SUMMER INTERNSHIP PROGRAM
at
FORTIS HOSPITAL, MANESAR

Fortis
HOSPITAL
Manesar, Gurugram

From 12/05/2025 to 19/07/2025

A REPORT BY

NIBEDITA ROY

Master of Business Administration

Hospital & Health Management

Roll no: **IIHMR-U/01/2024-26/2007**

2024-26

under the Mentorship of

Dr. Sarthak Sen Gupta

IIHMR UNIVERSITY, JAIPUR

IIHMR UNIVERSITY

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July 19, 2025

TO WHOMSOEVER IT MAY CONCERN

This is to certify that **Ms. Nibedita Roy** D/o **Mr. Bidhubhusan Roy** has completed her Internship in the department of **Patient Care Services** at Fortis Hospital, Manesar, Gurugram from **May 12, 2025** to **July 19, 2025.**

We wish her all the best in her future endeavors.

For **Fortis Hospital,Manesar,Gurugram,**

Rahul Khandelwal
Head Human Resources

IIHMR UNIVERSITY

IIHMR University Faculty Mentor Approval

This is to certify that **Ms. Nibedita Roy** of the 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.

(Signature of Faculty Mentor)

Dr. Sarthak Sengupta
Assistant Professor
IIHMR University, Jaipur
Date: 28/07/2025

"Managing Outpatient Flow: A Study of Daily and Weekly Trends in Footfall, Consultation Volume, Investigation Demand, and Turnaround Time"

IIHMR UNIVERSITY

Name - Nibedita Roy
Roll No - 2007
Batch - 29th (2024-2025)
University Mentor - Dr. Sarthak Sen Gupta
Organisation Mentor – Minakshi Popli Chopra

History

Fortis Healthcare expanded in Manesar, Gurugram, by acquiring Medeor Hospital from VPS Group. This move is part of Fortis's strategy to grow in the Delhi NCR region. The hospital, now part of Fortis, will have 350 beds and offer many medical services. This acquisition strengthens Fortis's presence in Gurugram, alongside its main facility, Fortis Memorial Research Institute (FMRI).

About

Fortis Hospital. Manesar, Gurugram. is Fortis Healthcare's second multispecialty hospital in the city. It has 350 beds, including 100 ICU beds, 15 emergency beds, 2 Cath Labs, and 9 operating theatres (OTS). The hospital features the latest technology and a team of skilled professionals focused on excellent patient care.

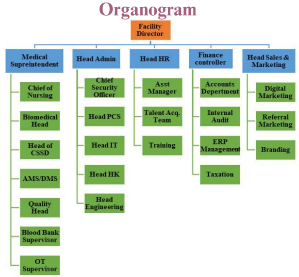
Vision

To create a world-class integrated delivery system in India, entailing the finest medical skills combined with compassionate patient care.

Mission

To be a globally respected healthcare organization known for clinical excellence and distinctive Patient Care.

Organogram



Observations

- Poor doctor–call center coordination.
- Shortage of staff (GDA/frontline).
- Long billing-to-consultation time.
- Unclear signboards causing confusion for patients.
- Vital machine discrepancies, with inconsistent readings for the same patient.

Aim

To analyze weekly OPD footfall by evaluating patient visits, service distribution (consultation, investigation, health check-ups, procedures, physiotherapy), TAT, consultation types, patient categories, payor types, and conversion rates for pharmacy, radiology, pathology, non-invasive cardiology (NIC), admission, and other services.

Methodology

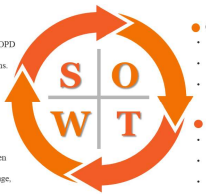
A 3-week study was conducted at Fortis Hospital to analyze OPD footfall and service conversion. Daily data was tracked in Excel. OPD and billing data were sourced from HIS; prescriptions and consultations from EMR. Conversion rates were assessed bill-wise via HIS, and appointment lists were taken from the Fortis Agent Portal.

Objectives

- Analyze weekly OPD footfall across key services.
- Study consultation types (new, follow-up).
- Classify patients by visit type, status, and payor type.
- Evaluate consultation TAT.
- Assess prescribed vs actual conversion for pathology, radiology, NIC, admission, pharmacy, and other services.

Strengths
- Strong brand with high OPD footfall.
- Use of EMR/HIS systems.
- Skilled and specialized medical staff.

Weaknesses
- Shortage of GDA and frontline staff.
- Poor coordination between departments.
- Infrastructure gaps (signage, seating, devices).



Opportunities
- Rising demand for preventive health check-ups.
- Growth in digital health (telemedicine, apps).
- Scope for medical tourism and corporate tie-ups.

Threat
- Increasing competition from private players.
- Regulatory changes and compliance pressure.
- High patient expectations and low tolerance for delay.

TOWS Analysis

	Strengths (S)	Weakness (W)
Opportunities (O)	• Promote check-ups & rural health via OPD visits. • Attract corporate & medical tourism tie-ups.	• Train GDAs in public communication & queue handling. • Use digital tools to reduce pressure on staff.
Threats (T)	• Use EMR/HIS to reduce waiting time. • Highlight strong brand to compete with the private sector	• Better team work between departments is needed. • Monitor service delays to improve patient satisfaction.

Fig 1: OPD Footfall

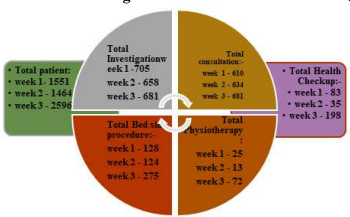


Fig 2: Consultation vs Follow ups

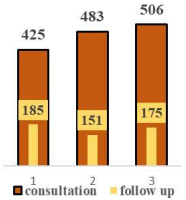


Fig 3: Patient Type Distribution

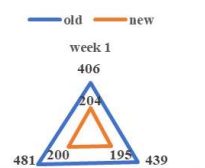


Fig 4: Payor Type Distribution

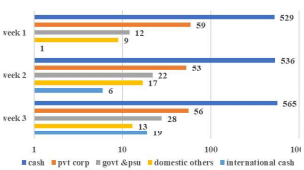


Fig 5: Prescribed For Conversions

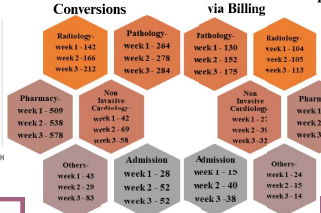


Fig 6: Actual Conversion via Billing

Fig 7: Walkin Vs Appointment Patients

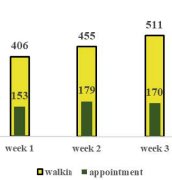
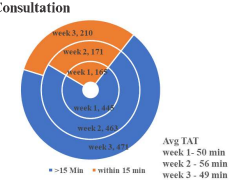


Fig 8: Turnaround Time (TAT) – Billing to Consultation



Interpretation

- OPD footfall steadily increased across the period.
- Follow-up patients were slightly higher than new patients.
- Consultation was the most utilized service.
- Significant gap observed between prescribed and actual conversions.
- Walk-in patients were more than appointment patients.
- TAT from billing to consultation was mostly short, indicating timely service.

Challenges Faced During Internship

- Adjusting to extended working hours (sometimes 9 AM to 9 PM).
- Handling and analyzing a large volume of data.
- Facing language barriers during patient interactions.
- Managing OPD operations with limited staff at times.

Learning During Internship

- Improved communication and interpersonal skills.
- Gained confidence in handling tasks and people.
- Learned key aspects of hospital management.
- Enhanced MS Excel and data handling skills.

Suggestions to the Organization

- Implement fixed-time scheduling for online and walk-in appointments.
- Recruit and schedule enough GDA/frontline staff to manage patient load.
- Improve signage and wayfinding across OPD and diagnostic areas.
- Calibrate and maintain equipment like vital machines regularly.
- Enhance coordination between departments for smooth patient flow.

Theoretical understanding

- Patient flow is linear and well-organized
- TAT is easily trackable and manageable
- Clear roles and responsibilities
- Signage helps guide patients efficiently

Practical exposure

- Requires constant crowd control and quick adjustments.
- Delay due to system issues, staff shortage, or poor coordination.
- Multitasking often required due to staff unavailability.
- Poor placement leads to confusion and misdirection.

Week - 1

Name of the Organisation: Fortis Hospital, Manesar

Area/ Department/ Project of Summer Internship Program: Radiology

Dept Name of the Student: Nibedita Roy

Roll no: 2007 Stream: MBA in Hospital & Health Management

Week no:From 12th May 2025 to 17th May 2025

Activity Done	• 12/05/2025- documentation and introduction with administration. • 13/05/2025- hospital visit, explore floors, and identify departments. • 14/05/2025- send to radiology dept and identify the workflow, machines, and console rooms. • 15/05/2025- monitor the turnaround time of the patients, monitor the competency of the employee, and observe the documentation procedure for EMR. • 16/05/2025- monitor the patients' flow and turnaround time, and make an Excel sheet on this. • 17/05/2025- manage the patient inflow & outflow for corporate employees, manage x-ray and USG patients flow, and crowd management.
Linking theory (Classroom learning) with practice at your organisation	• Manage patient flow, check documentations, make RCA, and KAPA for better implementation.
Gaps identified on the working area.	• USG for whole abdomen for a patient done without urine pressure. • IPD patients come to radiology dept & wait for 20-30 min, but the text isn't uploaded on EMR system from the ward end. • Console room for fluoroscopy room situated inside the radiation area, so employee needs to go to the console room through the radiation area. • Lack of radiologists, which results in delays for USG tests and report dissemination.

	• 2 times, a radiologist doesn't close the door properly during X-ray. • Low Communication skills among GDA staff.
Suggestions for improvement	• Training for the GDA staff. • Proper EMR handling before sending the patients to the radiology room. • Proper shifting of radiologists during rush time. • Proper console room for observation.
Plan for the next week	• Make a report on the gap, make RCA, and KAPA for better service

Signature of the Student

Approved by the IIHMR University's Mentor

Week - 2

Name of the Organisation: Fortis Hospital, Manesar

Area/ Department/ Project of Summer Internship Program: Radiology &

OPD Name of the Student: Nibedita Roy

Roll no: 2007 Stream: MBA in Hospital & Health Management
Week no: From:19th May 2025 to 23th May 2025

Activity Done	• 19/05/2025- observe TAT in the radiology Dept. • 20/05/2025- Observed TAT in the OPD gynae and obstacles, collect data and make a report. • 21/05/2025 & 22/05/2025 & 23/05/2025-collect data for TAT and observed the gaps, and analyze RCA
Linking theory (Classroom learning) with practice at your organisation	• Manage patient flow, make RCA, and KAPA for better implementation
Gaps identified on the working area.	• Low managerial issues • There are 4 PODs, but Sanitizers are not available in every pod • Insufficient GDA staff and nursing staff • The vital machines in the pods give different values for the same patient • Low management of the OPD doctors' schedule
Suggestions for improvement	• Recruitment of staff • Calibration of the vital machines • Proper scheduling for OPD • Pre-training for staff • Plan for management
Plan for the next week	• Have a meeting on 26/05/2025 with the PCS head and will discuss the next plan

Signature of the Student

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Week - 3

Name of the Organisation: Fortis Hospital, Manesar
Area/ Department/ Project of Summer Internship Program: Patient Care Service (PCS)
Name of the Student: Nibedita Roy
Roll no: 2007 Stream: MBA in Hospital & Health Management
Week no: From 26th May 2025 to 31th May 2025

Activity Done	• **26/05/2025-27/05/2025-** • Observe the admission procedure. • Reviewed & understood consent forms and billing procedure. • Received an introduction to the Fortis HIS and EMR system. • Assisted the patient in the admission procedure, including documentation and coordination. • **28/05/2025, 29/05/2025** & **30/05/2025-** • Posted as a supervisor in the OPD department. • Monitoring doctor's schedule & ensuring timely patient consultations. • Tracking TAT for services and addressing any delays. • **31/05/2025-** • Handle PHC patients (preventive health check-up).
Linking theory (Classroom learning) with practice at your organisation	• Managing crowd for better health care. • Promote preventive health care to reduce disease health burdens.
Gaps identified on the working area.	• Lack of human resources • No centralised HIS system between departments. • Lack of experienced professionals
Suggestions for improvement	• Recruitment of staff • Proper scheduling for OPD • Pre-training for staff
Plan for the next week	• Supervise OPD, investigate TAT, and conversion of patients, manage the whole OPD.

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Week - 4

Name of the Organisation: Fortis Hospital, Manesar

Area/ Department/ Project of Summer Internship Program: Patient Care Service (PCS) - OPD supervisor

Name of the Student: Nibedita Roy

Roll no: 2007 Stream: MBA in Hospital & Health Management

Week no: From 2nd JUNE 2025 to 7th JUNE 2025

Activity Done	• **02/06/2025-** • **Role – OPD Supervisor** • Managed patient flow and crowd control in OPD. • Minimized patient wait times. • Addressed and resolved on-the-spot OPD issues. • **03/05/2025 TO 05/06/2025-** • Supervise the OPD from 9 AM TO 4 PM. • Collect the data – patient wait time, number of patients of the day, rash timings. • analyse prescriptions and follow up conversions. • **06/06/2025-** • **Task: Revenue & Prescription Analysis** • Reviewed prescriptions from Dr. Ruchir Maheshwari (General Surgeon). • Calculated conversion rates (counseling → follow-up actions). • Estimated revenue generated from his counseling sessions. • **07/06/2025-** • **Role: OPD & Emergency Supervisor** • Oversaw operations in both the OPD and the Emergency Department.
Linking theory (Classroom learning) with practice at your organisation	• Reducing patient wait time. • Managing crowd. • Root cause analysis. • Improving OPD flow, reducing TAT.
Gaps identified on the working area.	• Lack of human resources. • No centralised HIS system between departments. • Lack of experienced professionals. • Low management. • No centralised EMR system for every dept. • Low competency among the employees. • Lack of motivation for work. • No coordination between call center and OPD schedule for doctor. • Lack of ground staff.
Suggestions for improvement	• Recruitment of staff. • Proper scheduling for OPD. • Motivational programs for staffs. • Coordination between departments.

Plan for the next week	Supervise OPD, investigate TAT, and conversion of patients, manage the whole OPD.

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Week - 5

Name of the Organisation: Fortis Hospital, Manesar
Area/ Department/ Project of Summer Internship Program: Patient Care Service (PCS) – OPD supervisor
Name of the Student: Nibedita Roy
Roll no: 2007 Stream: MBA in Hospital & Health Management
Week no: From 9nd JUNE 2025 to 14th JUNE 2025

Activity Done	• **09th June to 14th June** • **Role – OPD Supervisor** • Managed patient flow and crowd control in OPD. • Minimized patient wait times. • Addressed and resolved on-the-spot OPD issues. • Supervise the OPD from 9 AM TO 4 PM. • Collect the data – patient wait time, number of patients of the day, rash timings. • Analyse prescriptions and follow up conversions.
Linking theory (Classroom learning) with practice at your organisation	• Managing OPD flow. • Crowd management. • GDA and nursing pods management.
Gaps identified on the working area.	**1.** No coordination between call centres and doctors for online appointment scheduling. **2.** Lack of frontline workers. **3.** Patients are not aware of the serial number for consultation, they enter to doctor's chamber without any orders, which creates problems in the OPD.
Suggestions for improvement	**1.** Proper stuffing. **2.** Proper schedule for doctor appointment by coordinating within departments. **3.** Training for the staff. **4.** Proper plan for OPD handling.
Plan for the next week	Working on the project.

Signature of the Student

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Week - 6

Name of the Organisation: Fortis Hospital, Manesar
Area/ Department/ Project of Summer Internship Program: Patient Care Service (PCS)
Name of the Student: Nibedita Roy
Roll no -2007, Stream: MBA in Hospital & Health Management
Week no: From 16nd JUNE 2025 to 21th JUNE 2025

Activity Done	• **16th June to 21th June** • **Role – OPD Supervisor** • Managed patient flow and crowd control in OPD. • Addressed and resolved on-the-spot OPD issues. • Supervise the OPD from 9 AM TO 4 PM. • Collect the data – patient wait time, number of patients of the day, rash timings. • Analyse prescriptions and follow up conversions. • **Collecting data for the SIP project**
Linking theory (Classroom learning) with practice at your organisation	• Reduce patient wait time. • Crowd management. • Reduce TAT and proper OPD scheduling.
Gaps identified on the working area.	• No coordination between call centres and doctors for online appointment scheduling. • Lack of frontline workers. • High turnaround time from billing to enter the doctor's chamber.
Suggestions for improvement	• Proper stuffing. • Proper scheduling for doctor appointments by coordinating within departments. • Proposing a fixed time scheduling for online appointments and walk-in appointments.
Plan for the next week	• Working on the project. • Analyze weekly data for OPD footfall

Signature of the Student

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Week - 7

Name of the Organisation: Fortis Hospital, Manesar
Area/ Department/ Project of Summer Internship Program: Patient Care Service (PCS)
Name of the Student: Nibedita Roy
Roll no -2007, Stream: MBA in Hospital & Health Management
Week no: From 23nd JUNE 2025 to 28th JUNE 2025

Activity Done	• **23th June to 28th June : Role – OPD Supervisor** • Addressed and resolved on-the-spot OPD issues. • Supervised the OPD from 9 AM TO 4 PM. • Collect the data – patient wait time, number of patients of the day, rash timings. Analyse prescriptions and follow up conversions. • Analyse OPD footfall and report to the PCS manager. • Collecting data for the SIP project • **25th June** • Observed NABH audit.
Linking theory (Classroom learning) with practice at your organisation	• Help in Queue management system for better patient flow. • Promote preventive health care.
Gaps identified on the working area.	• No coordination between call centres and doctors for online appointment scheduling. • Lack of frontline workers. • High turnaround time from billing to enter the doctor's chamber. • Signboards are not properly positioned, making it difficult for patients to locate departments or counters.
Suggestions for improvement	• Proper scheduling for doctor appointments by coordinating within departments. • Proposing a fixed time scheduling for online appointments and walk-in appointments. • Signboards should be properly positioned.
Plan for the next week	• Analyze weekly data for OPD footfall

Signature of the Student

Approved by the IIHMR University's Mentor

Week - 8

Name of the Organisation: Fortis Hospital, Manesar
Area/ Department/ Project of Summer Internship Program: Patient Care Service (PCS)
Name of the Student: Nibedita Roy
Roll no -2007, Stream: MBA in Hospital & Health Management
Week no: From 30nd JUNE 2025 to 05th JULY 2025

Activity Done	• **30th June to 05th July: Role – OPD Supervisor** • Managed patient flow and crowd in the OPD. • Minimized patient wait times. • Addressed and resolved on-the-spot OPD issues. • Supervise the OPD from 9 AM TO 4 PM. • Analyse TAT. • Analyse prescriptions and follow up conversions. • Analyse OPD footfall and report to the PCS manager. • Collecting data for the SIP project
Linking theory (Classroom learning) with practice at your organisation	• Crowd management. • Enhance patient flow and reduce TAT. • Coordination and clear communication with patients and staff.
Gaps identified on the working area.	• No coordination between call centres and doctors for online appointment scheduling. • Lack of frontline workers. • Signboards are not properly positioned, making it difficult for patients to locate departments or counters.
Suggestions for improvement	• Proper stuffing. • Proper scheduling for doctor appointments by coordinating within departments. • Proposing a fixed time scheduling for online appointments and walk-in appointments.
Plan for the next week	• Analyze weekly data for OPD footfall.

Signature of the Student

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Week – 9

Name of the Organisation: Fortis Hospital, Manesar
Area/ Department/ Project of Summer Internship Program: Patient Care Service (PCS)
Name of the Student: Nibedita Roy
Roll no -2007, Stream: MBA in Hospital & Health Management
Week no: From 7th JULY 2025 to 12th JULY 2025

Activity Done	• **7th June to 12th July: Role – OPD Supervisor** • Managed patient flow and crowd in the OPD. • Addressed and resolved on-the-spot OPD issues. • Analyse TAT. • Analyse prescriptions and follow up conversions. • Analyse OPD footfall and report to the PCS manager. • Collecting data for the SIP project
Linking theory (Classroom learning) with practice at your organisation	• Manage patient flow and crowd. • Reduce TAT. • Clear communication with patients and staff.
Gaps identified on the working area.	• Lack of frontline workers. • Lack of GDA staff. • Long patient waiting time.
Suggestions for improvement	• Proper scheduling for doctor appointments by coordinating within departments. • Proposing a fixed time scheduling for online appointments and walk-in appointments. • Enough GDA staff scheduling.
Plan for the next week	• Analyze weekly data for OPD footfall.

Signature of the Student

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Week – 10

Name of the Organisation: Fortis Hospital, Manesar

Area/ Department/ Project of Summer Internship Program: Patient Care Service (PCS)

Name of the Student: Nibedita Roy

Roll no -2007, Stream: MBA in Hospital & Health Management

Week no: From 14th JULY 2025 to 19th JULY 2025

Activity Done	• **14th July to 19th July: Role – OPD Supervisor** • Managed patient flow and crowd in the OPD. • Addressed and resolved on-the-spot OPD issues. • Supervise the OPD from 9 AM TO 4 PM. • Working on project data. • Compiling the data for the project.
Linking theory (Classroom learning) with practice at your organisation	• Handling queue management. • Learn how to manage people. • Learn how to coordinate with patients. • Understand organisational behaviour.
Gaps identified on the working area.	• Low conversion rate. • Long patient waiting time. • Lack of staff. • Signboards for direction aren't clear, resulting in patients' confusion.
Suggestions for improvement	• Proper scheduling for doctor appointments by coordinating within departments. • Proposing a fixed time scheduling for online appointments and walk-in appointments. • Enough GDA staff scheduling. • Proper placement for signboards.
Plan for the next week	• Last week was for the internship.

Signature of the Student

Approved by the IIHMR University's Mentor

Compiled Report

Name of the Organisation: Fortis Hospital, Manesar

Area/ Department/ Project of Summer Internship Program: Patient Care Service (PCS)

Name of the Student: Nibedita Roy

Roll no -2007

Stream: MBA HM (29)

Activity Done	**Orientation** • Orientation and documentation work. • Observational visits across hospital departments to understand workflows. **Radiology Department** • Workflow study and equipment familiarization in the Radiology Department. • Observed USG and other procedures. • Identified delays in EMR updates from wards. • Monitored radiation safety protocol issues. • Noted fluoroscopy console inside radiation zone. • Identified shortage of radiologists and technicians. • Workflow study and equipment familiarization in the Radiology Department. • Observed radiologist-patient interaction and time spent per scan. • Recorded time taken from scan request to report upload. • Noted instances of improper patient preparation (e.g., bladder for USG). • Monitored use of PPE and signage in radiation zones. • Identified gaps in radiology form documentation. • Helped guide patients to specific scan rooms. • Compared turnaround time for X-ray vs. CT scan. • Assisted in organizing the patient queue during high footfall. • Shadowed radiology reception for appointment coordination. • Identified repeated delays during lunch hour slots. • Evaluated communication gaps between OPD and radiology. • Noted repeated machine breakdowns affecting schedules. • Helped categorize radiology reports by urgency. • Compared digital and printed reporting processes. • Observed the absence of a digital call system in the waiting area. • Noted lack of seating for radiology attendants. • Compared the shift roster with peak patient load times. • Collected feedback from patients about waiting time and staff behavior. **Outpatient Department** • Supervision and coordination of OPD operations. • Analysis of patient wait times, consultation conversions, and turnaround time (TAT). • Monitoring and improving OPD and emergency department flow. • Coordination with PCS managers and reporting.

	• Collection and analysis of data related to prescription patterns and revenue estimation. • Compilation and analysis of OPD footfall data for the SIP project. • Observing NABH audit procedures. • Coordinated with reception staff to verify patient registrations and appointment confirmations. • Facilitated communication between OPD doctors and diagnostic departments to reduce delays. • Documented real-time issues and escalated them to PCS for resolution. • Maintained a daily log of delays, patient grievances, and staff attendance. • Evaluated digital systems used for patient check-in and suggested optimizations. • Monitored the shift-wise allocation of nursing staff and GDAs. • Conducted spot checks in the waiting area to assess cleanliness and patient comfort. • Helped with mock drills related to emergency evacuation preparedness. • Helped patients find their consultation rooms when they looked confused. • Noted down the arrival and departure times of doctors during OPD hours. • Guided elderly patients to lab collection rooms. • Took basic feedback from patients while they waited. • Observed how wheelchairs and stretchers are managed in busy hours. • Counted the number of patients standing due to lack of chairs. • Helped at the billing counter by directing patients to the correct queues. • Supported nurses in explaining simple instructions to patients • Conducted time-motion study of peak OPD hours. • Helped direct elderly patients to the correct departments. • Tracked patient no-show and cancellation trends. • Participated in footfall comparison by specialty. • Coordinated between pharmacy, diagnostics, and OPD. • Managed crowd flow during doctor delays. • Analyzed follow-up patient behavior. • Worked with the front desk to manage walk-in vs appointment patients. • Identified duplication in token number generation. • Collected soft feedback from patients about the waiting experience. • Identified patients bypassing the queue (manual override). • Helped in briefing new interns about the OPD flow. • Observed the impact of signage and navigation aids on flow.
Linking theory (Classroom learning) with practice at your organisation	**<u>Radiology Department</u>** • **Hospital Planning & Design:** Observed how improper placement of fluoroscopy console violated safety design norms. • **Operations Management:** Applied TAT analysis tools to identify delays from scan to report upload. • **Health Information Systems:** Understood gaps in EMR entries and how the lack of integration caused duplication and delay. • **Quality Management (NABH):** Identified non-compliance with radiation safety standards and checklist protocols.

	• **Human Resource Management:** Observed technician shortage impacting workflow efficiency. • **Patient Safety Concepts:** Noted risk due to poor signage and inadequate shielding in scan areas. • **Communication Theories:** Lack of standardized reporting and feedback channels between OPD and radiology. • **Lean Management:** Identified process delays due to manual handovers of scan request forms. • **Biomedical Waste Management:** Observed improper disposal of used gloves and sheets near machines. • **Infection Control:** Applied IPC concepts in assessing patient table cleaning between procedures. • **Six Sigma Tools (DMAIC):** Used it to define and measure delay causes in report upload timelines. • **Organizational Behavior:** Noticed demotivation among staff due to lack of recognition or timely shift rotations. • **Patient Experience Design:** Understood the impact of unclear report timelines on patient anxiety. • **Clinical Governance:** Realized importance of structured reporting and compliance in radiology protocols. • **Workflow Optimization:** Suggested realignment of appointment slots based on scanner capacity. • **Visual Management (5S):** Absence of clear labels and instructions led to confusion in procedure prep. • **Change Management:** Resistance from older staff toward digital reporting practices. • **Team Coordination Models:** Observed breakdown in handoff between technician and radiologist. • **KPI Management:** Learned the importance of report delivery time as a radiology KPI. • **Process Mapping:** Mapped scan request to report delivery and identified unnecessary loops. **<u>Outpatient Department</u>** • **Queue Management Theory:** Implemented in managing patient inflow during morning rush hours. • **Customer Relationship Management (CRM):** Applied during coordination and issue resolution for repeat patients. • **Human Resource Management:** Used concepts of shift planning and staff fatigue management. • **Patient-Centered Care Model:** Noticed the need for elderly support and personalized care in waiting areas. • **Health Economics:** Analyzed consultation-to-billing conversion to understand OPD revenue efficiency. • **Information System Integration:** Observed a disconnect between EMR, registration, and pharmacy systems. • **Interpersonal Communication Skills:** Used in guiding patients and coordinating with staff. • **Marketing & Patient Engagement:** Understood how lack of SMS reminders and signage impacts service experience.

	• **Inventory & Equipment Management:** Noted irregular calibration of vital machines affecting patient trust. • **Service Quality Management:** Linked long wait time and lack of signage with reduced patient satisfaction. • **Strategic Management:** Identified gaps in departmental alignment affecting OPD flow. • **Total Quality Management (TQM):** Observed that absence of feedback system reduces continuous improvement. • **Conflict Management:** Resolved small disputes between patients and staff due to queue mismanagement. • **Data Analytics:** Used Excel tools to analyze patient footfall and identify trends. • **SWOT Analysis Application:** Applied in evaluating OPD service flow and improvement opportunities. • **Resource Utilization Theory:** Identified under-utilization of some consultation rooms while others were crowded. • **Time-Motion Study:** Practiced by tracking patient movement from registration to doctor consult. • **Behavioral Science:** Noted impact of body language and tone of staff on patient compliance. • **Feedback & Evaluation Models:** Suggested QR-based system to implement real-time patient feedback. • **Digital Health Trends:** Understood limitations of semi-automated registration and the need for mobile check-in.
Gaps identified on the working area.	**<u>Radiology Department:</u>** • Patients were not informed about the expected wait time, leading to anxiety and complaints. • Multiple patients called at the same time for limited slots, causing crowding. • Inadequate privacy curtain arrangements in ultrasound rooms. • Verbal instructions are not clearly understood by patients due to regional language differences. • Untrained staff handling pregnant women's scans without proper guidance. • EMR updates were delayed from the ward side. • USG performed without bladder preparation. • Radiologists failed to follow radiation safety protocols (door not properly shut). • Fluoroscopy console was inside the radiation zone. • Shortage of radiologists and radiology technicians. • Low communication skills among GDA staff. **<u>Outpatient Department</u>** • No digital calling or token display system, creating confusion in queue order. • Long waiting times without communication to patients about delays.

	• Lack of coordination between call centers and doctor schedules. • Inconsistent appointment handling and long patient wait times. • Shortage of frontline and GDA staff. • OPD signboards are not clearly visible, leading to confusion. • Vital machines provided varying readings. • No centralized HIS/EMR system for all departments. • Low staff motivation and training gaps. • No proper monitoring of appointment conversions and follow-ups. • Delay in updating patient information post-billing due to manual handovers. • No designated grievance redressal system in the OPD area. • Lack of feedback forms or kiosk systems to record patient satisfaction data. • Inadequate rest areas for elderly patients during waiting time. • Short breaks for staff led to fatigue and a drop in performance during peak hours. • Lack of coordination during lunch hours led to sudden staff shortages. • No one is available to guide patients at the hospital entrance during rush hours. • Many patients stood for a long time as chairs were in short supply. • The water dispenser was empty in the OPD waiting area. • Sometimes staff didn't wear name tags, which confused patients. • Doctors started late, but patients were not informed. • Patient files were lying unattended near billing desks. • A few hand sanitizers were empty and not refilled.
Suggestions for improvement	**<u>Radiology Department</u>** • Appoint a floor coordinator in radiology during peak hours. • Set up SMS alerts to inform patients when their scan report is ready. • Install digital display boards for scan queues to reduce confusion. • Create bilingual instruction posters (Hindi + English) for scan prep. • Train staff on radiation safety protocols with regular refreshers. • Reposition fluoroscopy control panel outside radiation zone. • Implement barcode-based patient verification before scans. • Design a digital checklist system for scan preparation steps. • Introduce quick scan cards for repeat patients to fast-track appointments. • Recruit more frontline staff, GDAs, and nurses. • Provide regular training and soft skills development programs for staff. • Calibrate medical devices and maintain them regularly. • Centralize EMR and HIS systems for better coordination. • Implement motivational programs and team-building activities. • Improve signage and departmental directions. **<u>Outpatient Department</u>** • Introduce a token-based appointment queue system with display screens. • Use WhatsApp or SMS reminders for appointments and follow-ups.

	• Set up a central help desk for guiding new patients. • Create color-coded direction arrows on the floor for each department. • Place information kiosks at OPD entry for self-check-in. • Offer wheelchair services and escort staff for elderly patients. • Provide multilingual staff or translation cards at the reception. • Create proper OPD handling protocols and time-slot-based appointment scheduling. • Improve communication between departments and call centers. • Install digital display boards for real-time doctor availability and patient status. • Create a dedicated helpdesk inside OPD to guide first-time visitors. • Introduce staggered breaks for staff to ensure uninterrupted service. • Provide QR code-based feedback collection after consultation. • Develop a centralized OPD command system for queue, communication, and data integration. • Organize weekly briefing sessions for OPD and radiology teams to align on service goals. • Appoint one helper near the OPD gate to guide patients. • Add more chairs in the waiting area, especially for senior citizens. • Refill water and sanitizer stations regularly. • Use display screens to show doctors' availability. • Announce delays through a speaker system or screen. • Ask staff to wear ID cards clearly visible to patients. • Put up easy-to-read maps showing departments. • Place a feedback box with smiley faces to rate the service. • Create a visible escalation matrix for patient complaints.

Compiled Report

Name of the Organisation: Fortis Hospital, Manesar

Area/ Department/ Project of Summer Internship Program: Patient Care Service (PCS)

Name of the Student: Nibedita Roy

Roll no -2007

Stream: MBA HM (29)

Activity Done	**Orientation** • Orientation and documentation work. • Observational visits across hospital departments to understand workflows. **Radiology Department** • Workflow study and equipment familiarization in the Radiology Department. • Observed USG and other procedures. • Identified delays in EMR updates from wards. • Monitored radiation safety protocol issues. • Noted fluoroscopy console inside radiation zone. • Identified shortage of radiologists and technicians. • Workflow study and equipment familiarization in the Radiology Department. • Observed radiologist-patient interaction and time spent per scan. • Recorded time taken from scan request to report upload. • Noted instances of improper patient preparation (e.g., bladder for USG). • Monitored use of PPE and signage in radiation zones. • Identified gaps in radiology form documentation. • Helped guide patients to specific scan rooms. • Compared turnaround time for X-ray vs. CT scan. • Assisted in organizing the patient queue during high footfall. • Shadowed radiology reception for appointment coordination. • Identified repeated delays during lunch hour slots. • Evaluated communication gaps between OPD and radiology. • Noted repeated machine breakdowns affecting schedules. • Helped categorize radiology reports by urgency. • Compared digital and printed reporting processes. • Observed the absence of a digital call system in the waiting area. • Noted lack of seating for radiology attendants. • Compared the shift roster with peak patient load times. • Collected feedback from patients about waiting time and staff behavior. **Outpatient Department** • Supervision and coordination of OPD operations. • Analysis of patient wait times, consultation conversions, and turnaround time (TAT). • Monitoring and improving OPD and emergency department flow. • Coordination with PCS managers and reporting.

	• Collection and analysis of data related to prescription patterns and revenue estimation. • Compilation and analysis of OPD footfall data for the SIP project. • Observing NABH audit procedures. • Coordinated with reception staff to verify patient registrations and appointment confirmations. • Facilitated communication between OPD doctors and diagnostic departments to reduce delays. • Documented real-time issues and escalated them to PCS for resolution. • Maintained a daily log of delays, patient grievances, and staff attendance. • Evaluated digital systems used for patient check-in and suggested optimizations. • Monitored the shift-wise allocation of nursing staff and GDAs. • Conducted spot checks in the waiting area to assess cleanliness and patient comfort. • Helped with mock drills related to emergency evacuation preparedness. • Helped patients find their consultation rooms when they looked confused. • Noted down the arrival and departure times of doctors during OPD hours. • Guided elderly patients to lab collection rooms. • Took basic feedback from patients while they waited. • Observed how wheelchairs and stretchers are managed in busy hours. • Counted the number of patients standing due to lack of chairs. • Helped at the billing counter by directing patients to the correct queues. • Supported nurses in explaining simple instructions to patients • Conducted time-motion study of peak OPD hours. • Helped direct elderly patients to the correct departments. • Tracked patient no-show and cancellation trends. • Participated in footfall comparison by specialty. • Coordinated between pharmacy, diagnostics, and OPD. • Managed crowd flow during doctor delays. • Analyzed follow-up patient behavior. • Worked with the front desk to manage walk-in vs appointment patients. • Identified duplication in token number generation. • Collected soft feedback from patients about the waiting experience. • Identified patients bypassing the queue (manual override). • Helped in briefing new interns about the OPD flow.

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Signature of the Student

Approved by the IIHMR University's Mentor

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