SUMMER INTERNSHIP PROGRAM

at

Vasundhara hospital, Jodhpur.

From 12-05-2025 to 19-07-2025

A REPORT BY

Dr. Khakre Rameshwar Subhash

Master of Business Administration Hospital and Health Management

Roll no- 1974

2024-2026

Under the Mentorship of

Dr. Seema Mehta

Professor

IIHMR UNIVERSITY, JAIPUR

VASUNDHARA HOSPITAL LIMITED

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VHL/INTERN/CER. /2025-26/07/10

Date: July 19, 2025

TO WHOM IT MAY CONCERN

This is to certify that **Dr. Khakre Rameshwar Subhash** student of **MBA Batch-29** from IIHMR University, Jaipur has successfully completed his Internship under the curriculum of **Healthcare Management** at ***Vasundhara Hospital Limited, Jodhpur.***

The duration of Internship was **from May 12, 2025 to July 19, 2025**. During his internship he successfully complete the project "Operational Efficiency of Cashless Department". We found him sincere, hardworking, technically sound and result oriented.

Wishing him the very best in his future endeavors.

Shalu Panwar
Director- Human Resources

Dr. Reetika Kalla
Chief Strategy Officer
Project Guide

Shivani Mehra
Assistant Manager-Cashless
Project Co- Guide

IIHMR UNIVERSITY

IIHMR University Faculty Mentor Approval

This is to certify that **Dr. Khakre Rameshwar Subhash 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: 28/07/25

Seema Mehta
Professor

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A STUDY FOR PROCESS OPTIMISATION IN TPA DEPARTMENT

IIHMR UNIVERSITY

Faculty Mentor - Seema Mehta | Presented by -Dr.Rameshwar Subhash Khakre (1974) | Batch : 2024-2026 (MBA-HM)

VASUNDHARA HOSPITAL

Oraganisation Mentor - Dr. Reetika Kala

HISTORY OF ORGANISATION

- Vasundhara Hospital was established in the year 1996 with a focus on Mother and Child Care.
- Initially it was a 10-bedded hospital providing only IVF treatment.
- Gradually expanded to a 50-bedded hospital, including Heart care along with IVF treatment.
- Currently Vasundhara Hospital is a 100-bedded hospital offering multiple specialities.

VISION AND MISSION

Vission -

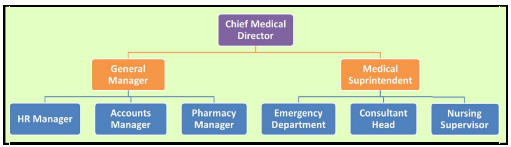
(सर्वे भवन्तु सुखिन: सर्वे सन्तु निरामया)

- A compassionate healthcare for Enriching lives with Consistent qualitative services.

Mission -

- Restore Health! Providing healing touch by caring, compassionate, committed and competent team. With the aid of state-of-art leading edge facilities for ensuring effective delivery at affordable and sustainable cost for the collective community welfare.

ORGANISATION STRUCTURE



THEORETICAL LEARNING

1. Understanding the complete RCM cycle: from patient registration to final payment settlement.
2. Concepts of cashless vs reimbursement claims in insurance

PRACTICAL LEARNING

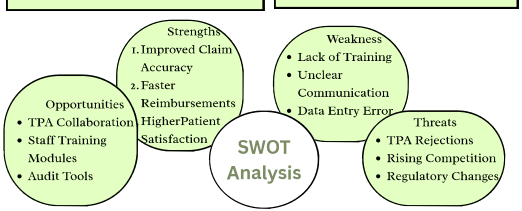
1. Identified common bottlenecks in pre-auth and claim processes.
2. Gained hands-on experience in TPA portal usage and uploading claim files
3. Understand Communication skills

CHALLENGES DURING INTERNSHIP

- ncomplete documentation in patient files, leading to claim delays and rejections
- In initial days .Language barrier is major problem
- 1.Lack of cordination between doctors, nurses, and billing staff during discharge
- Inappropriate behavior from nursing staff in initial days of projec

LEARNING DURING INTERNSHIP

- Understood the detailed process of:
- Pre-authorization , Interim approvals ,Final billing , Claim submission and follow-up
- File Auditing and Data Analysis Skills
- Problem-Solving and Critical Thinking
- Better Understanding of Hospital Operation

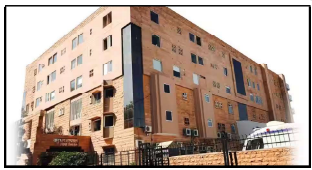


SUMMER INTERNSHIP PROJECT

Research Problem -Incomplete or inaccurate documents during pre-auth and billing stages delay claim processing in the TPA department. This study aims to improve efficiency by analyzing document quality and identifying process bottlenecks.

Objective –

1. To evaluate the accuracy and completeness of documentation submitted to the TPA department for claim processing
2. To identify the key challenges and bottlenecks in the TPA claim process, including pre-authorization, documentation, billing, and claim settlement.

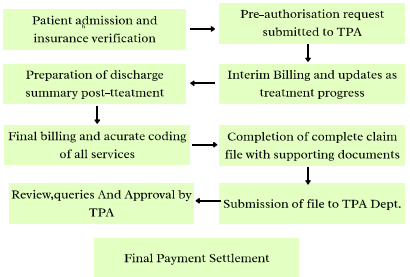


Methodology

- Study setting- TPA Dept. Vasundhara hospital, jodhpur.
- Study Design :Cross sectional And Descriptive research
- Sampling type-Purposive Sampling
- Sample size- 300 files
- Duration- 12th May to 19th July
- Inclusion Criteria-Patients admitted to hospital between 12th May and 10th July.
- Data Collection-

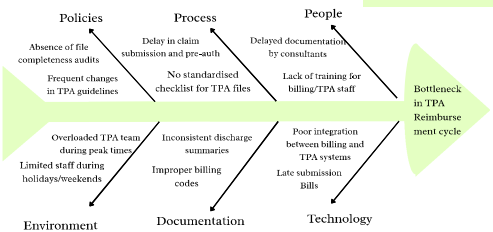
1. File Analysis – Reviewed physical and digital files submitted to TPAs.
2. Observation – Tracked workflow from patient admission to claim settlement.
3. Interviews – Conducted informal interviews with TPA staff, billing team, and nursing supervisors.
4. Checklists – Developed and used checklists to verify file completeness.
5. Daily Log – Maintained a record of issues, gaps, and outcomes during the internship.

PROCESS FLOW MAP



Analysis of errors in medical documents:

	Before	
	Yes	No
Diagnosis	77%	23%
Treatment	88.50%	11.50%
Care Plan	73.50%	26.50%
Reports	86.70%	13.30%
PAC	36.28%	20.35%
RMO	81.40%	18.60%



Common Pitfalls in TPA Documentation

1. Incomplete Documentation
2. Delayed File Preparation
3. Missing Documents
4. Delayed pre-Authorisation and Queries

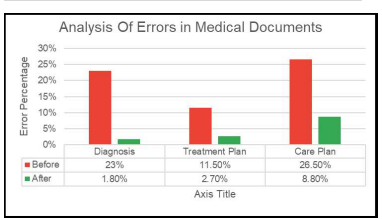
	After	
	Yes	No
Diagnosis	98.20%	1.80%
Treatment Plan	97.30%	2.70%
Care Plan	91.20%	8.80%
Reports	97.30%	2.70%
PAC	43.36%	7.08%
RMO	98.20%	1.80%

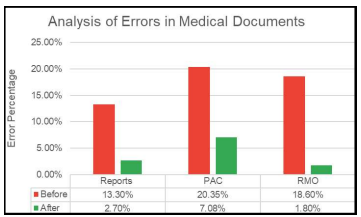
Key Interventions

- Checklist Implementaion
- Pre Discharge Planning
- Daily co-ordination meeting with doctors ,Staffs etc..
- File review Training

SUGGESTIONS

1. Digitize the Entire TPA Workflow
2. Create a Pre-discharge Checklist
3. Train Clinical & Billing Staff Regularly
4. Standardize File Formats
5. Daily File Review Meetings





Other Projects

1)Discharge TAT Audits :
2)Nursing Audit
2)Antibiotic Audit
3)Clinical Audit in Cardiac Department

Compiled Report

Name of the Organisation:

Area/ Department/ Project of Summer Internship Program:

RCM Optimization in the TPA Department

Name of the Student: Dr. Rameshwar Subhash Khakre

Roll no:1974 **Stream:** MBA (HM)

Week no: 1 **From:** 12th May To 17th May

Activity Done	During the initial week of the internship at Vasundhara Hospital, I began with an orientation session that provided insights into the hospital's overall structure and core functioning. I visited various departments and created a comprehensive floor map to better understand departmental interconnections. I was introduced to the discharge and TPA process, particularly focusing on private insurance and RGHS patients. Over the first few days, I studied around 50 patient medical records to identify documentation gaps in both archived and ongoing files. This analysis revealed missing vital signs, incomplete progress notes, and absent treatment plans, especially in discharge summaries. These early activities laid the foundation for aligning practical exposure with academic knowledge from subjects like Hospital Administration and Organizational Behaviour. In the second week, I closely examined daily discharge files and found recurring documentation errors. I initiated an antibiotic policy audit using older patient files to ensure compliance with infection control standards. I also designed and distributed a questionnaire to nurses and doctors to understand their challenges in documentation. Through this, I reinforced concepts learned in Health Information Management and Medical Records documentation. One major issue I noticed was the inconsistent use of patient identifiers like IPD number and name on various documents, which led to file mismatches. To address these, I suggested the use of pre-printed stickers for standardization. By the third week, I had begun implementing standardized formats across departments to reduce errors in TPA file submissions. This led to improved data uniformity and initiated the groundwork for reducing discharge turnaround time (TAT). I successfully completed Phase 2 of the antibiotic audit. While

	analyzing TAT delays, I observed that discharged patients often stayed longer in rooms due to unavailability of transportation, affecting room turnover and delaying new admissions. I suggested that patients and families be informed ahead of time about discharge so they could arrange transportation accordingly. In the fourth week, I started the first phase of a nursing audit to further improve documentation quality and compliance. Regular auditing of insurance files continued, and new workflows were being gradually adopted across departments. I discovered that RGHS discharges were particularly delayed due to lengthy billing and clearance processes. Mentoring nursing staff on correct documentation became a priority, especially for discharge summaries and consent forms. I scheduled meetings with resident doctors and nursing team leaders to communicate observed issues and improvement plans. During the fifth week, efforts to reduce TAT gained momentum. One key issue that emerged was the delay in arranging discharge medications for RGHS patients, which extended patient stays unnecessarily. I emphasized the need for medication readiness prior to the scheduled discharge. Standardization in documentation was reinforced through continuous reviews and staff guidance. I continued mentoring the nursing staff and held regular discussions with floor coordinators to bridge communication gaps. In the sixth week, I initiated the clinical audit process while continuing with nursing audits and documentation checks. Further analysis of discharge delays revealed consistent mismatches in equipment records, like nebulizer usage not aligning with billing entries. With continued transport-related discharge delays, I reiterated the need for patients to vacate rooms on time. Meetings were planned with department heads to encourage accountability and discuss these ongoing issues. Clinical auditing focused on aligning care delivery with patient safety guidelines. By the seventh week, Phase 3 of the nursing audit was launched, and the clinical audit was in full swing. Improvements were evident in documentation quality, but some issues like delayed transportation and medicine readiness for RGHS patients persisted. I proposed creating a designated discharge lobby or temporary holding area where discharged patients could wait without blocking inpatient beds. These interventions aimed at improving bed turnover and overall operational efficiency. My

	weekly interactions with the nursing and TPA teams helped in implementing minor but effective process changes. In week eight, the nursing audit was completed, and the clinical audit continued. File quality had significantly improved, with fewer errors being reported. To further support the RGHS process, I suggested hiring a dedicated staff member to manage their discharges, reducing delays and enhancing service quality. Patient education was enhanced by clearly communicating discharge timelines to ensure prompt room clearance. I also began preparing documentation to present my consolidated findings and outcomes to hospital management. The ninth week focused on reviewing outcomes from the implemented changes. I noticed that recurring errors in discharge insurance files had been successfully minimized. Discharge files now consistently arrived from the floors error-free and ready for TPA submission. Additional measures were proposed, such as preparing discharge medications in sync with the end of a doctor's shift and expanding the use of temporary discharge lobbies. These helped streamline the discharge workflow and support patient satisfaction. In the final week, the clinical audit was concluded, and project outcomes were compiled. The cumulative effort over ten weeks showed visible success in terms of reduced documentation errors, improved TAT, and smoother interdepartmental coordination. I recommended formalizing continuous audits, establishing a dedicated discharge coordination team, and launching a training program focused on Revenue Cycle Management (RCM) for new and existing staff. Finally, I trained staff to use a structured checklist for discharge documentation, ensuring timely, complete, and accurate submissions to the TPA department and minimizing claim processing delays.
Linking theory (Classroom learning) with practice at your organisation	Understood how Personality Development connects to Organizational Behaviour in a real hospital setting. Applied knowledge from previous hospital visits arranged by the college to identify hospital departments and workflows. The antibiotic policy audit linked to concepts of Clinical Governance and Infection Control Management. Standardizing data and implementing workflows demonstrated practical application of Organizational Behaviour in healthcare systems.

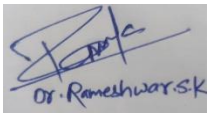
	Conducting antibiotic audits and analysing them connects to Healthcare Quality and Patient Safety principles. Discharge Turnaround Time (TAT) relates to Healthcare Operations Management. TAT work further related to classroom learnings on Operational Efficiency in Hospitals. Continued application of Organizational Behaviour through new system implementation. Initiating the clinical audit reflected practical use of Clinical Quality Management theory. Data integration and SOP rollout across departments related to Organizational Behaviour and change management theories. Introducing interventions like waiting areas and advance medicine preparation reflected Patient Flow Optimization concepts taught in class. Staff engagement connected to learnings on Leadership in Healthcare Management. Staff engagement connected to learnings on Leadership in Healthcare Management. Staff guidance through checklist implementation demonstrated practical quality control and operational discipline.
Gaps identified on the working area.	Vital signs were not recorded properly on discharge summaries, especially for the day of discharge. Chief complaints were either missing or written in non-clinical terms. Hospital course was not documented in many discharge summaries. Provisional diagnosis and proper treatment plans were often absent in medical files. IPD number, name, age, and sex were not consistently mentioned on all patient documents. Stickers for patient identification were missing on consent and clinical forms. Progress notes by RMO were incomplete or not maintained regularly. Nebulizer numbers in charge sheets and treatment charts did not match.

	Death summaries lacked mandatory signatures from authorized personnel. Discharge medications for RGHS patients were not prepared in advance. Delayed transportation arrangements led to patients occupying beds post-discharge. Room cleaning and bed turnover were delayed due to patients not vacating on time. RGHS discharge process was slow due to procedural and administrative delays. Documentation format varied between departments, lacking standardization. Nurses and junior doctors lacked training on correct history taking and documentation. Manual documentation increased the risk of errors and inconsistencies in files. No checklist was followed during discharge file preparation for TPA submission. Lack of a designated space for discharged patients to wait for transportation. No dedicated staff to handle RGHS patient discharges, causing bottlenecks. Limited awareness among staff about the importance of complete and accurate records for claim approvals.
Suggestions for improvement	Use EMR software like CERNER {oracle health} OR PRACTO RAY Nursing sops – update nursing standard operating procedure. Standardizing Vital Sign Recording Mandatory Patient Identification of All Documents Ensure Complete Authorization on Death Summaries Informed the patient and their relatives that the discharge is on the 10th, and they should arrange transportation by 1 PM, as we need to clean the room for the next patient**."** Create a designated lobby area or a single temporary stay room where discharged patients can wait until their transportation

	arrives. This will help free up patient rooms faster and improve overall bed management. Hire an additional staff member specifically to manage RGHS discharges. This will help expedite the process, improve bed turnover, and enhance patient satisfaction. Prepare discharge/return medications in advance, aligned with the end of the doctor's morning or night duty. This proactive approach can reduce waiting time and streamline the discharge process. Institutionalize Continuous Documentation Audits Establish a Dedicated Discharge Coordination Team Launch a Staff Training & Induction Program Focused on RCM
Key Learnings	Deep understanding of Revenue Cycle Management (RCM): Learned how accurate documentation, timely discharge, and proper coding directly impact insurance claim approval and hospital revenue. Discharge Turnaround Time (TAT) importance: Realized how optimizing TAT improves patient satisfaction, reduces bed-blocking, and enhances overall hospital efficiency. Documentation accuracy is critical: Understood the consequences of incomplete or incorrect documentation on claim rejection and delays. TPA file quality directly affects reimbursement: Understood the role of properly prepared files in speeding up insurance approvals and reducing rejections. Audit culture promotes accountability**:** Learned how conducting nursing and clinical audits improves awareness, compliance, and documentation quality. Interpersonal and team collaboration skills: Developed the ability to work with multidisciplinary teams including doctors, nurses, and administrative staff. Leadership and mentoring experience: Took initiative to guide nursing staff and junior doctors on proper documentation and process improvement.

	Time and workflow management: Learned how to manage time effectively in a hospital setting and balance multiple tasks such as audits, training, and reporting. Data collection and analysis skills.

Signature of the Student



Approved by the IIHMR University's Mentor

1ST WEEK REPORT

Name of the Organisation: Vasundhara Hospital, Jodhpur, Rajasthan.

Area/ Department/ Project of Summer Internship Program:

RCM Optimization in the TPA Department

Name of the Student: Dr. Rameshwar Subhash Khakre

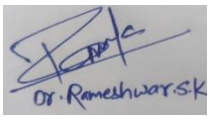
Roll no:1974 **Stream:** MBA (Hospital and Healthcare Management)

Week no: 1 **From:** 12th May To 17th May

Activity Done	1)Orientation about the hospital and understanding about its basic functioning. 2)Visited various departments and created a detailed floor map of the hospital. 3)Received an overview of the discharge and TPA (private insurance, RGHS) Process. 4)First 3 days of internship, I have studied approx. 50 past medical record file and current medical files to understand the gaps in healthcare structure and gap in maintenance of medical record file.
Linking theory (Classroom learning) with practice at your organisation	1)Understand how Personality development is closely linked to **organizational behaviour.** 2**)**Previous **hospital visits** organized by the college provided a foundational understanding of hospital departments, which made it easier to identify and relate to them during the internship. 3)Understanding **hospital management and clinical hierarchy.**
Gaps identified on the working area.	1-In general examination vital signs is not mentioned properly. (vital sign to be mentioned of the discharge date) 2– proper chief complain should be mentioned. (only mention medical terms) 3– on discharge summary hospital course should be mentioned.

	4– Proper treatment plan is not mentioned in treatment care plan by **RMO.** (ex. Provisional Diagnosis is not mentioned) 5- write **an IPD number,** name, age, sex on form with stickers. (at least IPD number should mention every document of pt file) 6– Progress report is not mentioned properly (By RMO)
Suggestions for improvement	**Gap 1 -** Use EMR software like CERNER {oracle health} OR PRACTO RAY Nursing sops – update nursing standard operating procedure. **Gap 2 –** Train junior doctor, nurses, paramedical staff to differentiate between subjective symptom and diagnosis. Training on history taking and documentation. **Gap 3 –** Use EMR software.
Plan for the next week	Ensure thorough observation and rectification of all discrepancies or documentation gaps in the discharge file before submission to the TPA (Third Party Administrator) department for claims processing, in order to streamline approval, reduce claim rejections, and enhance overall patient satisfaction."

Signature of the Student



Approved by the IIHMR University's Mentor

2ND WEEK REPORT

Name of the Organisation: Vasundhara Hospital, Jodhpur, Rajasthan

Area/ Department/ Project of Summer Internship Program:

RCM Optimization in the TPA Department

Name of the Student: Dr. Rameshwar Subhash Khakre

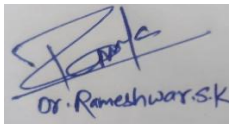
Roll no: 1974 **Stream:** MBA (Hospital and Healthcare Management)

Week no: 2nd Week **From :**19thMAY t0 24th May

Activity Done	1) Observed daily discharge files and identified recurring mistakes. 2) Conducted an audit of the antibiotic policy using previous files. 3)Created a questionnaire form for nursing staff and doctors.
Linking theory (Classroom learning) with practice at your organisation	1)This activity relates to Health Information Management and Medical Records Management theory. 2) Conducting an antibiotic policy audit is connected to the theory of Clinical Governance and Infection Control Management.
Gaps identified on the working area.	1)In the general examination, vital signs are not properly recorded. (Vital signs should be noted on the discharge date.) 2) Write the IPD number, name, age, and sex on the form using stickers. (At minimum, the IPD number should be mentioned on every document in the patient file.) 3)The nebulizer number differs between the charge sheet and the nebulizer chart.
Suggestions for improvement	**Standardize Vital Sign Recording:** Create a checklist to ensure vital signs are recorded on every relevant document, especially on discharge summaries. Conduct regular training and audits emphasizing the importance of complete vital signs.

	Mandatory Patient Identification on All Documents: Implement a policy that requires the IPD number, and ideally patient name, age, and sex, on every patient document. Use pre-printed stickers or stamps to maintain consistency and reduce manual errors. **Reconcile Nebulizer Numbers:** Introduce cross-checking protocols between charge sheets and nebulizer charts to ensure numbers match before filing. **Ensure Complete Authorization on Death Summaries:** Establish a checklist that includes required signatures on all death summaries before final approval. Provide clear instructions and reminders to doctors and the Medical Superintendent.
Plan for the next week	1) 2nd phase of antibiotic policy audit. 2) Present 2-week internship work infront of CEO of hospital.

Signature of the Student



Approved by the IIHMR University's Mentor

3RD WEEK REPORT

Name of the Organisation: Vasundhara Hospital, Jodhpur, Rajasthan

Area/ Department/ Project of Summer Internship Program:

RCM Optimization in the TPA Department

Name of the Student: Rameshwar Subhash Khakre

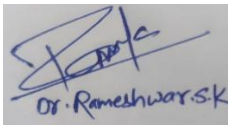
Roll no: 1974 **Stream:** MBA (Hospital and Healthcare Management)

Week no: 3rd Week **From :**26th MAY t0 31st May

Activity Done	1)Daily discharge insurance files were seen and recurring mistakes identified 2)Led to data standardization with new workflow implementation across all departments. 3) Second phase antibiotic audit and analysis completed. 4)Also working on **Optimizing Discharge Turnaround Time (TAT).**
Linking theory (Classroom learning) with practice at your organisation	1)Data standardization and implementation relate to **Organizational Behaviour**, crucial for building integrated, data-driven healthcare systems. 2)Conducting antibiotic audits and analysing them connects to **Healthcare Quality and Patient Safety** principles. 3)Discharge Turnaround Time (TAT) relates to **Healthcare Operations Management.**
Gaps identified on the working area.	1)In the discharge summary, vital signs are not properly mentioned. 2)IPD number, name, age, and sex should be written on the consent form using stickers. (At minimum, the IPD number should be mentioned on every document in the patient file.) 3) Over the past three days, I focused on discharge TAT (Turnaround Time) and found that delays were directly linked to the gaps I had previously identified. The issues are as follows: **Issue A:** After discharge, patients often take 2–3 hours to vacate the room due to unavailability of transportation. This delays the room cleaning process and affects bed turnover.

Suggestions for improvement	"Through diligent observation and corrective actions, we've successfully reduced recurring mistakes in daily discharge insurance files. The files now consistently arrive from the floor without errors, indicating a significant improvement in our processes." **Suggestion A:** **A1-**Informed the patient and their relatives that the discharge is on the 10th, and they should arrange transportation by 1 PM, as we need to clean the room for the next patient**."**
Plan for the next week	1) Working on Phase 3 – Unit testing, System validation and Unit testing and feedback. 2) Guiding and mentoring nursing staff to make proper files that provide benefit to insurance sector. 3) Plan a meeting with Resident doctors and the nursing team leaders with floor coordinators to present the data about the gaps.

Signature of the Student



Approved by the IIHMR University's Mentor

4TH WEEK REPORT

Name of the Organisation: Vasundhara Hospital, Jodhpur, Rajasthan

Area/ Department/ Project of Summer Internship Program:

RCM Optimization in the TPA Department

Name of the Student: Dr. Rameshwar Subhash Khakre

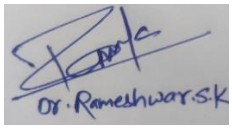
Roll no: 1974 **Stream:** MBA (Hospital and Healthcare Management)

Week no: 4th Week **From :**9th June to 14th June

Activity Done	1)Daily discharge insurance files were seen and recurring mistakes identified 2)Led to data standardization with new workflow implementation across all departments. 3) First phase of Nursing audit started. 4)Also working on **Optimizing Discharge Turnaround Time (TAT).**
Linking theory (Classroom learning) with practice at your organisation	1)Data standardization and implementation relate to **Organizational Behaviour**, crucial for building integrated, data-driven healthcare systems. 2)Conducting Nursing audits, connects to **Healthcare Quality and Patient Safety** principles. 3)Discharge Turnaround Time (TAT) relates to **Healthcare Operations Management.**
Gaps identified on the working area.	1)In the discharge summary, vital signs are not properly mentioned. (Vital signs should be according to the last day of discharge.) 2)IPD number, name, age, and sex should be written on the consent form using stickers. (At minimum, the IPD number should be mentioned on every document in the patient file.) 4) Over the past 1Week days, I focused on discharge TAT (Turnaround Time) and found that delays were directly linked to the gaps I had previously identified. The issues are as follows: **Issue A:** After discharge, patients often take 2–3 hours to vacate the room due to unavailability of transportation. This delays the room cleaning process and affects bed turnover.

	Issue B: The discharge process for RGHS (Rajasthan Government Health Scheme) patients takes 2 to 3 hours, causing delays.
Suggestions for improvement	"Through diligent observation and corrective actions, we've successfully reduced recurring mistakes in daily discharge insurance files. The files now consistently arrive from the floor without errors, indicating a significant improvement in our processes." **Suggestion A:** **A1-**Informed the patient and their relatives that the discharge is on the 10th, and they should arrange transportation by 1 PM, as we need to clean the room for the next patient**."**
Plan for the next week	1)Guiding and mentoring nursing staff to make proper files that provide benefit to insurance sector. 2)Plan a meeting with Resident doctors and the nursing team leaders with floor coordinators to present the data about the gaps.

Signature of the Student



Approved by the IIHMR University's Mentor

5TH WEEK REPORT

Name of the Organisation: Vasundhara Hospital, Jodhpur, Rajasthan

Area/ Department/ Project of Summer Internship Program:

RCM Optimization in the TPA Department

Name of the Student: Dr Rameshwar Subhash Khakre

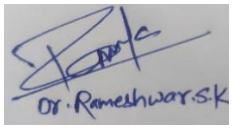
Roll no: 1974 **Stream:** MBA (Hospital and Healthcare Management)

Week no: 5th Week **From :**16thJune to 21stJune

Activity Done	1)Led to data standardization with new workflow implementation across all departments.) First phase of Nursing audit started. 4)Also working on **Optimizing Discharge Turnaround Time (TAT).**
Linking theory (Classroom learning) with practice at your organisation	1)Data standardization and implementation relate to **Organizational Behaviour**, crucial for building integrated, data-driven healthcare systems. 2)Conducting Nursing audits, connects to **Healthcare Quality and Patient Safety** principles. 3)Discharge Turnaround Time (TAT) relates to **Healthcare Operations Management.**
Gaps identified on the working area.	1)In the discharge summary, vital signs are not properly mentioned. (Vital signs should be according to the last day of discharge.) 2)IPD number, name, age, and sex should be written on the consent form using stickers. (At minimum, the IPD number should be mentioned on every document in the patient file.) 4) Over the past 1Week days, I focused on discharge TAT (Turnaround Time) and found that delays were directly linked to the gaps I had previously identified. The issues are as follows: **Issue A:** After discharge, patients often take 2–3 hours to vacate the room due to unavailability of transportation. This delays the room cleaning process and affects bed turnover. **Issue B:** The discharge process for RGHS (Rajasthan Government Health Scheme) patients takes 2 to 3 hours, causing delays.

	Issue C: After the discharge file is completed for RGHS patients, the prescribed medication is often not ready, leading to delays in the discharge process.
Suggestions for improvement	"Through diligent observation and corrective actions, we've successfully reduced recurring mistakes in daily discharge insurance files. The files now consistently arrive from the floor without errors, indicating a significant improvement in our processes." **Suggestion A:** **A1-**Informed the patient and their relatives that the discharge is on the 10th, and they should arrange transportation by 1 PM, as we need to clean the room for the next patient**.**
Plan for the next week	1)Guiding and mentoring nursing staff to make proper files that provide benefit to insurance sector. 2)Plan a meeting with Resident doctors and the nursing team leaders with floor coordinators to present the data about the gaps.

Signature of the Student



Approved by the IIHMR University Mentor

6TH WEEK REPORT

Name of the Organisation: Vasundhara Hospital, Jodhpur, Rajasthan

Area/ Department/ Project of Summer Internship Program:

RCM Optimization in the TPA Department

Name of the Student: Dr Rameshwar Subhash Khakre

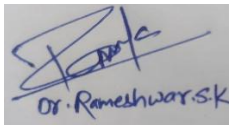
Roll no: 1974 **Stream:** MBA (Hospital and Healthcare Management)

Week no: 6th Week **From :**16thJune to 21st June

Activity Done	1)Daily discharge insurance files were seen and recurring mistakes identified. 2)Led to data standardization with new workflow implementation across all departments. 3) First phase of Nursing audit started. 4)Also working on **Optimizing Discharge Turnaround Time (TAT).** 5) First phase of clinical audit started.
Linking theory (Classroom learning) with practice at your organisation	1)Data standardization and implementation relate to **Organizational Behaviour**, crucial for building integrated, data-driven healthcare systems. 2)Conducting Nursing audits, connects to **Healthcare Quality and Patient Safety** principles. 3)Discharge Turnaround Time (TAT) relates to **Healthcare Operations Management**, aimed at enhancing patient flow, resource utilization, and overall hospital efficiency.
Gaps identified on the working area.	1)In the discharge summary, vital signs are not properly mentioned. (Vital signs should be according to the last day of discharge.) 2)IPD number, name, age, and sex should be written on the consent form using stickers. (At minimum, the IPD number should be mentioned on every document in the patient file.) 3)The nebulizer number differs between the charge sheet and the nebulizer chart. 4) Over the past 1Week days, I focused on discharge TAT (Turnaround Time) and found that delays were directly linked

	to the gaps I had previously identified. The issues are as follows: **Issue A:** After discharge, patients often take 2–3 hours to vacate the room due to unavailability of transportation. This delays the room cleaning process and affects bed turnover. **Issue B:** The discharge process for RGHS (Rajasthan Government Health Scheme) patients takes 2 to 3 hours, causing delays. **Issue C:** After the discharge file is completed for RGHS patients, the prescribed medication is often not ready, leading to delays in the discharge process.
Suggestions for improvement	"Through diligent observation and corrective actions, we've successfully reduced recurring mistakes in daily discharge insurance files. The files now consistently arrive from the floor without errors, indicating a significant improvement in our processes." **Suggestion A:** **A1-**Informed the patient and their relatives that the discharge is on the 10th, and they should arrange transportation by 1 PM, as we need to clean the room for the next patient**."**
Plan for the next week	1)Plan a meeting with Resident doctors and the nursing team leaders with floor coordinators to present the data about the gaps % meeting with staff and guide them.

Signature of the Student



Approved by the IIHMR University's Mentor

7TH WEEK REPORT

Name of the Organisation: Vasundhara Hospital, Jodhpur, Rajasthan

Area/ Department/ Project of Summer Internship Program:

RCM Optimization in the TPA Department

Name of the Student: Dr Rameshwar Subhash Khakre

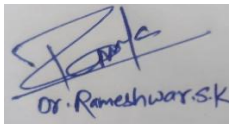
Roll no: 1974 **Stream:** MBA (Hospital and Healthcare Management)

Week no: 7th Week **From :**23rd June to 28th June

Activity Done	1) RCM Optimisation in TPA Department is d 2)Led to data standardization with new workflow implementation across all departments. 3) Third Phase of Nursing audit started. 4)Also working on **Optimizing Discharge Turnaround Time (TAT).** 5) First phase of clinical audit started
Linking theory (Classroom learning) with practice at your organisation	1)Data standardization and implementation relate to **Organizational Behaviour**, crucial for building integrated, data-driven healthcare systems. 2)Conducting Nursing audits, connects to **Healthcare Quality and Patient Safety** principles. 3)Discharge Turnaround Time (TAT) relates to **Healthcare Operations Management**, aimed at enhancing patient flow, resource utilization, and overall hospital efficiency.
Gaps identified on the working area.	1)In the discharge summary, vital signs are not properly mentioned. (Vital signs should be according to the last day of discharge.) 2)IPD number, name, age, and sex should be written on the consent form using stickers. (At minimum, the IPD number should be mentioned on every document in the patient file.) 4) Over the past Weekdays, I focused on discharge TAT (Turnaround Time) and found that delays were directly linked to the gaps I had previously identified. The issues are as follows:

	Issue A: After discharge, patients often take 2–3 hours to vacate the room due to unavailability of transportation. This delays the room cleaning process and affects bed turnover. **Issue B:** The discharge process for RGHS (Rajasthan Government Health Scheme) patients takes 2 to 3 hours, causing delays. **Issue C:** After the discharge file is completed for RGHS patients, the prescribed medication is often not ready, leading to delays in the discharge process.
Suggestions for improvement	"Through diligent observation and corrective actions, we've successfully reduced recurring mistakes in daily discharge insurance files. The files now consistently arrive from the floor without errors, indicating a significant improvement in our processes." **Suggestion A:** **A1-**Informed the patient and their relatives that the discharge is on the 10th, and they should arrange transportation by 1 PM, as we need to clean the room for the next patient**."** **A2-** Create a designated lobby area or a single temporary stay room where discharged patients can wait until their transportation arrives. This will help free up patient rooms faster and improve overall bed management.
Plan for the next week	Plan a meeting with Resident doctors and the nursing team leaders with floor coordinators to present the data about the gaps.

Signature of the Student



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8TH WEEK REPORT

Name of the Organisation: Vasundhara Hospital, Jodhpur, Rajasthan

Area/ Department/ Project of Summer Internship Program:

RCM Optimization in the TPA Department

Name of the Student: Dr Rameshwar Subhash Khakre

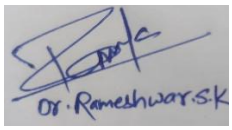
Roll no: 1974 **Stream:** MBA (Hospital and Healthcare Management)

Week no: 8th Week **From :**30th June to 5th jully

Activity Done	1)Led to data standardization with new workflow implementation across all departments. 2) Done with Nursing audit. 3)Also working on **Optimizing Discharge Turnaround Time (TAT).** 4) First phase of clinical audit started
Linking theory (Classroom learning) with practice at your organisation	1)Data standardization and implementation relate to **Organizational Behaviour**, crucial for building integrated, data-driven healthcare systems. 2)Conducting Nursing audits, connects to **Healthcare Quality and Patient Safety** principles. 3)Discharge Turnaround Time (TAT) relates to **Healthcare Operations Management**, aimed at enhancing patient flow, resource utilization, and overall hospital efficiency.
Gaps identified on the working area.	"Through consistent monitoring and timely improvements, we have significantly reduced frequent errors in discharge insurance files. Now, the files received from the wards are error-free and well-organized, reflecting a strong enhancement in our process efficiency.
Suggestions for improvement	“Through diligent observation and corrective actions, we've successfully reduced recurring mistakes in daily discharge insurance files. The files now consistently arrive from the floor without errors, indicating a significant improvement in our processes." **Suggestion A:**

	A1-Informed the patient and their relatives that the discharge is on the 10th, and they should arrange transportation by 1 PM, as we need to clean the room for the next patient**."** **A2-** Create a designated lobby area or a single temporary stay room where discharged patients can wait until their transportation arrives. This will help free up patient rooms faster and improve overall bed management. **Suggestion B:** Hire an additional staff member specifically to manage RGHS discharges. This will help expedite the process, improve bed turnover, and enhance patient satisfaction.
Plan for the next week	Plan a meeting with Resident doctors and the nursing team leaders with floor coordinators to present the data about the gaps.

Signature of the Student



Approved by the IIHMR University's Mentor

9TH WEEK REPORT

Name of the Organisation: Vasundhara Hospital, Jodhpur, Rajasthan

Area/ Department/ Project of Summer Internship Program:

RCM Optimization in the TPA Department

Name of the Student: Dr Rameshwar Subhash Khakre

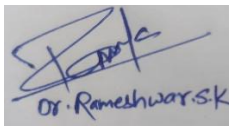
Roll no: 1974 **Stream:** MBA (Hospital and Healthcare Management)

Week no: 9th Week **From: 7th** Jully to 12th Jully

Activity Done	1) RCM Optimisation in TPA Department is d 2)Led to data standardization with new workflow implementation across all departments. 4)Also working on **Optimizing Discharge Turnaround Time (TAT).** 5) Final phase of clinical audit started.
Linking theory (Classroom learning) with practice at your organisation	1)Data standardization and implementation relate to **Organizational Behaviour**, crucial for building integrated, data-driven healthcare systems. 2)Conducting Nursing audits, connects to **Healthcare Quality and Patient Safety** principles. 3)Discharge Turnaround Time (TAT) relates to **Healthcare Operations Management**, aimed at enhancing patient flow, resource utilization, and overall hospital efficiency.
Gaps identified on the working area.	By carefully monitoring the process and implementing necessary corrections, we have effectively minimized repeated errors in the daily discharge insurance files. As a result, the files now arrive from the wards accurately and without mistakes, showing a clear improvement in our overall workflow."
Suggestions for improvement	"Through diligent observation and corrective actions, we've successfully reduced recurring mistakes in daily discharge insurance files. The files now consistently arrive from the floor without errors, indicating a significant improvement in our processes." **Suggestion A:**

	A1-Informed the patient and their relatives that the discharge is on the 10th, and they should arrange transportation by 1 PM, as we need to clean the room for the next patient**."** **A2-** Create a designated lobby area or a single temporary stay room where discharged patients can wait until their transportation arrives. This will help free up patient rooms faster and improve overall bed management. **Suggestion B:** Hire an additional staff member specifically to manage RGHS discharges. This will help expedite the process, improve bed turnover, and enhance patient satisfaction. **Suggestion C:** Prepare discharge/return medications in advance, aligned with the end of the doctor's morning or night duty. This proactive approach can reduce waiting time and streamline the discharge process.
Plan for the next week	Give presentation Infront of Hospital CEO And their team.

Signature of the Student



Approved by the IIHMR University's Mentor

10TH WEEK REPORT

Name of the Organisation: Vasundhara Hospital, Jodhpur, Rajasthan

Area/ Department/ Project of Summer Internship Program:

RCM Optimization in the TPA Department

Name of the Student: Dr Rameshwar Subhash Khakre

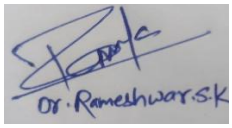
Roll no: 1974 **Stream:** MBA (Hospital and Healthcare Management)

Week no: 10th Week **From:** 14thJully to 19thJully

Activity Done	1) RCM Optimisation in TPA Department is d 2)Led to data standardization with new workflow implementation across all departments. 5) Done with clinical audit.
Linking theory (Classroom learning) with practice at your organisation	1)Data standardization and implementation relate to **Organizational Behaviour**, crucial for building integrated, data-driven healthcare systems. 2)Conducting Nursing audits, connects to **Healthcare Quality and Patient Safety** principles. 3)Discharge Turnaround Time (TAT) relates to **Healthcare Operations Management**, aimed at enhancing patient flow, resource utilization, and overall hospital efficiency.
Gaps identified on the working area.	Through diligent observation and corrective actions, we've successfully reduced recurring mistakes in daily discharge insurance files. The files now consistently arrive from the floor without errors, indicating a significant improvement in our processes." Now issue is solved day by day.
Suggestions for improvement	Suggestion 1: Institutionalize Continuous Documentation Audits Suggestion 2: Establish a Dedicated Discharge Coordination Team Suggestion 5: Launch a Staff Training & Induction Program Focused on RCM

Plan for the next week	"Staff have been effectively guided to follow a checklist for discharge documentation for the TPA department, aiming to minimize delays in claim processing."

Signature of the Student



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