SUMMER INTERNSHIP PROGRAM

at

Nanavati Max Super Speciality Hospital, Mumbai

From 12th May 2025 to 19th July 2025

A REPORT BY

Joshi Chaitali Kedar

Master of Business Administration

(Hospital and Health Management)

IIHMR-U/01/2024-26/1968

2024-26

under the Mentorship of

Dr. Mamta Chauhan

(Professor)

NANAVATI MAX Super Speciality Hospital

BNH/HR/2025/07/ 19-Jul -25

TO WHOMSOEVER IT MAY CONCERN

This is to certify that **Ms. Chaitali Kedar Joshi,** student of **IIHMR University**, has successfully completed her internship at our hospital from **12-May-25 to 19-Jul-25** in the Department of **Medical Administration** of this hospital.

During this period, she worked under the guidance of the esteemed team from the **Medical Administration** Department, led by **Dr. Pushkar Vishnudas Mehta, Medical Superintendent**.

This certificate is being issued to meet the requirements of the IIHMR University.

We wish her all the best for her future endeavors.

For Dr. Balabhai Nanavati Hospital

Somanath Sahu
Deputy General Manager – HR

Dr.Pushkar Vishnudas Mehta
Medical Superintendent

Department of Human Resources
Swami Vivekanand Rd.,
Vile Parle (W),
Mumbai - 56.
Dr. Balabhai Nanavati Hospital

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Tel: +91 22 2626 7500
Managed by Max Hospitals and Allied Services Limited
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NABH
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Dec 2, 18 - Dec 1, 21
Since Dec 2, 2018

IIHMR UNIVERSITY

IIHMR University Faculty Mentor Approval

This is to certify that **Ms. Joshi Chaitali Kedar,** of academic year 2024-26, of the Institute of Health Management Research, has prepared a poster with respect to her summer internship held during May-July 2025.

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

(Signature of Faculty Mentor)

Date: 28/07/2025

Name: Dr. Mamta Chauhan

Designation: Professor

IIHMR UNIVERSITY

Summer Internship Program

A Study of Radiology TAT in IPD and OPD of Nanavati Max Super Speciality Hospital

NANAVATI MAX Super Speciality Hospital

Presented By: Ms. Joshi Chaitali Kedar
MBA HHM, 1968
Uni. Mentor: Dr. Mamta Chauhan
Org. Mentor: Dr. Pushkar Mehta

Brief History:

Nanavati Max Super Speciality Hospital, formerly known as Dr. Balabhai Nanavati Hospital, was established in 1950 in Mumbai. With a history spanning over seven decades, it is acclaimed for its patient-centric and technologically integrated healthcare, featuring 350 beds and 55 specialty departments.

Vision and Mission

To be the most well-regarded healthcare provider in India, committed to the highest standards of clinical excellence and patient care, supported by the latest technology and cutting-edge research.

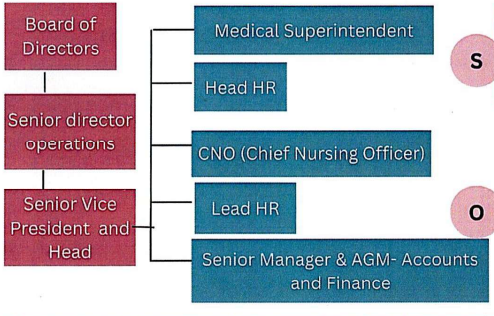
AIM

- To measure the TAT of a patient undergoing radiology imaging from Point A to Point B.
- To identify process gaps and suggest recommendations for improving efficiency and reducing delays.

Methodology

- Descriptive Study
- Setting: Radiology Department, NMSSH
- Data Collection: Primary Observation
- Sampling: Convenience Sampling
- Size: 66(IPD) Duration: 12 may- 13 July

Organizational Structure



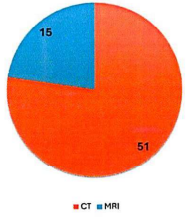
S
- Advanced Technology
- Expert Team
- Strong brand partnership with MAX
- Integration with HIS

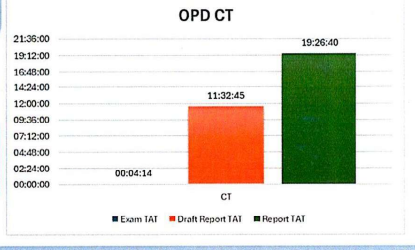
W
- High waiting Time
- No live tracking of appointments
- Space limitation in high footfall depart.

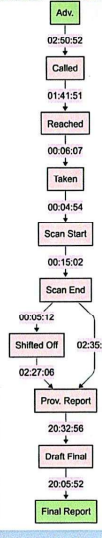
O
- Digital Token system
- App based notification
- Integrate AI for diagnostics, EMR.

T
- Tight legal compliance
- Competition from local diagnostic centers
- Technology Obscolescence

IPD Sample







Practical

- Real-world radiology department exposure
- Addressed miscommunication and staff coordination
- Collaborated with departments to resolve workflow gaps

Theoretical

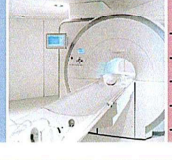
- Studied diagnostic service workflows and TAT standards
- Applied the SBAR model for effective healthcare communication
- Learned systems thinking and interdepartmental synergy

Challenges Faced during Internship

- Difficulty in collecting accurate arrival and report time due to manual time recording.
- Coordinating with multiple departments for Data collection (MRI, Oncology)
- Managing time for audits, analysis, and presentation preparation.
- Understanding the Legal Documentation process under the PCPNDT Act.
- Lack of existing baseline data for comparison or benchmarking TAT.

Major learning during Internships

- Understood the workflow of the Radiology Department- From appointment booking to final report delivery.
- Gained experience in collecting and analyzing appointment vs. walk-in data.
- Learned the importance of TAT in departmental efficiency.



Suggestion

- Implement Digital time logging- For accurate tracking of the patient journey
- Standardized TAT benchmarks- Set and Monitor Turnaround time targets
- Digitize legal documentation- Create an SOP and digitize template for affidavits
- Ensure regular CQI rounds- Identify daily improvement opportunities
- Can use sliders to avoid chaotic shifting of patients

Reporting Format Week 1

Name of the Organisation: Nanavati Max Super Speciality Hospital, Mumbai, Maharashtra

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

Name of the Student: Joshi Chaitali Kedar

Roll no: IIHMR-U/01/2024-26/1968 **Stream:** MBA Hospital and Health Management.

Week no: 1 **From:** 12 May to 17 May 2025

Activity Done	• I was assigned to the medical administration department under the medical superintendent. • As it was the first week of internship in the organization, the introduction and orientation of each department were given, which included OT, radiology, ICU, Oncology, A&E, and other departments. • The medical administration team discusses projects that can be done in the organization. • Rotated in each department to understand how it works and what problems they are facing.
Linking theory (Classroom learning) with practice at your organisation	• Theory: We studied hospital planning and health system analysis, which included identifying operational inefficiencies and proposing quality improvement measures. Practice: During this week, I was involved in discussions about ongoing and potential improvement projects. And, as they are opening the new building in July, we are focusing on new improvements for better patient satisfaction and quality improvement.
Gaps identified on the working area.	• Increased turnaround time in the radiology department • Lack of manpower for the report writing
Suggestions for improvement	• Avoid a gap between the two scans, and patients should be taken as per their appointment.
Plan for the next week.	• Continuous monitoring of the radiology department and data collection to study the problems in the radiology department. • Monitor paperwork in the ICU and A&E departments.

Signature of the Student

Approved by the IIHMR University's Mentor

Reporting Format Week 2

Name of the Organisation: Nanavati Max Super Speciality Hospital, Mumbai, Maharashtra

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

Name of the Student: Joshi Chaitali Kedar

Roll no: IIHMR-U/01/2024-26/1968 **Stream:** MBA Hospital and Health Management.

Week no: 2 **From:** 18 May to 24 May 2025

Activity Done	• I was assigned to the radiology department and the critical care unit. • In radiology, I was observing mainly MRI and CT scan timing, but also monitoring all other departments, including USG, PET, and X-ray. • In the afternoon, I was taking rounds of CCU, where I was observing the work of the medical admin department regarding patient satisfaction and care. • Reviewed documentation processes for accuracy and completeness. • Also working on the SOFA score on how it can be implemented in the ER.
Linking theory (Classroom learning) with practice at your organisation	• Theory: In hospital essential services, we studied the radiology department, its ideal timing, and the function of the emergency department. Practice: During this week, I observed the radiology department and the time required for each test compared with the ideal timing. Also, I monitored the documentation of the CCU, and scoring was carried out in the CCU to identify the patient's condition.
Gaps identified on the working area.	• Increased turnaround time in the radiology department and inadequate documentation. • Poor documentation in the CCU and a lack of knowledge among the staff.
Suggestions for improvement	• Proper documentation of the patients and prior appointments to reduce the crowd and waiting time. • Avoid a gap in the two scans to reduce scan TAT. • With SOFA, any other scales can be used in the ER.
Plan for the next week	• Next week's agenda includes data collection of the radiology department (scan time). • And study the emergency department work.

Signature of the Student

Approved by the IIHMR University's Mentor

Reporting Format Week 3

Name of the Organisation: Nanavati Max Super Speciality Hospital, Mumbai, Maharashtra

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

Name of the Student: Joshi Chaitali Kedar

Roll no: IIHMR-U/01/2024-26/1968 **Stream:** MBA Hospital and Health Management.

Week no: 3 **From:** 25 May to 01 JUNE 2025

Activity Done	• Data collection for the TAT Study in the radiology department. • Sample size around 80. • With scan TAT, the reporting time for the scan and its documentation is recorded. • In-depth SOFA score calculated in CCU and MICU. • Studied the qSOFA implementation in the Emergency Department and whether it can be carried out in the ER or not.
Linking theory (Classroom learning) with practice at your organisation	• Theory: During our quality management and hospital operations study, we learned important performance indicators such as Turnaround Time (TAT), process flow analysis, and data-driven decision-making in optimizing healthcare delivery. Practice: Throughout my internship, I carried out a TAT analysis in the Radiology Department with 80 patients as the sample population. I captured pertinent time-stamps- scan request to imaging, report completion, and final documentation. This experiential data collection made it easier for me to implement theoretical principles of KPI tracking and learn how aspects such as radiologist availability would have a considerable influence on overall TAT.
Gaps identified on the working area.	• Lack of reporting and documentation, as it takes at least 3-4 days to finalize the report. • Poor SOFA calculation and no specific scale implemented to segregate the patient.
Suggestions for improvement	• Finalize the reports within 2 days after the scan. • Can implement qSOFA in the ER to segregate the patients for admission in specific wards.
Plan for the next week	• Next week's agenda includes planning for interventions to be carried out in the radiology department to reduce TAT. • With qSOFA, any other scale can be used to segregate the patients from the ER.

Signature of the Student

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Reporting Format Week 4

Name of the Organisation: Nanavati Max Super Speciality Hospital, Mumbai, Maharashtra

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

Name of the Student: Joshi Chaitali Kedar

Roll no: IIHMR-U/01/2024-26/1968 **Stream:** MBA Hospital and Health Management.

Week no: 4 **From:** 02 JUNE to 07 JUNE 2025

Activity Done	• Data collection of IPD (Inpatient)for the TAT Study in the radiology department. • Sample size around 50. • Currently, they are using SIRS (Systematic Inflammatory Response Syndrome) criteria to segregate the patient. • Observed all the parameters coming under SIRS and how it can be aligned with qSOFA or with any other scale for better segregation and more sensitivity.
Linking theory (Classroom learning) with practice at your organisation	• I conducted a TAT study for roughly 50 IPD cases at the Radiology Department this week. I applied my theoretical knowledge of KPIs and data-driven process improvement to monitor significant timestamps from scan request through report delivery. Delays impacting clinical judgments and patient flow were pinpointed as a consequence. • I learned about the contemporary use of SIRS criteria for segregation of patients in the ED. I compared the clinical utility of each SIRS parameter by examining actual-life cases and comparing them to qSOFA scores. I gained practical experience by assessing the usefulness and sensitivity of both approaches to detect sepsis early and exploring the possibility of integrating qSOFA to enable faster, more accurate judgments of triage.
Gaps identified on the working area.	• TAT for the provisional report is not ideal. It is taking more time than the average. • SIRS is not very effective; it can be combined with some clinical tests for accurate segregation.
Suggestions for improvement	• Within half an hour after the scan, the provisional report is supposed to be done. • Can keep medical equipment like ABG machine, which can provide other blood parameters like HB, Lactate.

Plan for the next week.	• Next week's agenda includes planning for interventions to be carried out in the radiology department to reduce TAT for IPD. • Secondary Research on qSOFA and medical devices that can help to reduce the dependency factor in the Emergency Department.

Signature of the Student

Approved by the IIHMR University's Mentor

Reporting Format week 5

Name of the Organisation: Nanavati Max Super Speciality Hospital, Mumbai, Maharashtra

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

Name of the Student: Joshi Chaitali Kedar

Roll no: IIHMR-U/01/2024-26/1968 **Stream:** MBA Hospital and Health Management.

Week no: 5 **From:** 08 JUNE to 14 JUNE 2025

Activity Done	• As data collection was completed last week, this week, the work is focused on finding the gap between the process and the reasons for the delay. • Also, analysed last year's TAT for comparison between the two. • qSOFA is comparatively outdated. Therefore, in the emergency department, they are using their own SOP, which is a combination of SIRS and other scales. • So, looking into dependent factors for admission from the ER.
Linking theory (Classroom learning) with practice at your organisation	• During the first year, we learn clinical decision-support systems, KPI monitoring, and quality management. Turnaround time (TAT) in diagnostic and triage instruments such as SIRS and qSOFA is crucial to enhance hospital performance and outcomes of patients. • I monitored delays from scan request to report delivery with the theoretical concepts of KPI analysis and process mapping, and I discovered bottlenecks that impacted clinical efficiency. • I saw SIRS utilized in segregating patients in the ED and compared its clinical value with qSOFA. I tested the parameters of the two tools using a real-time case evaluation, gaining insightful knowledge on the effectiveness of how well they identify early sepsis and effectively sort patients. Through this exercise, I was able to apply instantly what I learned in college to enhance hospital operating procedures and patient care.
Gaps identified on the working area.	• Provisional reports of the IPD patients are taking more time than the ideal time. • There is a vast difference between the previous and current TAT.

Suggestions for improvement	• A provisional report can be sent with the patient only; just include the main findings in it. • Advanced medical equipment can be used in the ER to reduce the dependency factor.
Plan for the next week.	• Next week's agenda includes an analysis of the collected data. • Planning intervention for the analysis. • Research on available medical devices to reduce the dependency factor.

Signature of the Student

Approved by the IIHMR University's Mentor

Reporting Format week 6

Name of the Organisation: Nanavati Max Super Speciality Hospital, Mumbai, Maharashtra

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

Name of the Student: Joshi Chaitali Kedar

Roll no: IIHMR-U/01/2024-26/1968 **Stream:** MBA Hospital and Health Management.

Week no: 6 **From:** 15 JUNE to 21 JUNE 2025

Activity Done	• Excel sheet analysis was done on the collected data. • Collected data from other hospitals for comparison in TAT. • Meeting conducted with ICU and A&E incharge to discuss implementation of qSOFA and SOFA in both areas.
Linking theory (Classroom learning) with practice at your organisation	• At the beginning of the course, we had a session on Excel, where we learn about various functions and formulas, and how to analyse big data. • During the analysis of collected data, the practical learning given during the course was used and helped to create an Excel sheet with proper values. • In BCC, we learn how to conduct a professional meeting, which helped me plan the meeting and discuss the points with ICU and A&E in-charges.
Gaps identified on the working area.	• The previous year, TAT was not accurate as timings did not match. • Inadequate knowledge of qSOFA among healthcare staff.
Suggestions for improvement	• A fixed format should be there to calculate TAT to maintain uniformity and to make the comparison between two datasets.
Plan for the next week.	• Next week's agenda includes an in-depth analysis of the remaining dataset. • Planning intervention for the analysis.

Signature of the Student

Approved by the IIHMR University's Mentor

Reporting Format week 7

Name of the Organisation: Nanavati Max Super Speciality Hospital, Mumbai, Maharashtra

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

Name of the Student: Joshi Chaitali Kedar

Roll no: IIHMR-U/01/2024-26/1968 **Stream:** MBA Hospital and Health Management.

Week no: 7 **From:** 22 JUNE to 28 JUNE 2025

Activity Done	• As Max Healthcare does an audit each quarterly, this week did an audit of PCPNDT and MRI files. • Documented all the changes required in the field to reduce non-compliance. • Collected other hospitals' information related to radiology scans to compare the data on TAT and improve its functioning.
Linking theory (Classroom learning) with practice at your organisation	• I assisted with quarterly auditing of PCPNDT and MRI records, implementing theoretical health regulation and compliance knowledge. I recorded necessary corrections to minimize non-compliance. Also, I accumulated radiology TAT data of other hospitals for benchmarking purposes, correlating classroom learning concepts of quality improvement and performance analysis with real-world strategies for improving departmental efficiency.
Gaps identified on the working area.	• Lack of standardization in TAT tracking across modalities. • Inconsistent or incomplete documentation within PCPNDT and MRI records, risking non-compliance.
Suggestions for improvement	• Ensure regular training and internal audits to improve documentation accuracy, especially for PCPNDT compliance. • Enhance coordination between technicians and radiologists through clear communication protocols or digital alert systems.
Plan for the next week	• Coordinate with the IT or Quality team to explore the feasibility of digital TAT tracking tools. • Attend departmental review meetings to observe how data-driven decisions are implemented.

Signature of the Student

Approved by the IIHMR University's Mentor

Reporting Format week 8

Name of the Organisation: Nanavati Max Super Speciality Hospital, Mumbai, Maharashtra

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

Name of the Student: Joshi Chaitali Kedar

Roll no: IIHMR-U/01/2024-26/1968 **Stream:** MBA Hospital and Health Management.

Week no: 8 **From:** 29 JUNE to 05 JULY 2025

Activity Done	• Prepare a costing package for oncology procedures, including bone marrow biopsy, IVIG, and IVIM, after discussion with the consultant and financial counsellor. • Assisted in CQI (Continuous Quality Improvement) of the PCPNDT department. • Gathered data on MRI walk-in patients and appointment patients to evaluate waiting time.
Linking theory (Classroom learning) with practice at your organisation	• Applied quality management and auditing principles learned in the classroom to PCPNDT CQI. • Applied knowledge of operations and queue management theory to MRI wait-time analysis. • Used knowledge of healthcare finance for procedure costing and package development
Gaps identified on the working area.	• Inadequate documentation and irregular internal audit in PCPNDT. • Lack of uniform costing template and absence of indirect cost items. • Hand-operated registration and application glitches, and absence of systematic patient flow in MRI.
Suggestions for improvement	• Scheduled monthly PCPNDT audits and staff training. • The patient in the MRI department can be tracked instantly, and the application is more stable when booking. • Can develop a standard costing template.
Plan for the next week	• Finalize the oncology costing package. • Arranged meeting with radiology consultant to discuss issues seen in TAT.

Signature of the Student

Approved by the IIHMR University's Mentor

Reporting Format week 9

Name of the Organisation: Nanavati Max Super Speciality Hospital, Mumbai, Maharashtra

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

Name of the Student: Joshi Chaitali Kedar

Roll no: IIHMR-U/01/2024-26/1968 **Stream:** MBA Hospital and Health Management.

Week no: 9 **From:** 06 JULY to 12 JULY 2025

Activity Done	• Analysed MRI appointment and walk-in data collected last week to assess waiting time. • Conducted open file audit for the Critical Care Department. • Finally, presented findings to the MS and the Director of Medical Services.
Linking theory (Classroom learning) with practice at your organisation	• Applied healthcare analytics and statistics to explain the trend of MRI data. • Applied medical audit techniques learned in class to the file audit process. • Practiced communication and reporting skills in discussions with the department head.
Gaps identified on the working area.	• There was incomplete documentation and the absence of the signature of the doctors in consent forms in the critical care files. • Hardly 2 out of 10 scans were on time, which shows bad TAT.
Suggestions for improvement	• Time slot system for walk-in patients to reduce TAT. • Regular review meeting to track audit action points.
Plan for the next week	• Prepare a presentation on the collected data and findings. • As it is the last week, prepare a report of the whole internship learning.

Signature of the Student

Approved by the IIHMR University's Mentor

Reporting Format week 10

Name of the Organisation: Nanavati Max Super Speciality Hospital, Mumbai, Maharashtra

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

Name of the Student: Joshi Chaitali Kedar

Roll no: IIHMR-U/01/2024-26/1968 **Stream:** MBA Hospital and Health Management.

Week no: 10 **From:** 14 JULY to 19 JULY 2025

Activity Done	• Prepared final project presentation with findings and suggestions. • Presented the project to the COO, Medical Director, and Medical Superintendent. • Assisted in the legal documentation process for the PCPNDT doctor's affidavit.
Linking theory (Classroom learning) with practice at your organisation	• Applied strategic communication and presentation skills during final project delivery. • Gained practical exposure to legal and compliance aspects of the PCPNDT Act.
Gaps identified on the working area.	• Need for structured documentation practices to support legal compliance. • In the project, the lack of digital timestamping in the MRI process limited the accuracy of the waiting time analysis.
Suggestions for improvement	• Conduct orientation for doctors on legal affidavit procedures under PCPNDT. • Standardize the affidavit submission and documentation workflow.
Plan for the next week	• Design an internship project poster for final evaluation. • Complete and submit the final internship report to the college. • Collect feedback from the mentor and incorporate it into the report submission.

Signature of the Student

Approved by the IIHMR University's Mentor

Compiled Reporting Format

Name of the Organisation: Nanavati Max Super Speciality Hospital, Mumbai, Maharashtra

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

Name of the Student: Joshi Chaitali Kedar

Roll no: IIHMR-U/01/2024-26/1968 **Stream:** MBA Hospital and Health Management.

Activity Done	• Attended orientation sessions across OT, ICU, Radiology, Oncology, and A&E departments to understand hospital functioning. • Conducted Turnaround Time (TAT) study in the Radiology Department for MRI, CT, and USG across both IPD and OPD cases. • Performed comparative analysis of current TAT data with previous year data and benchmarked it with other hospitals. • Evaluated use of triage tools (qSOFA, SOFA, and SIRS) in ER and Critical Care Units for patient segregation and early sepsis detection. • Studied delay factors in provisional and final reporting processes, including gaps in documentation and manpower. • Met with ICU and A&E in-charges to discuss triage improvement through score-based assessment tools. • Audited PCPNDT and MRI records to identify compliance gaps; assisted in CQI (Continuous Quality Improvement) processes. • Conducted costing analysis for oncology procedures such as IVIG, IVIM, and bone marrow biopsy in collaboration with consultants and finance. • Gathered and analyzed data on MRI walk-in and appointment-based patients to assess waiting time efficiency. • Participated in Critical Care Unit open file audit; reviewed documentation, consent forms, and clinical records for completeness. • Presented audit findings and project analysis to the Medical Superintendent and Director of Medical Services. • Designed and delivered the final project presentation to COO and senior leadership, summarizing key findings and interventions. • Assisted in the legal documentation and affidavit preparation process under the PCPNDT Act. • Participated in staff meetings and discussions on system improvements, including digital TAT tracking

	feasibility and equipment management
Linking theory (Classroom learning) with practice at your organisation	• Applied knowledge from Hospital Planning and Health Systems Analysis to identify operational inefficiencies and propose quality improvement interventions. • Utilized Key Performance Indicators (KPIs) like Turnaround Time (TAT) to measure performance in the Radiology department through data collection and process flow mapping. • Practically implemented concepts of Quality Management by conducting audits (PCPNDT, MRI files, and Critical Care Unit documentation) and contributing to CQI initiatives. • Used tools learned under Clinical Decision Support Systems (qSOFA, SIRS, SOFA) to evaluate triage processes in ER and ICU for sepsis risk identification and patient segregation. • Applied Excel and data analytics skills acquired during training to clean, organize, and analyze large datasets from radiology and MRI appointment records. • Leveraged Healthcare Finance concepts to prepare costing templates for oncology procedures, factoring in direct and indirect cost components. • Implemented Communication and Behavioral Change techniques (from BCC modules) to conduct professional meetings and present audit findings to senior leadership. • Understood legal and regulatory applications from Health Laws and Compliance in handling PCPNDT documentation and affidavit processes. • Applied Operations Management principles to streamline workflow in Radiology and improve interdepartmental coordination (e.g., reception-technician communication). • Practiced Strategic Communication and Presentation Skills while delivering the final project report to top management and drafting implementation suggestions. • Gained exposure to Benchmarking and Inter-hospital Comparison Techniques to evaluate hospital performance relative to industry standards.
Gaps identified on the working area.	• Delay in generation and documentation of provisional and final radiology reports (MRI, CT, USG). • Absence of timestamped documentation for provisional reports, reducing traceability. • Inadequate communication between reception staff and technicians in the Radiology department. • Lack of standard TAT tracking format, making it difficult to compare data consistently over time or with other hospitals. • Missing or incomplete documentation in Critical Care

	Unit files, including unsigned consent forms. • Insufficient knowledge and irregularity in the usage of qSOFA and SOFA scores by ER and even ICU personnel. • Overdependence on outdated triage systems like SIRS without integration of lab parameters. • Absence of pre-scan checklists for IPD/OPD patients, leading to procedural delays. • Irregular biomedical equipment checks, causing machine readiness issues. • Poor usage of patient transfer aids (e.g., sliders), leading to chaotic and unsafe patient movement. • No common costing forms and indirect costs are usually excluded in procedure charging. • Lack of consistency with regard to internal audit of PCPNDT documents; threat of non-compliance with regulations. • Lack of a slot-based system for MRI walk-ins, leading to unpredictable waiting times. • Unstable or underutilised digital systems to register and schedule patients.
Suggestions for improvement	• Document provisional reports in writing with a timestamp, even if shared verbally. Use WhatsApp group logging for traceability. • Train reception and radiology technicians (CT/MRI) on clear communication protocols; assign defined roles for patient calling and transfer. • It should create a printed pre-scan checklist to be used by OPD and IPD to be prepared prior to the procedure. • Schedule routine biomedical equipment checks, with an acknowledgment log signed by technicians to confirm readiness and reduce delays. • Ensure use of patient sliders to facilitate safe and smooth patient transfer; train all staff accordingly. • Standardize TAT tracking formats across departments to enable effective monitoring and inter-hospital comparison. • Implement triage tools such as qSOFA integrated with lab values (e.g., ABG, lactate) for faster emergency decision-making. • Fine standard costing templates, including indirect costs of such services as oncology procedures. • Conduct regular staff training on compliance and documentation, especially regarding PCPNDT records and consent forms. • Use a digital slot or queue system in MRI for better patient flow and reduced wait times. • Orient medical staff on legal documentation processes, including affidavits under PCPNDT rules.
Key Learnings	• Gained practical understanding of Turnaround Time (TAT) analysis and its significance in enhancing departmental efficiency and patient satisfaction. • Developed skills in audit procedures, including file audits (PCPNDT, MRI, Critical Care), compliance

	tracking, and documentation quality assessment. • Improved communication and coordination techniques through interactions with multidisciplinary teams and by organizing meetings with ICU and A&E in-charges. • Applied theoretical knowledge of triage scoring systems (qSOFA, SOFA, SIRS) in real-world emergency and critical care settings. • Understood the importance of accurate documentation and its impact on compliance, legal accountability, and clinical outcomes. • Enhanced proficiency in Excel-based healthcare analytics, used for organizing large datasets, trend analysis, and presentation of findings. • Acquired hands-on experience in healthcare costing and financial planning through package creation for oncology procedures. • Developed strategic thinking and problem-solving skills by identifying process gaps and proposing feasible interventions. • Gained exposure to healthcare laws and regulations, particularly related to PCPNDT compliance and affidavit processes. • Increased presentation and reporting skills through presenting findings to the top leadership in the hospital and through completion of the final internship report. • Observed the critical role of interdepartmental workflow alignment and process standardization in improving hospital operations.

Signature of the Student

Approved by the IIHMR University's Mentor