SUMMER INTERNSHIP PROGRAM

at

(Apollo Hospitals, Jayanagar, Bangalore)

From **12-MAY 2025** to **21-JULY 2025**

A REPORT BY

Omprakash Lega

Master of Business Administration

(Hospital & Health Management)

Roll no- **2014**

2024-26

under the Mentorship of

Dr. Anupam Mehrotra

Assistant Professor

Apollo HOSPITALS
TOUCHING LIVES

21st July 2025

INTERNSHIP CERTIFICATE

This is to certify that **Mr. Omprakash Lega** has successfully completed his **Internship** in the Department of **Operations** from **12th May 2025** to **21st July 2025** in **Apollo Speciality Hospitals, Jayanagar, Bangalore**. He was diligently involved in the task assigned to him. During this period, we found him to be punctual, responsible, sincere and hard working.

We wish him all the best for his future endeavours.

For Apollo Speciality Hospitals, Jayanagar, Bangalore.

Korivi Chennaiah
HR -Manager

APOLLO HOSPITALS BANGALORE

IIHMR UNIVERSITY

IIHMR University Faculty Mentor Approval

This is to certify that **Mr. Omprakash Lega** of academic year 2024-26, of the **Institiute of Health Management Research** has prepared a poster with respect to his Summer Internship held during May-July 2025.

He has carried out work as per the guidelines. His Poster is approved for Presentation.

Date 29/7/25

(Signature of Faculty Mentor)

Dr. Anupam Mehrotra

Designation: Assistant Professor

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Presented BY - Omprakash Lega
Batch - 24-26 (MBA Hospital & Health)
University Mentor -Dr Anupam Mehrotra
Roll no- 2014

Summer Internship Program
Evaluation of Turnaround and Waiting Times for Ultrasound

Apollo HOSPITALS

Evaluation of Turnaround and Waiting Times for Ultrasound in the Radiology Department

This poster provides a comprehensive evaluation of the turnaround time (TAT) and waiting time for ultrasound procedures within the Radiology Department at Apollo Hospitals, Jayanagar, Bengaluru. It aims to identify key areas for improvement, enhance operational efficiency, and ultimately improve patient satisfaction. The report covers an introduction to the hospital, its vision and mission, organizational structure, a SWOT analysis

About Apollo Hospitals, Jayanagar, Bengaluru

Apollo Hospitals, Jayanagar, Bengaluru, is a leading multi-specialty hospital dedicated to providing world-class healthcare services. As part of the extensive Apollo Hospitals network, it upholds a legacy of clinical excellence, cutting-edge technology, and patient-centric care. The hospital boasts state-of-the-art facilities across various medical disciplines, ensuring comprehensive treatment and superior outcomes for its patients. With a strong focus on quality and innovation, Apollo Jayanagar serves as a cornerstone of healthcare in the region, continually striving to meet and exceed international standards.

VISION AND MISSION

The vision of Apollo Hospitals is to bring healthcare of international standards within the reach of every individual. They are committed to the achievement and maintenance of excellence in education, research, and healthcare for the benefit of humanity. Their mission is to blend the best of technology and human compassion to provide comprehensive, cost-effective, and quality healthcare services that are accessible to all.

Challenges Faced and Methodology for Turnaround Time (TAT)

TheRadiology Department encounter sseveral operational challenges that can impact efficiency and patient experience. These include managing fluctuating patient volumes, ensuring optimal utilization of ultrasound machines, and minimizing administrative delays. Staffing levels, especially during peak hours, can also pose a challenge, affecting both waiting times and overall turnaround. Additionally, maintaining equipment and managing unexpected technical issues contribute to the complexity of daily operations.

Understanding Ultrasound Procedure Turnaround Time (TAT)

Turnaround Time (TAT) for ultrasound procedures is defined as the total time elapsed from patient registration to the final radiology report being available. For this evaluation, TAT is broken down into distinct, measurable stages:

Data was collected using timestamps from the hospital's Electronic Medical Record (EMR) system and manual observations to ensure accuracy. This granular approach allows for precise identification of bottlenecks within the process.

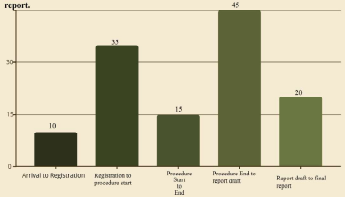
Organizational Structure of the Radiology Department

TheRadiologyDepartment at Apollo Hospitals,Jayanagar, operates with in a well-defined organizationalstructure to ensure efficient work flowand high quality ervice delivery. This hierarchical framework clarifies reporting lines and responsibilities, facilitating seamless coordination among all personnel.

- Hospital Director
  - Medical Superintendent
    - Head of Radiology Department
      - Senior Radiologists
      - Consultant Radiologists
    - Chief Sonographers
    - Sonographers / Technicians
    - Radiology Assistants / Support Staff
    - Administrative Staff

Data Analysis: Ultrasound Procedure Timelines

The datacollected provides critical insights into the efficiency of ultrasound procedures with in the Radiology Department.Analyzing the average times for each phase of the patient journey helps pin point specific areas where improvements can be made. The following chart illustrates the average time taken for each stage of the ultrasound procedure, from patient arrival to final report.



As observed from the chart, the waiting time from registration to the start of the procedure (35 minutes) and the time for report drafting (45 minutes) are the most significant contributors to the overall turnaround

SWOT Analysis of the Radiology Department

Acomprehensive SWOT analysis of the Radiology Departmentat Apollo Hospitals,Jayanagar,identifiesinternal strengths and weaknesses,along side external opportunities and threats. This assessment provide sastrategic overview to leverage advantages, address shortcomings, and navigate the competitive healthcare landscape.

Strengths
- State-of-the-art ultrasound equipment
- Highly skilled and experienced radiologists
- Comprehensive range of imaging services
- Strong reputation for quality patient care

Weaknesses
- Potential bottlenecks in patient registration
- Occasional equipment downtime impacting scheduling
- Limited waiting area capacity during peak hours
- Dependency on manual data entry for some processes

Opportunities
- Implementation of advanced scheduling software
- Expansion of services to accommodate more patients
- Cross-training staff for multiple roles
- Leveraging telemedicine for preliminary consultations

Threats
- Increasing competition from new imaging centers
- Staffing shortages or high turnover rates
- Unforeseen equipment malfunctions
- Changes in healthcare regulations or reimbursement policies

Learnings During Internship

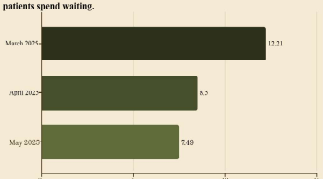
During the internship program, I gained invaluable insights into the intricacies of hospital operations, specifically within the Radiology Department. Key learnings included a deeper understanding of patient flow management, the critical importance of efficient scheduling, and the impact of administrative processes on overall service delivery. I observed firsthand the dedication of healthcare professionals and the collaborative effort required to maintain high standards ofpatient care.Furthermore,the internship provided practical experience in data collection and analysis, which was crucial for evaluating turn aroundand waiting times.

Usefulness of Internship

This internship proved immensely useful inseveral ways. It bridged the gap between theoretical knowledge and practical application,providing a realistic perspective on hospital management challenges. The experience enhanced my analytical skills, particularly in identifying operational inefficiencies and proposing data-driven solutions. It also fostered a greater appreciation for the patient experience and the need for continuous quality improvement in healthcare settings. This exposure has significantly contributed to my professional development and understanding of healthcare administration.

Average Waiting Time Trends

The following bar graph illustrates the average waiting times observed over several months, showing a positive trend in reducing the time patients spend waiting.



As the chart indicates, there has been a consistent reduction in average waiting times from March to May 2025, suggesting improvements in operational efficiency and patient flow management.

Patient Flow for Ultrasound Procedure

Understanding the complete patient flow for an ultrasound procedure is crucial for identifying potential bottlenecks and areas for improvement. This detailed path way illustrates each step a patient takes from their initial arrival to the completion of their ultrasound and report generation.

1. **Patient Arrival**
   Patient arrives at the hospital, either with a prior appointment or as a walk-in.
2. **Registration/Pre-Registration**
   Patient registers at the front desk, providing necessary demographic and referral information. Pre-registered patients proceed directly.
3. **Waiting Area (Pre-Procedure)**
   Patient waits in the designated radiology waiting area until called for their procedure.
4. **Pre-Procedure Preparation**
   Patient is called by a technician, guided to the changing room, and given instructions for preparation (e.g., changing into a gown).
5. **Ultrasound Procedure**
   The ultrasound examination is performed by a sonographer under the supervision of a radiologist.
6. **Post-Procedure**
   Patient changes back into their clothes and is discharged from the examination room.
7. **RadiologistReporting**
   The radiologist reviews the images and drafts the preliminary report.
8. **Report Verification & Finalization**
   The report undergoes internal verification and is digitally signed by a consultant radiologist.
9. **Report Collection/Access**
   The final report is made available to the patient or referring physician through the hospital's portal or at the counter.

Suggestions for Improvement

Automated Scheduling and Queue Management: Implement an advanced digital system to optimize appointment scheduling, manage patient queues, and send real-time updates to reduce waiting times.

Streamlined Registration Process: Introduce pre-registration options via mobile app or web portal to minimize paperwork and accelerate the initial patient intake process.

Dedicated Report Dictation Stations: Equip radiologists with dedicated, quiet spaces and advanced voice recognition software to expedite report drafting.

Cross-Training of Staff: Train administrative and technical staff in multiple functions to ensure flexibility and reduce bottlenecks during peak hours or staff shortages.

Patient Communication Enhancements: Provide clear communication regarding expected waiting times and procedure durations, potentially through digital displays or automated messaging systems.

Regular Equipment Maintenance & Upgrade: Adhere to a strict maintenance schedule to minimize downtime, and explore upgrades to newer, faster ultrasound machines.

Conclusion

Theevaluation of turnaround and waiting times for ultrasound procedures at Apollo Hospitals, Jayanagar, Bengaluru, highlights critical areas for operational enhancement. By implementing the suggested improvements, the Radiology Department can significantly reduce patient waiting times and overall turnaround time, leading to enhanced patient satisfaction and improved departmental efficiency. Continuous monitoring and evaluation will be essential to sustain these improvements and adapt to evolving healthcare demands.

Reporting Format 1

Name of the Organisation: Apollo hospital Jayanagar , Bangalore

Area/ Department/ Project of Summer Internship Program: Operation (Discharge)

Name of the Student: Omprakash Lega

Roll no: 2014 Stream: MBA(HM)

Week no: 1 From: ……12/5/25……to……17/5/25……..

Activity Done	1. **Orientation & Documentation:** o Completed HR formalities, including document verification and ID issuance. Attended an introductory session by Dr. Ashwini Mushrif (Head of Department). 2. **Discharge Process Learning:** o Observed the end-to-end discharge workflow for both cash and insurance patients. Key steps included: ▪ **Pre-Authorization (Pre-Auth):** Insurance patients require approval from their provider before admission. ▪ **Discharge Summary:** Prepared by doctors, finalized in the Apollo Dashboard, and reviewed by floor managers ▪ **Billing Settlement:** Nurses close discharges only after bills (medications, lab tests) are paid. 3. **Insurance & Billing Systems:** o Learned about the "Claimbook" portal for uploading insurance documents (diagnosis, KYC forms, PPN declarations). o Studied approval stages: *Initial* (72-hour window), *Revised* (for extra days), and *Final* (full payment).

	4. **Technology in Healthcare:** o Explored Apollo's Hospital Information System (HIS), "Med Mantra," used for patient records, discharge summaries, and billing. 5. **Departmental Shadowing:** o Met with floor managers to understand their roles in coordinating discharges, billing, and inter-department communication.
Linking theory (Classroom learning) with practice at your organisation	- Patient Discharge Process: Connected classroom concepts of healthcare workflows to the hospital's discharge system, including planned/instant discharges for cash and insurance patients. Observed how pre-authorization (pre-Auth) ensures trust between the hospital and insurance providers. - Billing & Documentation: Applied theoretical knowledge of medical billing to real-world scenarios, such as the use of the "Activity Record for Billing" and the "Claimbook" portal for insurance approvals. Learned about capping, revised approvals, and final claim settlements. - Healthcare IT Systems: Linked IT management studies to the hospital's use of "Med Mantra" (HIS) for patient data tracking and discharge summaries. Noted how consultants update records digitally before floor managers initiate discharges.
Gaps identified on the working area.	**Delays in Discharge:** Pre-authorization for insurance patients often incomplete, causing bottlenecks. Financial consent forms (KYC, PPN declarations) occasionally missing. - **Training Gaps:** New staff struggle with the "Claimbook" portal, leading to errors in uploading documents for insurance approvals.
Suggestions for improvement	1. **Standardize Checklists:** Implement a mandatory pre-discharge checklist for insurance patients (e.g., pre-Auth, KYC, PPN forms) to reduce delays. 2. **Cross-Department Training:** Conduct sessions for nurses and floor managers on billing workflows and Med Mantra updates to improve coordination.

	3. **Real-Time Alerts:** Integrate notifications in Med Mantra to alert staff when discharge summaries are pending consultant approval.
Plan for the next week	• **Shadow Floor Managers:** Observe differences between planned and instant discharges, focusing on cash vs. insurance workflows. • **Explore Claimbook Portal:** Document steps for uploading diagnosis reports and handling claim rejections/clarifications. • Possible shuffling between different departments of operations such as IPD & admissions

Signature of the Student- Omprakash Lega

Approved by the IIHMR University's Mentor

Reporting Format (Weekly) 2

Name of the Organisation: Apollo hospital jayanagar, Bangalore

Area/ Department/ Project of Summer Internship Program: Operations (Admissions)

Name of the Student: Omprakash Lega

Roll no: 2014 Stream: MBA (HM)

Week no: 2 From:. . .19/05/25. . ...,to... . 24/05/25..……..

ctivity Done		**learned about the admission process including creating admission files and consent form, assisted in arranging files and managing data entry for patient admission, and observed layout of opd and consultation rooms. learned about billing, record keeping and effective communication with patients.**
Linking theory (Classroom learning) with practice at our organisation		**used data analysis skill s for quantitative techniques to arrange data and files, interaction with staff coordinators and supervisors reflected practical aspects of organization behaviour and business communication,**
gaps identified on the working area.		**language barriers with staff and patients making communication ,challenging, difficulty in understanding the categorisation of data during admission**
suggestions for Improvement		**use analytics and apply tools to identify trends and refine categories, provide training on data management techniques in staff, conduct periodic reviews to correct is classifications.**
Plan for the next week		**improve communication skills to overcome language barrier by seeking help from staff, focus on better understanding of data categorisation during patient admission, possible shuffling between different departments of operations such as discharge, prm and opd**

Signature of the Student Omprakash Lega

Approved by the IIHMR University's Mentor

3rd Week Report

Name of the Organisation: Apollo Speciality Hospitals, Jayanagar, Bangalore

Area/ Department/ Project of Summer Internship Program: Operations { IPD & Discharge}

Name of the Student: Omprakash Lega

Roll no: 2014 Stream: MBA HM

Week no: 3 From: ……26/05/2025……to……07/06/2025……..

Activity Done	• Assisted in coordinating patient discharge with billing, pharmacy, and nursing. • Monitored patient readiness and discharge turnaround time (TAT). • Helped prepare daily discharge reports and pending discharge lists. • Participated in review meetings and feedback collection.
Linking theory (Classroom learning) with practice at your organisation	• Applied **Hospital Operations Management** concepts to understand discharge workflows. • Understood practical application of **Health Information Systems (HIS)** used in IPD called as **MED MANTRA** exclusively used in Apollo Hospitals. • Observed the importance of **Interdepartmental Communication** and **Process Flow** studied in **Healthcare Management** courses. • Applied concepts from **Service Quality Management** by analyzing patient satisfaction and delays in discharge.
Gaps identified on the working area.	• Lack of real-time discharge status updates leading to delays. • Poor communication between departments (e.g., pharmacy, billing, nursing). • Inconsistent discharge checklist usage by staff. • Manual data entry slowing down report generation

Suggestions for improvement	• Introduce a digital dashboard for real-time discharge tracking. • Assign a discharge coordinator for each ward to streamline communication. • Standardize and digitize the discharge checklist for accountability. • Provide training on efficient use of the hospital management system to reduce delays**.**
Plan for the next week	• Shadow the discharge coordinator more closely and document best practices. • Assist in mapping the entire discharge process from patient readiness to exit. • Collaborate with IT/admin team to explore possible digital improvements. • Collect and analyze feedback from at least 10 discharged patients.

Signature of the Student – Omprakash Lega

Approved by the IIHMR University's Mentor –

Reporting Format (Weekly) - 4

Name of the Organisation: Apollo multi-speciality hospital, Bengaluru

Area/ Department/ Project of Summer Internship Program: IPD (operations)

Name of the Student: Omprakash Lega

Roll no: 2014 Stream: MBA (HM)

Week no:4 From:……9/06/25……to……14/06/25……..

Activity Done	Observed second, 3rd floor watts and learnt about the workflow of admissions of wards. Observed ICU and learned the sops of ICU workflow. Observed from where all the patients are flowing to ICU like OT, ER, Cath lab and also saw the counselling procedure, how transport associates work along with the nurses while shifting the patients. Identified some gaps in ICU. Crash cart checked and signed daily in each shift. Saw the internal auditing of billing that is 48 hour post admission the internal auditor checks the interim bills for any consultations/procedure/ consumables [which are of high value]. If any such thing is missed - then auditor raises the query /reports to his manager. It gets corrected immediately.
Linking theory (Classroom learning) with practice at your organisation	Operations management theory right arrow patient flow optimization, turnaround time for beds, Capacity Management Lean healthcare concepts-minimise delays in room readiness, admissions and discharge. Nurse to patient ratio and ICU documentation sops, compliance to NABH, nursing protocols
Gaps identified on the working area.	Sometimes bed is not ready for the next confirmed patient. Communication between multiple department has been delayed. Nurses have high workload both in ICU and ward and it causes delay in services Night time the housekeeping staff also are less And the patient will not be able to avail housekeeping services at the right time.
Suggestions for improvement	Prior communication between different departments like ward slash nursing Flash nursing slash housekeeping/admissions should be improved and more timely Work hours of nurses should be more optimised Number of nurses and housekeeping staff should be to the NABH standards. Billing processes PR points of delays-identify bottlenecks high film patient needs, correct info and prior communication regarding to the inpatient billing Discharge process can be shortened by pre discharge list checklist, TPA processes needs optimization.
Plan for the next week	Will continue in ipd Will look into OT and diagnostic services

Signature of the Student - Omprakash Lega

Approved by the IIHMR University's Mentor

Reporting Format (Weekly) - 5

Name of the Organisation: Apollo multi-speciality hospital, Bengaluru

Area/ Department/ Project of Summer Internship Program: (operations)

Name of the Student: Omprakash Lega

Roll no: 2014 Stream: MBA (HM)

Week no: 5 From:……9/06/25……to……14/06/25……..

Activity Done	observed ICU workflow IPD workflow observation Sample collection and sending it to lab Calculating BOR [bed occupancy rate]and studying Visited OT. There are 6 OTS out of which 3R dedicated to orthopedics and 2 are for GIMAS(gastro and surgical) 1 OT for ENT and 1 OT for Bronchoscopy, endoscopy, colonoscopy.
Linking theory (Classroom learning) with practice at your organization	Lean management- continuous monitoring and real time update- elimination of delay 6 Sigma [DMAIC model]-definition/ measure analyse/improve/control Healthcare quality management daily rounds, patient- family communication Patient flow management-ipd - admission - discharge chain
Gaps identified on the working area.	Counselling /visitors time in ICU causes total chaos During that 2 hour. Causing disturbance 2 recovering patients. Human errors in building Sir noted while observing the hospital internal billing by the auditor.
Suggestions for improvement	better coordination between interlinked departments of admission/ward/nursing departments/ IP building/discharge. Patients coming to lab sample collection area or other lab scans or medical test are not properly informed about their TAT for report. Patient should be given proper information prior true collecting or performing test Bed readiness was an area for an improvement-availability of new room or bed at critical points was lacking

Plan for the next week	Start deciding on project. Start my week with OPD to understand on appointments consultation and the waiting hours Learn about OPD to IPD conversions.

Signature of the Student -Omprakash Lega

Approved by the IIHMR University's Mentor

Reporting Format (Weekly) - 6

Name of the Organisation: Apollo multi-speciality hospital, Bengaluru

Area/ Department/ Project of Summer Internship Program: OPD (operations)

Name of the Student: Omprakash Lega

Roll no: 2014 Stream: MBA (HM)

Week no: 6 From:……9/06/25……to……14/06/25……..

Activity Done	Guiding patients through the OPD process, coordination of appointments and schedules of consultants and doctors, solved patients queries and problems, noted down the feedbacks and complaints, assisted in maintaining the smooth workflow at OPD.

Linking theory (Classroom learning) with practice at your organisation	Applied concepts from Hospital Operations, Patient Care Management, and Healthcare quality to streamline OPD workflows, manage appointments , and address patients issues effectively.
Gaps identified on the working area.	Consultants and doctors not available at the time of appointments, coordination gap between OPD receptions and vital desks, low availability of wheelchairs and transport, long queues and crowding at OPD receptions.
Suggestions for improvement	Coordination and communication among yhe different staff members, availability of doctors and consultants at the time of appointments, more wheelchairs and transport facilities for patients.
Plan for the next week	Continue assisting in OPD operations, guiding patients, managing appointments and resolving queries and supporting smooth workflow while identifying further areas of improvement.

Signature of the Student -Omprakash Lega

Approved by the IIHMR University's Mentor

Reporting Format (Weekly) 7

Name of the Organization: Apollo Speciality Hospital, Bengaluru.

Area/ Department/ Project of Summer Internship Program: OPD (Operations)

Name of the Student: Omprakash Lega

Roll no: 2014 **Stream: MBA (HM)**

Week no: 7 From:……16/06/25……to……28/06/25…….

Activity Done	Managed appointments of specific doctors (especially gastroenterologists and nephrologists) to provide help to patients and make the consultation process easier and maintain smooth workflow at OPD. I worked for one whole week in Orthopedics OPD. Took part in pre-op discussions with patients and doctors. Saw multiple OP to IP conversions. I did some excel work related to doctors and surgeries. Successfully managed the allotment of consultation room to consultants as in when needed. Did crowd management and solve issues and queries of patients.
Linking theory (Classroom learning) with practice at your organisation	Concepts of hospital services is used in patient care, addressing queries, crowd control and enhance service delivery, concepts of organization behaviour are used.
Gaps identified on the working area.	Some consultants and doctors are not available at the appointment schedule time causing increased wait time of the patients, less manpower in certain specific areas of opd causes difficulties in managing patients. Due to emergency OTs the doctors' appointments were delayed multiple times. Some communication gaps were also identified leading to overcrowding and negative feedback.
Suggestions for improvement	Availability of doctors and consultants in allotted time and increase of manpower in areas of crowd management. Clear communication with patients in case of non-availability of the doctor.
Plan for the next week	From next week I will be working on Guest relations and Patient Relationship Management to provide best care possible to the patients and work on feedback and complaints

Signature of the Student : Omprakash Lega

Approved by the IIHMR University's Mentor

Reporting Format (Weekly) - 8

Name of the Organization: Apollo Speciality Hospital, Bengaluru.

Area/ Department/ Project of Summer Internship Program: Service Excellence (Operations)

Name of the Student: Omprakash Lega

Roll no: 2014 Stream: MBA (HM)

Week no: 8 From:……30/06/25……to……05/07/25…..

Activity Done	During my work at service excellence and patients' relationship management department I went to rounds on different departments of hospital such as OPD, IPD, ICU and Executive wards to hear about the feedback and complaints of patients, also I tried to resolve the problems by contacting the respective people such as floor managers and administration. Also updated the complaints on the Patient Preference portal to avoid any mistakes during their next visit. Provided TLC (Tender loving care) to geriatric and paediatric patients by making handmade gifts and charts.
Linking theory (Classroom learning) with practice at your organisation	Importance of effective communication , problem solving skills studied in health systems management to coordinate with administrative staff.
Gaps identified on the working area.	During interaction with patients, I realized there were some communication gap between different departments in the hospital and the nurses and staff were not properly informing the patients about the procedures and were not connecting with the patients. Some instructions given by the consultants to patients but were not written in notes led to miscommunication between patients and nurses.
Suggestions for improvement	Proper communication of the treatment plan, training of empathy for nurses, so that they can connect with the patients and provide effective care.
Plan for the next week	From next week, I will be working on Guest relations and Patient Relationship Management to provide best care possible to the patients and work on feedback and complaints

Signature of the Student : Omprakash Lega
Approved by the IIHMR University's Mentor

Week- 09

Name of the Organisation: Apollo Speciality Hospital, Bengaluru

Area/ Department/ Project of Summer Internship Program: Guest Relations (Operations)

Name of the Student: Omprakash Lega

Roll no: 2014 **Stream: MBA (HM)**

Week no: 9 From:……07/07/25……to……12/07/25

Activity Done	I spend this week learning the inner workings of Public relationship management team and how the agents interact with the patients and what are the software they use, with guest relationship manager. I observed how to take feedback , suggestions and complains and work on it to provide better services to the patients. Took some feedback and informed the respective departments to take the actions immediately. Tried to clear the concerns onsite.
Linking theory (Classroom learning) with practice at your organisation	connecting classroom theory (feedback loops, analytics, patient segmentation) with actual software workflows that enhance service and trust.
Gaps identified on the working area.	Patients may feel that their concerns are not taken seriously if they are not informed about the outcomes of their complaints. Overworked staff may struggle to provide empathetic care, impacting patient experiences.
Suggestions for improvement	Regularly analyze complaint data to identify recurring issues, then adjust policies, processes, or training to prevent recurrence, Acknowledge complaints quickly, then actively update the patient at each stage

Plan for the next week	From next week I will be working on a health camp happening at BEML, onsite as well as offsite and will manage and co-ordinate the camp to provide the best possible care to the patients and without causing delay in care.

Signature of the student: Omprakash Lega

Week- 10

Name of the Organisation: Apollo Speciality Hospital, Bengaluru

Area/ Department/ Project of Summer Internship Program: BEML health camp coordination (Operations)

Name of the Student: Omprakash Lega

Roll no: 2014 Stream: MBA (HM)

Week no: 10 From:……14/07/25……to……21/07/25

Activity Done	Coordinated a large-scale **BEML Health Camp** at the hospital, ensuring smooth flow of patients amidst OPD, IPD, emergency patients to diagnostic areas. Managed patient registration, directed BEML employees to respective departments, and ensured all planned tests and scans were completed efficiently. Successfully avoided overcrowding and confusion by coordinating in real-time with multiple departments including diagnostics, lab, and radiology. When the waiting time was too long , interacted to with BEML patients and provided them some refreshments.
Linking theory (Classroom learning) with practice at your organisation	Applied principles of **Hospital Operations Management**, **Resource Allocation**, and **Patient Flow Coordination** learned in class. Theoretical knowledge of **queue management**, **stakeholder coordination**, and **service excellence** was put into real-time practice while managing crowd control, scheduling scans, and avoiding bottlenecks.
Gaps identified on the working area.	Lack of prior intimation to all departments led to initial delays in diagnostic services.

	No single-point coordination system—communication was dependent on personal contacts. No standardized protocol for managing corporate health camps within regular OP/IP workflow. Irregular maintenance of machines led to delay in the service
Suggestions for improvement	Create a **standard operating procedure (SOP)** for handling corporate or large group health camps. Assign a dedicated **camp coordinator** and ensure advance communication to all involved departments. Use **color-coded ID slips** or separate counters for camp patients to streamline their journey. Develop a **camp checklist** to ensure readiness in diagnostics, pharmacy, and billing.
Plan for the next week	Complete summer internship program in Apollo speciality Hospital , Jayanagar. Make a poster and report for the college.

Signature of the student: Omprakash Lega

Compiled Report

Name of the Organisation: Apollo Speciality Hospital, Bengaluru

Area/ Department/ Project of Summer Internship Program: Operations

Name of the Student: Omprakash Lega

Roll no:2014 **Stream: MBA(HM)**

Activity Done	• W**eek 1–2:** Orientation, document verification, shadowing discharge and admission processes, assisting with insurance documentation, and billing workflows. • **Week 3–4:** Assisted with discharge coordination, inter-departmental communication, and discharge TAT reporting. • **Week 5:** Observed ICU, OT, lab operations, and learned SOPs. Participated in internal billing audits and tracked bed occupancy rates. • **Week 6–7:** Managed OPD operations, consultant schedules, pre-op discussions, and patient flow. Assisted in OP to IP conversions and handled Excel-based scheduling. • **Week 8–9:** Worked in Service Excellence and Patient Relationship Management. Collected patient feedback, logged complaints, and assisted in issue resolution. • **Week 10:** Coordinated a large-scale BEML Health Camp. Managed patient registration, diagnostic routing, and real-time crowd control.
Linking theory(classroom learing) with practice at your organisation	• Applied **Hospital Operations Management** in real-time across discharge, admissions, ICU, and OPD workflows. • Utilized **Healthcare IT** concepts in "Med Mantra" HIS and

	"Claimbook" for billing/insurance tasks. • Used **Lean and Six Sigma** (DMAIC) principles in process optimization and service quality management. • Implemented **Organizational Behavior** and **Business Communication** skills during patient interaction and interdepartmental coordination. • Practiced **Data Analysis & Reporting**, learned during academics, to track patient flow, BOR, and discharge delays.
Gaps identified on the working area	• **Delays in Discharge:** Due to incomplete pre-auths and document mismanagement. • **Communication Gaps:** Among departments (e.g., nursing, pharmacy, billing), especially in OPD and ICU. • **Staffing Issues:** Inadequate manpower in ICU and OPD during peak hours or night shifts. • **System Inefficiencies:** Lack of real-time dashboards, SOPs for corporate health camps, inconsistent use of checklists. • **Patient Experience:** Poor handling of patient instructions, missing empathetic communication, uncoordinated complaint resolutions
Suggestions for improvement	• Implement **standardized pre-discharge and admission checklists**. • Set up **real-time tracking dashboards** for discharge and bed availability. • Improve **inter-department communication protocols**; assign dedicated coordinators. • Conduct **cross-department training** for HIS tools and billing procedures. • Increase **manpower** as per NABH standards in critical areas. • Develop **SOPs for health camps**, with pre-intimation and centralized coordination. • Use **color-coded tags/counters** for crowd segregation in OPD/camps. • Ensure **regular feedback loops** with updates to patients on complaint resolutions.

Key Learnings	• Understood the practical dynamics of a multispecialty hospital's operations. • Strengthened skills in **hospital workflows**, **patient relationship management**, and **service delivery**. • Gained hands-on experience in **billing audits**, **insurance approvals**, and **healthcare IT systems**. • Learned the value of **empathetic care**, **communication**, and **real-time coordination**. • Developed **crisis-handling skills** during health camp management. • Identified the need for **systematic planning** and **structured SOPs** in healthcare environments.

Signature of the Student - Omprakash Lega

Approved by the IIHMR University's Mentor