SUMMER INTERNSHIP PROGRAM

At

(FORTIS ESCORTS HOSPITAL, JAIPUR)

12th May 2025 – 21st July 2025

A REPORT BY

Kishori Gupta

MBA in Hospital and Health Management

IIHMR-U/01/2024-26/1979

2024-26

Under the Mentorship of

Dr. Susmit Jain

IIHMR University, Jaipur

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Date:21-July-2025

TO WHOM SO EVER IT MAY CONCERN

This is to certify that **Ms. Kishori Gupta** has worked as a trainee under **Dr. Ranjana Rathore** in the department of **Operations** from **12-May-2025 to 21-July-2025.**
Her performance during the period was found good.

We wish her all the best in her future endeavours.

For Fortis Escorts Hospital, Jaipur

Authorised Signatory

IIHMR UNIVERSITY

IIHMR University Faculty Mentor Approval

This is to certify that Ms. Kishori Gupta of academic year 2024-26 of Institute of Health Management Research has prepared a poster with respect to his/her summer internship held during May-July 2025.

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

Date: 28.07.2025

(Signature of Faculty Mentor)

Name: **Dr. Susmit Jain**

Designation: Associate Professor,
IIHMR University, Jaipur.

"Streamlining Patient Discharge: A Time-Motion Study to Improve Turnaround Time"

Prepared by- Kishori Gupta
MBA- HM 29
Roll no. 1979 (93)

Faculty mentor- Dr. Susmit Jain
Organization mentor- Dr. Jatinder Monga &
Dr. Ranjana Rathore

Brief history about the Organization

Fortis Escorts Hospital, Jaipur was established in 2007 as part of the renowned Fortis Healthcare network, one of India's leading integrated healthcare providers. It was set up to offer advanced tertiary and quaternary care in Rajasthan. Known for its excellence in cardiac care, it has grown into a multi-specialty tertiary care hospital offering advanced medical services in over 35 specialties. Over the years, it has become a trusted multi-specialty institution, offering patient-centric care with cutting-edge technology and highly **experienced** medical professionals.

VISION: To create a world-class integrated healthcare 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.

ORGANIZATIONAL STRUCTURE

Theoretical	Practical
• Learned as a structured flow involving documentation, clearances, and patient communication. • Emphasized importance of SOPs for process standardization and quality control. • Taught as a theoretical concept for smooth hospital functioning.	• Observed discharge as a dynamic, real-time process affected by coordination gaps, delays, and patient load. • Noticed inconsistency in SOP adherence across departments and its direct impact on discharge delays. • Realized the critical role of coordination between nursing, pharmacy, billing, and TPA desks in timely discharge.

Major Learnings & Values

- **Enhanced Coordination Skills**
  Understood the importance of interdepartmental collaboration for smooth patient discharge.
- **Hands-On with HIS**
  Gained practical exposure to real-time discharge tracking and digital workflows.
- **Value of SOPs & Time Discipline**
  Learned how delays stem from SOPs and importance of time management..
- **Soft Skills Boost**
  Improved communication, teamwork, and adaptability in a hospital setting.

About The Project

Objective:

- To observe and analyze a discharge procedure in different varieties of patients (Cash, Govt/PSU, TPA).
- To carry out time-motion analyses to identify the major source of discharge delay.
- To assess the role of HIS for-discharge tracking/clearance.
- To suggest processes for reduction of TAT and for better departmental coordination

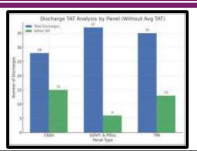
Methodology:

STUDY DESIGN: Time-Motion Study (Observational Descriptive Study)
SAMPLING TECHNIQUE: Purposive Sampling

- Direct observation of the discharge process in wards to understand the flow. Observed the complete discharge cycle- from clinal decision to patient exit.
- Conducted real time-tracking of discharge steps across various patient types (Cash, Govt. & TPA) to identify delays and process gaps.

FINDINGS AND ANALYSIS

PANEL	CASH	GOVT. & PSUs	TPA
TOTAL	28	37	35
AVERAGE	173.82 mins	174.17 mins	272.15 mins
UNDER TAT	15	6	13



SWOT ANALYSIS

STRENGTHS	WEAKNESSES
• Faaster discharge process patient satisfaction • Effective use of HIS and real-time tracking • Reduced bed blocking and better patient flow	• Staff Shortage • Poor SOP adherence impacts efficiency • Resistance to digital tools or process changes
OPPURTUNITY	**THREATS**
• Automation and digital dashboards for clearances • Training programs to boost process ownership and efficiency • Use Lean/Six Sigma to cut waste and speed up discharge.	• Manual data errors delay documentation • Delays from third parties (TPAs, payments) beyond control

CHALLENEGES FACED:

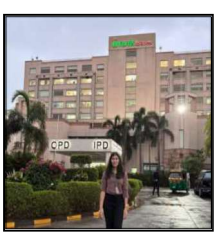
- **Variation Across Floors**
  Discharge procedures differed from floor to floor, making data collection and comparison difficult.
- **Limited Staff Cooperation**
  Some staff were hesitant to engage due to workload, affecting timely data collection.

TOWS ANALYSIS

SO	• Use HIS & digital dashboards to track discharges. • Implement Lean/Six Sigma with interdepartmental coordination.
ST	• Use HIS & alerts to reduce manual data errors. • Assign staff to pre-handle TPAs or insurance queries to reduce dependency.
WO	• Address SOP non-compliance with targeted training. • Adopt digital tools to replace manual tracking.
WT	• Create backup staffing plans for high load times. • Set clear SOPs for TPA coordination and discharge flow.

SUGGESTIONS

- Boost Resource Availability During Peak Hours
- Implement Real-Time Digital Tracking & Standardized Protocols.
- Set HIS-based alerts or internal deadlines to ensure doctors and residents prepare discharge summaries in advance, especially for planned discharges. Conduct Regular SOP and Process Training



WEEK 1 REPORT

Name of the Organisation: Fortis Escorts Hospital, Jaipur

Area/ Department/ Project of Summer Internship Program: Operations Department

Name of the Student: KISHORI GUPTA

Roll no: 1979

Stream: MBA-HM29

Week no: 01

From: 12/05/2025.…to…17/05/2025

Activity Done	Worked in the Patient Welfare Department for 3 days. Accompanied Patient Experience Officers on ward rounds across multiple units, including MICUs, General Ward, and NMU, to address patient complaints. Observed the use of MEDBLAZE software for patient reviews and feedback. Learned about the discharge process, including initiation and summary preparation. Additionally, participated in rounds in the Dialysis Unit and other hospital departments. Received a briefing on Electronic Medical Records (EMR).
Linking theory (Classroom learning) with practice at your organisation	Classroom concepts such as patient-centered care, communication in healthcare settings, quality management, and hospital operations management were observed in real-time during patient rounds and complaint handling. Exposure to MEDBLAZE and EMR linked theoretical understanding of hospital information systems with practical usage.
Gaps identified on the working area.	• Delay in complaint resolution in some wards. • Inconsistent documentation and follow-up of patient feedback. • GDA crisis • Limited integration of EMR across all departments.

Suggestions for improvement	Implement a faster escalation mechanism for unresolved patient complaints. • Train staff regularly on proper usage and updating of feedback software. • Expand EMR implementation across all departments to ensure seamless patient data access.
Plan for the next week	Next week I will be working on tracking the EMRs for La Femme OPD and Emergency department. Along with this also work under IPD incharge for the counselling unit.

Signature of the Student:

Approved by the IIHMR University's Mentor

WEEK 2 REPORT

- **Name of the Organisation:** Fortis Escorts Hospital, Jaipur
- **Area/ Department/ Project of Summer Internship Program:** Operations Department
- **Name of the Student:** KISHORI GUPTA
- **Roll no:** 1979
- **Stream:** MBA-HM29
- **Week no:** 02
- **From:** 19/05/2025….to…24 /05/2025

Activity Done	• Observed EMR tracking process in the OPD department; witnessed staff's initial resistance and gradual adaptation. • Learned about Leave Against Medical Advice (LAMA) protocol. • Worked in 6th floor wards and Neuro Medical Unit (NMU), observing discharge process and pharmacy indent raising and delivery timing. • Participated in a mock drill for Code Orange (Disaster Management) in the Endoscopy area on 6th floor.
Linking theory (Classroom learning) with practice at your organisation	• Applied concepts from Health Informatics and Change Management courses to understand EMR implementation challenges. • Connected academic learning about patient safety, LAMA protocols, and disaster preparedness with real-life scenarios. • Observed workflow efficiency and TAT principles from Operations Management in pharmacy and discharge process.

Gaps identified on the working area.	• Delay in pharmacy indent delivery and discharges due to manual follow-up and slow nursing staff. • Inconsistent documentation in EMR due to lack of proper training. • Staff unaware of updated SOPs during Code Orange mock drill. • Partial resistance to EMR usage among some OPD staff.
Suggestions for improvement	• Regular refresher training for staff on EMR usage and LAMA documentation. • Establish a centralized tracking system for indent status updates. • Periodic mock drills with debriefing to enhance disaster response readiness. • Display visual job aids for faster EMR compliance in OPD areas.
Plan for the next week	Next week I will be working on IPD admissions on 7th floor along with this also observe the financial counselling unit for IPD admissions.

Signature of the Student:

Approved by the IIHMR University's Mentor

WEEK 3 REPORT

- **Name of the Organisation:** Fortis Escorts Hospital, Jaipur
- **Area/ Department/ Project of Summer Internship Program:** Operations Department
- **Name of the Student:** KISHORI GUPTA
- **Roll no:** 1979
- **Stream:** MBA-HM29
- **Week no:** 03
- **From:** 26/05/2025….to…31 /05/2025

Activity Done	Observed the admission process in the In-Patient Department (IPD) for both TPA and cash patients. Learned about the necessary documentation for admission, including UHID generation and bed allotment for new registrations. Additionally, observed financial counselling procedures — how the estimated amount for treatment is communicated to patients, and how re-counselling is done in case of any changes during the course of treatment.
Linking theory (Classroom learning) with practice at your organisation	Theoretical concepts related to hospital operations, patient flow management, billing procedures, and health insurance processes were practically observed. Concepts of patient registration, UHID generation, insurance claim process (TPA handling), and patient communication strategies were applied in real-time scenarios.
Gaps identified on the working area.	Delay in coordination between admission desk and ward during peak hours. Lack of uniform checklist for required documents leading to repeated patient visits. Occasional communication gaps between financial counsellors and clinical teams causing rework.

Suggestions for improvement	Introduce a standardized admission checklist to be followed by all staff. Deploy an admission coordinator during peak times to streamline workflow. Improve real-time updates between financial counsellors and medical teams using EMR or a centralized dashboard.
Plan for the next week	To be posted on different floors to observe the discharge process. Track time taken for various discharge steps and identify delays and potential areas of improvement for reducing discharge turnaround time.

Signature of the Student:

Approved by the IIHMR University's Mentor

WEEK 4 REPORT

- **Name of the Organisation:** Fortis Escorts Hospital, Jaipur
- **Area/ Department/ Project of Summer Internship Program:** Operations Department
- **Name of the Student:** KISHORI GUPTA
- **Roll no:** 1979
- **Stream:** MBA-HM29
- **Week no:** 04
- **From:** 02/06/2025….to…07 /05/2025

Activity Done	This week, I was posted on various floors to track the discharge process of patients and monitor the TAT (Turnaround Time) for IP pharmacy indent raising. I observed how some staff were well-trained and followed the discharge protocols efficiently, aiming to complete the process within the defined TAT. I also found that a few floors had a well-structured pharmacy indent process. Toward the weekend, I analyzed the data collected throughout the week using Excel and documented findings related to total discharges, categorized by patient type (Cash, TPA, Govt./PSU), average discharge timing, and number of patients discharged within the TAT.
Linking theory (Classroom learning) with practice at your organisation	• Applied classroom concepts of hospital operations management, discharge workflow analysis, pharmacy logistics, and healthcare data handling using Excel. The theory behind TAT monitoring and Lean Healthcare practices was experienced through real-time process tracking and documentation at the hospital.
Gaps identified on the working area.	• Some staff were unaware or under-trained on discharge SOPs, leading to process delays. • Inconsistencies in pharmacy indent raising across different floors. • Lack of standardized communication between departments regarding discharge readiness.

Suggestions for improvement	• Conduct regular refresher training sessions for staff involved in the discharge process. • Implement a uniform SOP for pharmacy indent across all floors. • Encourage proactive coordination between nursing staff, doctors, and pharmacy for smoother discharge processing.
Plan for the next week	FOR THE NEXT WEEK I' LL TRACKING THE RADIOLOGY DEPARTEMNT REGRADING THE TAT TO BE COMPLTED FOR THE VARIOUS IMAGING TEST.

Signature of the Student:

Approved by the IIHMR University's Mentor

WEEK 5 REPORT

- **Name of the Organisation:** Fortis Escorts Hospital, Jaipur
- **Area/ Department/ Project of Summer Internship Program:** Operations Department
- **Name of the Student:** KISHORI GUPTA
- **Roll no:** 1979
- **Stream:** MBA-HM29
- **Week no:** 05
- **From:** 09/06/2025….to…14/05/2025

Activity Done	• This week, I was posted in the Radiology Department to track the Turnaround Time (TAT) of imaging tests including MRI, CT scan, USG, and X-Ray for OPD and ER patients. We were a team of 4 students—while I tracked patient arrival and token allotment at the reception Area, the other three were stationed at the MRI, CT, USG, and X-Ray rooms to record the test start time. Our objective was to track the percentage of imaging tests completed within 30 minutes of patient arrival. We spent the entire week monitoring and recording data for analysis.
Linking theory (Classroom learning) with practice at your organisation	• Classroom learning on hospital operations management, patient workflow optimization, and radiology department functions was directly applied. Concepts such as TAT benchmarking, lean practices, and interdepartmental coordination were experienced through real-time patient tracking and data analysis.
Gaps identified on the working area.	• At times, patients were not present at the testing area when called, as they were occupied with another test. • Staff availability was occasionally limited due to other duties, especially when managing both OPD and IPD patients. • Lack of real-time coordination or alert system to notify when a patient is busy in another department.

Suggestions for improvement	• Develop a real-time digital alert system to track patients across departments and avoid missed calls. • Assign dedicated coordinators during peak hours to manage patient flow efficiently. • Consider a centralized queue dashboard that integrates all radiology areas for better synchronization.
Plan for the next week	FOR THE NEXT WEEK I' LL TRACKING THE DISCHARGES ON DIFFERENT FLOORS ALONG WITH THIS ALSO ANALYZE THE LAST WEEK RADIOLOGY DEPARTMENT DATA.

Signature of the Student:

Approved by the IIHMR University's Mentor

WEEK 6 REPORT

- **Name of the Organisation:** Fortis Escorts Hospital, Jaipur
- **Area/ Department/ Project of Summer Internship Program:** Operations Department
- **Name of the Student:** KISHORI GUPTA
- **Roll no:** 1979
- **Stream:** MBA-HM29
- **Week no:** 06
- **From:** 16/06/2025….to…21/05/2025

Activity Done	• This week, I observed the discharge process on various floors and analysed the previously tracked data. I found that a very low percentage of patients were discharged within the defined TAT. The rate of effective discharges was poor due to multiple reasons, including delays in receiving discharge summaries, late doctor rounds, delays in billing clearance, and patients requesting to stay longer (e.g., to have food before leaving). I documented all findings in an Excel sheet with a breakdown by payor category (Cash, TPA, Govt./PSU) and recorded specific reasons for each delayed discharge.
Linking theory (Classroom learning) with practice at your organisation	• Applied theoretical knowledge from subjects like hospital workflow management, discharge planning, billing processes, and patient satisfaction. Concepts of operational efficiency and bottleneck analysis were practically implemented while tracking TAT and analysing delays.
Gaps identified on the working area.	• Delay in finalizing discharge summaries from the doctors. • Inconsistent timing of doctor rounds delaying clearance. • Billing clearance not synchronized with the discharge process. • Lack of standard patient communication regarding post-clearance departure expectations.

Suggestions for improvement	• Fix a standard timeline for doctor rounds and discharge summary preparation. • Implement real-time coordination between billing and ward teams. • Introduce patient education protocols about timely departure after billing clearance. • Explore automated alerts or dashboards to flag discharge delays by category.
Plan for the next week	FOR THE NEXT WEEK I' LL TRACKING THE PREVENTIVE HEALTH CHECKUP { PHC}.

Signature of the Student:

Approved by the IIHMR University's Mentor

WEEK 7 REPORT

- **Name of the Organisation:** Fortis Escorts Hospital, Jaipur
- **Area/ Department/ Project of Summer Internship Program:** Operations Department
- **Name of the Student:** KISHORI GUPTA
- **Roll no:** 1979
- **Stream:** MBA-HM29
- **Week no:** 07
- **From:** 23/06/2025…to…28/05/2025

Activity Done	This week, I was posted in the OPD for tracking the consultation waiting time of **cash appointment patients** across various OPDs. My task included noting each patient's **appointment time**, **arrival time at the desk**, and **actual consultation start time** in the doctor's chamber. I focused especially on the **La Femme OPD**, which caters to pregnant women, women undergoing surgeries, and those accompanied by children.
Linking theory (Classroom learning) with practice at your organisation	Applied theoretical knowledge related to **outpatient services**, **workflow mapping**, **queue management**, **patient experience**, and **time-motion studies**. Real-time exposure helped understand how resource allocation, space design, and staff-patient ratio impact operational efficiency.
Gaps identified on the working area.	• **Staff shortage**: Only 1 nursing staff, 1 GDA, and 1 POD coordinator were managing the entire La Femme OPD with 6–7 doctors. • **Overburdened staff**: One team handled vitals, MY FORTIS app tracking, prescription entries, crowd control, and patient queue management.

	• **Inadequate space**: The La Femme OPD waiting area was very congested with tightly packed chairs, making the environment uncomfortable. • **Doctor unavailability**: Consultation delays also occurred when doctors were in the OT or during inpatient rounds.
Suggestions for improvement	• **Deploy at least** two nursing staff **in La Femme OPD to handle the load effectively.** • Increase seating space **and reorganize the waiting area to reduce crowding and improve patient comfort.** • **Use** digital queue displays **to enhance communication and reduce confusion in multi-doctor OPDs.** • **Create a** buffer schedule **for doctors frequently involved in OT or rounds to avoid overlapping appointments.**
Plan for the next week	For the next week I will be tracking the P**reventive Health Checkup {PHC}.**

Signature of the Student:

Approved by the IIHMR University's Mentor

WEEK 8 REPORT

- **Name of the Organisation:** Fortis Escorts Hospital, Jaipur
- **Area/ Department/ Project of Summer Internship Program:** Operations Department
- **Name of the Student:** KISHORI GUPTA
- **Roll no:** 1979
- **Stream:** MBA-HM29
- **Week no:** 08
- **From:** 30/06/2025…to…05/06/2025

Activity Done	This week, I was posted in the **PHC (Preventive Health Check-up)** unit. My role involved **tracking patients undergoing various health packages**, including imaging tests, blood tests, and other investigations. I recorded each patient's **arrival time** and the **start time of major tests**, with all data also being maintained in a register by the PHC staff. In addition, I actively participated in a **Mock Drill of CODE YELLOW**, conducted during the week. The mock drill simulated an internal emergency, and I observed that the **responsiveness of ER staff, department heads, and nursing staff was prompt and well-coordinated**. A formal **report of the drill**, including photographs, was prepared for review.
Linking theory (Classroom learning) with practice at your organisation	The PHC experience linked directly with classroom learning on **preventive healthcare, health screening protocols, time-motion studies, and patient workflow management**. The CODE YELLOW drill provided practical exposure to **hospital emergency preparedness protocols**, a key topic in hospital operations and safety management.
Gaps identified on	• In PHC, some delays were observed in transitioning patients between departments for different tests.

the working area.	• Occasional lack of real-time communication between staff for test scheduling. • During the mock drill, while most departments responded well, a few non-clinical areas showed minor delays in executing their roles.
Suggestions for improvement	• **Introduce digital tracking or token system to coordinate patient movement across departments in PHC.** • **Encourage interdepartmental pre-briefings for complex preventive packages.** • **For emergency mock drills, conduct advance refresher briefings for all departments, especially non-clinical, to further reduce response time.**
Plan for the next week	For the next week I will be doing the OPEN FILE AUDITS on different floors.

Signature of the Student:

Approved by the IIHMR University's Mentor

WEEK 9 REPORT

- **Name of the Organisation:** Fortis Escorts Hospital, Jaipur
- **Area/ Department/ Project of Summer Internship Program:** Operations Department
- **Name of the Student:** KISHORI GUPTA
- **Roll no:** 1979
- **Stream:** MBA-HM29
- **Week no:** 09
- **From:** 07/07/2025…to…12/07/2025

Activity Done	This week, I performed open file audits and, during the weekend, analyzed the IPD file audit data using Excel.
Linking theory (Classroom learning) with practice at your organisation	Applied concepts of medical records auditing, quality control, and data analysis learned in class. Used Excel skills to interpret audit findings and identify compliance trends.
Gaps identified on the working area.	• Incomplete or missing entries in patient files • Lack of standardization in file arrangement • Absence of important consent or discharge documents in some files • Delayed documentation by doctors or staff
Suggestions for improvement	• Conduct regular training for staff on proper file documentation • Implement a checklist system before file closure • Introduce periodic internal audits to catch errors early • Encourage partial digitization of records for better tracking

Plan for the next week	For the next week I will be working on my internship project report.

Signature of the Student:

Approved by the IIHMR University's Mentor

WEEK 10 REPORT

- **Name of the Organisation:** Fortis Escorts Hospital, Jaipur
- **Area/ Department/ Project of Summer Internship Program:** Operations Department
- **Name of the Student:** KISHORI GUPTA
- **Roll no:** 1979
- **Stream:** MBA-HM29
- **Week no:** 10
- **From:** 14/07/2025…to…19/07/2025

Activity Done	This week I worked on analysing the IPD file audit checklist in excel sheet and I also worked on my summer internship project.
Linking theory (Classroom learning) with practice at your organisation	Applied concepts of medical records auditing, quality control, and data analysis learned in class. Used Excel skills to interpret audit findings and identify compliance trends.
Gaps identified on the working area.	• Incomplete or missing entries in patient files • Absence of important consent or discharge documents in some files • Delayed documentation by doctors or staff
Suggestions for improvement	• Conduct regular training for staff on proper file documentation • Implement a checklist system before file closure • Introduce periodic internal audits to catch errors early
Plan for the next week	Review 10 weeks reports and make a compile file for my project and work on making the poster for my project.

Signature of the Student:

Approved by the IIHMR University's Mentor

COMPILED REPORT

- **Name of the Organization:** Fortis Escorts Hospital
- **Area/ Department/ Project of Summer Internship Program:** Operations Department
- **Name of the Student:** Kishori Gupta
- **Roll no:** IIHMR-U/01/2024-26/1979
- **Stream:** MBA in Hospital and Health Management

Activity Done	**"Streamlining Patient Discharge: A Time-Motion Study to Improve Turnaround Time"** **STUDY DESIGN:** Observational Descriptive Study **SAMPLING TECHNIQUE:** Purposive sampling An efficient discharge from hospitals plays an important role in the healthcare delivery process as it supports patient satisfaction and bed turnaround as well as the overall performance of the hospital. In my role as an intern, I was assigned to the Operations Department where I focused on tracking and analysing the discharge process for patient care across the various floors of the hospital. A major area of interest in hospital administration is the discharge process as it is directly related to operational efficiency and patient satisfaction. In order to assess and improve the discharge process, I utilized a Time-Motion Study where I observed the time associated with each step of the process and looked for gaps or delays. In a hospital setting, the discharge phase begins once the patient's treatment is complete, and the attending physician determines that the patient is clinically fit to be discharged. Although it may appear to be a Straightforward Step, the discharge process involves multiple departments and coordinated tasks and can often become a bottleneck in hospital workflow if not streamlined effectively.

Despite the importance of an efficient discharge process, Fortis face challenges such as prolonged discharge times, documentation delays, coordination issues between various departments and some technical issues. These challenges can lead to extended hospital stays, increased healthcare costs and dissatisfaction among patients and their families.

Categorization of Patient and Discharge Types:

Patients in the hospital were broadly categorized into three types pf panels, each with a distinct discharge process. Each panel have different process of being discharged.

- **CASH Patients**
- **Government & PSU Panel Patients (e.g. ECHS, RGHS, CGHS)**
- **TPA (Third Party Administrator) Insurance Patients**

Additionally, discharges were further divided into:

A. **Planned Discharges:** This involves where the discharge decision is made a day in advance

B. **Unplanned Discharges:** Based on the patient's progress and are made on the spot during the doctor's rounds.

Overview of the Discharge Workflow:

The discharge process begins with a clinical decision from the particular doctor. For the **planned discharge**, the **discharge summary** is prepared a day before or in advance by the doctor's resident using the **Hospital Information System (HIS),** at the nursing station in the already added template in the system which helps to minimize delays on the actual day of discharge.

In case of **unplanned discharge**, the doctor assess the patient's condition during morning rounds and then confirms the discharge based on their progress. Once the decision is made, the resident doctor prepares the discharge summary and submits it to the nursing station on that particular floor for the further discharge process proceedings.

Following this, the **nursing staff**:

- Returns unused medications to the pharmacy,

- Raises a new indent for discharge medications, and
- Updates the HIS by putting a **"discharge intimation."** This changes the patient's status on the HIS — the **block turns Red**, indicating that the nursing formalities have been completed.

Once the intimation is raised, **clearances** from the three major departments are initiated:

- **IP Pharmacy**
- **Blood Bank**
- **Radiology**

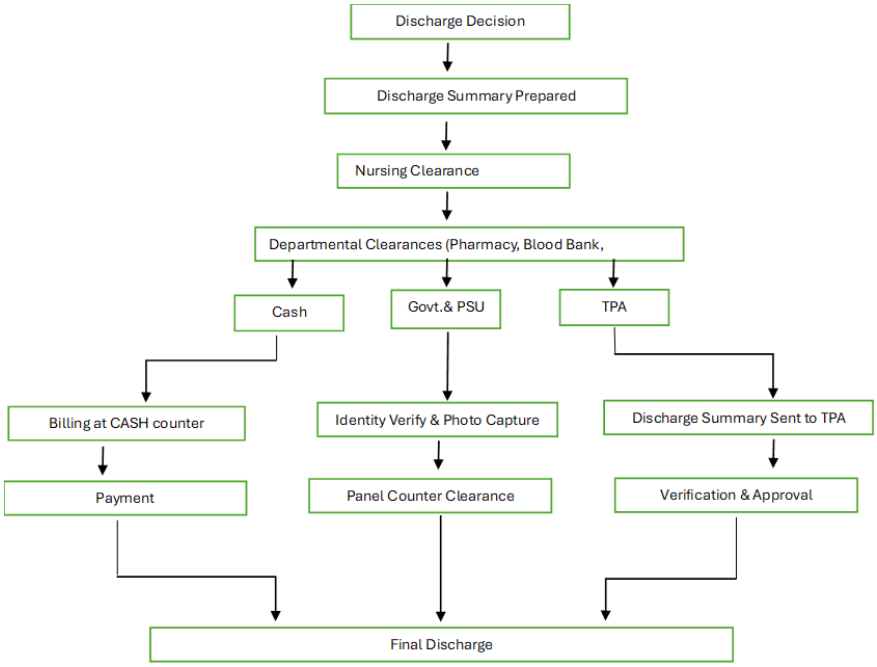
All updates are tracked through the HIS, where the patient's status changes to Yellow, indicating that the discharge is in progress and clearances are underway.

After departmental clearances, the billing clearance is initiated. Once completed, the block changes to Grey on the HIS, signalling that the patient is now ready for final discharge.

The patient's **attendant is then informed** to collect a discharge clearance slip from the respective **panel counter**. The attendant submits this slip to the nursing staff, who:

- Assist in changing the patient's clothes,
- Remove any remaining medical equipment (such as IV cannulas),
- Counsel the patient about discharge medications and post-discharge precautions, and
- Finally, arrange for the **physical movement of the patient** to the emergency exit gate.

The patient is then removed from the HIS system, formally concluding the discharge.



- **FINDINGS & ANALYSIS:**

TOTAL SAMPLE SIZE: 100

Ideal TAT:

- **Cash: 90 mins**
- **Govt. & PSU: 90 mins**
- **TPA: 240 mins**

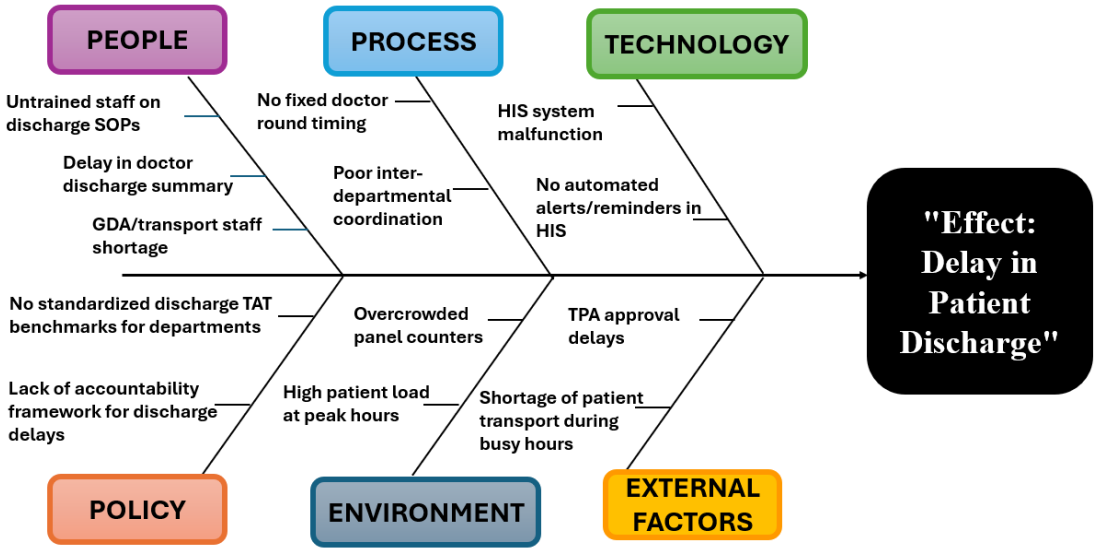
PANEL	CASH	GOVT. & PSUs	TPA
TOTAL	28	37	35
AVERAGE	173.82 mins	174.17 mins	272.15 mins
UNDER TAT	15	6	13

- **OTHER ACTVITIES DONE:**

The internship at Fortis Escorts Hospital gave me exposure to various hospital operations, clinical coordination, and administrative activities across different departments. This practically oriented experience served as a perfect bridge

	between the theoretical concepts studied in class and the actual hospital workflows. I also worked in Patient Welfare and assisted in conducting rounds of patients in MICUs, NMU, and general wards. I learned about feedback collection and management through MEDBLAZE software, giving insight into patient experience and complaint resolution mechanisms. I also gained exposure to the Electronic Medical Records (EMR) system, especially I OPD settings. This helped me in understanding how evolution took place in hospital settings from manual process to digital platforms and what were the challenges faced by staff in adapting to the new system. On the IPD side, I observed admission and discharge procedures. These included how documentation in TPA office took place, how cash patients are dealt, generation of UHIDs, bed allotment, and financial counselling. I further sat in the counselling unit understood how financial counselling and Recounselling is done, how cost is estimated and was communicated and how LAMA (Leave Against Medical Advice) cases are dealt with. I was also assigned to the TAT studies in radiology, recording time intervals for MRI, CT, USG and X-RAY tests of OPD and ER patients. I was also tracking OPD consultation wait times, with focused observations at La Femme OPD. Other learnings included participation in mock drills of (Code Orange & Code Yellow), exposure to Preventive Health checkup (PHC) flows, and performing IPD file Audits for documentation quality.
Linking theory (Classroom learning) with practice at your organisation	My internship at Jaipur's Fortis Escorts Hospital provided a special chance to bridge the gap between academic settings and real-world hospital operations. During the MBA in Hospital and Health Management program, several academic topics were introduced in areas like patient flow, standard operating procedures (SOP), hospital operations, healthcare quality, and information systems in healthcare. When I witnessed and examined the patient discharge procedure with the Operations Department, all of these ideas became tangible. The idea behind Hospital Information Systems (HIS) became clearer while doing my internship. I saw the discharge of patients managed by the HIS, where the tracking is done in real time; requests for clearance at all departmental levels, and over color codes that denote each stage in the discharge process. This gave me a better insight into how digital systems are used in the coordination and efficiency of day-to-day hospital activities. Interdepartmental coordination, which is also a recurrent theme in organisational behaviour and hospital operations, was very evident in the discharge process. The

	smooth flow of patients says it all: timely communication between nursing, pharmacy, billing, radiology, and administrative staff. It became clear that the patient's overall opinion of care is greatly influenced by a seamless discharge procedure. Patient satisfaction was significantly impacted by straightforward measures like prompt discharge summaries, unambiguous post-discharge instructions, and courteous communication; this finding was in line with our research on patient experience and service excellence. I also practised the applications of quality management, process improvement, and patient-focused care. Patient satisfaction and discharge efficiency were the direct results of the use of SOPs, good communication, and adherence to timelines. In essence, the exposure acted as a bridge between theory and practice; it revealed how knowledge acquired in an academic setting can be translated into real hospital settings and decision-making processes.
Gaps identified on the working area.	• Staff members were either unaware or insufficiently trained in discharge SOPs, which delayed the process. • There was not an established communication protocol between departments, which led to confusion regarding who was ready for discharge and what entailed the next steps. • Discharge summaries were completed late by doctors, which also delayed discharge. • The rounds by doctors did not follow a fixed schedule, so discharging decisions took place at unpredictable times. • Billing clearances were not synchronized with discharge workflows, leading to long waiting times for the patients. • Patients and their attendants were not always duly informed about the post-clearance process, which delayed the actual exit. • Floor-level data entry operator practices were variable; some followed proper maintaining discharge tracking registers, while others did not document consistently. • Government panel discharges (CGHS, ECHS, RGHS) often got delayed because of overcrowding and long queues at the panel billing counters. • Availability of the GDAs, especially male GDAs, was very limited. Due to this shortage at the nursing stations, patients had to wait longer for assistance in completing their discharge procedures. • Without a centralized, real-time dashboard for discharge tracking, the scenario of manual follow-ups and miscommunication arose. • Not enough transport staff at peak discharge times delayed the movements or transport of patients from wards to exit areas.

	• Occasional technical glitches or slow performance in the Hospital Information System (HIS) hampered timely discharge intimation and clearance. **Fish bone diagram showing causes for delays in patient discharge** 
Suggestions for improvement	• **Regular Discharge SOP Training** Conduct periodic training sessions and refresher courses for all clinical and administration staff so that they become fully knowledgeable about the discharge process, thus minimizing errors and delays. • **Abide by Timelines for Discharge Summaries Completion:** Set an internal deadline or alert in HIS to cater for doctors and residents in completing the discharge summaries well ahead of time, especially in cases of planned discharge. • **Standardize Timings for Doctor Rounds:** Fixed and predictable timing of daily rounds by treating consultants should be encouraged to allow better planning and earlier decisions about discharge.

	• **Set up Standardized Data Entry Practices Across All Floors:** Make sure data operators have uniform guidelines to keep discharge tracking records accurate and updated, whether through physical registers or digital means. • **Install Real-Time-Based Digital Patient Trackers:** Track each step of the discharge process via RFID-based or HIS-based trackers. These instant-time capture trackers will be tagging any kind of delay into real-time out there to institute enhancements in the discharge flow. • **Increase GDA and Transport Staff During Peak Hours:** Arrange for an increased number of General Duty Assistants and transport workers capable of providing physical help and transporting patients during the anticipated busiest discharge time. • **Strengthen HIS Infrastructure and Support:** Making the Hospital Information System work smoothly with minimum technical disruption. Also, there must be IT support on-call in case of lag or glitches in peak discharge hours.
Key Learnings	The internship in the Operations Department, especially the project for patient discharge process optimization, was invaluable and insightful. It provided a more practical understanding of how hospitals go beyond textbooks and lift many concepts of the classroom into the real world. One important lesson learned was the importance of coordination among the various departments in the discharge process. Watching how nursing staff, pharmacy, billing, medical records, and TPA offices must coordinate with each other had taught that interdepartmental communication is essential for patient discharge on time and in a smooth manner. Here, I gained meaningful exposure to the Hospital Information System, especially with respect to how it facilitates real-time discharge tracking, departmental clearances, and patient monitoring via automated status updates-and thus reinforced my understanding of digital healthcare systems in their contribution towards increased efficiency. Some more vital lessons were the effects of late running and the importance of uniformity in time management. Late running caused by non-adherence to SOPs,

	incomplete documentation, and uncoordinated billing taught me that processes need to be streamlined at each stage with a clear accountability mechanism in place. Real-time observation, data maintenance in Excel sheets, and Discharge TAT analysis exposed me to time-motion studies and data-oriented decision-making. It developed my analytical thinking and gave me confidence for assessing operational workflow scenarios. Moreover, my invaluable experience paved the way for further enhancement of my basic soft skills such as communication, observation, time management, and teamwork. It created opportunities to interact with hospital staff of different departments and thereby improved my coordinating and adapting skills within a professional healthcare setting. Altogether, the internship project was a worthwhile learning experience bridging the gap between what was learned in the classroom and what is happening operationally, helping to develop the respondent further so that they may make meaningful contributions to managing healthcare.

Signature of the Student:

Approved by the IIHMR University's Mentor