SUMMER INTERNSHIP PROGRAM

at

OMEGA HOSPITALS

From 13-05-2025 to 22-07-2025

A REPORT BY

KUPPA SATYA SAI INDRA ABHIRAM SASTRY

Master of Business Administration

HOSPITAL AND HEALTH MANAGEMENT

Roll no- 1986

2024-2026

Under the Mentorship of

Dr. Deepti Sharma - Associate Professor

IIHMR UNIVERSITY, JAIPUR

Omega Hospitals

HRM/SWC/CER/409

Jul 22nd, 2025

TO WHOM SO EVER IT MAY CONCERN

This is to certify that **Mr.K.Satya Sai Indra Abhiram Sastry** (bearing Id No:**12370**) student of **IIHMR** university has completed his "**Internship**" in the Department of "**Operations**" in this organization from **13.05.2025** to **22.07.2025**.

The overall performance shown by him during the period was excellent.

For Omega Hospitals

(A Unit of Hyderabad Institute of Oncology Pvt Ltd)

R. Kiran Kumar

HR Department

OMEGA HOSPITALS * Banjara Hills, Hyderabad *

Banjara Hills
MLA Colony, Main Road,
Banjara Hills, Road No. 12,
Hyderabad-500034,
Telangana.

Gachibowli
S.Y No.18P, Seven Hill Colony,
Road No – 1, Gachibowli,
Hyderabad - 500032,
Telangana.

040-235 51034 / 2555 2555
info@omegahospitals.com
www.omegahospitals.com

IIHMR UNIVERSITY

IIHMR University Faculty Mentor Approval

This is to certify that **Mr. Kuppa Satya Sai Indra Abhiram Sastry** 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: 28/07/2025

Dr. Deepti Sharma
Assosiate Professor
IIHMR University, Jaipur

OMEGA HOSPITALS HYDERABAD

Evaluating Staff Preparedness for Hospital Emergencies- A Combined Study of Training Impact and Mock Drill Performance

Organization History, Vision & Mission

History

Omega Hospitals is one of the India's premier cancer care centers, founded by Dr. Ch. Mohana Vamsy, Chief Surgical Oncologist. Omega Hospitals focuses on bringing advanced care closer to patients- minimizing the need for long - distance travel and ensuring timely , accessible and compassionate treatment.

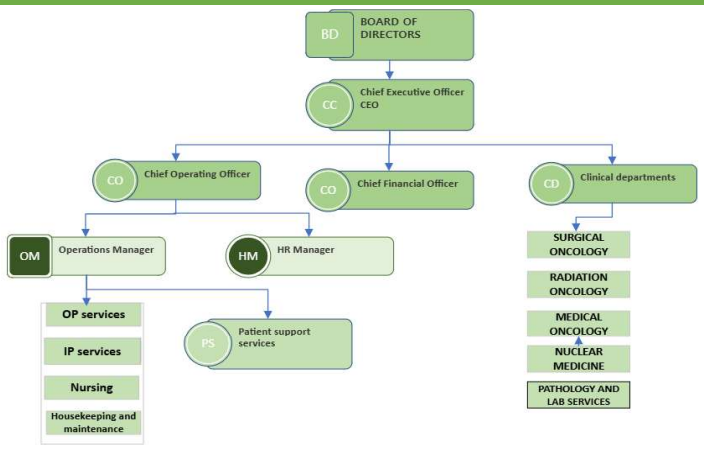
Vision

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

Mission

Preserve and protect life at all cost, to provide advance cures and means of prevention for diseases, including cancer, through research and treatment so that we can protect and preserve life.

ORGANIZATION STRUCTURE



SWOT ANALYSIS (ON THE ISSUE BEING THE ONLY INTERN)

STRENGTHS

- Full freedom to explore the departments without any peer competition.
- Direct Interaction and learning from the leaders and managers.
- Scope of learning is more.

WEAKNESS

- There is lack of role clarity.
- Often mistaken for a medical representative or a non-clinical staff like a technician.
- No peer support is there and there is no mutual exchange of knowledge.
- Reluctance from hospital staff to share hospital information due to their lack of knowledge about Interns.

OPPORTUNITIES

- There is a chance to design structured Internship plan for onboarding future Interns
- Introduce hospital to the value of having Healthcare management Interns.

THREATS

- Due to lack of Interns non management staff handles management issues.
- Reluctance from clinical staff who are unfamiliar with the management roles.

SUGGESTIONS

- Introduction of the concept of having management interns across the hospital in various departments as it provides mutual benefits-enhancing hospital operations through additional support while offering valuable hands-on experience to aspiring healthcare professionals.

LEARNING AND VALUE ADDITION

Learnings

- Inter- departmental communication is a key factor for the success in a hospital
- Understood how all the departments In hospital work together closely for the betterment of patients.
- Gained first hand exposure on how emergency training sessions in hospital help us during the time of distress.

Challenges

- Being the only intern in hospital , it was difficult to coordinate and integrate all components of work on my own.

Usefulness

- Gained firsthand knowledge of hospital operational procedure particularly IP operations.
- Every problem faced by a patient, no matter how small it may seem, is a valuable opportunity for learning and improvement.

Introduction: This project assesses staff knowledge and response capabilities regarding hospital emergency codes and procedures

Objectives – Primary Goal: Improve and evaluate staff preparedness for hospital emergencies using targeted training and evaluation.

Key Focus: Code identification, practical drills, and ongoing learning.

Evaluate the baseline knowledge of participants

Assess real-time emergency response performance through mock drills

Provide actionable recommendations for further improvements.

Scope: Training + Drill assessment

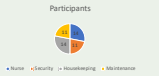
Study Design: Descriptive Cross-Sectional Study (with elements of a Pre-Post Intervention Evaluation)

Study Location: OMEGA HOSPITRALS, BANJARAHILLS, HYDERABAD

Inclusion : The study was conducted among 50 staff in hospital including Nurses and Support staff who are Security staff, Maintenance, Housekeeping.

Tools used: Structured questionnaires, observation checklists, feedback forms.

Methodology overview: Pre-training Quiz → Training sessions → Post-training Feedback → Mock Drill → Evaluation.



Checklist & Metrics Used

- Alert protocols and PA announcements
- Individual department notifications
- Patient evacuation and Response team mobilization
- Post-event review and communication analysis

CHECKLIST: Code Red

Observation Point	Yes	No	Comments
Alerted promptly by alarm/system	☐	☐	
Reached incident area quickly	☐	☐	
Attempted fire suppression if safe (extinguisher used correctly)	☐	☐	
Helped in evacuation (patients/staff)	☐	☐	
Secured fire exits/lift access	☐	☐	
Maintained calm, prevented crowding	☐	☐	

Recommendations

1. **Short Term:**
   - Quarterly refresher sessions for all departments
   - Visible posters for emergency codes in critical areas
2. **Medium Term:**
   - Make BLS and ACLS training mandatory for all hospital personnel to enhance emergency response capabilities
   - Review and update training materials every 6 months
3. **Long Term:**
   - Integrate code knowledge in induction for all new joiners
   - Expand mock drills to include multi-department scenarios

Pre-Training Knowledge Assessment

BASED ON THE QUIZ CONDUCTED TO ASSESS THEIR KNOWLEDGE:

- 50 participants from security, housekeeping, maintenance and nurses were chosen for this study.
- Nurses identified all the emergency codes efficiently, demonstrating their knowledge with protocols.
- Findings from support staff(Security & Housekeeping):
  - 80% correctly identified Codes RED, BLUE, BLACK.
  - 60% showed confusion between codes YELLOW, PINK.
  - 75% failed to identify code orange
- Confusion often stemmed from less frequent exposure to these codes.
- Established benchmark for future comparison.

SMART Goals

- **Specific:** Train 100% of frontline and support staff in all hospital codes.
- **Measurable:** Achieve ≥90% accuracy in post-training quizzes and drills.
- **Achievable:** Sessions scheduled to avoid shift overlaps; materials in local language.
- **Relevant:** Focused on codes most frequently encountered in recent incidents.
- **Time-bound:** Full implementation and first round of evaluations within 2 months.

Training Intervention

- **Frequency:** Sessions conducted weekly or biweekly, based on staff availability.
- **Contents Covered:**
  - ➢Code definitions and scenarios
  - ➢Immediate response protocols
  - ➢Communication pathways and reporting
- **Format:** Interactive talks, Q&A, scenario-based role plays

Mock Drill Execution

- Mock drills were conducted as per the NABH guidelines and evaluation was done for codes Red & Blue, Support Staff played role of a patient and sessions were conducted, the respective roles were specified for the staff.
- A checklist was prepared for identifying all the key metrics needed during a mock drill.

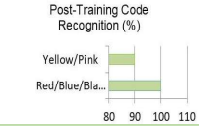
Difference between practical exposure at SIP organization and theoretical understanding from IIHMR University

IIHMR-U	OMEGA HOSPITAL
• Theoretical understanding of the healthcare and hospital setting. • Decision making is based on theoretical models. • Theoretical knowledge about Root Cause Analysis	• Practical exposure about actual work in departments. • Quick decisions based on available information and organizational constraints. • Practical application about the Root Cause Analysis

Post-Training Evaluation

Based on the Questionnaire prepared to Assess the training sessions knowledge:

- There is a whopping 100% accuracy with the codes among Codes Red, Blue, Black, Orange.
- About 10% Staff have confusion among codes Yellow, Pink.
- Feedback on training sessions was collected via structured questionnaire.



Drill Performance Findings

- Efficient communication is observed from the participants.
- Delay in response in remote areas (Code Blue), as we cannot assess where Code Blue can happen, Response mobilization is good in central zones.
- Patient evacuation process during Code Red was delayed as there was only a single evacuation zone.
- Need for structured debrief post-event

Name: Kuppa Satya Sai Indra Abhiram Sastry
Roll No: 1986
University Mentor: Dr. Deepthi Sharma
Batch: MBA HM 29
Organisation Mentor: Mr. Sai teja Sampath

WEEKLY REPORTS

WEEK - 1

Name of the Organization: Omega Hospitals, Hyderabad.

Department of Summer Internship Program: Operations

Name of the Student: K. Abhiram

Roll no: 1986 **Stream:** Hospital and Health Management

Week no:1 **From:** 12/05/2025-17/05/2025

Activity Done	Critically observed the hospital operational procedures. Observed different departments in the hospital along with how much the functionality of the beds is. Most patients visiting the hospital are revisited for the chemotherapy sessions.
Linking theory (Classroom learning) with practice at your organization	I observed how Organizational communication is important for its dynamic workflow. For example, the IP billing department and the Pharmacy are closely related in the hospital as the prescribed medications by doctor, the bill Is generated in the IP billing and the medications were available in pharmacy, lack of communication between these two results in patient being confused.
Gaps identified on the working area.	Digitalization is lacking in some departments. Manual allotment of room for the patients. The bed occupancy rate is less than fifty percent at times.
Suggestions for improvement	Digitalization of the process. Integration of the different departments with HIMS will prevent any unnecessary errors that may take place in hospital.
Plan for the next week	After observing the entire hospital, I would like to take up the project in chemotherapy TAT. Gather all the necessary data for the project, the necessary criteria and the sample size. Discuss that with the manager and get his approval.

Signature of the Student K. Abhiram

Approved by the IIHMR University's Mentor

WEEK - 2

Name of the Organization: OMEGA HOSPITALS, HYDERABAD

Department of Summer Internship Program: OPERATIONS

Name of the Student: K. ABHIRAM

Roll no: 1986 **Stream:** HOSPITAL AND HEALTH MANAGEMENT

Week no: 2 **From:** 19/05/2025 **to:** 24/05/2025

Activity Done	**Assessment of hospital infrastructure and support services, including:** • Evaluated the status of hospital beds (working vs. non-working) through on-site observation and data collection. • Gathered detailed information on manpower deployment in the housekeeping and security departments, including personnel assignments, roles, and responsibilities. • Compiled and documented findings in a comprehensive report to support operational planning and resource optimization. • Performed data cleaning and analysis on surgery records for the current year, focusing on surgeries performed by individual doctors, to derive insights into departmental performance and planning.
Linking theory (Classroom learning) with practice at your organization	To organize and interpret raw hospital data, Excel data cleaning and analysis were essential. To guarantee data accuracy, I started by eliminating duplicates, fixing inconsistencies, and standardizing formats. I was able to segregate data according to criteria like doctor, surgery type, and date using Excel functions and tools. After that, pivot tables were made to compile the information, spot trends, and produce ideas that aided in hospital performance reviews and decision-making.

Gaps identified on the working area.	When I tried to gather data related to manpower availability and deployment, the supervisors do not have the related data and checked their files to give me data.

Suggestions for improvement	Organizations should maintain detailed records of the staff working under them, so that the retrieval of data becomes easier once when needed.
Plan for the next week	Needed to generate a report on patient flow from OP to various areas in the hospital like OP to IP, OP to Laboratory, etc. and submit report by end of the week.

Signature of the Student: K. Abhiram

Approved by the IIHMR University's Mentor

WEEK - 3

Name of the Organization: Omega Hospitals, Banjara Hills

Department of Summer Internship Program: Operations

Name of the Student: K. Abhiram

Roll no: 1986 **Stream:** HM29

Week no:3 **From**: 26/05/25-31/05/25

Activity Done	I was responsible for transferring patients from the Emergency Room (ER) to deluxe rooms, ensuring their comfort and safety throughout the process. Additionally, I guided patients through the procedures for their required blood tests, including providing instructions, escorting them to the diagnostic area, and assisting with any questions or concerns they had.
Linking theory (Classroom learning) with practice at your organization	This task aligns with Bandura's Social Learning Theory, as I provided patients with a clear model to follow during medical procedures, helping them learn and feel more confident through guided demonstration
Gaps identified on the working area.	Digitalization is not present in ER; everything is done manually. Employing digital technology in ER can reduce paperwork load.
Suggestions for improvement	Employing digital technology in ER can reduce paperwork load, which reduces errors.

Signature of the Student K. Abhiram

Approved by the IIHMR University's Mentor

WEEK - 4

Name of the Organization: Omega Hospitals, Banjara Hills

Department of Summer Internship Program: Operations

Name of the Student: K. Abhiram

Roll no: 1986 Stream: HM29

Week no:4 From: 02/06/25-07/06/25

1. I WAS ON LEAVE FROM 03/06/25 AFTERNOON TILL THE REMINDER OF THE WEEK, SO I COULDN'T DO MUCH WORK

Activity Done	
Linking theory (Classroom learning) with practice at your organization	
Gaps identified on the working area.	
Suggestions for improvement	

Signature of the Student: K. Abhiram

Approved by the IIHMR University's Mentor

WEEK - 5

Name of the Organization: Omega Hospitals, Banjara Hills

Department of Summer Internship Program: Operations

Name of the Student: K. Abhiram

Roll no: 1986 Stream: HM29

Week no:5 From: 09/06/25-14/06/25

Activity Done	• Actively participated in Root Cause Analysis (RCA) to address the hospital issues. The participation has been enriching and inspiring. It enhanced my understanding oh healthcare operations, improved my analytical skills. • Attended the emergency training sessions conducted in the hospital to improve staff understanding and to improve their responsiveness during these situations.
Linking theory (Classroom learning) with practice at your organization	• Root Cause Analysis and 5 Why's technique which were learned in the certification course effectively helped in easy understanding of this process.
Gaps identified on the working area.	N/A
Suggestions for improvement	N/A

Signature of the Student K. Abhiram

Approved by the IIHMR University's Mentor

WEEK - 6

Name of the Organization: Omega Hospitals, Banjara Hills

Department of Summer Internship Program: Operations

Name of the Student: K. Abhiram

Roll no: 1986 Stream: HM29

Week no:6 From: 16/06/25-21/06/25

Activity Done	• Conducted morning visits to hospital departments and engaged with patients. • Patients in cubicle wards reported maintenance-related complaints. • Conducted one-on-one interviews with patients to gather feedback on specific hospital services. • Compiled and forwarded patient responses to the Head of Maintenance Department. • Maintenance issues were addressed and resolved by the end of the week. • Collected and processed departmental data, managed unstructured data by cleaning and organizing it. • With the cleaned data, pivots made that meet the requirements of organization. • Submitted the finalized data report to the Head of Department.
Linking theory (Classroom learning) with practice at your organisation	Plan-Do-Check-Act (PDCA) Cycle • **Plan**: Conducting interviews to gather patient complaints and planning to escalate them. • **Do**: Sending feedback to the maintenance HOD for action. • **Check**: Verifying that issues were resolved by the week's end. • **Act**: Standardizing the process for future complaints (implied by successful resolution).
Gaps identified on the working area.	N/A

Suggestions for improvement	Conduct monthly feedback with patients to reduce these effects.

Signature of the Student K. Abhiram

Approved by the IIHMR University's Mentor

WEEK - 7

Name of the Organization: Omega Hospitals, Banjara Hills

Department of Summer Internship Program: Operations

Name of the Student: K. Abhiram

Roll no: 1986 Stream: HM29

Week no:7 From: 23/06/25-28/06/25

Activity Done	• As part of my internship, I conducted detailed departmental visits and engaged with patients to understand their concerns and challenges within the hospital wards. These interactions provided valuable insights into the patient's experience, particularly in the general wards where issues had been more prevalent. Based on feedback and observational analysis, it was found that the number of complaints had significantly decreased compared to previous data, indicating improved ward management and patient care outcomes. • As part of my internship project focused on emergency codes, I developed a comprehensive questionnaire designed to evaluate all key aspects of the training program. The questionnaire aimed to assess staff awareness, understanding of different emergency codes, response protocols, and confidence levels in handling real-time scenarios. This tool served both as a pre-training and post-training assessment to measure the effectiveness of the training sessions and identify areas needing further improvement.
Linking theory (Classroom learning) with practice at your organisation	I was able to effectively apply the theoretical knowledge gained through ESSENTIALS OF HOSPITAL SERVICES MODULE within the hospital setting. Concepts such as healthcare communication, patient safety protocols, emergency response systems, and quality management were directly relevant to my project on emergency codes. For instance, classroom training on emergency preparedness helped me design a structured questionnaire and conduct assessments that evaluated staff readiness and response efficiency.
Gaps identified on the working area.	N/A

Suggestions for improvement	N/A

Signature of the Student: K. Abhiram

Approved by the IIHMR University's Mentor

WEEK - 8

Name of the Organization: Omega Hospitals, Banjara Hills

Department of Summer Internship Program: Operations

Name of the Student: K. Abhiram

Roll no: 1986 Stream: HM29

Week no:8 From: 30/06/25-05/07/25

Activity Done	As part of the Inpatient Operations intern, I was responsible for ensuring smooth service delivery and patient satisfaction on the second and third floors. My primary focus was to minimize delays in support services such as housekeeping, maintenance, and patient monitoring. Key responsibilities included: • Educated patient attenders regarding hospital protocols, including visitation guidelines, attender policies, and general conduct expectations. • Daily rounds were conducted to check on patient and attender concerns. Any complaints or service delays were promptly escalated to the respective departments for resolution. • If any investigations or tests were ordered, I ensured timely scheduling of appointments. I also communicated clearly with attenders about the appointment time, fasting instructions, and other prerequisites. • When required, I coordinated with the nursing staff and relevant department managers to obtain and deliver lab reports efficiently.
Linking theory (Classroom learning) with practice at your organisation	I was able to effectively apply **PDCA Cycle (Plan–Do–Check–Act)** 1. **Plan**: Orient attenders, schedule services 2. **Do**: Monitor patient areas, follow protocols 3. **Check**: Take feedback, escalate issues 4. **Act**: Coordinate with departments to resolve problems
Gaps identified on the working area.	N/A

Suggestions for improvement	N/A

Signature of the Student: K. Abhiram

Approved by the IIHMR University's Mentor

WEEK - 9

Name of the Organization: Omega Hospitals, Banjara Hills

Department of Summer Internship Program: Operations

Name of the Student: K. Abhiram

Roll no: 1986 Stream: HM29

Week no:9 From: 07/07/25-12/07/25

Activity Done	As part of the Inpatient Operations team, I was responsible for ensuring smooth service delivery and patient satisfaction, and attender's satisfaction in the third floor. My primary focus was to minimize delays in support services such as housekeeping, maintenance, and patient monitoring. • Educating patient attenders regarding hospital protocols, including visitation guidelines, attender policies, and general conduct expectations. • Daily rounds were conducted to check on patient and attender concerns. Any complaints or service delays were promptly escalated to the respective departments for resolution. • If any investigations or tests were ordered, I ensured timely scheduling of appointments. I also communicated clearly with attenders about the appointment time, fasting instructions, and other prerequisites. • When required, I coordinated with the nursing staff and relevant department managers to obtain and deliver lab reports efficiently.
Linking theory (Classroom learning) with practice at your organisation	I was able to effectively apply **PDCA Cycle (Plan–Do–Check–Act)** • **Plan**: Orient attenders, schedule services • **Do**: Monitor patient areas, follow protocols • **Check**: Take feedback, escalate issues • **Act**: Coordinate with departments to resolve problems
Gaps identified on the working area.	N/A

Suggestions for improvement	N/A

Signature of the Student: K. Abhiram

Approved by the IIHMR University's Mentor

WEEK - 10

Name of the Organization: Omega Hospitals, Banjara Hills

Department of Summer Internship Program: Operations

Name of the Student: K. Abhiram

Roll no: 1986 Stream: HM29

Week no:10 From: 14/07/25-19/07/25

Activity Done	To improve patient satisfaction as a part of IP Operations intern, the key responsibilities handled are: • Educating patient attenders regarding hospital protocols, including visitation guidelines, attender policies, and general conduct expectations. • Daily rounds were conducted to check on patient and attender concerns. Any complaints or service delays were promptly escalated to the respective departments for resolution. • If any investigations or tests were ordered, I ensured timely scheduling of appointments. I also communicated clearly with attenders about the appointment time, fasting instructions, and other prerequisites. • When required, I coordinated with the nursing staff and relevant department managers to obtain and deliver lab reports efficiently.
Linking theory (Classroom learning) with practice at your organization	I was able to effectively apply **PDCA Cycle (Plan–Do–Check–Act)** 5. **Plan**: Orient attenders, schedule services 6. **Do**: Monitor patient areas, follow protocols 7. **Check**: Take feedback, escalate issues 8. **Act**: Coordinate with departments to resolve problems

COMPILED REPORT

Name of the Organization: Omega Hospitals, Banjara Hills, Hyderabad

Department Summer Internship Program: Operations

Name of the Student: K. Abhiram

Roll no: 1986 **Stream:** Hospital and Health management

Activity Done	• Critically observed hospital operational procedures across departments, how different departments function and how there is inter communication between them so that there is smooth flow among them. • Assessed the total number of beds in hospital and measured the working, non-working beds in hospital. • Conducted daily patient visits in general wards and interacted with them and noted that most Inpatients revisits are for daycare chemotherapy sessions. • Conducted manpower deployment study for housekeeping & security and prepared an excel report and a ppt presentation was done to evaluate where can we adjust manpower in the hospital. • Hospital's previous years data related to surgeries, and other confidential data was handled, cleaned the data, prepared pivot tables and sent the data to manager. • Involved in patient transfer from Emergency Room to deluxe wards, managed and coordinated with departments like nursing, pharmacy until the time they were discharged. • Participated in Root Cause Analysis (RCA) and applied 5 Whys techniques for different problems ranging from sensitive data to patient's problems, participated in thorough RCA sessions to decode the problems occurred. • Attended emergency code training sessions for staff, which were conducted as per the NABH guidelines, and their knowledge was assessed. • Conducted routine departmental visits and engaged with patients regarding any problems regarding maintenance and

	housekeeping • Interviewed some patients in the cubicle wards(general wards) regarding maintenance issues their problems were taken into consideration for problem escalation. • Escalated maintenance issues to departmental HOD and ensured resolution within the week. • After the issues were resolved during the next week there were reduction in complaints in cubicle wards by patients. • As a part of the project designed and administered emergency code training questionnaire (pre & post) to assess the knowledge of staff regarding emergency preparedness, how well the sessions helped them to improve their knowledge. • As a part of project overseen the mock drills conducted in hospital, how participants responded over PA announcement, equipment gathering, evacuation process etc, over seen the codes Blue, Red. • After the drill, an interactive session was conducted to take feedback regarding the drill and findings were noted down for consideration. • As a part of new role as inpatient operations intern, I was assigned to patients in second and third floors, the main duties were to take care of patients from entry into room till discharge. • Conducted daily rounds to check for patient and attender concerns on the matter if they have any tests delayed or dietary concerns etc. and explaining the attenders regarding hospital policies of meeting and greeting. • Ensured that diagnostics, lab tests were done promptly on time for the patients, if not done timely then coordinated with concerned department and get the work done. • Managed lab report collection and delivery in coordination with nursing and departments. • If patient has insurance coordinated with Ip billing department to apply insurance and oversee that if there were any missing documents and inform the attender.

Linking theory (Classroom learning) with practice at your organization	• **Organizational Communication:** Observed real-time communication dependencies between departments (e.g., IP Billing ↔ Pharmacy), reflecting importance of seamless inter-departmental coordination taught in class. • **Excel Data Handling & Analytics:** Applied classroom learning of Excel tools for data cleaning, removing duplicates, standardizing formats, and creating **pivot tables** to analyse hospital operations data. • **Bandura's Social Learning Theory:** Used while guiding patients during diagnostics — demonstrating processes reduced confusion and anxiety, showing how modelling behaviour helps patients learn. • **Root Cause Analysis & 5 Whys Technique:** Theoretical knowledge from quality/process improvement modules was directly applied in RCA **sessions** to understand systemic issues in hospital functioning. • **PDCA Cycle (Plan–Do–Check–Act):** o Applied during complaint resolution for cubicle ward maintenance: ▪ **Plan:** Collect patient feedback. ▪ **Do:** Escalate to HOD. ▪ **Check:** Verify resolution. ▪ **Act:** Suggest standardization. o Also applied in **inpatient operations**: ▪ Plan: Orient attenders, schedule services. ▪ Do: Monitor patient flow and complaints. ▪ Check: Collect feedback. ▪ Act: Coordinate resolutions with departments. • **Essentials of Hospital Services Module:** The module helped apply knowledge on: • Healthcare communication • Patient safety protocols • Emergency response systems • Quality management Especially relevant while designing and evaluating **emergency code training**.

Gaps identified on the working area.	1. **Lack of Digitalization in Key Areas:** o Manual **room allotment** for patients. o **Emergency Room (ER)** operations entirely paper based. o No digital tracking or support systems in some departments. 2. **Unstructured Manpower Data:** o **Supervisors lacked organized records** on housekeeping and security staff. o Had to search through files manually to provide data. 3. **Maintenance-Related Complaints in Wards:** o Patients in **cubicle wards** raised multiple complaints about **poor maintenance**. o These issues were not proactively tracked until patient feedback was collected. **4. Poor Data Entry:** o During handling of hospital data the data entry in excel file is poor with mis matched data present for each case.
Suggestions for improvement	1. **Digitalization Across Departments:** o Implement **Hospital Information Management System (HIMS)** for smoother inter-departmental operations. o **Employ digitalization across Emergency Room** to reduce paperwork and prevent manual errors. 2. **Improved Data Management:** o Maintain **structured records** for manpower deployment (e.g., housekeeping and security staff) to enable quicker data retrieval and planning. 3. **Regular Patient Feedback Mechanism:** o Conduct **monthly patient feedback sessions**, especially in wards, to proactively identify and resolve issues (e.g., maintenance-related complaints).
Key Learnings	**1. Importance of Interdepartmental Communication** • Realized how communication between departments (e.g., billing and pharmacy) directly impacts patient experience and operational clarity.

	2. Need for Digital Transformation • Understood the importance of digitalization in hospital, and how it reduces paperwork. **3. Hands-on Application of Theoretical Models** • Effectively applied classroom theories: ➢ **PDCA Cycle** for service improvement and issue resolution. ➢ **Root Cause Analysis & 5 Whys** for identifying and solving problems. ➢ **Social Learning Theory** while guiding patients. ➢ **Excel & data analysis** tools for handling departmental data. **4. Role of Patient Feedback in Quality Improvement** • Identified how **proactive patient interaction** helps surface hidden issues (e.g., in maintenance). • Feedback led to quick resolutions and demonstrated the **value of listening to patients**. **5. Operational Exposure Across Multiple Domains** • Gained practical experience in: ➢ Patient movement (ER to rooms) ➢ Diagnostic coordination ➢ Staff communication ➢ IP operations ➢ Emergency preparedness **6. Data Handling & Analytical Skills** • Strengthened proficiency in **data cleaning, pivot table creation**, and performance reporting. • Understood how important accurate data in hospital is while decision making. **7. Emergency Preparedness and Staff Training** • Understood the importance of **emergency code training** for staff, as emergency can happen at any time. • As a part of the project, designed a structured **pre/post-training assessment** to evaluate staff awareness. **8. Team Collaboration & Coordination** • Collaborated with departments (nursing, diagnostics, maintenance) as a part of IP operations Intern. • Learned significance of inter-departmental communication in healthcare setting.

Signature of the Student: K. Abhiram

Approved by the IIHMR University's Mentor