SUMMER INTERNSHIP PROGRAM

at

JAY PRABHA MEDANTA SUPER SPECIALITY HOSPITAL, PATNA

From 12/05/2025 TO 26/07/2025

A REPORT BY

Prachi Paliwal

Master of Business Administration

Hospital and Health Management

Roll no 2024

2024-26

under the Mentorship of

Dr. (Col) Mahender Kumar

Professor

IIHMR UNIVERSITY

medanta

GHPPL/HR/EXP./2025-26/132 **Date: 26th July 2025**

To Whom It May Concern

This is to certify that Dr.Prachi Paliwal pursuing her MBA - Hospital & Health Management from IIHMR University, Jaipur has successfully completed her internship at Global Health Patliputra Private Limited (Jay Prabha Medanta Hospital) in the department of Medical Administration and Clinical operations from 12th May 2025 to 26th July 2025.

We found her sincere, hardworking, and result oriented during the tenure of the internship.

We take this opportunity to wish her all the best for her future endeavours.

For, **Global Health Patliputra Private Limited.**

Ashish Adhikari
General Manager
Human Resources

Jay Prabha Medanta
Super Specialty Hospital
Medanta - Gurugram

Kankarbagh Main Road, Kankarbagh Colony, Patna, Bihar 0612 350 5050

Sector - 38, Gurugram, Haryana, India 0124 4141 414

Regd. Office: Global Health Patliputra Private Limited, E-18, Defence Colony, New Delhi, India Tel: 011 4411 4411

info@medanta.org www.medanta.org Corporate Identity Number - L85110DL2004PLC128319

Gurugram | Delhi | Lucknow | Patna | Indore | Ranchi | Noida*

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Annexure A

Completion Certification from the Organization

CERTIFICATE

This is to certify that Dr./Mr./ Ms. PRACHI PALIWAL of 29th (batch) of JAY PRABHA MEDANTA, PATNA (Name of the department/institute) has worked with our organization for his/her summer internship from 12th MAY to 26th JULY (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: 26th July, 2025

(Signature of organization Mentor)

Name: Ashis Kumar Praharaj

Designation: Manager - Operations

Seal/Stamp of the Organization

Jay Prabha Medanta Super Specialty Hospital PVT. LTD. PATNA

Jay Prabha Medanta Super Specialty Hospital
Medanta - Gurugram
Kankarbagh Main Road, Kankarbagh Colony, Patna, Bihar 0612 350 5050
Sector - 38, Gurugram, Haryana, India 0124 4141 414
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IIHMR UNIVERSITY

IIHMR University Faculty Mentor Approval

This is to certify that **Dr. Prachi Paliwal** of academic year **2024-26** of **Institute of Health Management Research** has prepared a poster with respect to her summer internship held during May-July 2025.

She has carried out work as per the guidelines. Her poster is approved for presentation.

Date: 28-07-25

Dr. (Col) Mahender Kumar
Professor

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

UNDERSTANDING THE CAUSES AND PATTERNS OF (LAMA) LEAVE AGAINST MEDICAL ADVICE IN A TERTIARY CARE HOSPITAL

Name of the Organisation- Jay Prabha Medanta Hospital, Patna
Name of the Student- Dr. Prachi Paliwal
Roll no- 2024
Stream: Hospital and Health management
University mentor- Dr. (Col) Mahender Kumar
Organisation mentor- Ashis Kumar Praharaj

HISTORY

Jay Prabha Medanta is a super-specialty hospital in Patna, established through a joint venture between the Medanta Group and the Government of Bihar. Named after Mrs. Jay Prabha Devi, it aims to provide accessible and affordable world-class healthcare. The hospital is equipped with modern infrastructure, advanced technology, and expert medical professionals.

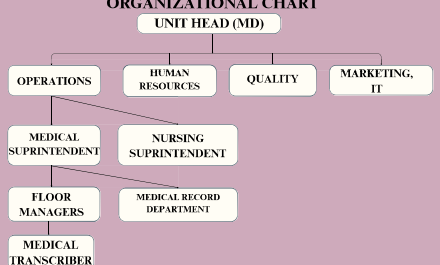
MISSION

To provide high-quality, patient-centered, and affordable healthcare.
To combine compassion with clinical excellence for better patient outcomes.
To promote ethical medical practices and continuous improvement in all services.

VALUES

To become the most trusted healthcare provider in Bihar and eastern India.
To lead in medical innovation, patient safety, and quality standards.
To ensure no patient is denied care due to lack of resources or awareness.

ORGANIZATIONAL CHART

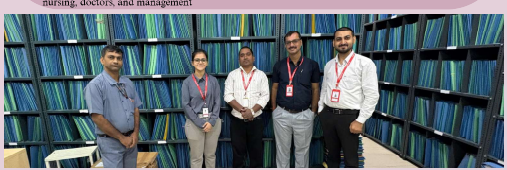


PRACTICAL EXPOSURE

- Real hospital setting, guided by working professionals
- Requires quick thinking, judgment, and adaptability
- Direct interaction with patients, attendants, and staff
- Faced real problems like staff absence, patient non-cooperation, high workload
- Saw real need for teamwork across billing, nursing, doctors, and management

THEORETICAL UNDERSTANDING

- Classrom-based, guided by faculty and books
- Based on structured theory and SOPs
- Mostly through case studies or simulations
- Assumed smooth workflow based on planning
- Taught through organizational charts and case scenarios



STRENGTHS

- Multi-specialty services under one roof.
- Well-trained and experienced clinical staff.
- Modern infrastructure and technology.

WEAKNESS

- Long discharge process and billing delays
- Patient flow management needs improvement
- Language barriers with some rural patients

OPPORTUNITY

- Staff skill development through regular training
- Use of digital tools for patient guidance/navigation
- Can expand outreach in rural regions

THREATS

- High patient load may affect personalized care
- Increasing competition from private hospitals
- Patient dissatisfaction due to delays or lack of communication

CHALLENGES

- High LAMA Rate in Emergencies & ICUs
- Financial Constraints as Primary Cause (42%)
- Patient Shifting to Other Hospitals (13%)
- Delay in discharge due to TPA and cash billing
- Floor-level coordination gaps during staff absence
- Limited counseling services for patients in distress

KEY LEARNING

- Coordination among departments is essential for smooth care.
- Practical hospital management is more dynamic than just theoretical learning.
- Timely communication and clear updates can reduce patient frustration.
- Documentation and SOPs help in maintaining standards
- Empathy plays a huge role in healthcare delivery

SUGGESTIONS

- Implement brief daily family counseling rounds
- Enhancing patient financial counseling - By creating visual charts of costs, subsidies, and PM-JAY/insurance coverage.
- Highlight positive patient outcomes publicly
- Train nursing/floor staff on LAMA protocol handling
- Escalate frequent LAMA cases to department HODs monthly

INTRODUCTION

This study focuses on comprehending the causes and patterns of Leave Against Medical Advice (LAMA) in a tertiary care setting in order to develop strategies for effective intervention. LAMA is a critical issue in hospital management that disrupts patient care continuity, increases health risks, and affects clinical outcomes.

AIM

To analyze the prevalence, causes, and underlying patterns of patients leaving against medical advice (LAMA) in a tertiary care hospital, and to propose actionable strategies to minimize LAMA occurrences and improve patient care continuity.

OBJECTIVES

- To identify the prevalence of LAMA cases
- To classify the primary reasons leading patients
- To propose evidence-based recommendations to reduce LAMA cases and enhance discharge planning.
- To contribute to hospital policy improvement by identifying communication gaps and administrative barriers related to LAMA.

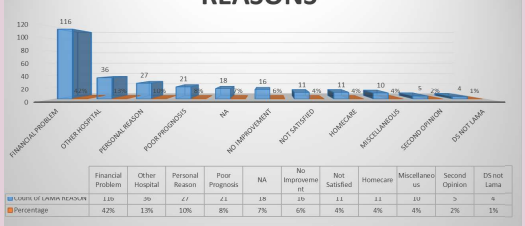
METHODOLOGY

- Study Design- Retrospective Descriptive Analysis
- Study Type- Descriptive
- Study Duration- May 1st – June 30th, 2025
- Sample Size - 275 patients
- Data Source- Secondary data
- Sampling Technique- Purposive sampling
- Tools used for data collection & analysis - Microsoft Excel, Bar graphs

KEY FINDINGS

- Total LAMA cases: 275 (May–June 2025)
- Emergency admissions: 92.4% of total LAMA cases
- Elective admissions: 7.6%
- High-risk units involved: Most LAMA cases occurred in ICUs and High Dependency Units (HDUs)

REASONS



	Financial Problem	Other Hospital	Personal Reason	Poor Prognosis	NA	No Improvement	Not Satisfied	Homecare	Miscellaneous	Second Opinion	DS not Lama
Count of LAMA REASON	116	36	27	21	18	16	11	11	10	5	4
Percentage	42%	13%	10%	8%	7%	6%	4%	4%	4%	2%	1%

Count of LAMA REASON Percentage

Reporting Format (Weekly)

Name of the Organisation: Jay Prabha Medanta Hospital, Patna

Area/ Department/ Project of Summer Internship Program: Medical administration and operation department

Name of the Student: Dr. Prachi Paliwal

Roll no: 2024 **Stream: Hospital and Health management**

Week no: 1 **From:12/05/2025 to 18/05/2025**

Activity Done	Induction sessions on the following: a) HAZMAT training b) Infection control c) Fire and safety training d) Hospital information system e) Disaster management f) Radiation safety g) Quality department h) BLS (basic life support) Observation of the following departments: a) Blood centre b) Dialysis department c) Inpatient department (IPD) d) Day care (chemotherapy, radiation) Inpatient department: • Reported daily to the IPD floor manager and was involved in patient interaction activities. • Collected structured and unstructured patient feedback forms. • Made morning rounds to greet inpatients and ensured their basic comfort (cleanliness, staff responsiveness etc.) • Escalated any service issues such as delay in housekeeping or linen change to the concerned department.

Linking theory (Classroom learning) with practice at your organisation	• Observed the hospital emergency codes being displayed at various areas within the hospital premises. • Learned how feedback mechanism help in quality improvement as discussed in healthcare quality management sessions. • Observed practical aspects of patient-centered care approach – a topic emphasized in service excellence and NABH standards.
Gaps identified on the working area.	• Some patient were reluctant or unsure how to provide honest feedback in front of staff. • Delay in response from support and utility services (housekeeping, GDA ,nursing staff etc.) after escalation.
Suggestions for improvement	• To train the support staff to respond promptly after escalations through an alert or ticketing system. • Offer anonymous feedback cards to encourage more honest responses from patients. • Reward prompt responses of services with monetary and non- monetary incentives and rewards.
Plan for the next week	• Observe the workflow of support departments to understand delay patterns and suggest better escalation pathways. • Exploration of other various clinical and non-clinical departments and know their operational functionalities. • Increase our knowledge from theoretical to practical implications.

Signature of the Student

Approved by the IIHMR University's Mentor

Reporting Format (Weekly)

Name of the Organisation: Jay Prabha Medanta Hospital, Patna

Area/ Department/ Project of Summer Internship Program: Medical administration and operation department

Name of the Student: Dr. Prachi Paliwal

Roll no: 2024 **Stream: Hospital and Health management**

Week no: 2 **From: 19/05/2025 to 25/05/2025**

Activity Done	Observation of the following - e) Operation theatre - • Under which I got to see proper implementation of having different zones under OT. • Here at Medanta Hospital, Patna OT number 5 is robotic surgery room. f) Intensive care unit Inpatient department (6th floor) • Daily reported to the IPD floor manager. • Gathered patient feedback forms, both organized and unstructured. • Saw the work done on the planned discharges for the next day. • Tried to understand the working and coordination among different departments of the hospital. • Also tried to gain more knowledge about the work of floor manager from the time their duty starts till their responsibility ends.
Linking theory (Classroom learning) with practice at your organisation	• Importance of having open communication channels such as feedback forms to get it filled by patients and work towards continuous improvement. • Leadership qualities are well to be seen by the work of floor managers while managing smooth operations on their floors.

	• Time management as seen by the hospital staff while working towards patient care.
Gaps identified on the working area.	• Sometimes due to unavailability of GDA (general duty assistant) working gets affected. • There are challenges of miscommunication.
Suggestions for improvement	• Have proper regulatory mechanisms to regulate such instances as to GDA not being timely available. • Things should be more clearly communicated amongst the hospital staff.
Plan for the next week	• We will be sent to another floor apart from the 6th floor IPD that we are currently posted at. • Gain more knowledge about the hospital functioning.

Signature of the Student

Approved by the IIHMR University's Mentor

Reporting Format (Weekly) – 3rd week

Name of the Organisation: Jay Prabha Medanta Hospital, Patna

Area/ Department/ Project of Summer Internship Program: Medical administration and operation department

Name of the Student: Dr. Prachi Paliwal

Roll no: 2024 **Stream:** Hospital and Health management

Week no: 3 **From:** 26/05/2025 to 31/05/2025

Activity Done	Inpatient department (7th floor) • Daily reported to the IPD floor manager. • Conducted daily rounds of my designated floor, observing minute details with respect to improving the overall patient experience. • Tried to observe and work on the planned discharges for the next day. • Also worked to understand what are the reasons behind planned discharges getting converted to unplanned discharges. • To try and observe the inter-departmental coordination among the staff.
Linking theory (Classroom learning) with practice at your organisation	• Rational thinking on the part of the hospital staff with respect to dealing with cases that turn out be out of plan such as emergency cases. • Importance of having a leader in a team to guide the people in and around for achieving given tasks. • Motivation playing a very big role especially in the emergency department where night shifts can mentally exhaust the staff but staying true to their work is what makes a hospital or organisation grow bigger and better with each passing day. • Decision making seen everyday on the part of staff be it people on the upper level of administration to the lower level.

Gaps identified on the working area.	• There is a lack of synchronization between the various departments which are involved in the discharge process directly or indirectly. • Along with lack of proper planned discharges for the next day and its proceedings (implying less planned discharge cases are sometimes approved and at times even they are also put on hold).
Suggestions for improvement	• The discharge summary should be prepared well in advance for smooth discharge of the patients which not only will improve patient satisfaction but also the effectiveness of the hospital services as timely beds will be available for new patients. • Planned discharges list should be made properly and coordinated and shared among the staff of the floor for better performance on this discharge parameter.
Plan for the next week	• We will be sent to another floor apart from the 7th floor IPD that we are currently posted at. • To gain more in-depth knowledge about hospital functioning. • Enhance my understanding of hospital's standard operating procedures. • To observe and analyse the reasons why planned discharges also get converted to unplanned the next day.

Signature of the Student

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Reporting Format (Weekly) – 4th week

Name of the Organisation: Jay Prabha Medanta Hospital, Patna

Area/ Department/ Project of Summer Internship Program: Medical administration and operation department

Name of the Student: Dr. Prachi Paliwal

Roll no: 2024 **Stream:** Hospital and Health management

Week no: 4 **From:** 02/06/2025 to 08/06/2025

Activity Done	Inpatient department (5th floor) with handling of the discharge process of the HDU, Oncology and Paediatric departments- • Daily reported to the IPD floor manager. • Got to understand and know about the entire process of discharge of the patients. • Tried to observe and work on the planned discharges for the next day. • Also worked to understand what are the reasons behind planned discharges getting converted to unplanned discharges. • Tried to observe the inter-departmental coordination among the various departments. • Cases of LAMA or leave against medical advise where attendants are counselled by the doctors not to take their patients away during the course of treatment but when they do not agree then filling of LAMA form post which discharge of the patient is done.
Linking theory (Classroom learning) with practice at your organisation	• Various staff having knowledge about their responsibilities and working accordingly. • Keeping calm in tense situations where it is a manager's responsibility to pacify their team members during conflicting situations. • Importance of having a leader in a team to guide the people in and around for achieving given tasks.

	• Decision making seen every day on the part of staff be it people on the upper level of administration to the lower level.
Gaps identified on the working area.	• There is lack of proper planned discharges for the next day and its proceedings (implying less planned discharge cases are sometimes approved and at times even they are also put on hold). • There is no medical transcriber on the 5th floor resulting in a delay in the discharge summary being prepared and thus resulting into delay in the discharge process. • The patients files are to be sent to other floors for the summary to be prepared.
Suggestions for improvement	• A medical transcriber should be appointed on the 5th floor for the discharge summary preparation. • The discharge summary should be prepared well in advance for smooth discharge of the patients which not only will improve patient satisfaction but also the effectiveness of the hospital services as timely beds will be available for new patients. • Planned discharges list should be made properly and coordinated and shared among the staff of the floor for better performance on this discharge parameter.
Plan for the next week	• We will be sent to another floor apart from the 5th floor IPD that we are currently posted at. • To gain more in-depth knowledge about hospital functioning. • To observe and analyse the reasons why planned discharges also get converted to unplanned the next day.

Signature of the Student

Approved by the IIHMR University's Mentor

Reporting Format (Weekly) – 5th week

Name of the Organisation: Jay Prabha Medanta Hospital, Patna

Area/ Department/ Project of Summer Internship Program: Medical administration and operation department

Name of the Student: Dr. Prachi Paliwal

Roll no: 2024 **Stream:** Hospital and Health management

Week no: 5 **From:** 09/06/2025 to 15/06/2025

Activity Done	Inpatient department (5th floor) with handling of the discharge process of the HDU, Oncology and Paediatric departments- • Daily reported to the IPD floor manager. • I did observation of patient admission workflow: from registration, bed allotment to documentation. • Understood the use of Hospital Information System (HIS) in admission. • Coordinate with TPA (Third Party Administrator) for insured patients. • Observed discharge procedures (like file closure, final billing, discharge summary coordination etc.). • Gained insights about IPD file structure: consent forms, doctor's notes, medication charts etc. • Tried to observe the inter-departmental coordination among the various departments.
Linking theory (Classroom learning) with practice at your organisation	• Understood the role of digital records in data management, reporting, and compliance as taught in module – Digital Health. • Noted how the HIS is used to generate discharge summaries, billing, and maintain patient records. • Understood importance of informed consent, confidentiality, and record maintenance. • Studied the roles of insurance providers and TPAs in the healthcare payment process.

Gaps identified on the working area.	• Sometimes in the case of few attendants of patients such as the ones who are in their old age, they do not get proper guidance regarding where to collect the reports from or where to go for their billing being done. • There is lack of responsibility in some staff that send the attendants to the TPA desk without checking if their discharge summary has been duly sent of not. • There is no medical transcriber on the 5th floor resulting in a delay in the discharge summary being prepared and thus resulting into delay in the discharge process.
Suggestions for improvement	• By deploying trained volunteers or staff on each floor or major checkpoints, especially near diagnostic and billing counters, to assist elderly or confused visitors. • By conducting regular training emphasizing communication, responsibility, and process adherence.
Plan for the next week	• I will start working on my project from next week. • To gain more in-depth knowledge about hospital functioning.

Signature of the Student

Approved by the IIHMR University's Mentor

Reporting Format (Weekly) – 6th week

Name of the Organisation: Jay Prabha Medanta Hospital, Patna

Area/ Department/ Project of Summer Internship Program: Medical administration and operation department

Name of the Student: Dr. Prachi Paliwal

Roll no: 2024 **Stream:** Hospital and Health management

Week no: 6 **From:** 16/06/2025 to 22/06/2025

Activity Done	Inpatient department (5th floor) with handling of the discharge process of the HDU, Oncology and Paediatric departments- • Observed and monitored the discharge process in the inpatient department, including steps like discharge summary preparation, billing/TPA clearance, pharmacy final check, activity sheet and patient exit. • Coordinated with nurses, doctors, billing team, transport team and TPA desk to streamline discharge and reduce unnecessary delays. • Worked on LAMA cases by tracking reasons, discussing with families, and coordinating with departments to reduce patient dropout.
Linking theory (Classroom learning) with practice at your organisation	• Applied hospital workflow management and patient communication techniques from classroom learning. • Used principles of hospital ethics, financial counselling, and interdepartmental coordination in real-time during discharge and LAMA situations.
Gaps identified on the working area.	• Lack of coordination between admission desk and floor nursing staff. • Delay in internal transfers (e.g., ward to ICU, OT, diagnostics). • Lack of coordination between departments during shift.

	• Transport team not available at required time. • Delay in final discharge summary preparation by doctor. • Final billing takes too long, especially for TPA cases.
Suggestions for improvement	• Implement a fast-track billing/TPA clearance for high-risk patients. • Implement a real-time communication tool (e.g., WhatsApp group, internal software) to immediately inform floor nurses about new admissions. • Set a target response time for departments (e.g., max 15–30 minutes for internal transfers). • Increase manpower during peak discharge hours (11 AM–2 PM) or assign dedicated discharge transport staff. • Use a color-coded patient tagging system (e.g., Green for ready-to-discharge) to alert the billing team in advance.
Plan for the next week	• Track and record discharge timings for a small sample of patients to assess delays. • Propose a pilot trial for a discharge coordinator role in one inpatient ward. • Collect and analyze 10 recent LAMA cases for root cause analysis.

Signature of the Student

Approved by the IIHMR University's Mentor

Reporting Format (Weekly) – 7th week

Name of the Organisation: Jay Prabha Medanta Hospital, Patna

Area/ Department/ Project of Summer Internship Program: Medical administration and operation department

Name of the Student: Dr. Prachi Paliwal

Roll no: 2024 **Stream:** Hospital and Health management

Week no: 7 **From:** 23/06/2025 to 29/06/2025

Activity Done	Inpatient department (9th floor) with handling of the discharge process- • Online activity sheet was filled and directly shared in the WhatsApp group for quick updates by me. • I also shared doctor's discharge advice and final notes were shared via WhatsApp for faster coordination among nursing, billing, and pharmacy teams. • I also tried to ensure coordination between nursing staff, billing department, TPA desk, and attendants to ensure early discharge of VIP patients.
Linking theory (Classroom learning) with practice at your organisation	• The discharge procedure made excellent use of theoretical knowledge from the fields of quality management, healthcare IT, and hospital operations. • The coordinated efforts across the many divisions represented hospital administration Concepts like lean management and interdepartmental communication. • Knowledge of Health Information Systems (HIS) was crucial when digital technologies to cut down on delays, such as activity sheets and mobile communication platforms.
Gaps identified on the working area.	• The use of WhatsApp for communication, though efficient, lacks integration with the official Hospital Information System (HIS), leading to documentation gaps.

	• Delay in discharge summary preparation by the doctors even after activity sheet submission. • Patient comfort and support services delay in food delivery or incorrect dietary order being served at times. • Poor handover between nursing shifts. • Nurses/doctors not fully trained in HIS/EMR system
Suggestions for improvement	• Introduce automated HIS alerts/reminders to doctors for pending summaries. • Assign a discharge coordinator to track and follow up on pending discharges regularly. • Link dietary orders directly with the EMR/HIS system, allowing real-time updates based on doctor's/nutritionist's inputs. • Organize mandatory HIS/EMR training sessions for all new and existing staff quarterly.
Plan for the next week	• Keep track of the time spent at each stage of the discharge process for a minimum of three VIP patients. • Launch a test process that combines official documentation tools with digital discharge communication. • To track patient satisfaction and spot areas for improvement, standardize the daily gathering of google review and feedback from every patient who is discharged.

Signature of the Student

Approved by the IIHMR University's Mentor

Reporting Format (Weekly) – 8th week

Name of the Organisation: Jay Prabha Medanta Hospital, Patna

Area/ Department/ Project of Summer Internship Program: Medical administration and operation department

Name of the Student: Dr. Prachi Paliwal

Roll no: 2024 **Stream:** Hospital and Health management

Week no: 8 **From:** 30/06/2025 to 6/07/2025

Activity Done	Inpatient department (9th floor) aur emergency • Assisted in patient admission, discharge, and transfer procedures in the IPD. • Observed handover and coordination between nursing and GDA staff during shift changes. • In the Emergency Department, tracked patient registration, triage, and referral process. • Assisted in managing crowd control and ensuring smooth bed allocation. • Observed how emergency patients were stabilized and shifted to respective departments.
Linking theory (Classroom learning) with practice at your organisation	• Applied concepts of Hospital Administration like patient flow management, inter-department coordination, and discharge protocols. • Understood real-time application of Standard Operating Procedures (SOPs) and emergency triage guidelines. • Related classroom topics like communication in healthcare, HIS/EMR systems, and discharge planning with practical exposure.
Gaps identified on the working area.	• There is a delay in shifting patients from the Emergency Department to the ward, ICU, or HDU due to unavailability of beds, lack of coordination, or delayed communication between departments. • Delay in updating the HIS system in both departments creates dependency on WhatsApp communication.

	• Delay in final discharge summary preparation and GDA transport, causing patient discharge delays.
Suggestions for improvement	• Ensure timely discharge summary preparation by involving RMO or duty doctor under supervision. • Increase coordination between billing, GDA, and nursing teams through a shared dashboard or WhatsApp tracker. • Emergency department should have a clearly defined triage flow map and adequate support staff during high rush hours.
Plan for the next week	• Continue real time observation and data collection focusing on delays in patient shifting from ER to ICU, HDU, and wards. • Coordination with ER staff and the admission team to understand the exact reasons behind delays in patient transfers to the ward, ICU, or HDU. • Review LAMA forms and patient files to understand common reasons cited by patients or attendants for leaving against medical advice.

Signature of the Student

Approved by the IIHMR University's Mentor

Reporting Format (Weekly) – 9th week

Name of the Organisation: Jay Prabha Medanta Hospital, Patna

Area/ Department/ Project of Summer Internship Program: Medical administration and operation department

Name of the Student: Dr. Prachi Paliwal

Roll no: 2024 **Stream:** Hospital and Health management

Week no: 9 **From: 0**7/07/2025 to 13/07/2025

Activity Done	Inpatient department (5th floor) aur Medical Record Department (MRD) : • Worked in the MRD (Medical Records Department) to collect and organize LAMA (Left Against Medical Advice) files for review and analysis, focusing on accuracy and completeness of records. • Handled the daily operations of the 5th-floor inpatient department. Managed patient coordination, room allocations, and supported staff to ensure uninterrupted services. • Since the alternate floor manager was overseeing two floors, I took lead responsibilities on the 5th floor. In situations where I faced difficulty or required support, I promptly coordinated with the alternate manager for guidance or intervention. • Assisted in the discharge process, ensured timely communication with the billing and clinical teams, and supported housekeeping and GDA teams for patient movement and ward upkeep.
Linking theory (Classroom learning) with practice at your organisation	• Applied theoretical understanding of hospital administration, patient handling, and interdepartmental coordination in real-life settings by managing the 5th-floor operations and LAMA data collection. • Utilized concepts of delegation, time management, and escalation hierarchy while handling the floor independently and seeking support when needed from the floor manager responsible for two floors.

	• Classroom concepts like crisis management, leadership under supervision, and accountability were effectively practiced in real-time. • Demonstrated practical knowledge of discharge protocols, MRD documentation standards, and emergency patient management while ensuring that patient care was not compromised during staff or managerial gaps.
Gaps identified on the working area.	• Absence of a dedicated floor manager led to moments of delayed decisions or slow coordination, as the backup manager had to supervise two floors. This made it important to act quickly and responsibly while also knowing when to escalate issues. • Limited orientation or handover in case of sudden managerial absence created confusion regarding responsibility boundaries for interns or junior staff.
Suggestions for improvement	• Introduce a formal handover protocol when any floor manager is on leave to ensure smooth continuity and clarity of responsibilities. • Assign a temporary point-of-contact (e.g., senior nurse or intern) officially on the floor when a manager is unavailable, with clear instructions to escalate major issues to the supervising floor manager.
Plan for the next week	• Review LAMA forms and patient files to understand common reasons cited by patients or attendants for leaving against medical advice. • Continue LAMA files analysis in MRD with focus on identifying repeat patterns or systemic gaps.

Signature of the Student

Approved by the IIHMR University's Mentor

Reporting Format (Weekly) – 10th week

Name of the Organisation: Jay Prabha Medanta Hospital, Patna

Area/ Department/ Project of Summer Internship Program: Medical administration and operation department

Name of the Student: Dr. Prachi Paliwal

Roll no: 2024 **Stream:** Hospital and Health management

Week no: 10 **From:** 14/07/2025 to 20/07/2025

Activity Done	Outpatient Department (OPD) aur Medical Record Department (MRD) : • Assisted in managing OPD cards/files and guided patients to their respective consultation rooms. • Noted how OPD doctors document patient notes and prescriptions in the physical records. • Coordinated with reception staff to understand daily patient load and peak hours. • Overcrowding in waiting areas due to inefficient patient flow management, increasing patient discomfort. • Observed OPD functioning, including patient registration, consultation flow, and file management.
Linking theory (Classroom learning) with practice at your organisation	• Applied concepts of patient flow management and crowd handling learned in hospital operations classes. • Understood the practical importance of OPD scheduling and time-slot allocation systems. • Observed real-time implementation of HIS (Hospital Information System) and linked it with theoretical EMR knowledge. • Noticed how proper triage and categorization of patients helps reduce wait time and confusion.
Gaps identified on the working area.	• Lack of proper queue management leads to patient crowding near consultation rooms. • Sometimes delay in registration due to system downtime or high patient volume.

	• Delay in patient appointments leading to increased waiting time to meet the doctor. • Patients are often unaware of waiting times or delays in their consultation, leading to confusion and dissatisfaction.
Suggestions for improvement	• Implement barcode-based tracking for OPD files to monitor movement and reduce delays. • Regular training for doctors and OPD staff on complete documentation and record protocols. • Introduce a token display system or mobile SMS alerts for patient turn updates. • Conduct short weekly briefings for OPD staff to review daily challenges and streamline communication.
Plan for the next week	In the final week of my internship, I plan to: • Revisit key departments (IPD, OPD, MRD) for feedback and follow-up on observed gaps. • Prepare a poster/report summarizing my project work (LAMA), departmental learnings, and improvement suggestions. • Interact with administrative staff to understand career pathways and gain final insights into hospital operations. • Participate in exit discussions (if planned) and gather suggestions for my personal growth. • This week will be focused on consolidation of learning and closure of pending documentation/tasks before completion of the internship.

Signature of the Student

Approved by the IIHMR University's Mentor

Compiled Report: 12th May-27th July 2025

Name of the Organisation: Jay Prabha Medanta Hospital, Patna

Area/ Department/ Project of Summer Internship Program: Medical administration and Operations department

Name of the Student: Dr. Prachi Paliwal

Roll no: 2024 **Stream:** Hospital and Health Management

Activity Done	**Induction sessions on the following:** • HAZMAT training • Infection control • Fire and safety training • Hospital information system • Disaster management • Radiation safety • Quality department • BLS (basic life support) **Observation of the following departments**: • Blood centre • Dialysis department • Inpatient department (IPD) • Day care (chemotherapy, radiation) • Operation theatre • Intensive care unit **Inpatient department** • Daily reported to the IPD floor manager. • Gathered patient feedback forms, both organized and unstructured. • Saw the work done on the planned discharges for the next day.

	• Tried to understand the working and coordination among different departments of the hospital. • Also tried to gain more knowledge about the work of floor manager from the time their duty starts till their responsibility ends. • Cases of LAMA or leave against medical advice where attendants are counselled by the doctors not to take their patients away during treatment but when they do not agree then filling of LAMA form post which discharge of the patient is done. Doing sample data collection with respect to my summer internship project – Understanding the causes and patterns of LAMA or leave against medical advice in a tertiary care hospital • Worked in the MRD (Medical Records Department) to collect and organize LAMA (Left Against Medical Advice) files for review and analysis, focusing on accuracy and completeness of records. • Assisted in managing OPD cards/files and guided patients to their respective consultation rooms. • Noted how OPD doctors document patient notes and prescriptions in the physical records. • Coordinated with reception staff to understand daily patient load and peak hours. · Overcrowding in waiting areas due to inefficient patient flow management, increasing patient discomfort. • Observed OPD functioning, including patient registration, consultation flow, and file management.
Linking theory (Classroom learning) with practice at your organisation	• Observed the hospital emergency codes being displayed at various areas within the hospital premises. • Learned how feedback mechanism helps in quality improvement as discussed in healthcare quality management sessions. • Observed practical aspects of patient-centred care approach – a topic emphasized in service excellence and NABH standards.

	• Importance of having open communication channels such as feedback forms to get it filled by patients and work towards continuous improvement. • Leadership qualities are well to be seen by the work of floor managers while managing smooth operations on their floors. • Time management as seen by the hospital staff while working towards patient care. Rational thinking on the part of the hospital staff with respect to dealing with cases that turn out be out of plan such as emergency cases. • Importance of having a leader in a team to guide the people in and around for achieving given tasks. • Motivation playing a very big role especially in the emergency department where night shifts can mentally exhaust the staff but staying true to their work is what makes a hospital or organisation grow bigger and better with each passing day. • Decision making seen every day on the part of staff be it people on the upper level of administration to the lower level. • Understood the role of digital records in data management, reporting, and compliance as taught in module – Digital Health. • Noted how the HIS is used to generate discharge summaries, billing, and maintain patient records. • Understood importance of informed consent, confidentiality, and record maintenance. Studied the roles of insurance providers and TPAs in the healthcare payment process. • Applied concepts of Hospital Administration like patient flow management, inter-department coordination, and discharge protocols. • Understood real-time application of Standard Operating Procedures (SOPs) and emergency triage guidelines. • Related classroom topics like communication in healthcare, HIS/EMR systems, and discharge planning with practical exposure • Applied concepts of Hospital Administration like patient flow management, inter-department coordination, and discharge protocols. • Understood real-time application of Standard Operating Procedures (SOPs) and emergency triage guidelines.

	• Related classroom topics like communication in healthcare, HIS/EMR systems, and discharge planning with practical exposure. • Noticed how proper triage and categorization of patients helps reduce wait time and confusion. • Classroom concepts like crisis management, leadership under supervision, and accountability were effectively practiced in real-time.
Gaps identified on the working area.	• Delay in response from support and utility services (housekeeping, GDA, nursing staff etc.) after escalation. • There are challenges of miscommunication. • There is a lack of synchronization between the various departments which are involved in the discharge process directly or indirectly. • Along with lack of proper planned discharges for the next day and its proceedings (implying less planned discharge cases are sometimes approved and at times even they are also put on hold). • Sometimes in the case of few attendants of patients such as the ones who are in their old age, they do not get proper guidance regarding where to collect the reports from or where to go for their billing being done. • There is lack of responsibility in some staff that send the attendants to the TPA desk without checking if their discharge summary has been duly sent of not. • The use of WhatsApp for communication, though efficient, lacks integration with the official Hospital Information System (HIS), leading to documentation gaps. • Poor handover between nursing shifts. • Nurses/doctors not fully trained in HIS/EMR system. • There is a delay in shifting patients from the Emergency Department to the ward, ICU, or HDU due to unavailability of beds, lack of coordination, or delayed communication between departments. • Limited orientation or handover in case of sudden managerial absence created confusion regarding responsibility boundaries for interns or junior staff. • Lack of proper queue management leads to patient crowding near consultation rooms. Sometimes delay in

	registration due to system downtime or high patient volume. • Delay in patient appointments leading to increased waiting time to meet the doctor.
Suggestions for improvement	• To train the support staff to respond promptly after escalations through an alert or ticketing system. • Have proper regulatory mechanisms to regulate such instances as to GDA not being timely available. • Things should be more clearly communicated amongst the hospital staff. • The discharge summary should be prepared well in advance for smooth discharge of the patients which not only will improve patient satisfaction but also the effectiveness of the hospital services as timely beds will be available for new patients. • Planned discharges list should be made properly and coordinated and shared among the staff of the floor for better performance on this discharge parameter. • A medical transcriber should be appointed on the 5th floor for the discharge summary preparation. • The discharge summary should be prepared well in advance for smooth discharge of the patients which not only will improve patient satisfaction but also the effectiveness of the hospital services as timely beds will be available for new patients. • Implement a fast-track billing/TPA clearance for high-risk patients. · Implement a real-time communication tool (e.g., WhatsApp group, internal software) to immediately inform floor nurses about new admissions. • Increase coordination between billing, GDA, and nursing teams through a shared dashboard or WhatsApp tracker. • Implement barcode-based tracking for OPD files to monitor movement and reduce delays. • Regular training for doctors and OPD staff on complete documentation and record protocols.
Key Learnings	• Obtained hands-on experience in a variety of hospital departments, including IPD, OPD, ICU, OT, Dialysis, and Daycare.

	• Understood the duties of floor management, such as coordination, patient feedback gathering, and scheduled discharges. • Noted how crucial interdepartmental coordination is to the smooth provision of services. • Discovered the practical applications of Standard Operating Procedures (sops), particularly in emergency situations. • Understood how to put HAZMAT, fire safety, BLS, and infection control trainings into practice. • Seen how organized feedback systems affect patient happiness and quality enhancement. • Discovered gaps in documentation and patient safety problems brought on by incorrect shift handovers and HIS/EMR utilization. • Discovered the importance of advance discharge reports and planned discharges for operational effectiveness. • Applied what was learned in class on emergency triage, discharge procedures, and patient flow management. • Identified discharge process obstacles, including delayed communication, TPA coordination problems, and a lack of scheduled discharges. • Observed the critical role of leadership and motivation in hospital units, especially in emergency/night shifts. • Noted effective time management and decision-making in dynamic clinical environments. • Realized the importance of clear staff communication, proper guidance to patients/attendants, and shift handovers. • Academic ideas that are successfully connected include: • Excellent customer service and patient-centred treatment • In healthcare, communication Crisis control and responsibility NABH standards, sops, and digital health

Signature of the Student

Approved by the IIHMR University's Mentor