admissions also. • Through this, I gained a clear understanding of the whole admission process flow, documentation formalities involved in both cash and TPA admissions. Also explained the TPA checklist and hospital information sheet to most of the patients. • I used an Excel sheet where I compiled complete data of 100 patients, including all relevant headings-Patient ID,IPID,Source of Admission, Admission Type (Planned/Unplanned, In room admission, Payor Type (TPA, Cash,)Time of Arrival at Hospital, Time of Request at desk, Registration Time, Time of Bed Allotment, Admission Processing ,Time Delay Reasons/Remarks.
Linking theory (Classroom learning) with practice at your organization	• Applied concepts from hospital operations management and healthcare quality improvement. • Theories related to process mapping, patient flow, documentation, and TAT (Turnaround Time) analysis helped me in conducting the time-motion study efficiently. • Also applied Excel data handling skills learned in class to

	analyze the data effectively.
Gaps identified on the working area.	• Delay in TPA approval and document verification. • Lack of patient awareness regarding necessary documents. • Variation in admission processing times across different sources (OPD, ER, etc.). • Absence of standardized communication between admission desk and departments. • Major delays due to bed unavailability and staff shortage. • TPA admissions take the longest time. • Cash admissions are generally quicker. • System issues occasionally cause minor delays.
Suggestions for improvement	• Introduce a digital pre-admission checklist to speed up the admission process and TPA verification. • Display document requirements at strategic points (like reception, ER, OPD). • Train front-desk staff for better coordination and patient guidance. • Implement SOPs for uniformity in admission processing across departments. • Increase staff during peak hours • Dedicated counters for TPA and Cash admissions with proper signages.
Plan for the next week	• Analyze time-motion data, find bottlenecks. • Prepare charts and visuals from Excel to support findings. • Draft the final project report summary and presentation. • Share improvement suggestions with mentors/supervisors for feedback.

Signature of the Student

Pragati Patidar

Weekly Report - 8

Name of the Organization: - Max Smart Super Speciality Hospital, Delhi

Department of Summer Internship Program: - Operations Department

Name of the Student: - Pragati Patidar

Roll no: -2027 **Stream: MBA-HM**

Week no: -8 **From: 30th June to 5th 2025**

Activity Done	• This week, I accompanied the Floor Manager during floor rounds. During the rounds, I interacted with patients to gather feedback regarding hospital services. Two to three patients shared complaints related to the nursing staff, food quality which I noted and informed the ANS (Assistant Nursing Superintendent). I also helped the Floor Manager with the discharge process. • I completed the analysis of the collected sample data of project in Excel, created a summarized and easy-to-understand report, and shared it with my mentor. A comprehensive research-based analysis was also prepared. I successfully completed and presented my first project in front of all interns, the General Manager of Hospital Operations, my mentor (Associate Manager – Hospital Operations), the Hospital Manager, and the DNS (Deputy Nursing Superintendent) in the conference room. • I proposed my second project to my mentor, focusing on filing documentation. Based on her suggestion, I have started working on an audit of open inpatient files. • Currently, I am conducting daily internal audits of open patient files across various floors and departments. The audit is based on the hospital's internal audit checklist, focusing on identifying compliance and non-compliance in documentation practices. The aim is to identify compliance and non-compliance in documentation standards across departments.
Linking theory (Classroom learning) with practice at your organization	• The hospital floors provided practical exposure to patient feedback systems, aligning with the theoretical learning of patient satisfaction and quality assurance**.** • The file audit activity relates directly to classroom concepts such as medical records management, NABH standards,

	documentation compliance, and quality indicators. • My Excel-based data analysis and report preparation reinforced skills learned in communication Planning and management and research methodology.
Gaps identified on the working area.	• Patient feedback mechanisms are not being formally documented or regularly reviewed. • Delays and confusion during discharge processes, especially in coordination among nursing and Dr. Sometimes summary pending, Lab report missing. • Lack of consistent documentation in patient files—missing entries, unsigned consent forms, and incomplete nursing notes.
Suggestions for improvement	• Introduction of a structured patient feedback form to be filled during rounds and reviewed weekly. • Conduct a short training session for nursing staff on documentation standards and NABH compliance. • Improve discharge coordination by assigning one responsible staff member per shift for smoother discharge processing. • Regular internal audits of documentation with feedback to respective departments.
Plan for the next week	• Continue auditing open inpatient 50-60 files across all floors and departments. • Prepare a compliance report highlighting major errors in documentation practices. • Draft a recommendation report based on audit findings to be reviewed by the mentor.

Signature of the Student

Pragati Patidar

Weekly Report - 9

Name of the Organization: - Max Smart Super Speciality Hospital, Delhi

Department of Summer Internship Program: - Operations Department

Name of the Student: - Pragati Patidar

Roll no: -2027 **Stream:** MBA-HM

Week no: - 9 **From:** 7th July to 12th July 2025

Activity Done	• Continued auditing 50 to 60 open inpatient files across various floors and departments to check compliance with medical documentation standards. • Prepared a compliance report that highlighted major errors in documentation practices. • Completed the analysis of the collected sample data from the project in Excel, created a summarized and clear report, and finished a recommendation report based on audit findings for the mentor to review. • Accompanied the Floor Manager during their rounds on the second and third floors. I interacted with patients to gather feedback about hospital services. • Assisted the Floor Manager daily with the discharge process. • Visited the Food and Beverage Department to observe the entire workflow, including meal preparation, quality checks, packing, delivery, and coordination with nursing and dietetics. • I identified workflow gaps and delays, especially during morning rounds and in communication among the kitchen, dietician, and ward staff.
Linking theory (Classroom learning) with practice at your organization	• Applied NABH standards for medical records auditing and compliance during open file audits. • Recognized the need for better coordination between departments, especially between Food and Beverage, nursing, and dietary. • Used classroom knowledge of hospital operations management and quality improvement tools while preparing compliance and recommendation reports.

Gaps identified on the working area.	• Found documentation gaps in inpatient records, such as incomplete consent forms, lack of patient condition updates, missing nursing notes, and errors in medication documentation. • Observed delays in food delivery, particularly in the morning, due to unclear communication, lack of tracking mechanisms, and understaffing during peak times. • Noted an inadequate real-time feedback system for patient food services. • Experienced discharge delays caused by last-minute documentation, unclear instructions, and communication gaps between doctors and nursing staff.
Suggestions for improvement	• Implement real-time electronic documentation audits using EMR dashboards to ensure immediate correction of errors. • Develop a SOP for food delivery with strict timelines and assign responsibilities to reduce delays • Install a feedback kiosk or QR-based digital form in words to get real-time feedback on food and nursing services.
Plan for the next week	• Present findings from the audit to the operation manager. • Prepare a draft SOP for patient meal delivery to discuss with the F&B Supervisor and Dietician for improvement.

Signature of the Student

Pragati Patidar

Weekly Report - 10

Name of the organization: - Max Smart Super Speciality Hospital, Delhi

Department of Summer Internship Program: - Operations Department

Name of the Student: - Pragati Patidar

Roll no: -2027 **Stream:** MBA-HM

Week no: - 10 **From:** 14th July to 19th July 2025

Activity Done	• Accompanied by the Floor Manager during daily rounds on the second and third floors. I interacted with patients to gather feedback about hospital services. • Assisted the Floor Manager daily with the discharge process • I identified the barriers causing delays in food delivery to the floors and discussed possible improvements with the F&B Supervisor. • I started my third project focused on the management of the Food & Beverage (F&B) department. I started collecting daily floor-wise feedback related to food services and conducted a food survey to identify limitations, delays, and patient complaints. • I analyzed the data collected in Excel, prepared a clear and concise report, and developed recommendations based on the findings. • I successfully completed third project too and presented my both project in front of all interns, the General Manager of Hospital Operations, my mentor (Associate Manager – Hospital Operations), the Hospital Manager, and the DNS (Deputy Nursing Superintendent) in the conference room.
Linking theory (Classroom learning) with practice at your organization	• Gained hands-on experience with discharge planning, which links directly to hospital administration and continuity of care topics discussed in class. • Applied classroom knowledge of Hospital Support Services**,** Operations Management**,** and Healthcare Quality in a real-world setting • Used survey and data analysis techniques learned in Research Methodology to collect, tabulate, and analyze patient feedback. • Understood the practical implementation of patient-centered

	care models**,** workflow optimization**,** and service delivery standards**.**
Gaps identified on the working area.	• Feedback collection mechanisms were informal and lacked standard documentation. • The delay in food delivery was observed on several floors due to lack of real-time communication between the kitchen and floor staff. • Lack of proper tracking or escalation system for delayed or missed meals. • Inconsistent dietician rounds led to delays in diet chart verification, which impacted timely meal preparation. • Patients and attendants were often unaware of meal timing and missed coordination, which added to dissatisfaction.
Suggestions for improvement	• Implement a food delivery tracking system or app to monitor real-time meal status (e.g., Portzo-like system). • Ensure strict timing of dietician rounds to avoid delay in diet verification. • Designate a floor-wise F&B representative to coordinate and escalate concerns instantly. • Display standardized meal timing information in patient rooms. • Introduce a digital or paper-based feedback form to be filled after each meal for consistent quality monitoring.
Plan for the next week	• Prepare final documentation and summary reports of all projects undertaken during the internship. • Submit final project files to the hospital mentor and university. • Assist the F&B department in implementing one or two quick recommendations (if feasible). • Compile and organize internship learning into a final presentation/report for academic submission. • Collect feedback from hospital mentors and supervisors for internship evaluation. • Report back to IIHMR, Jaipur.

Signature of the Student

Pragati Patidar

Compiled Report Summer Internship

Name of the Organisation: MAX SMART SUPER SPECIALITY HOSPITAL

Department of Summer Internship Program: Operations Department.

Name of the Student: Pragati Patidar

Roll no: 2027 **Stream:** MBA Health & Hospital Management

Activity Done	• During my 10-week Summer Internship at Max Smart Super Speciality Hospital, I gained extensive exposure to hospital operations by rotating through various departments including OPD, IPD, ICU, NICU, PICU, Admission, F&B, Housekeeping, and Medical Records. I Understood roles, responsibilities, and workflows of OPD, IPD, CSSD, and Radiology. Participated in discharge planning and daily patient rounds with floor managers, I worked in many different departments. In the IPD department, I worked with floors managers, did ward rounds, collected patient feedback, • Admission Process Optimization Project: Conducted a time-motion study for 110 patient admissions. Identified process delays due to TPA verification, document gaps, and bed unavailability. Recommended SOPs and digital checklists. • Medical Documentation Audit Project: Conducted an internal audit of inpatient files. Identified documentation lapses such as missing consents and nursing notes. Proposed regular audits and training sessions to enhance compliance. • F&B Service Management Project: Analysed the hospital's food delivery system. Final Presentations & Reporting: Successfully completed and presented three projects in front of senior hospital management. Shared actionable recommendations with relevant departments. • This internship allowed me to build professional competence in hospital operations, patient satisfaction, interdepartmental coordination, data analysis, and process improvement. It strengthened my readiness for a leadership role in healthcare management.

Linking theory (Classroom learning) with practice at your organization	• During my internship, I used what I learned in module like Organization Behaviour and communication to work well with people t different levels in the organization. • The Hospital Services module gave me important insight during hospital visits. • Research methodology helped me choose the right methods for my project. • In the IPD, I managed patient discharge paperwork, confirmed discharge using Web CPRS, did rounds with all staff, supervisors improved my communication. interaction skills. • Applied concepts of operations management, quality standards (NABH), hospital IT systems (CPRS), and healthcare marketing into practical scenarios.
Gaps identified on the working area.	• A help desk is not available at the entrance of emergency Gate. • Lack of clear signage in Hospitals. • Issues with laundry management. • Chaos caused by patients' attendants in waiting areas. • Poor coordination between hospital departments. • Insufficient seating in the waiting area. • Lack of priority for patients with appointments. • Delays in housekeeping, FNB, and GDA services. • Noise from nursing and housekeeping staff. • Unprofessional behaviour from some medical staff. • Weak coordination between doctors and departments. • Noise from nursing staff at the nursing desk. • Disturbance from doors in rainy weather. • Poor management of double occupancy patient rooms. • Rudeness from security staff towards IPD patients' attendants. • Call bell reportedly switched off at night, leaving patients without assistance. • Slow HMIS server leading to delay in the admission process.
Suggestions for improvement	• Implement clear signage in hospitals. • A separate help desk needs to be setup. • Staff assistance for patients facing difficulties with registration. • Maintain and regularly update a dedicated doctors list in the hospital. • Improve hygiene standards.

	• Expand seating arrangements in the reception area. • Upgrade HMIS Infrastructure including speed enhancement and reliability. • Medical counselling services should be provided. • Streamline the diagnostic testing process to reduce delays. • Implement faster and more efficient diagnostic tools where possible. • Use multimedia campaigns to reach a broader audience and encourage organ donation. • Improve coordination among all hospital departments for better patient experience. • Ensure uninterrupted electricity backup in waiting areas. • Increase seating capacity in waiting areas to accommodate daily patient flow. • Prioritize service for young, elderly, and emergency patients. • Give preference to patients with appointments. • Appoint a coordinator at CT/MRI desks for patient guidance. • Provide fast and efficient services through staff training. • Maintain effective communication between different department staff. • Train staff on professional behavior and patient-centered care. • Foster coordination among treating doctors and hospital departments. • Provide guidance and training to housekeeping and nursing staff. • Monitor food and beverage services for prompt delivery. • Allocate patient rooms appropriately. • Provide training and counseling for security staff under supervision.

Signature of the Student

Pragati Patidar

Approved by the IIHMR University's Mentor