

SUMMER INTERNSHIP PROGRAM

at

WOCKHARDT HOSPITAL

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

A REPORT BY

Anushka Shashikant Joglekar

Master of Business Administration

HOSPITAL AND HEALTH MANAGEMENT

Roll no – 1967

2024 - 26

Under the Mentorship of

Dr. Mamta Chauhan

Professor

IIHMR UNIVERSITY, JAIPUR



July 12, 2025

TO WHOMSOEVER IT MAY CONCERN

This is to certify that, **Dr. Anushka Shashikant Joglekar**, student of IIHMR Jaipur has completed her Summer Training Programme at '**Wockhardt Hospitals**, located in **Mumbai Central**', in the **Medical Administration** from **12th May 2025** to **12th July 2025**. During her internship, she was mentored by **Dr. Mahavir Gajani**, Head – Medical Admin.

She has completed the following projects:

- Project Titles: Analysis of OT Utilisation.
IPSG 4 SOP Adherence in Operation theatre.

She has successfully carried out the projects undertaken by her during her Summer Training Programme and her approach to the projects has been sincere, scientific, and analytical.



Mukul Sharma
Head - Human Resources
Wockhardt Hospitals Ltd.
South Mumbai



Dr. Mahavir Gajani
Head – Medical Admin
Wockhardt Hospitals Ltd.
South Mumbai

Wockhardt Hospitals Ltd.

Unit - Adams Wylie Memorial, 1877, Dr. Anand Rao Nair Marg, Mumbai Central, Mumbai - 400 011

Tel. : 022 -61784444 Fax : 022 - 61784242 Website : www.wockhardthospitals.com / CIN No : U85100MH1991PLC063096

Registered Office : A/501, 5th Floor, Kanakia Zillion, Next to Kurla Bus Depot, Kurla, Mumbai - 400 070. India

Tel. : +91-22-2653 4444, Fax : +91-22-2653 4242, web : www.wockhardthospitals.com



IIHMR University Faculty Mentor Approval

This is to certify that **Dr. Anushka Shashikant Joglekar** of academic year 2024-26 of, **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.

Date: 29/07/2025



Dr. Mamta Chauhan
Professor
IIHMR University

“An Analysis of Operating Theatre Utilization: Identifying bottlenecks and drive efficiency”- A Quantitative Study at Wockhardt Hospital, Mumbai

Name: Dr. Anushka Joglekar
Faculty Mentor: DR. Mamta Chauhan
Gajani

Organisation Mentor: Dr. Mahavir

Roll No.: 1667

Wockhardt Hospital, located in Mumbai Central, Mumbai, is a leading chain of super-specialty hospitals in India, particularly known for its 35-year tradition of caring and innovation nurtured by Wockhardt Ltd, India's 5th largest Pharmaceutical and Healthcare company with a presence in 20 countries across the globe. The hospital fulfills the need of the community in its chosen field of super specialty like Cardiology, Orthopedics, Neurology, Gastroenterology, Urology, Aesthetics and Minimal Access Surgery, Orthopaedics, Neurology, Oncology, Gastroenterology, Paediatrics, Urology, and Gynaecology. Accredited by the National Accreditation Board for Hospitals & Healthcare Providers (NABH) as well as JCI (Joint Commission International) which is the gold standard in the global healthcare community, Wockhardt group of hospitals in India has a quality-driven approach to deliver the best healthcare to all.

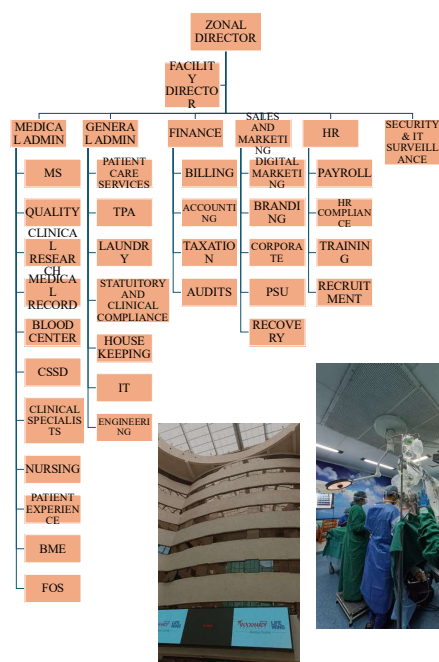
Vision

Wockhardt Hospitals aims to be a leader in providing high-quality medical treatment, continuously striving to meet the evolving needs of the community.

Mission

Wockhardt Hospitals aspire to set the benchmark for service standards in the healthcare industry, continuously improving and exceeding patient expectations.

ORGANOGRAM



LEARNINGS DURING INTERNSHIP

- Improved teamwork and problem-solving skills through collaborative efforts.
- Developed effective verbal and non-verbal communication skills through extensive interaction with colleagues.
- Strengthened proficiency in accurate primary data collection, utilization of HMIS (Hospital Management Information Systems), and skills in data analysis.
- Participated in audits, gaining insights into JCI compliance requirements.

CHALLENGES FACED

- Overcoming communication barriers in a diverse team environment.
- Managing and resolving conflicts within a team setting.
- Ensuring accurate and timely data entry and collection in a fast-paced clinical environment.
- Adapting to updates and changes in HMIS software or technology.
- Addressing non-compliance issues during audits and implementing corrective actions.
- Developing and implementing effective strategies to address patient dissatisfaction and improve satisfaction scores.

THEORETICAL LEARNING

- Understanding of OT department management principles and adherence to .
- Knowledge of healthcare billing systems for various patient categories (CGHS, TPA, Cash, International Payments).
- Preparation for JCI audits and compliance with healthcare standards.
- Understanding medication and prescription error prevention strategies.
- Importance of organized Medical Record Department (MRD) filing systems.

Practical Exposure

- Implementation of dedicated OPDs and their operational challenges.
- Practical experience with different billing counters and patient categories.
- Hands-on experience with HMIS for patient care and administrative tasks.
- Participation in JCI audits and practical compliance actions.
- Organizing and managing files in MRD according to practical needs.

RECOMENDATIONS

- Enforce a strict "First Case On-Time Start" (FCOTS) protocol to prevent cascading delays throughout the day.
- Deploy a real-time digital dashboard in the OT corridor to display the status of each theatre, enhancing visibility and patient flow management.
- Make OT efficiency metrics (like Turnaround Time and FCOTS rate) a formal Key Performance Indicator (KPI) for department heads.
- Use historical data to predict average case durations accurately, moving away from surgeon-based estimates.
- Provide surgeons with regular reports on their scheduling accuracy (planned vs. actual time) to encourage self-correction.
- Enhance community awareness of the hospital's available surgical procedures and advanced surgical equipment through targeted marketing initiatives. This outreach will promote the hospital's capabilities, attract more patients, and ultimately improve operating theater utilization..

ABOUT THE PROJECT

Operating Theatre Utilization is a key metric that measures the percentage of scheduled time a surgical suite is actively used for patient procedures, assessing the efficiency of surgical scheduling, patient throughput, and the management of a critical hospital asset.

OBJECTIVES

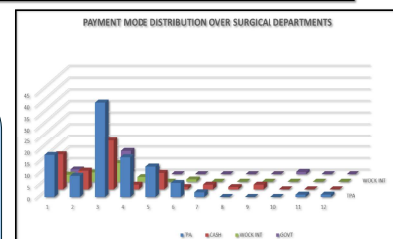
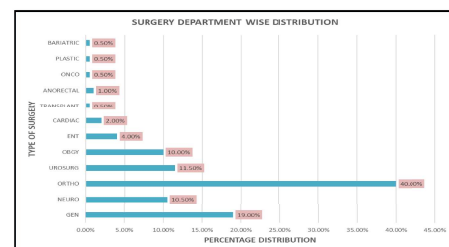
- To Analyze OT Utilization Rate.
- To analyze OT cleaning turnaround time.
- To identify bottlenecks and delays affecting effective OT Utilization.
- To recommend strategies to enhance process improvements.

METHODOLOGY

- Study Design:** Observational descriptive study of Operating Theatre Utilization and Efficiency in a Tertiary Care Setting, measured from the admission of the patient into OT to the completion of surgery.
- Target Population:** Patients admitted for surgical management.
- Sampling Technique:** Purposive sampling.
- Sample Size:** 200 patients (May 21, 2025 - July 19, 2025).
- Data Collection:** Primary data via observation.
- Data Analysis:** Average admission turn-around time was 30.08 minutes.

RESULT

During the study period, a total of **348 cases** were scheduled, of which **200 cases** were observed. The majority of patients were female, accounting for **55.5%** of the sample. For these 200 cases, the mean Utilization Time was **137 minutes**, corresponding to an overall utilization rate of **20.68%**. The mean time spent on OT cleaning and sterilization process was **24 minutes**, where the reason for delay was found to be less work-force availability. Percentage of Surgeries Starting On Time were found to be **3.50%** with an Average Delay (For Late Starts) was **79.3 minutes** and the main reasons for this delay were Late patient /surgical staff arrivals, delay in equipment prep and setup and, due to old/ faulty equipments. Case Cancellation Rate was recorded to be **7.40%**, with the main reasons of cancellations to be pending TPA clearance, pending patient fitness clearance or patient medical emergencies.



1	GEN	7	CARDIAC
2	NEURO	8	TRANSPLANT
3	ORTHOP	9	ANORECTAL
4	UROSURG	10	ONCO
5	OBGY	11	PLASTIC
6	ENT	12	BARIATRIC

THREATS

- Increased competition drains patient footfall and surgical talent.

STRENGTH

- Availability of an OT infrastructure.
- Availability of skilled OT staff including surgeons, anesthetists, nursing staff..
- Strong market reputation

WEAKNESS

- First Case On-Time Start Delays.
- Incoordination among staffs and departments.
- Long Turnaround Times due to delays in cleaning, sterilization, and setup between cases.
- Unexpected Events like Equipment failure, staff shortages affecting effective

OPPORTUNITIES

- Data Analytics & AI.
- Technology Adoption by investing in modern equipment, integrated scheduling software or real-time tracking systems can improve efficiency.

Reporting Format (Weekly)

Name of the Organisation: Wockhardt Hospital, Mumbai

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

Name of the Student: Anushka Joglekar

Roll no: 1967

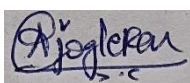
Stream: MBA HM-29

Week no:01 From:.....12th May,2025.....to.....17th May,2025.....

Activity Done	1. Helped with one audit tool for DVT prophylaxis in TKR and THR patients by Closed audit of January 2025. 2. Actively participated in the International Nurses Day celebration by assisting in the felicitation ceremony for senior nurses and helping distribute certificates and tokens of appreciation.
Linking theory (Classroom learning) with practice at your organisation	Observed that DVT prophylaxis is important for patients having major Ortho surgeries like TKR and THR and is especially useful when you need to test the application of a new Mako robotic surgery machine newly introduced in the hospital.
Gaps identified on the working area.	DVT prophylaxis is not done for all patients with inclusive criteria.
Suggestions for improvement	Flowtron pump should be introduced along with proper preoperative and post operative physiotherapy and careful assessment of patient's risk factors in the Caprini risk assessment scoring sheet.
Plan for the next week	To observe in the OT and come up with an audit tool for assessing OT utilization.

Signature of the Student

Anushka Shashikant Joglekar



Approved by the IIHMR University's Mentor

Reporting Format (Weekly)

Name of the Organisation: Wockhardt hospital

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

Name of the Student: Anushka Shashikant Joglekar

Roll no: 1967

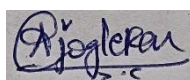
Stream: MBA in Hospital and Health management

Week no: 02 **From:**.....19th May.....**to:**.....24th May.....

Activity Done	Formed an audit tool on OT utilization and had it approved by hospital manager and permitted for collecting data in the OT.
Linking theory (Classroom learning) with practice at your organisation	Efficiency metrics and turnaround time are applied through real-time data tracking and scheduling systems is what I can link with our classroom learning.
Gaps identified on the working area.	None so far.
Suggestions for improvement	
Plan for the next week	Observation inside the OT and the overall co-ordination between different professionals in that department.

Signature of the Student

Anushka Shashikant Joglekar



Approved by the IIHMR University's Mentor

Reporting Format (Weekly)

Name of the Organisation: Wockhardt hospital

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

Name of the Student: Anushka Shashikant Joglekar

Roll no: 1967

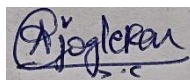
Stream: MBA in Hospital and Health management

Week no:03 From:.....26th May.....to.....31st May.....

Activity Done	Observed working process in the OT and followed all the cases happening in the OT for the whole week. Tried to apply my audit tool and understood to add some important components through my experience inside the OT department.
Linking theory (Classroom learning) with practice at your organisation	Efficiency metrics and turnaround time are applied through real-time data tracking and scheduling systems is what I can link with our classroom learning.
Gaps identified on the working area.	Tried to apply my audit tool and understood to add some important components through my experience inside the OT department.
Suggestions for improvement	
Plan for the next week	Going forward with my final audit tool for OT utilization and start collecting data.

Signature of the Student

Anushka Shashikant Joglekar



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Reporting Format (Weekly)

Name of the Organisation: Wockhardt hospital

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

Name of the Student: Anushka Shashikant Joglekar

Roll no: 1967

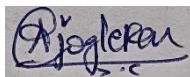
Stream: MBA in Hospital and Health management

Week no:04 **From:**.....2nd June.....**to:**.....7th June.....

Activity Done	Collection of data according to the prepared audit tool.
Linking theory (Classroom learning) with practice at your organisation	Efficiency metrics and turnaround time are applied through real-time data tracking and scheduling systems is what I can link with our classroom learning.
Gaps identified on the working area.	None so far
Suggestions for improvement	
Plan for the next week	Collection of data

Signature of the Student

Anushka Shashikant Joglekar



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Reporting Format (Weekly)

Name of the Organisation: Wockhardt hospital

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

Name of the Student: Anushka Shashikant Joglekar

Roll no: 1967

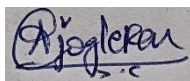
Stream: MBA in Hospital and Health management

Week no:05 **From:**.....9th June.....**to**.....14th June.....

Activity Done	Collection of data using the prepared audit tool.
Linking theory (Classroom learning) with practice at your organisation	Efficiency metrics and turnaround time are applied through real-time data tracking and scheduling systems is what I can link with our classroom learning.
Gaps identified on the working area.	None so far.
Suggestions for improvement	
Plan for the next week	Having a discussion with hospital mentor.

Signature of the Student

Anushka Shashikant Joglekar



Approved by the IIHMR University's Mentor

Reporting Format (Weekly)

Name of the Organisation: Wockhardt hospital

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

Name of the Student: Anushka Shashikant Joglekar

Roll no: 1967

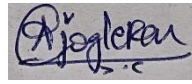
Stream: MBA in Hospital and Health management

Week no:06 From:.....16th June.....to.....21st June.....

Activity Done	1. Collection of data and having a discussion with my hospital mentor about the same. 2. Human Resources (HR) Department: Sat in on an orientation session for newly recruited nursing staff to understand the onboarding process.
Linking theory (Classroom learning) with practice at your organisation	1. Efficiency metrics and turnaround time are applied through real-time data tracking and scheduling systems is what I can link with our classroom learning. 2. This rotation provided direct insight into Human Resource Management functions. The onboarding session was a practical example of Talent Integration and Talent Acquisition.
Gaps identified on the working area.	1. The current performance appraisal system appears to be annual, with limited scope for continuous feedback. 2. There is no formal system for conducting a Training Needs Analysis (TNA); training programs seem to be standardized rather than customized.
Suggestions for improvement	Recommend a quarterly or half-yearly feedback mechanism, even an informal one, to supplement the annual appraisal.
Plan for the next week	Having a discussion with my university faculty mentor.

Signature of the Student

Anushka Shashikant Joglekar



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Reporting Format (Weekly)

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Roll no: 1967

Stream: MBA in Hospital and Health management

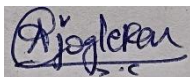
Week no: 07 **From:** 23rd June 2025to...28th June 2025

Activity Done	Worked with floor manager to resolve a first-hand emergency situation in the hospital by co-ordinating with different floor managers and cleaning personnel and associated electricity maintenance staff to ensure swift resolution.
Linking theory (Classroom learning) with practice at your organisation	Bridging the gap between theoretical knowledge and practical application of effective communication skills as well as soft skills to drive resolution of the problem.
Gaps identified on the working area.	1. Lack of a Standardized Emergency Protocol: The need for on-the-spot coordination suggests the absence of a formal, documented Standard Operating Procedure (SOP) for this specific type of non-clinical emergency. 2. Reactive vs. Proactive Management: The response was reactive. A more robust system would have proactive measures and a pre-assigned incident response team, rather than relying on the nearest manager and intern to organize the effort.
Suggestions for improvement	The problem could have avoided if there were proper maintenance and security checks of water pumps around the hospital.

Plan for the next week	Carrying out the audit of IPSG 4 goal SOP adherence in the OT.
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Signature of the Student

Anushka Shashikant Joglekar



Approved by the IIHMR University's Mentor

Reporting Format (Weekly)

Name of the Organisation: Wockhardt hospital

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

Name of the Student: Anushka Shashikant Joglekar

Roll no: 1967

Stream: MBA in Hospital and Health management

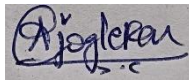
Week no:08 From: 30th June 2025.....to...5th July 2025.....

Activity Done	Audit for analysis of IPSG 4 goal SOP adherence in the Operating Theatre.
Linking theory (Classroom learning) with practice at your organisation	Continuous Quality Improvement done by gathering data to understand and improve the patient verification process and minimize or prevent future errors.
Gaps identified on the working area.	1. Inconsistent "Time Out" Process: The "Time Out" is performed perfunctorily as a box-ticking exercise rather than an active, engaged pause where all team members stop and participate. 2. Ambiguous or Improper Site Marking: The surgical site is either not marked, the mark is ambiguous due to the use of a thin black marker which gets erased during patient preparation (e.g., a simple 'X'), or it was not

	performed by the operating surgeon as required by the protocol.
Suggestions for improvement	1. Empower a "Time Out" Leader: Designate a specific person (e.g., the circulating nurse) to lead the "Time Out" and require active, verbal confirmation from every team member, including the surgeon, anesthesiologist, and scrub nurse, before proceeding. 2. Conduct Regular Audits with Direct Feedback: Instead of just collecting data, the audit team should provide immediate, constructive feedback to the surgical teams. Use the findings to create targeted training sessions and simulation drills on the Universal Protocol.
Plan for the next week	Plan to complete data collection for the IPSPG 4 audit and starting to analyse the data for further conclusion.

Signature of the Student

Anushka Shashikant Joglekar



Approved by the IIHMR University's Mentor

Reporting Format (Weekly)

Name of the Organisation: Wockhardt hospital

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

Name of the Student: Anushka Shashikant Joglekar

Roll no: 1967

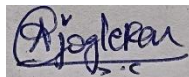
Stream: MBA in Hospital and Health management

Week no:09 **From:** 7th July 2025.....**to...**12th July 2025.....

Activity Done	Data compilation and analysis done for the projects as follows: • Analysis of OT Utilization • IPSP 4 Goal SOP Adherence in the OT
Linking theory (Classroom learning) with practice at your organisation	This analysis goes beyond simple compliance to assess the underlying work culture as well in the sense if the environment encourages team members, regardless of hierarchy, to speak up during a "Time Out"? to avoid a weak safety culture.
Gaps identified on the working area.	Compliance to IPSP 4 from all the members of the staff noted down seriously and found that there is a maximum adherence followed.
Suggestions for improvement	No
Plan for the next week	Presentation of the 2 projects to the industry mentors and the Medical Administration manager.

Signature of the Student

Anushka Shashikant Joglekar



Reporting Format (Weekly)

Name of the Organisation: Wockhardt hospital

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

Name of the Student: Anushka Shashikant Joglekar

Roll no: 1967

Stream: MBA in Hospital and Health management

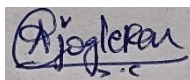
Week no:10 From: 14th June 2025.....to 20th July 2025.....

Activity Done	• Central Sterile Supply Department (CSSD): Observed the end-to-end workflow of surgical instruments, from receiving soiled items at the decontamination zone to their dispatch after sterilization. Familiarized myself with the different stages: manual cleaning, ultrasonic cleaning, inspection, packing, and sterilization using autoclaves and ETO. • 2. Supply Chain Department: Observed the process of raising indents from different wards and the subsequent procurement process from the central stores.
Linking theory (Classroom learning) with practice at your organisation	• CSSD: This rotation was a direct observation of Operations and Quality Management principles. The CSSD functions as a manufacturing unit where the 'product' is a sterile instrument set. I could clearly see the application of Process Flow and Bottleneck Analysis. For instance, the packing and sealing station was a potential bottleneck during peak hours. • Supply Chain Department: This was a clear demonstration of Supply Chain and Materials Management. I saw how concepts like Inventory Management and Economic Order Quantity (EOQ) are balanced to prevent overstocking or stock-outs. The management of the cold chain for certain drugs and vaccines was a direct example of specialized logistics within the healthcare supply chain.
Gaps identified on the working area.	1. CSSD: There is no standardized system to flag instruments that are nearing the end of their lifecycle, which could lead to unexpected breakages. Minor delays were observed in transporting sterile sets back to the OT, indicating a gap in inter-departmental coordination.

	2. Supply Chain Department: The indenting process is paper based, leading to delays and potential for manual errors in transcription.
Suggestions for improvement	1. CSSD: I would politely suggest a simple colour-coded tagging system could be introduced to visually identify older instruments for preventive maintenance or replacement. 2. Supply Chain Department: There should be regular maintenance of the pneumatic chute done to avoid longer waits for drugs/blood work/equipment delivery to the needed wards or floors.
Plan for the next week	NA

Signature of the Student

Anushka Shashikant Joglekar



Approved by the IIHMR University's Mentor

COMPILED REPORT

Name of the Organisation: Wockhardt hospital

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

Name of the Student: Anushka Shashikant Joglekar

Roll no: 1967

Stream: MBA in Hospital and Health management

Activity Done	1. Assisted with an audit tool for DVT prophylaxis in TKR and THR patients using a closed audit from the month of January 2025. 2. Participated in the International Nurses Day celebration by assisting in the felicitation ceremony and distribution of certificates. 3. Formed an audit tool on OT utilization and secured approval from the hospital manager to begin data collection. 4. Observed the end-to-end working process within the Operating Theatre and followed all surgical cases for a full week. 5. Refined the OT utilization audit tool by adding important components based on direct observational experience. 6. Conducted data collection for the OT utilization project using the prepared audit tool. 7. Attended an HR orientation session for newly recruited nursing staff to understand the hospital's onboarding process. 8. Resolved a first-hand emergency by coordinating with floor managers, cleaning personnel, and maintenance staff. 9. Performed an audit to analyse the adherence to the IPSG 4 goal SOP in the Operating Theatre. 10. Compiled and analysed the collected data for two key projects: OT Utilization and IPSG 4 Goal SOP Adherence. 11. Observed the complete workflow in the Central Sterile Supply Department (CSSD), from decontamination to sterilization and dispatch. 12. Observed the supply chain process, including how indents are raised from wards and the subsequent procurement from central stores.
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Linking theory (Classroom learning) with practice at your organisation	a. Clinical Quality and Technology Application: Observed the critical importance of DVT prophylaxis in major orthopaedic surgeries, particularly in assessing the real-world application of a newly introduced Mako robotic surgery machine. b. Operational Efficiency Metrics: Applied classroom knowledge of efficiency metrics and turnaround time by observing their use in real-time data tracking and scheduling systems within the hospital. c. Human Resource Management: Gained direct insight into HR functions, viewing the employee onboarding session as a practical application of Talent Integration and Acquisition theories. d. Crisis Management and Communication: Utilized theoretical knowledge of effective verbal and non-verbal communication, along with soft skills, to resolve a practical, on-site emergency. e. Continuous Quality Improvement (CQI): Applied the principles of CQI by gathering and analysing data on the patient verification process to understand and prevent future errors, directly improving patient safety. f. Organizational and Safety Culture Analysis: Assessed the hospital's underlying work culture by analysing if the environment encourages all team members, regardless of hierarchy, to speak up during a "Time Out," linking communication practices to the strength of the safety culture. g. Operations and Process Flow Management (CSSD): Analysed the Central Sterile Supply Department (CSSD) through the lens of Operations and Quality Management, identifying it as a critical production unit where process flow and bottleneck analysis directly impact surgical inventory and patient safety. h. Supply Chain and Inventory Management: Observed the practical application of supply chain theories, such as Inventory Management and Economic Order Quantity (EOQ), in balancing stock levels to prevent both overstocking and critical shortages. Also noted the use of specialized logistics for managing the cold chain.
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Gaps identified on the working area.	a. Clinical Protocol Adherence: There is inconsistent application of the DVT prophylaxis protocol, with not all eligible orthopedic surgery patients receiving the preventative care as per the inclusion criteria. b. Performance Management System: The current annual performance appraisal system is outdated and lacks the agility for continuous employee development, as it does not include mechanisms for regular, timely feedback. c. Staff Training and Development: The hospital lacks a formal Training Needs Analysis (TNA), resulting in standardized training programs that are not customized to address specific departmental or individual competency gaps. d. Emergency Preparedness: There is an absence of a standardized emergency protocol (SOP) for non-clinical incidents, which forces a reactive response and on-the-spot coordination rather than a structured, pre-planned approach. e. Patient Safety Protocol (Time Out): The critical "Time Out" procedure is often performed inconsistently as a procedural formality rather than an engaged, active pause, diminishing its effectiveness as a safety check. f. Patient Safety Protocol (Site Marking): Surgical site marking is frequently improper or ambiguous, with issues including the use of markers that are easily erased during patient prep or the mark not being made by the designated operating surgeon. g. Asset Management (CSSD): A standardized system to track the lifecycle of surgical instruments is missing, which increases the risk of intra-operative equipment failure and complicates asset replacement planning. h. Inter-departmental Logistics: Inefficient coordination between the CSSD and the Operating Theatre results in systemic delays in the transport and delivery of sterile instrument sets. i. Supply Chain Process: The procurement process relies on a paper-based indenting system, which is inefficient, prone to manual transcription errors, and causes delays in the supply chain.
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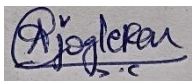
Suggestions for improvement	a. Enhance Clinical Protocols: Implement the use of Flowtron pumps for DVT prophylaxis, supported by a robust physiotherapy regimen and a more careful, standardized Caprini risk assessment for all eligible orthopaedic patients. b. Modernize Performance Management: Transition from an outdated annual appraisal system to a dynamic, continuous feedback model by introducing a formal quarterly or half-yearly feedback mechanism for all staff. c. Improve Infrastructure Maintenance: Implement a proactive, scheduled maintenance and security check protocol for critical hospital infrastructure, such as water pumps, to prevent system failures and resulting emergencies. d. Strengthen Surgical Safety (Time Out): Empower a designated "Time Out" Leader (e.g., the circulating nurse) to enforce a mandatory, active verbal confirmation from every surgical team member before any procedure begins. e. Create Actionable Audits: Shift from data collection to a direct feedback loop by having audit teams provide immediate, constructive feedback to clinical staff, using the findings to develop targeted training and simulation drills. f. Implement Visual Asset Management: Introduce a simple, colour-coded tagging system for surgical instruments to provide at-a-glance identification of older equipment, facilitating proactive maintenance and replacement planning. g. Optimize Internal Logistics: Ensure regular and preventive maintenance of the hospital's pneumatic chute system to prevent delivery delays and maintain the efficiency of internal logistics for drugs, samples, and equipment.
Key Learnings	<u>1. Operations & Quality Management (CSSD)</u> A key learning is that the Central Sterile Supply Department (CSSD) must be managed as a high-stakes, 'just-in-time' manufacturing unit where process integrity is directly correlated with patient safety and Operating Theatre throughput. My analysis revealed that manual, logbook-based systems for asset lifecycle management create significant operational risks, including the potential for intra-operative equipment failures. Furthermore, bottleneck analysis identified specific constraints,

	such as the packing station during peak hours, which directly impact the hospital's overall surgical capacity. This underscores the need for a shift towards a data-driven model with real-time tracking to mitigate risks and optimize departmental efficiency. 2. <u>Clinical Process Optimization (OT Utilization)</u> The OT Utilization project provided a critical insight: maximizing the use of this high-value asset goes beyond simple scheduling. It requires a deep understanding of operational throughput and resource allocation. My analysis revealed that key performance indicators such as First Case On-Time Start (FCOTS) and Turnover Time (ToT) are not just operational metrics, but direct indicators of inter-departmental coordination and process discipline. Identifying the root causes of delays, whether administrative or clinical, is essential for developing targeted interventions that can enhance efficiency, increase surgical volume, and significantly boost hospital revenue. 3. <u>Patient Safety & Governance (IPSG.4)</u> The audit of IPSG.4 adherence demonstrated that patient safety is a direct outcome of a robust safety culture and not merely procedural compliance. The analysis showed that inconsistencies in the "Time Out" process often point to any underlying gaps in psychological safety, where team members may not feel empowered to speak up. This learning highlights the principles of High-Reliability Organizations (HROs), where a preoccupation with failure and a deference to expertise—regardless of hierarchy—are critical. Ensuring adherence to IPSG.4 is therefore less about enforcing a checklist and more about embedding a shared commitment to safety across the entire surgical team. 4. <u>Strategic Marketing & Patient Engagement</u> My rotation confirmed that effective hospital marketing must evolve from informational broadcasting to a sophisticated, data-driven patient engagement strategy. There is a critical gap between the collection of patient feedback and its strategic application. By not systematically analyzing this data through a CRM framework, the hospital misses key opportunities to enhance brand equity, improve service-line reputation, and drive high-ROI marketing campaigns for its most profitable clinical departments. The transition to a proactive, analytics-informed content strategy is essential for maximizing patient acquisition and retention in a competitive market.
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	<u>5. Human Capital Management & Organizational Development</u> A significant insight from the HR rotation is that outdated administrative systems directly impede talent integration and retention. The reliance on paper-based onboarding and a traditional, annual performance appraisal cycle creates significant administrative overhead and fails to foster a culture of continuous professional development. The absence of a formal Training Needs Analysis (TNA) results in generic training initiatives that do not address specific competency gaps, representing a missed opportunity to strategically invest in the hospital's most valuable asset: its human capital. <u>6. Supply Chain Resilience & Materials Management</u> The analysis of the supply chain revealed that a reactive, paper-based procurement model exposes the hospital to significant operational risks and financial inefficiencies. A critical gap exists in supply chain resilience, highlighted by a dependency on single vendors for mission-critical supplies. Furthermore, the lack of a predictive, data-driven demand forecasting model leads to suboptimal inventory holding costs and increases the risk of stock-outs. Transitioning to an e-indenting system and diversifying the vendor matrix are crucial steps toward building a more agile and cost-effective materials management function.
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Signature of the Student

Anushka Shashikant Joglekar



Approved by the IIHMR University's Mentor