SUMMER INTERNSHIP PROGRAM

at

Wockhardt Hospitals, Nagpur

12th May 2025 to 21th July 2025

A REPORT BY

Kalbande Toshik Govinda

Master of Business Administration

Hospital & Health Management

Roll no. 1970

2024-26

under the Mentorship of

Dr. Tripti Bisawa (Professor)

July 21, 2025

TO WHOM SO EVER IT MAY CONCERN

This is to certify that **Mr. Toshik Govind Kalbande** (Student of IIHMR Jaipur, University), has successfully completed his internship training in Hospital Administration department from **12.05.2025 to 21.07.2025**

During his aforesaid tenure, He has been found to be extremely honest, regular and sincere.

For **Wockhardt Hospitals Ltd.,**

Abhijeet Pagade
Manager – HR

WOCKHARDT HOSPITALS LTD. NAGPUR

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IIHMR University Faculty Mentor Approval

This is to certify that **Mr. Kalbande Toshik Govinda** of academic year 2024-26 **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: 31-07-2025

Dr. Tripti Bisawa

Professor

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STREAMLING PATIENT DISCHARGE PROCESS FLOW & GAP ANALYSIS

PRSENTED BY-TOSHIK KALBANDE HM 29-1970

MENTORS -
DR. TRIPTI BISAWA
(PROF. AT IIHMR UNIVERSITY, JAIPUR)
MR. TANVEER AHMED
(HEAD GENERAL ADMIN) NAGPUR)

HISTORY AND DESCRIPTION.

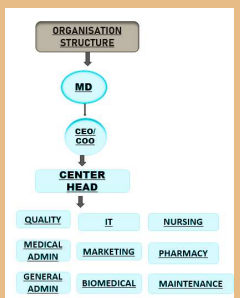
Wockhardt Hospitals, Nagpur is a premier NABH-accredited super-specialty healthcare institution that has transformed the medical landscape of Central India since its inception in 2004. Beginning as the region's first dedicated cardiac care facility, it expanded in 2007 into a 118-bed state-of-the-art super-specialty hospital on North Ambazari Road. Renowned for excellence in cardiology, neurology, orthopedics, organ transplants, and critical care, the hospital has achieved prestigious recognitions like the Platinum Award from the World Stroke Organization and the AHPI Excellence in Critical Care Award. With cutting-edge technology, 24x7 emergency services, advanced ICUs, and a team of leading specialists, Wockhardt Hospitals, Nagpur stands as a trusted hub for quality healthcare, serving patients from Maharashtra, Chhattisgarh, and Madhya Pradesh with compassion and clinical excellence.

Vision

"Wockhardt hospitals will strive with excellence to fulfill the needs of community in its chosen field of medical treatment"

Mission

"To serve and enrich the quality of life of patients suffering from diseases,through the efficient deployment of technology and human expertise, in a caring and nurturing environment with the greatest respect for human dignity and life."



METHODOLOGY & SAMPLE

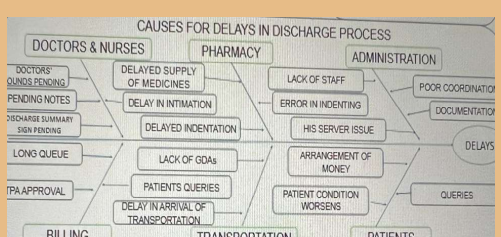
STUDY DESIGN :-
QUALITATIVE/DESCRIPTIVE STUDY.
FROM 12 th May till 5 th June with convenience Technique.
Sample Size :- 79

DATA COLLECTION:-
Direct observation of real-time discharges
Review of SOPs, flowcharts, and internal documents Informal interviews with RMOs, nurses, MTs, billing staff.

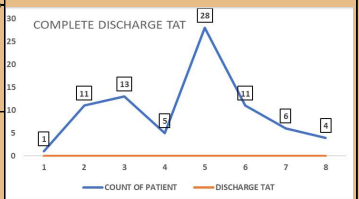
ABOUT PROJECT

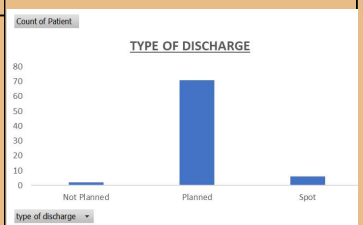
This project involved a comprehensive analysis of the patient discharge process in a multispecialty hospital. The study encompassed the entire discharge procedure across various departments and different mode of payment Detailed data was collected and analyzed for 50 patients, with the objective of identifying gaps and recommending improvements to enhance the efficiency and checuveness of the discharge process.

ROOT CAUSE ANALYSIS



ANALYSIS:-





SWOT ANALYSIS

STRENGTH
- High Quality of care
- Established Procedures
- Excellent patient experience
- Comprehensive services
- Technology use- HMIS
- Experienced staff
- Trust and reputation
- Innovation and research

WEAKNESS
- Communication gaps
- Administrative challenges
- Staffing issues in some departments.
- Regulatory compliance
- Patient Dissatisfaction
- Technological integration
- Inefficient processes

OPPORTUNITES
- Technology advances
- Partnerships and collaborations
- Changes in healthcare policies
- Population health trends
- Expanding services
- Medical tourism
- Community engagement
- Data analytics
- Workforce development

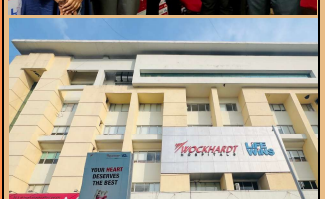
THREATS
- Competitive pressure
- Regulatory and policy changes
- Economic instability
- Legal and liability issues
- Workforce shortages
- Technological disruption
- Demographic shifts
- Public health crisis

SUGGESTIONS

- First preference for discharge patients in daily round of doctors.
- Enhanced communication between different departments involved in discharge process.
- Advanced discharge planning for both planned and unplanned discharge.
- Training and education of nursing and other staff.
- Updating bills on daily basis of planned discharges.
- Nursing staff should show readiness in doing there work
- Updating OT and cath procedures bills on regular basis.
- Coordinating with doctors and their coordinators for ensuring finalization of discharge summary on time.

DISCHARGE PROCESS FLOW & TAT :-

	Taken STANDARD TIME & AVG TIME	
	CASH	TPA
Doctors Discharge note		
Discharge Intimation Time	20 min 65 min	20 min 90 min
pharmacy & Nursing clearance	30 min 10 min	180 min 225 min
Bill Ready		
Bill Clearance	30 min 70 min	30 min 20 min
Physically Moved	30 min 82 min	30 min 60 min



OBJECTIVES

- Suggest practical improvements for faster discharge.
- Bridge theory with real hospital practice.
- Understand the hospital discharge process

Difference between practical exposure at SIP organisation and theoretical understanding.

Theoretical understanding provides the essential knowledge base and framework, practical understanding enriches this knowledge through direct experience, crabling a more comprehensive and refined grasp of the discharge process.

CHALLENGES FACED DURING INTERNSHIP

- Communicating with nursing in-charge
- Documentation compliance with standards.
- Coordination with staff
- Understanding medical terminology
- Patient interaction
- Time Constraints.
- Resistance to change by nursing staff

LEARNING DURING INTERNSHIP

- Quality improvement processes
- Patient satisfaction
- Practical application of TAT
- Patient safety
- Healthcare operations

USEFULNESS OF INTERNSHIP

- Practical experience
- Skill development – communication and problem solving
- Networking opportunities
- Professional development
- Insight into patient care
- Quality improvement projects
- Clarity for future role
- Mentorship.

Reporting Format (Weekly)

Name of the Organisation: Wockhardt Hospitals, Nagpur

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

Name of the Student: Toshik Govinda Kalbande

Roll no: 1970 **Stream**: MBA Hospital and Health Management

Week no: 01 **From:** 12/05/2025 to 17/05/2025

Activity Done	• Observed and documented OPD process flow of patient registration, consultation, and follow-up. • Observed discharge process – from doctor's signature till end billing and patient exit. • Did time-motion studies to monitor Turnaround Time (TAT) for patient discharge and OPD services. • General observation of patient service and admin areas.
Linking theory (Classroom learning) with practice at your organisation	• Applied Hospital Operations Management concepts to study the OPD and discharge process. • Applied Lean Management concepts to determine areas of potential bottlenecks impacting TAT. • Reminded Organizational Behaviour lessons to understand staff-patient interaction and workflow patterns.
Gaps identified on the working area.	• Delays in preparing discharge summary and billing process. Insufficient monitoring of OPD patient movement in real time. • Communication gaps between departments resulting in TAT delay. • Directions and signs to patients in the OPD area are poor.
Suggestions for improvement	• Digital Tracking for Discharge process to Reduce delays. • Arrange Regular Staff Training to improve communication and coordination.
Plan for the next week	• Focuses on Inpatient Dept (IPD) Operations and Ward Management. • Prepare a Flow Chart summarizing the OPD and Discharge Process with improvement opportunities.

Signature of the Student: -

Approved by the IIHMR University's Mentor: -

Reporting Format (Weekly)

Name of the Organisation: Wockhardt Hospitals, Nagpur

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

Name of the Student: Toshik Govinda Kalbande

Roll no: 1970 **Stream:** MBA Hospital and Health Management

Week no: 02 **From**: 19/05/2025 to 24/05/2025

Activity Done	• During This week I was Actively involve in the MRD Department, where I Handled Patient files, assisted with documentation. • I also Conducted Observation of TAT associated with patient discharge procedure. Through this I analyse the Stages of Discharge process, track Delays, and helped identify root causes contributing to the extended Discharge time.
Linking theory (Classroom learning) with practice at your organisation	• Healthcare process flow, hospital operations management, and quality assurance were all successfully applied in the MRD setting. • My theoretical understanding of Lean Management and TAT analysis helped me identify inefficiencies in the discharge workflow.
Gaps identified on the working area.	• Insufficient coordination amongst departments (e.g., nursing, pharmacy, and billing) resulted in unnecessary delays in discharges. • Incomplete or delayed documentation by treating physicians prolonged the discharge process. • The absence of standardized discharge planning processes led to variation in TAT. • delayed communication between MRD and the inpatient wards
Suggestions for improvement	• To speed up departmental coordination, create a discharge procedure based on a checklist. • Start discharge planning 24 hours in advance to ensure that all formalities are finished on time. • Use a discharge TAT dashboard to track status in real time and maintain accountability. • Regular training for MRD and ward staff is necessary to improve the efficiency of documentation and communication
Plan for the next week	• Continue monitoring the Improved Discharge Process And assess its Efficacy. • To Determine How Implemented Changes affect TAT, gather data.

Signature of the Student: -

Approved by the IIHMR University Mentor: -

Reporting Format (Weekly)

Name of the Organisation: Wockhardt Hospitals, Nagpur

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

Name of the Student: Toshik Govinda Kalbande.

Roll no: 1970 **Stream:** MBA Hospital and Health Management

Week no: 03 **From**: 26/05/2025 to 31/05/2025

Activity Done	• Understanding of different panels for payment (cash, ECHS, Maharashtra Govt, CGHS, Ayushman Bharat). • Understanding of planned & unplanned Discharge. • Understanding about Discharge TAT. • Identified issues in patient files during morning rounds.
Linking theory (Classroom learning) with practice at your organisation	• Ayushman Bharat Pradhan Mantri Jan Yojana- studied in National health policies & Digital Health.
Gaps identified on the working area.	• In consent form in patient's files only signature was taken, filling of other details was pending. • In Progress reports doctors sign & time were not mentioned.
Suggestions for improvement	• Ensure all sections of the consent form, including patient details, procedure details, and dates, are filled out completely before obtaining signatures. • Establish clear communication channels between quality dept, and healthcare providers to address documentation issues promptly. • Conduct regular audits to ensure compliance with documentation standards & just not only at the time of NABH inspection. • Provide regular training to relevant staff on proper documentation practices & emphasize the importance of complete and accurate documentation.
Plan for the next week	• NABH audit & Documentation.

- **Signature of the Student**
- **Approved by the IIHMR University's Mentor**

Reporting Format (Weekly)

Name of the Organisation: Wockhardt Hospitals, Nagpur

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

Name of the Student: Toshik Govinda Kalbande.

Roll no: 1970 **Stream:** MBA Hospital and Health Management

Week no: 04 **From:** 02/06/2025 to 07/06/2025

Activity Done	• Observed and documented ER triage signages and patient flow system in Emergency Department. • Assessed hospital display board system for non-availability of beds. • Verified IPSG goal display signages compliance in clinical and patient areas. • Reviewed F&B standard operating procedures (SOPs) in inpatient wards. • Checked Housekeeping readiness checklist and room preparation protocol before patient admission.
Linking theory (Classroom learning) with practice at your organisation	• Applied principles of hospital signage design, patient safety (IPSG goals), and healthcare communication from Hospital planning and Quality Management courses. • Connected SOP formulation and feedback mechanism practices with topic from operations management and hospital support services.
Gaps identified on the working area.	• F&B SOP compliance varied across shifts, documentation inconsistencies noted. • IPSG goal boards were missing or outdated in some patient rooms. • Some housekeeping checklists were incomplete or not verified.
Suggestions for improvement	• Standardize emergency code posters across all critical care and OPD areas. • Digitally update non-availability of beds at reception using display screens.
Plan for the next week	• NABH audit & documentation.

Signature of the Student:-

Approved by the IIHMR University's Mentor: -

Reporting Format (Weekly)

Name of the Organisation: Wockhardt Hospitals, Nagpur

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

Name of the Student: Toshik Govinda Kalbande.

Roll no: 1970 **Stream:** MBA Hospital and Health Management

Week no: 05 **From: -** 09/06/2025 to 14/06/2025

Activity Done	• Conduct walkthrough for Pre-SOP & Health check0up SOP compliance in departments. • Verified display and awareness materials: hand hygiene steps, IPSG goals, patient rights, fire exit signage, and NABH boards. • Reviewed infection control policies, HR safety procedures, and staff training records. • Evaluated mechanism for displaying non -availability of beds, • Observed ongoing Continuous Quality Improvement (CQI) practices.
Linking theory (Classroom learning) with practice at your organisation	• Applied NABH theoretical framework and infection control module to validate departmental compliances. • Cross-checked hospital SOPs with what was taught in the Quality Management & Patient Safety courses. • Used HRM concepts to review training, induction and safety protocols for hospital staff.
Gaps identified on the working area.	• Fire exist signages was either missing or not clearly visible in certain zones. • Non-availability of bed was not being properly displayed at all points. • Staff had partial awareness of hand hygiene and IPSG goals.
Suggestions for improvement	• Include periodic training on SOPs, particularly in infection control and patient rights. • Reinforce staff awareness through short daily briefings and posters.
Plan for the next week	• NABH audit & documentations.

Signature of the Student: -

Approved by the IIHMR University's Mentor: -

Reporting Format (Weekly)

Name of the Organisation: Wockhardt Hospitals, Nagpur

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

Name of the Student: Toshik Govinda Kalbande.

Roll no: 1970 **Stream:** MBA Hospital and Health Management

Week no: 06 **From: - 16**/06/2025 to 21/05/2025

Activity Done	• Participated in facility rounds and used the NABH Facility round checklist. • Observed implementation of Patient Rights & Responsibilities display and information dissemination. • Reviewed NABH policies and procedure in clinical departments. • Interacted with clinical staff (Dr & Nurses) to understand adherence to patient care protocols and infection control practices. • Attend a training session for hospital staff on emergency codes (e.g., code Blue, Red).
Linking theory (Classroom learning) with practice at your organisation	• Applied theoretical knowledge of Quality Assurance & NABH standards to assess real-time compliance. • Utilized infection control concepts learned in class during ward observations and poli cy review. • Understood the role of clinical governance and training in ensuring patient safety -linking it to quality improvement and risk management.
Gaps identified on the working area.	• Some department had outdated signages or missing patient rights display. • Clinical staff lacked awareness about minor NABH protocol updates. • Emergency code response teams were not uniformly trained across all shifts.
Suggestions for improvement	• Implement electronic checklist to record facility rounds. • Ensure training logs are maintained and accessible for accreditation audits.
Plan for the next week	• NABH audit and documentations.

Signature of the Student: -

Approved by the IIHMR University's Mentor: -

Reporting Format (Weekly)

Name of the Organisation: Wockhardt Hospitals, Nagpur

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

Name of the Student: Toshik Govinda Kalbande.

Roll no: 1970 **Stream:** MBA Hospital and Health Management

Week no: 07 **From: - 23**/06/2025 to 28/05/2025

Activity Done	• Participated in facility rounds and used the NABH Facility round checklist. • Observed implementation of Patient Rights & Responsibilities display and information dissemination. • Reviewed NABH policies and procedure in clinical departments. • Interacted with clinical staff (Dr & Nurses) to understand adherence to patient care protocols and infection control practices. • Attend a training session for hospital staff on emergency codes (e.g., code Blue, Red).
Linking theory (Classroom learning) with practice at your organisation	• Applied theoretical knowledge of Quality Assurance & NABH standards to assess real-time compliance. • Utilized infection control concepts learned in class during ward observations and poli cy review. • Understood the role of clinical governance and training in ensuring patient safety -linking it to quality improvement and risk management.
Gaps identified on the working area.	• Some department had outdated signages or missing patient rights display. • Clinical staff lacked awareness about minor NABH protocol updates. • Emergency code response teams were not uniformly trained across all shifts.
Suggestions for improvement	• Implement electronic checklist to record facility rounds. • Ensure training logs are maintained and accessible for accreditation audits.
Plan for the next week	• NABH audit and documentations.

Signature of the Student: -

Approved by the IIHMR University's Mentor: -

Reporting Format (Weekly)

Name of the Organisation: Wockhardt Hospitals, Nagpur

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

Name of the Student: Toshik Govinda Kalbande.

Roll no: 1970 **Stream:** MBA Hospital and Health Management

Week no: 08 **From: - 30**/06/2025 to 05/07/2025

Activity Done	• Participated in facility rounds and used the NABH Facility round checklist. • Observed implementation of Patient Rights & Responsibilities display and information dissemination. • Reviewed NABH policies and procedure in clinical departments. • Interacted with clinical staff (Dr & Nurses) to understand adherence to patient care protocols and infection control practices. • Attend a training session for hospital staff on emergency codes (e.g., code Blue, Red).
Linking theory (Classroom learning) with practice at your organisation	• Applied theoretical knowledge of Quality Assurance & NABH standards to assess real-time compliance. • Utilized infection control concepts learned in class during ward observations and poli cy review. • Understood the role of clinical governance and training in ensuring patient safety -linking it to quality improvement and risk management.
Gaps identified on the working area.	• Some department had outdated signages or missing patient rights display. • Clinical staff lacked awareness about minor NABH protocol updates. • Emergency code response teams were not uniformly trained across all shifts.
Suggestions for improvement	• Implement electronic checklist to record facility rounds. • Ensure training logs are maintained and accessible for accreditation audits.
Plan for the next week	• Not Decided.

Signature of the Student: -

Approved by the IIHMR University's Mentor: -

Reporting Format (Weekly)

Name of the Organisation: Wockhardt Hospitals, Nagpur

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

Name of the Student: Toshik Govinda Kalbande.

Roll no: 1970 **Stream:** MBA Hospital and Health Management

Week no: 09 **From:** 07/07/2025 **to** 12/07/2025

Activity Done	• Understood the complete process of OT inventory management. • Participated in pre-OT procedures like vendor coordination and kit requirement finalizations. • Observed the OT kit preparations workflow for scheduled surgeries. • Performed ABC analysis (Always Better Control) to categorize inventory item by value and usage. • Tracked surgical TAT including: - • Surgeons in & out time. • Surgery start / incision time & end time. • Patient transfer to the recovery area.
Linking theory (Classroom learning) with practice at your organisation	• Applied inventory control models (ABC analysis, Just -in- Time concepts.) • Linked TAT analysis methods with healthcare operational metrics taught in class. • Related supply chain management principles to hospital logistics and surgical scheduling.
Gaps identified on the working area.	• Lack of Standardization in OT kit preparation leading to Delay. • No defined protocols for timely communication with vendors for kit items.
Suggestions for improvement	• Introduce Barcode -based OT kit tracking system. • Automate TAT data entry using digital time stamping systems at the key OT process points.
Plan for the next week	• Start data collection of surgical procedures, items usage, and tracking.

Signature of the Student

Approved by the IIHMR University's Mentor

Reporting Format (Weekly)

Name of the Organisation: Wockhardt Hospitals, Nagpur

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

Name of the Student: Toshik Govinda Kalbande.

Roll no: 1970 **Stream:** MBA Hospital and Health Management

Week no: 10 **From:** 14/07/2025 **to** 19/07/2025

Activity Done	• Understood the complete process of OT inventory management. • Participated in pre-OT procedures like vendor coordination and kit requirement finalizations. • Observed the OT kit preparations workflow for scheduled surgeries. • Performed ABC analysis (Always Better Control) to categorize inventory item by value and usage. • Tracked surgical TAT including: - • Surgeons in & out time. • Surgery start / incision time & end time. • Patient transfer to the recovery area.
Linking theory (Classroom learning) with practice at your organisation	• Applied inventory control models (ABC analysis, Just -in- Time concepts.) • Linked TAT analysis methods with healthcare operational metrics taught in class. • Related supply chain management principles to hospital logistics and surgical scheduling.
Gaps identified on the working area.	• Lack of Standardization in OT kit preparation leading to Delay. • No defined protocols for timely communication with vendors for kit items.
Suggestions for improvement	• Introduce Barcode -based OT kit tracking system. • Automate TAT data entry using digital time stamping systems at the key OT process points.
Plan for the next week	• Will be making the university project file and working on that.

Signature of the Student

Approved by the IIHMR University's Mentor

COMPILED REPORT:

Name of the Organisation: Wockhardt Hospitals, Nagpur

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

Name of the Student: Toshik Govinda Kalbande.

Roll no: 1970 **Stream:** MBA Hospital and Health Management

Activity Done	• Observed OPD and discharge workflows including registration, consultation, billing, and patient exit. • Conducted time-motion studies to analyse Turnaround Time (TAT) for OPD and discharge services. • Gained hands-on experience in MRD operations and documentation handling. • Studied various patient payment panels (Cash, CGHS, ECHS, Ayushman Bharat, etc.). • Participated in NABH audit preparations: facility rounds, signage checks, infection control audits, and SOP reviews. • Assessed compliance in ER, IPD, F&B, Housekeeping, and clinical documentation. • Engaged in OT inventory management, ABC analysis, vendor coordination, and surgical TAT tracking. • Attended staff training sessions on emergency codes and quality protocols.
Linking theory (Classroom learning) with practice at your organisation	• Applied **Hospital Operations Management** and **Lean Management** principles to assess workflow and identify delays. • Utilized concepts of **Turnaround Time (TAT)** analysis and **Quality Management Systems (QMS)** for operational review. • Implemented **National Health Policy knowledge** (Ayushman Bharat) and **NABH Accreditation** frameworks in audits.

	• Used learnings from **Organizational Behaviour**, **Hospital Planning**, and **Infection Control** modules in real settings. • Applied **Supply Chain and Inventory Control Techniques** (e.g., ABC analysis, Just-in-Time) in OT logistics. • Connected **HR Management** and **clinical governance** concepts during staff training assessments.
Gaps identified on the working area.	• Delays in discharge due to incomplete summaries and lack of coordination between departments. • Inadequate signage and missing/up-to-date patient information boards (e.g., IPSG, fire exits). • Inconsistent documentation practices and lack of standardized processes in MRD and clinical areas. • Partial staff awareness on NABH protocols, hand hygiene, and patient rights. • Absence of timely vendor coordination and standardization in OT kit preparation.
Suggestions for improvement	• Implement **digital discharge tracking systems** and real-time TAT dashboards. • Initiate **checklist-based discharge planning** and standard documentation formats. • Conduct **regular training programs** for staff on SOPs, documentation, and quality protocols. • Digitize facility audits and **automate TAT recording** using time-stamping tools. • Reinforce visual communication through **clear signages**, updated boards, and daily staff briefings. • Establish barcode-based tracking for OT kits and **define vendor communication protocols**.
Planning (outlook forward)	• Continued monitoring of improved discharge workflow and evaluating impact on TAT.

	• Supported NABH pre-accreditation rounds and documentation readiness. • Planned and started data collection for surgical inventory usage and TAT tracking. • Compiled findings and learnings into the final university internship project file.

Signature Mentor:

End of Report