SUMMER INTERNSHIP PROGRAM

at

CK BIRLA HOSPITALS (RBH), JAIPUR

From 12/05/2025 TO 21/07/2025

A REPORT BY

Nitish Kumar Tiwari

Master of Business Administration

Hospital and Health Management

Roll no 2012

2024-26

under the Mentorship of

Dr. Ritu Vashistha

Assistant Professor

IIHMR UNIVERSITY

CK Birla Hospitals
RUKMANI BIRLA HOSPITAL

RBH/2025/Jul/HRD/6867

Date: 21 Jul 2025

TO WHOM SO EVER IT MAY CONCERN

This is to certify that **Nitish Kumar Tiwari** has successfully completed his internship in the **Medical Services** Department from 12 May 2025 to 21 Jul 2025.

His behavior was respectful, punctual, and in alignment with hospital policies. He showed enthusiasm to learn, adapt, and communicate effectively with staff members, while maintaining a professional attitude throughout the program.

We commend his dedication and discipline during the tenure and believe he has gained valuable exposure to the work culture and expectations of a healthcare environment. We wish a continued success in all future academic and professional pursuits.

For **CK Birla Hospital – RBH**

Ravi Kumar
Unit Head | Human Resources

IIHMR UNIVERSITY

IIHMR University Faculty Mentor Approval

This is to certify that **Dr. Nitish Kumar Tiwari** of academic year **2024-26** of **Institute 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: 25-07-2025

Dr. Ritu Vashistha
Assistant Professor
School Of Digital Health

ASSESSMENT OF TURNAROUND TIME (TAT) COMPLIANCE IN PATIENT TRANSFERS FROM EMERGENCY DEPARTMENT TO IPD/ICU.

Name of the Organisation: CK Birla Hospitals (RBH), Jaipur
Student Name: Dr. Nitish Kumar Tiwari
University Mentor: Dr. Ritu Vashistha

Roll no: 2012
Stream: Hospital and Health management
Organization Mentor: Dr. Nimi Thadeshwar

HISTORY OF ORGANISATION

- The late B M Birla and Y B Chavan, India's defense minister at the time, laid the foundation stone for CMRI in Kolkata in 1969.
- In 1989 it was the opening of the BMB Heart Hospital in Kolkata, which was the first hospital in India to receive NABH accreditation.
- The Group opened the 230-bed Rukmani Birla Hospital in Jaipur, Rajasthan, in 2016.

VISION

To provide best of Patient Service & Clinical Excellence.

MISSION

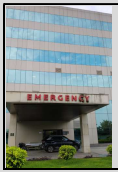
To create Clinical Centres of Excellence on a strong backbone of research, academics and evidence-based medicine for best clinical and patient outcome.

ORGANIZATIONAL CHART

INTRODUCTION

"The Emergency Department (ED) is the face of the hospital"
The first point of contact for hospital care is the Emergency Department (ED), where patients with urgent medical requirements come in.

AIM

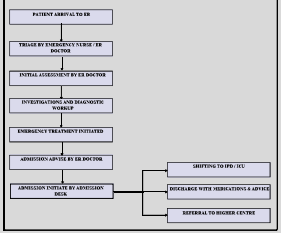


Reduced congestion in the emergency room → Optimal workflow at the hospital to accomodate OPD patients requiring attention → Prompt medical attention - timely indenting of drugs from floors → Improved clinical outcomes for patients → Higher patient satisfaction

OBJECTIVE

- To evaluate adherence to SOP requiring patient transfer within 30 minutes from ER to IPD/ICU after the admission being initiated.
- To track real-time challenges, monitor TAT and identify root causes of delay.

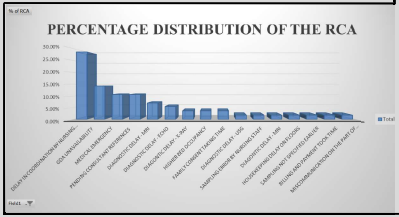
WORKFLOW OF ER



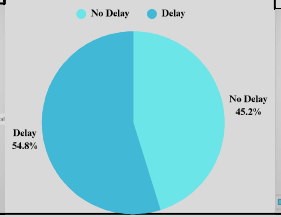
METHODOLOGY

- Study design- Observational
- Study Type- Descriptive
- Study method - Real time observation
- Sampling Technique - Convenience Sampling
- Sample size - 104 patients
- Study duration - 19th May till 24th June (37 days)
- Data collection type - Primary data

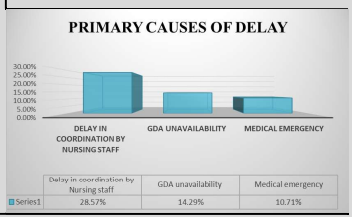
PERCENTAGE DISTRIBUTION OF THE RCA



KEY FINDINGS

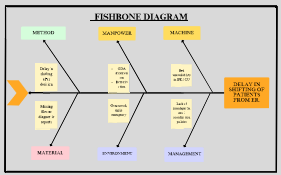


PRIMARY CAUSES OF DELAY



	Delay in coordination by Nursing staff	GDA unavailability	Medical emergency
Series1	28.57%	14.29%	10.71%

FISHBONE DIAGRAM



SWOT ANALYSIS

STRENGTHS
- 24x7 service availability
- Trained ER doctors and triage nurses
- Structured admission protocols

WEAKNESSES
- GDA absenteeism
- Nursing staff demotivation
- Delay in consultant rounds

OPPORTUNITIES
- Digital attendance & communication tools
- Training on TAT & KPI awareness
- Improved floor coordination

THREATS
- Patient dissatisfaction
- Loss of trust in emergency care
- Overcrowding & delayed treatment outcomes

THEORETICAL UNDERSTANDING	PRACTICAL EXPOSURE	MAJOR LEARNINGS
It is expected that all departments adhere to SOPs.	Human factors such as staff motivation, coordination delays, and GDA availability frequently cause SOP deviations.	Human factors such as motivation, responsibility impact operations.
Textbooks place a strong emphasis on effective departmental communication.	Poor communication between the consultants, diagnostics, admission desk, and emergency room resulted in delays.	Importance of SOP compliance in emergency workflow & Observational data tracking & real-time auditing
Management models presume leadership intervention and ongoing oversight.	In reality, shift changes frequently occurred without formal handovers or briefings, which affected continuity of care.	Root cause analysis and process redesign experience

CHALLENGES OBSERVED

- GDA absenteeism & unclear role responsibilities.
- Low motivation among nursing staff despite adequate manpower.
- Coordination issues between departments.

SUGGESTIONS

- Onboarding checklists and app-based attendance tracking.
- Peer-led recognition programs.
- Weekly coordination huddles among departments

Reporting Format (Weekly)

Name of the Organisation: CK Birla (RBH), Jaipur

Area/ Department/ Project of Summer Internship Program: Medical Services

Name of the Student: Dr. Nitish Kumar Tiwari

Roll no: 2012 **Stream: Hospital and Health management**

Week no: 1 **From: 12th May to 18th May 2025**

Activity Done	Observation of the following departments- a) In-patient department b) Emergency department c) MRD d) OT e) CSSD f) Laboratory g) IT department h) PCS or patient care services (OPD + IPD) i) Pharmacy Induction sessions on the following- a) Basic life support b) Quality c) Infection control d) Fire safety e) Marketing
Linking theory (Classroom learning) with practice at your organisation	• Observation of OT zoning implementation and equipment kinds taught in the module – essentials of hospital services. • Processes of data collection and analysis as read in the module – research methodology. • Observed the hospital emergency codes being displayed at various areas within the hospital premises. • Display of signage boards as per the NABH guidelines. • Practical implementation of CSSD (central sterile supply department) being close to Operation theatre.

	• Signages with emergency evacuation plans at all the floors along with the fire exits and assembly area properly displayed.
Gaps identified on the working area.	• At times there is delay in shifting of patients from the emergency department to the in-patient department. • Still some staff and doctors write patient details manually and then update it on the hospital information system later. • Incomplete patient details in some files for example missing doctor's initial assessment in patient file though being there in the hospital information system.
Suggestions for improvement	• Better inter-departmental coordination for timely shifting of patients from emergency department to in-patient department. • More hand on training and encouragement of the staff to use digital means for updating patient details in real time. • Regular file audits should be held to ensure that the patient files contain all the records.
Plan for the next week	• We will be assigned our respective departments. • Finalisation and start of work on our summer internship projects. • Becoming more familiar with the internal processes and coordination within the hospital.

Signature of the Student

Approved by the IIHMR University's Mentor

Reporting Format (Weekly)

Name of the Organisation: CK Birla (RBH), Jaipur

Area/ Department/ Project of Summer Internship Program: Emergency department under Medical Administration.

Name of the Student: Dr. Nitish Kumar Tiwari

Roll no: 2012 **Stream:** Hospital and Health management

Week no: 2 **From:** 19th May to 25th May 2025

Activity Done	On Monday that is 19th of May we had a meeting in which we all interns were allocated respective departments for our summer internship. I have been given assigned to the emergency department of the hospital and to observe that the TAT or turnaround time compliance for patient transfers from Emergency Department to the in-patient department (IPD) as per hospital's SOP of 30 minutes should be maintained. • Observation of mock drills on – A) Code Black – Bomb threat B) Code blue – Cardiac/Respiratory arrest • Gained in-person experience on how hospital staff works during the following – A) Code Grey - Poly trauma patients B) Code Fast - Stroke C) RRT (rapid response team) initiation in the hospital. D) CPR (cardiopulmonary resuscitation) being given to a patient.
Linking theory (Classroom learning) with practice at your organisation	• Team management during sudden emergency cases such as road accidents where there is a matter of life and death. Staff include senior residents, junior residents, nursing staff, GDA, housekeeping staff etc. being very swift in action. • Time management taught to us which is very much seen in the timely intervention by the staff. • Mock drills being conducted by the administration to make the hospital staff be aware of any unwarranted situation that may arise demanding care and attention from them.

	• Swift response of different dedicated teams during different codes being activated, indicating that people are well aware of their responsibilities.
Gaps identified on the working area.	• Housekeeping staff while putting cover on the blanket for patients, do not properly see to it that the blanket gets soiled on the floor which can result in cross-infection. • As ECHS scheme has recently been added to the hospital, there are some lapses with respect to the knowledge of documents required for availing the ECHS services on the hospital's behalf. This results in delay of the discharge of patients from the emergency department.
Suggestions for improvement	• House-keeping staff though outsourced should be properly regulated and timely quality checks should be implemented. • Gaining more knowledge on the ECHS scheme and imparting the training and knowledge to the staff handling the ECHS scheme patients.
Plan for the next week	• Observe more closely on the reasons for the delay in shifting of the patients from ER to IPD etc. • Gain more in-depth knowledge about hospital functioning.

Signature of the Student

Approved by the IIHMR University's Mentor

Reporting Format (Weekly)

Name of the Organisation: CK Birla (RBH), Jaipur

Area/ Department/ Project of Summer Internship Program: Emergency department under Medical Administration.

Name of the Student: Dr. Nitish Kumar Tiwari

Roll no: 2012 **Stream:** Hospital and Health management

Week no: 3 **From:** 26th May to 31st May 2025

Activity Done	Working on my summer internship project – Which is to observe that the TAT or turnaround time compliance for patient transfers from Emergency Department to the in-patient department (IPD) as per hospital's SOP of 30 minutes should be maintained and if there are delays, then to note down the reasons behind the delays. • Gained in-person experience on how the hospital staff works during the IRT announcement. • Gained in-person experience on how emergency department staff works during cases of suspected poisoning. • LAMA case where in I observed how the patient's attendants were counselled not to take the patient away from the hospital during treatment but upon denial, filling of the LAMA form and discharge of the patient post that was also noted by me.
Linking theory (Classroom learning) with practice at your organisation	• Rational thinking by the staff of the hospital especially in the cases of suspected poisoning where swift and timely action is required. • The importance of informed consent is seen in the case of LAMA (leave against medical advice) where patient and attendants are counselled thoroughly, refusal is documented with forms being filled. • Emergency protocols and resource mobilization as seen in the case of IRT (incidence report teams) which shows use of alert systems with proper inter-departmental co-ordination.

Gaps identified on the working area.	• Dusting of patient beds should be done on a daily basis as per protocols but there are lags in this process. • For the dusting, different dusters should be made available for different beds which is not always the case. • As ECHS scheme has recently been added to the hospital, there are some lapses with respect to the knowledge of documents required for availing the ECHS services on the hospital's behalf. This results in delay of the discharge of patients from the emergency department.
Suggestions for improvement	• House-keeping staff though outsourced from two different companies should be properly regulated and timely quality checks and audits should be done. • The staff should work more on gaining knowledge with respect to the ECHS scheme and the required documents for the same for a better discharge process. • The house keeping staff should be trained and made aware of their responsibilities by their supervisor.
Plan for the next week	• Observe more closely on the reasons for the delay in shifting of the patients from ER to IPD, OT, ICU etc. • Gain more in-depth knowledge about hospital functioning. • Gain a better understanding of hospital's standard operating procedures.

Signature of the Student

Approved by the IIHMR University's Mentor

Reporting Format (Weekly)

Name of the Organisation: CK Birla (RBH), Jaipur

Area/ Department/ Project of Summer Internship Program: Emergency department under Medical Administration.

Name of the Student: Dr. Nitish Kumar Tiwari

Roll no: 2012 **Stream:** Hospital and Health management

Week no: 4 **From:** 2nd June to 8th June

Activity Done	Continued working on my summer internship project – Which is to observe that the TAT or turnaround time compliance for patient transfers from Emergency Department to the in-patient department (IPD), OT or ICU as per hospital's SOP of 30 minutes should be maintained and if there are delays, then to note down the reasons behind it. • Learnt about the code sepsis form filled in relevant cases. • LAMA case where in I observed how the patient's attendants were counselled not to take the patient away from the hospital during treatment but upon denial, filling of the LAMA form and discharge of the patient post that was also noted by me. • Got to know the procedure for filling new admission form for the patient by the attendants. • Also gained knowledge about how the bed manager works for allocation of rooms to the patients in the IPD.
Linking theory (Classroom learning) with practice at your organisation	• Learnt that sometimes outsourcing of few departments are necessary in order to facilitate the smooth operations of the hospital. • Shared responsibilities by different staff working together. • The importance of informed consent is seen in the case of LAMA (leave against medical advice) where patient and attendants are counselled thoroughly, refusal is documented with forms being filled.

Gaps identified on the working area.	• Sometimes shifting or admission of patients is delayed to due to consultant rounds which takes a lot of time resulting in increased ALOS or average length of stay of the patients in the emergency department. • As ECHS scheme has recently been added to the hospital, there are some lapses with respect to the knowledge of documents required for availing the ECHS services on the hospital's behalf. This results in delay of the discharge of patients from the emergency department.
Suggestions for improvement	• For consultants rounds, designated time should be framed for the doctors to visit emergency department apart from their OPD timings. • The staff should work more on gaining knowledge with respect to the ECHS scheme and the required documents for the same for a better discharge process. • The house keeping staff should be trained and made aware of their responsibilities by their supervisor.
Plan for the next week	• Observe more closely on the reasons for the delay in shifting of the patients from ER to IPD, OT, ICU etc. • Gain more in-depth knowledge about hospital functioning. • Gain a better understanding of hospital's standard operating procedures. • Also to gain insights into the strategy for expansion by the hospital.

Signature of the Student

Approved by the IIHMR University's Mentor

Reporting Format (5th Week)

Name of the Organisation: CK Birla (RBH), Jaipur

Area/ Department/ Project of Summer Internship Program: Emergency department under Medical Administration.

Name of the Student: Dr. Nitish Kumar Tiwari

Roll no: 2012 **Stream:** Hospital and Health management

Week no: 5 **From:** 9th June to 15th June

Activity Done	Continued working on my summer internship project – Which is to observe that the TAT or turnaround time compliance for patient transfers from Emergency Department to the in-patient department (IPD), OT or ICU as per hospital's SOP of 30 minutes should be maintained and if there are delays, then to note down the reasons behind it by in depth observation. • Learnt that in patients availing ECHS scheme, if they are above 70years of age then do not require referral form for the same. • Gained knowledge about the process of taking patients on track in Emergency department that is on the HIS (hospital information system).
Linking theory (Classroom learning) with practice at your organisation	• The concept of being ready for the future or any untoward incidents can be seen by having disaster cupboard within the emergency department, having adequate stock of essential medicines etc. • Observing the compliance with triage protocols and infection control practices in such high-pressure settings according to NABH guidelines. • Working and observing how the HIS is used to admit emergency patients, update patient status, and coordinate with IPD – as taught in the Digital Health module. • I was able to see HR issues in real-time, such as burnout, interdepartmental coordination, or motivation challenges.

Gaps identified on the working area.	• GDA's do not understand their responsibilities, and it makes it hard to track them inside the hospital as many a time there is absenteeism on their part inside the departments. • Housekeeping staff do not practice dusting of the beds daily. • IV cannulation trays at times are stained with blood at times and properly cleaned or sanitised.
Suggestions for improvement	• Conducting regular induction sessions for GDAs clearly defining their roles and responsibilities. • By developing checklists or duty rosters that detail specific tasks and assigned areas. • Housekeeping staff should be given more hands-on training and knowledge to understand the ill effects of cross infections or hospital acquired infections. • Introducing periodic performance reviews with feedback to address absenteeism.
Plan for the next week	• Observe more closely on the reasons for the delay in shifting of the patients from ER to IPD, OT, ICU etc. • Gain more in-depth knowledge about hospital functioning. • Gain a better understanding of hospital's standard operating procedures.

Signature of the Student

Approved by the IIHMR University's Mentor

Reporting Format (6th Week)

Name of the Organisation: CK Birla Hospitals (RBH), Jaipur

Area/ Department/ Project of Summer Internship Program: Emergency department under Medical Administration.

Name of the Student: Dr. Nitish Kumar Tiwari

Roll no: 2012 **Stream:** Hospital and Health management

Week no: 6 **From:** 16th June to 22nd June

Activity Done	Continued working on my summer internship project – Which is to observe that the TAT or turnaround time compliance for patient transfers from Emergency Department to the in-patient department (IPD), OT or ICU as per hospital's SOP of 30 minutes should be maintained and if there are delays, then to note down the reasons behind it by in depth observation. • Learnt that the medication and inventory management is how much useful and necessary in the emergency department. • After the admission being initiated, it is responsibility of nursing staff from ER to communicate with concerned floor of IPD for patient shifting. • Also during shifting a nursing staff accompanies the patients to their respective IPD floors for handover of the documents.
Linking theory (Classroom learning) with practice at your organisation	• Timely corporate audits or supervision results in a lot of things to be done within a set time frame which earlier were delayed or left out. • Lack of motivation was seen by me due to burn out of staff after a hectic day full of rush. • Conflict management on the part of admission desk staff because in the case of unavailability of rooms causing delay, it is them who have to bear the wrath of patient attendants.
Gaps identified on the working area.	• Many a times the admission desk is not properly communicated of the availability of beds in IPD

	resulting in delay of admission being initiated of the patient thus resulting in increased length of stay. • GDA staff are required to write their entry and exit times throughout the day in a register to be supervised further but most of the times it is not done by the GDA's.
Suggestions for improvement	• Create a standard operating procedure (SOP) that specifies who should notify whom and when about bed availability. • At shift changes, designate a responsible individual (such as the ward in-charge) to update bed status. • To ensure compliance, make it essential for the nurse in charge or the ward supervisor to review and approve the in and out going register at the end of each shift.
Plan for the next week	• Observe more closely on the reasons for the delay in shifting of the patients from ER to IPD, OT, ICU etc. • I will try to finalise my project within this week. • Take up a new, challenging project.

Signature of the Student

Approved by the IIHMR University's Mentor

Reporting Format (7th Week)

Name of the Organisation: CK Birla Hospitals (RBH), Jaipur

Area/ Department/ Project of Summer Internship Program: Emergency department under Medical Administration.

Name of the Student: Dr. Nitish Kumar Tiwari

Roll no: 2012 **Stream:** Hospital and Health management

Week no: 7 **From:** 23rd June to 29th June

Activity Done	Continued working on my summer internship project (from Monday till Wednesday of the present week) Which was to observe that the TAT or turnaround time compliance for patient transfers from Emergency Department to the in-patient department (IPD), OT or ICU as per hospital's SOP of 30 minutes should be maintained and if there are delays, then to note down the reasons behind it by in depth observation. On Wednesday that is 25th June, we had a meeting with our industry mentor to review our progress regarding our respective work on the 1st project that we were doing. I have collected data of a sample size of 100+ patients of which I will be doing the further analysis and create a detailed report about.
Linking theory (Classroom learning) with practice at your organisation	• Not everything can be digitalized, and some things still require human touch, for example samples sent to lab can be automated by having dedicated machinery, but this is not applicable with everything when it comes diagnostics like USG etc. where trained professionals are required. • Human resource department is very important for any organisation because they are ones who are trusted upon the work of retaining high performing employees alongwith induction of potential candidates according to the requirements. • Timely audits are of very much use as it makes the staff update their work thoroughly enabling higher management to go review it from time to time.

Gaps identified on the working area.	• The radiology department uploads the reports on the cloud, but this can only be accessed via the private network of the hospital. Which means that in case of patient demanding a soft copy of reports on their mail, then this can not be done in the present time. • A few of staff at the billing desk are not able to comprehend what is written on the file of patient, thus not being able to proceed any further, creating a confusing scenario for the patients to jump from one counter to another.
Suggestions for improvement	• By holding training sessions to help billing staff become more literate with respect to medical terminologies. • Upgrading the cloud access by making the switch to a hybrid cloud system that preserves hospital security while providing patients and authorized personnel with external, confirmed access.
Plan for the next week	• Working upon the analysis of my sample data collected from the emergency department to draw patterns and conclusions from it. • Observing the behaviours of different staff, analysing their working patterns and trying to find out more about the motivating factors. • Try to take up a new project.

Signature of the Student

Approved by the IIHMR University's Mentor

Reporting Format (8th Week)

Name of the Organisation: CK Birla Hospitals (RBH), Jaipur

Area/ Department/ Project of Summer Internship Program: Radiology department under Medical Administration.

Name of the Student: Dr. Nitish Kumar Tiwari

Roll no: 2012 **Stream:** Hospital and Health management

Week no: 8 **From:** 30th June to 6th July

Activity Done	After completing my first project from the emergency department regarding finding out the delays in shifting of patients to the IPD, I have been given the task to analyse and observe the radiology department of the hospital. Wherein I have observed minute details ranging from the billing being initiated for different investigations, to coordination by the staff in printing of reports and then dispatching them further. The hospital is equipped with modern, advance state of the art facilities with 4 dedicated machines for USG. Some of the other services offered are – Mammography, CT scan, MRI, X-ray etc. Once the film for reports gets ready, it can be given patients for consultation with doctors but for the final report to be made, the film needs to submitted to the counter again.
Linking theory (Classroom learning) with practice at your organisation	• Degrees definitely add to your worth, but a few skills are as such that can be taught to even less educated people enabling them to work in accordance to the needs of the organisation. • The concept in management which holds that increasing the number of workers on a task doesn't always make it go faster—in fact, it may make it go more slowly. • The hospital is also a educational and training institute and there are 4 DNB doctors in the radiology department, adding to the knowledge powerhouse. This is also an excellent method of developing and keeping individuals with expertise.

Gaps identified on the working area.	• The radiology department has a sufficient number of GDA and transporter staff members, however they are unaware of their duties. They are to be told again and again to do things that are ought to be performed by them. • There is not proper communication among the staff the responsibility of which lies with the coordinators. • Single printer is available for printing of different investigative reports and films which can be troublesome in case of breakdown of the machine.
Suggestions for improvement	• By carrying out regular refresher training and organized onboarding to reaffirm expectations from the staff. • To promote honesty, encourage employees to give formal feedback on coordination issues; this feedback can be anonymous. • By installing a backup printer, which can be of much use in case of breakdown of the printer. • Prioritize emergency reports and urgent cases in the queue.
Plan for the next week	• Working upon the analysis of my sample data collected from the emergency department to draw patterns and conclusions from it. • Try to take up a new project to work upon.

Signature of the Student

Approved by the IIHMR University's Mentor

Reporting Format (9th Week)

Name of the Organisation: CK Birla Hospitals (RBH), Jaipur

Area/ Department/ Project of Summer Internship Program: Operation Theatre (pre/post-op) under Medical Administration.

Name of the Student: Dr. Nitish Kumar Tiwari

Roll no: 2012 **Stream:** Hospital and Health management

Week no: 9 **From:** 7th July to 13th July

Activity Done	We had a meeting with our mentor regarding review of our PowerPoint presentation of our first project. We were given suggestions to work upon and make it better for final presentation. Then I have been allotted a second project with respect to- "The wheel in time (shifting of patient) from Pre-op to Operation Theatre should not exceed more than 30 minutes than the time allotted for that particular case of surgery. To check the compliance rate according to KPI's which should be above 95%" Observation of the OT's in the hospital: few are dedicated for orthopaedics, neurology, gynaecology etc. Some are general OT's and one is especially dedicated for robotic surgery. They are modular and built as such keeping in mind to maintain the sterility of the environment within.
Linking theory (Classroom learning) with practice at your organisation	• The concept of laminar air flow being followed with timely air circulations within the operating room is seen as taught in the module – Essentials of Hospital services. • The appropriate use of surgical safety check-list in accordance to the check-list given by WHO is seen in the surgical cases. • OT documentation check-list having surgery clearance, consent for surgery and anesthesia, billing record, investigation order form, PAC form, drug chart etc. Shows the importance of having informed consent and the need for records for legal purposes.

Gaps identified on the working area.	• New and untrained GDA staff are at times sent to the pre-op/post-op department, making it hard for the nursing staff to get them do timely and organised work. • Rare instances when there is no direct supervision, the nursing staff tends to take things lightly with regard to patients post-operatively. • In the event that the surgery takes longer than expected, the attendants are not alerted in real time, which causes anxiety.
Suggestions for improvement	• Create a brief but organised orientation program for GDAs that focusses on pre-op and post-op duties (e.g., basic patient handling protocols, transport, hygiene, and patient placement). Before deploying them on their own, include a brief skills assessment or supervisor sign-off. • Use straightforward, required post-operative care checklists (such as those for wound care, pain management, and vitals monitoring). • Encourage employees to provide updates in the event of a delay in a sincere but comforting manner.
Plan for the next week	• Working hard on data collection of my second project and finding the root cause in cases of delay in the start of surgical procedures. • Doing the analysis of sample data collected from the emergency department to draw patterns and conclusions from it. • Try to make the best use of my remaining internship duration.

Signature of the Student

Approved by the IIHMR University's Mentor

Reporting Format (10th Week)

Name of the Organisation: CK Birla Hospitals (RBH), Jaipur

Area/ Department/ Project of Summer Internship Program: Operation Theatre (pre/post-op) under Medical Administration.

Name of the Student: Dr. Nitish Kumar Tiwari

Roll no: 2012 **Stream:** Hospital and Health management

Week no: 10 **From:** 14th July to 20th July

Activity Done	Working on my second project with respect to- "The wheel in time (shifting of patient) from Pre-op to Operation Theatre should not exceed more than 30 minutes than the time allotted for that particular case of surgery. To check the compliance rate according to KPI's which should be above 95%"Analysing 30 days of data and the reasons for the delays if present. Overseeing the process workflow - • A patient if admitted on the floors comes to the pre-op after completion of different clearance forms, In the pre-op, vitals are checked of the patient along with asking the right questions to make sure that the right patient is identified for the desired surgery. • Then the patient goes for operation in the OT which is just in front of the pre-op department. • After the surgery is done, the staff of the dedicated surgeon's team updates it on the HIS and the patient is shifted to the post-op department, where they are kept under observation and then shifting to floors are done. We had the final presentation of both of our projects on Friday evening.

Linking theory (Classroom learning) with practice at your organisation	• The OT pharmacy is situated beside the OT entrance, with a dedicated window inside the lobby of operation theatre area from where the staff can get medicines and consumable items required for different surgeries. • There is a window inside the lobby of the OT for CSSD also where staff can get sterile instruments directly in the OT. • Inside the operating room, the staff maintains a circulating nurse record, in which during the initial count the numbers of different items to be used are written, this in turn is again tallied with the closure count- this is a safety check. • Site marking is done by the staff in pre-op for cases which have a possibility of having ambiguity between left or right side.
Gaps identified on the working area.	• There are rare instances of the OT documentation check-list not being completely filled by the staff in pre-op, resulting in the surgeon waiting for the same before surgery getting started. • Lack of consent forms being completely filled in the patient files while bringing them to and from pre-op. • Physician assistant is not available until 9AM and thus is not present for early morning cases.
Suggestions for improvement	• Put into practice a 'Stop & Check' policy, which states that no patient undergoes OT before completing the consent form in its entirety and gives personnel the authority to halt the procedure if necessary. • Coordinate with OT Schedule: Even a shift that begins 30 to 60 minutes sooner can help bridge the gap between the PA duty start time and the first OT case start time.
Plan for the next week	• We have our last working day on Monday that is 21st July and I will try to do make sure, i leave a good impression of mine in their minds.

Compiled Report (12th May – 21st July)

Name of the Organisation: CK Birla Hospitals (RBH), Jaipur

Area/ Department/ Project of Summer Internship Program: Medical Administration.

Name of the Student: Dr. Nitish Kumar Tiwari

Roll no: 2012 **Stream:** Hospital and Health management

Activity Done	Observation of the following departments- a) In-patient department b) Emergency department c) MRD d) OT e) CSSD f) Laboratory g) IT department h) PCS or patient care services (OPD + IPD) i) Pharmacy Induction sessions on the following- j) Basic life support k) Quality l) Infection control m) Fire safety n) Marketing Observation of mock drills on – o) Code Black – Bomb threat p) Code blue – Cardiac/Respiratory arrest Gained in-person experience on how hospital staff works during the following – a) Code Grey - Poly trauma patients b) Code Fast - Stroke c) RRT (rapid response team) initiation in the hospital d) CPR (cardiopulmonary resuscitation being given to a patient. Project 1-

	Assessment of turnaround time (TAT) compliance in patient transfers from the Emergency Department to IPD, OT, or ICU as per hospital SOP. Under which I observed that the TAT or turnaround time compliance for patient transfers from Emergency Department to the in-patient department (IPD) as per hospital's SOP of 30 minutes should be maintained and if there are delays, then to note down the reasons behind the delays. Project 2- Analysis of delays in going of patient from pre-op to Operation Theatre for surgeries as per wheel in time. The wheel in time (shifting of patient) from Pre-op to Operation Theatre should not exceed more than 30 minutes than the time allotted for that case of surgery. I had to check the compliance rate according to KPI's which should be above 95%. I had also been given the task to analyse and observe the radiology department of the hospital. Wherein I have observed minute details ranging from the billing being initiated for different investigations, to coordination by the staff in printing of reports and then dispatching them further.
Linking theory (Classroom learning) with practice at your organisation	• Observation of OT zoning implementation and equipment kinds taught in the module – essentials of hospital services. • Processes of data collection and analysis as read in the module – research methodology. • Observed the hospital emergency codes being displayed at various areas within the hospital premises. • Display of signage boards as per the NABH guidelines. • The importance of informed consent is seen in the case of LAMA (leave against medical advice) where patient and attendants are counselled thoroughly, refusal is documented with forms being filled.

	• I was able to see HR issues in real-time, such as burnout, interdepartmental coordination, or motivation challenges. • Conflict management on the part of admission desk staff because in the case of unavailability of rooms causing delay, it is them who have to bear the wrath of patient attendants. • Observing the compliance with triage protocols and infection control practices in such high-pressure settings according to NABH guidelines. • The concept of laminar air flow being followed with timely air circulations within the operating room is seen as taught in the module – Essentials of Hospital services. • The appropriate use of surgical safety check-list in accordance to the check-list given by WHO is seen in the surgical cases. • Practical implementation of CSSD (central sterile supply department) being close to Operation theatre. • Use of HIS or hospital information system as taught in module – Digital Health.
Gaps identified on the working area.	• Still some staff and doctors write patient details manually and then update it on the hospital information system later. • Incomplete patient details in some files for example missing doctor's initial assessment in patient file though being there in the hospital information system. • Housekeeping staff while putting cover on the blanket for patients, do not properly see to it that the blanket gets soiled on the floor which can result in cross-infection. • As ECHS scheme has recently been added to the hospital, there are some lapses with respect to the knowledge of documents required for availing the ECHS services on the hospital's behalf. This results in delay of the discharge of patients from the emergency department. • Dusting of patient beds should be done on a daily basis as per protocols but there are lags in this process.

	• For the dusting, different dusters should be made available for different beds which is not always the case. • GDA's do not understand their responsibilities, and it makes it hard to track them inside the hospital as many a time there is absenteeism on their part inside the departments. • Housekeeping staff do not practice dusting of the beds daily. • IV cannulation trays at times are stained with blood at times and properly cleaned or sanitised. • Many a times the admission desk is not properly communicated of the availability of beds in IPD resulting in delay of admission being initiated of the patient thus resulting in increased length of stay. • GDA staff are required to write their entry and exit times throughout the day in a register to be supervised further but most of the times it is not done by the GDA's. • The radiology department uploads the reports on the cloud, but this can only be accessed via the private network of the hospital. Which means that in case of patient demanding a soft copy of reports on their mail, then this can not be done in the present time. • A few of staff at the billing desk are not able to comprehend what is written on the file of patient, thus not being able to proceed any further, creating a confusing scenario for the patients to jump from one counter to another. • Single printer is available for printing of different investigative reports and films which can be troublesome in case of breakdown of the machine. • New and untrained GDA staff are at times sent to the pre-op/post-op department, making it hard for the nursing staff to get them do timely and organised work. • If the surgery takes longer than expected, the attendants are not alerted in real time, which causes anxiety. • There are rare instances of the OT documentation check-list not being completely filled by the staff in

	pre-op, resulting in the surgeon waiting for the same before surgery getting started. • Lack of consent forms being completely filled in the patient files while bringing them to and from pre-op. • Physician assistant is not available until 9AM and thus is not present for early morning cases.
Suggestions for improvement	• More hand on training and encouragement of the staff to use digital means for updating patient details in real time. • Regular file audits should be held to ensure that the patient files contain all the records. • Gaining more knowledge on the ECHS scheme and imparting the training and knowledge to the staff handling the ECHS scheme patients. • House-keeping staff though outsourced from two different companies should be properly regulated and timely quality checks and audits should be done. • Conducting regular induction sessions for GDAs clearly defining their roles and responsibilities. • By developing checklists or duty rosters that detail specific tasks and assigned areas. • Housekeeping staff should be given more hands-on training and knowledge to understand the ill effects of cross infections or hospital acquired infections. • Introducing periodic performance reviews with feedback to address absenteeism. • Create a standard operating procedure (SOP) that specifies who should notify whom and when about bed availability. • At shift changes, designate a responsible individual (such as the ward in-charge) to update bed status. • To ensure compliance, make it essential for the nurse in charge or the ward supervisor to review and approve the in and out going register at the end of each shift. • By holding training sessions to help billing staff become more literate with respect to medical terminologies. • Upgrading the cloud access by making the switch to a hybrid cloud system that preserves hospital security

	while providing patients and authorized personnel with external, confirmed access. • By installing a backup printer, which can be of much use in case of breakdown of the printer. • Prioritize emergency reports and urgent cases in the queue. • Use straightforward, required post-operative care checklists (such as those for wound care, pain management, and vitals monitoring). • Encourage employees to provide updates in the event of a delay in a sincere but comforting manner. • Put into practice a 'Stop & Check' policy, which states that no patient undergoes OT before completing the consent form in its entirety and gives personnel the authority to halt the procedure if necessary. • Coordinate with OT Schedule: Even a shift that begins 30 to 60 minutes sooner can help bridge the gap between the PA duty start time and the first OT case start time.
Key Learnings	• A 360° perspective of hospital operations was obtained through direct observation in many departments, including IPD, Emergency, MRD, OT, CSSD, Lab, IT, and Pharmacy. • real-time understanding of the importance of efficient communication between departments such as Radiology, Billing, and Admission in order to avoid delays. • Information about the application of infection control, zoning, and sterilization practices in OTs and CSSD. • Awareness of emergency response was improved by watching simulated exercises or mock drills (such as Code Blue and Code Black). • Acquired knowledge about the significance of monitoring turnaround time (TAT) for patient transfers and the direct effects that delays have on patient satisfaction and safety. • Gained experience in root cause analysis, recognizing factors that contribute to delays like misunderstandings and bed shortages.

	• Applied KPI tracking and auditing to measure "wheel-in time" compliance. • Learned how pre-op documentation, staff availability, and consent form completeness affect surgical schedules. • Acknowledged emotional strain on emergency and front desk staff in high-stress scenarios. • Operational inefficiencies were caused by GDA absenteeism and unclear roles. • Need for stronger push towards real-time HIS usage among staff. • Working in high-pressure environments with both clinical and non-clinical teams. • Observed how poor hygiene, communication breakdowns, and delays affected patient satisfaction. • Identifying the flaws and suggesting cost effective and implementable solutions.

Signature of the Student

Approved by the IIHMR University's Mentor