SUMMER INTERNSHIP PROGRAM
at
WOCKHARDT HOSPITAL, NAGPUR

From 13/05/2025 to 21/07/2025

A REPORT BY

IYER DIKSHITHA NAGARAJAN

Master of Business Administration

Hospital & Health Management

Roll no: **IIHMR-U/01/2024-26/1962**

2024-26

under the Mentorship of

Dr. Goutam Sadhu (Prof.)

WOCKHARDT HOSPITALS | LIFE WINS

July 21, 2025

TO WHOM SO EVER IT MAY CONCERN

This is to certify that **Ms. Iyer Dikshitha Nagarajan** (Student of IIHMR Jaipur, University), has successfully completed her internship training in Quality department from **13.05.2025 to 21.07.2025**

During her aforesaid tenure, She 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

IIHMR University Faculty Mentor Approval

This is to certify that **Ms. Iyer Dikshitha Nagarajan** of academic year 2024-26 Of **The Institute of Health Management Research** has prepared a poster with respect to her summer internship was held during May-July 2025.

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

Date: 28/07/2025

G. Sadhu 28/7/25

Dr. Goutam Sadhu

(Professor)

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ENHANCING DISCHARGE PROCESS: EVALUATING DISCHARGE TURNAROUND TIME IN HOSPITAL SETTING

Presented by - IYER DIKSHITHA NAGARAJAN
Stream - MBA HM 29 Roll no - 1962
Organization Mentor - Ms Ayesha Abbas
University Mentor- Dr Goutam Sadhu (Prof.)

ABOUT

Wockhardt Hospitals is a leading chain of super-specialty hospitals in India, committed to delivering high-quality, patient-centric healthcare. A part of the Wockhardt Group, a global pharmaceutical and healthcare enterprise, the hospital network has a legacy of over 50 years in the healthcare sector.

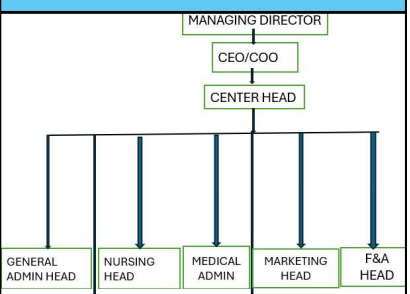
VISION

"Wockhardt hospitals will thrive with excellence to fulfill the needs of the 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"

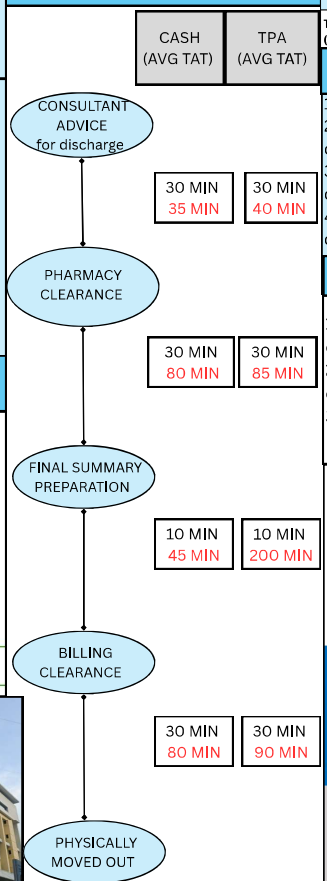
ORGANOGRAM



OBJECTIVE

To evaluate discharge turnaround time (TAT) and improving workflow efficiency.

DISCHARGE PROCESS FLOW



THEORETICAL	PRACTICAL EXPOSURE
COORDINATION (PRINCIPLES OF MANAGEMENT)	FOUND INTERDEPARTMENTAL DEPENDENCIES AND IMPROPER COORDINATION.
STANDARD SOPS (ESSENTIALS OF HOSPITAL SERVICES)	SOPS ARE NOT FOLLOWED PROPERLY
TEAMWORK (PRINCIPLES OF MANAGEMENT	DEPARTMENT LACKS PROPER COORDINATION LEADING TO DELAYS IN DISCHARGES.
TRAINING AND REINFORCEMENT (MANAGEMENT PRINCIPLES)	TRAINING IS NOT THAT REGULAR LEADING TO INEFFIECIENCY

Strengths

1.Proper sops are established
2.Roles and responsibilities are defined
3.Use of HIS (in documentation)
4.Regular audits by quality department

Weakness

1.Delay in discharge summaries preparation
2.Interdepartmental coordination disturbed
3.Delay in approval of TPA
4.Incomplete documentation

Opportunities

1.Cross functional team for discharge
2.A dashboard to track discharge on every floor
3.Adopt EHR system

Threats

1.Patient dissatisfaction
2.Negative public review
3.Changes in health policy

ANALYSIS

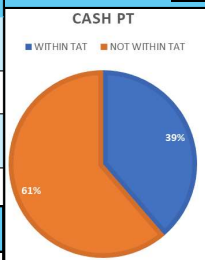


FIG 1 - CASH PT TAT

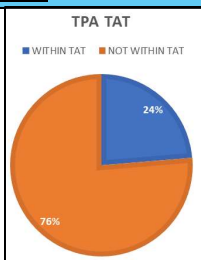


FIG 2 - TPA TAT

CATEGORY	WITHIN TAT	NOT WITHIN TAT
CASH	12	19
TPA	9	29

MAJOR LEARNINGS IN INTERNSHIP

- Monitoring and analyzing Discharge TAT (Turnaround Time)
- Understanding TPA discharges and its challenges
- Coordination with multi-disciplinary teams
- Learning interdepartmental communication and workflow
- Identification and correction of documentation gaps
- Exposure to MRD (Medical Records Department) audits
- Observation and evaluation of hand hygiene compliance
- Understanding audit tools and checklist preparation
- Linking classroom theory to hospital practice

TOWS

Strengths
1. Proper sops are established
2. Roles and responsibilities are defined
3. Use of HIS (in documentation)
4. Regular audits by quality department

Weakness
1. Delay in discharge summaries preparation
2. Interdepartmental coordination disturbed
3. Delay in approval of TPA
4. Incomplete documentation

Opportunities
1. Cross functional team for discharge
2. A dashboard to track discharge on every floor
3. Adopt EHR system

S.O Strategies
Build a multi-disciplinary team and discharge dashboard on every floor

W.O Strategies
Automate discharge summary preparation and regular meetings between departments

Threats
1. Patient dissatisfaction
2. Negative public review
3. Changes in health policy

S.T Strategies
Reinforce SOPS
Introduce a dedicated discharge team

W.T Strategies
Implement proper documentation protocol and training of the staff

CHALLENGES FACED

- UNDERSTANDING COMPLEX PROCESSES OF HOSPITAL
- COMMUNICATION ISSUES
- COORDINATING BETWEEN TWO DEPARTMENTS

SUGGESTIONS

- INTEGRATE A QUALITY MONITORING DASHBOARD
- REGULAR TRAINING AND SENSITIZATION PROGRAMS
- STRENGHTHEN INTERDEPARTMENTAL COMMUNICATION & REINFORCE SOPS REGULARLY

Table of Contents

5.COMPILED WEEKLY REPORT

Name of the Organisation: Wockhardt Hospital

Department: Quality Department

Name of the Student: Iyer Dikshitha Nagarajan

Roll no: 1962

Stream: MBA In Hospital & Health Management

From: 13th May 2025 to 21st July 2025

5.1. Activities Done:

DISCHARGE TAT PROJECT

Monitored the discharge tat and process flow and evaluated the turnaround time. This included keeping an eye on and evaluated the discharge process to see how well it worked and how long it took from the time the discharge order was given to the time the patient actually left the hospital. This meant paying close attention to and writing down every step of the discharge process.

Important steps were: -

Consultant initial intimation: The process started when the treating consultant intimated the team about the discharge. This often took longer than expected or wasn't done on time

Pharmacy clearance for drug returns: the unused drugs are brought back to the pharmacy. The audit consisted other steps like looking after about when the rough and final discharge summaries were made.

Making the rough and final discharge summaries: This step needed the RMOs, consultants, and nursing team to work together. There were often delays in making both summaries because there were too many patients or not enough real-time documentation.

Billing clearance: After the final discharge summary is made and when the billing clearance occurred and patient vacated the hospital, so this process flow is the discharge process, and the audit was done on finding out the TAT that was present.

The objective of the whole study was to find the discharge tat from the consultant intimation till when the patient leaves the hospital. The total samples that were assessed were 69 and it was an observational type of study.

The results of the study are as follows, about almost 39 percent patients were within TAT among Cash patients, 24 percent patients were within TAT among TPA patients.

MRD DEPARTMENT

It is in charge of seeing that all patient records are accurate, complete, and legally valid.

This audit process taught me a lot about how important it is to keep accurate records, follow record-keeping rules, and follow NABH rules in a hospital setting.
The goal of the MRD audit is to make sure that full and correct records are maintained of patient.

The MRD follows the rules set by NABH (National Accreditation Board for Hospitals) and the hospital's own set SOPs. Legal protection is provided to the patient's medical records and is not released until requested by the family member and with the consent of the patient. Making sure quality and being ready for outside audits or medical-legal investigations. Ongoing improvements in how hospitals work and how departments work together. Assurance of quality and preparedness for external audits or medico-legal inquiries.

Interdepartmental coordination and hospital procedures are constantly being improved.
The MRD is responsible for maintaining patient data. Following discharge, it gathers, organizes, and keeps track of every patient file. Important clinical, administrative, legal, and billing-related records are included in these files.

It is crucial to preserve these records' confidentiality, accessibility, and completeness for: continuity of care, for the purposes of research and auditing, claims for insurance, accreditation of hospitals. The main objective was to verify the completeness of closed patient files. Look for entries that are missing or not properly documented. Make sure every document is readable, signed, and dated. Files that are not in compliance should be flagged, and remedial action taken. Compare the results to the NABH requirements.

A patient's file is forwarded to the MRD upon discharge and completion of final billing.
Before being stored, these "closed files" must pass an audit. A collection of these files from different departments, including the intensive care unit, general wards, surgery, and maternity, were given.

A predetermined MRD checklist was used to audit each file, and its parameters included things like: -

- A patient admission form that contains precise demographic information
- Consent forms for blood transfusions, surgery, anaesthesia, etc.
- Intraoperative records and pre-anaesthesia evaluation (PAC)
- Emergency records
- Nurses' and consultants' daily progress notes
- Records of medication administration and nursing assessments
- Reports from radiology and laboratories
- Physiotherapy treatment (if applicable)
- Charts of vital signs and fluid balance
- Final discharge summary with diagnosis and instructions etc

- All these documents should be thoroughly checked and audited, and the audit checklist was to be maintained
- The total files that were audited were around 250 and in which about the total compliant files were 190
- Rest files consisted of some gaps in it

RISK ASSESSMENT

The next was proactive risk management framework that included this activity, which was designed to find, assess, and reduce possible risks to clinical results, patient safety, and operational effectiveness.

I gained firsthand knowledge of healthcare risk management concepts through the experience, which are described in accreditation standards like those set forth by the National Accreditation Board for Hospitals & Healthcare Providers (NABH).
The purpose of the risk assessment determines any possible safety risks that might endanger patients, guests, or employees.
Detect system vulnerabilities that could lead to service interruptions or compromise patient care.
Give the hospital the ability to set risk priorities and put preventative measures in place.
Encourage a culture of safety by making risks visible and actively involving employees.

The risk assessment was carried out in supportive departments as well as high-risk clinical areas, such as:

- The intensive care unit (ICU)
- General Wards
- Department of Emergency (ER)
- Operating Rooms (OT)
- Department of Central Sterile Services (CSSD)
- Pharmacy and Laboratory
- Lifts and public hallways

Depending on patient acuity, procedures, equipment, and staff participation, each of these areas has different operational risks.
A methodical approach to risk assessment, based on the five-step model that is frequently suggested in healthcare quality systems:

- Hazard Identification
- Identifying Potential Victims
- Risk Assessment and Current Controls
- Recording of Results
- Corrective and Preventive Actions (CAPA) Implementation

To obtain pertinent data, use of checklists modified from NABH risk assessment instruments, informal interviews, and observation. Interaction with Staff I had quick conversations with each department's nurses, resident medical officers (RMOs), and support staff to add to my observations.

These exchanges showed: -Refresher courses on fall prevention, biomedical waste segregation, and hand hygiene are required. Unclear escalation procedures in the event of a patient incident or equipment

failure. Employees complained that there was insufficient staffing for night shifts, which delayed important interventions.

A standardized risk register was used to record all of the hazards that were observed:

- The type of risk
- Probability and severity
- Current controls
- Suggested actions
- The accountable department or stakeholder

A few hazards were deemed "High" and marked for prompt remedial action.
For instance, the ICU's blocked emergency exits, and regular alarm response delays were reported to the Quality head.

A key component of any healthcare quality and safety program is risk assessment.
The practical implementation in a dynamic hospital setting was during the internship at Wockhardt Hospital and was able to support the hospital's objective of improving patient safety by finding possible hazards and working with frontline employees to suggest solutions.
This exercise strengthened my resolve to seek a career in healthcare quality and accreditation by bridging the gap between theoretical understanding practical exposure.

HAND HYGIENE ASSESSMENT

Hand hygiene is one of the important aspects of infection prevention and control ,in healthcare settings is hand hygiene.

In Wockhardt Hospital's infection control and quality improvement programs, I was assigned with monitoring, evaluating, and assisting clinical and non-clinical staff in adhering to hand hygiene protocols during my summer internship in the Quality Department.

This project's main objectives were to assess hand hygiene procedures in real time across various hospital departments, spot any noncompliance, and make recommendations for enhancements to improve infection control throughout the hospital.

Project Goals

- to evaluate staff members' present compliance levels with hand hygiene.
- To keep an eye on compliance with the “The WHO's "Five Moments for Hand Hygiene"
- to determine the causes and obstacles of non-compliance.
- to encourage behavioural change and increase awareness of hand hygiene.
- to suggest long-term improvement strategies to the teams in charge of infection control and quality

QUALITY INDICATORS

I actively participated in the review and analysis of numerous quality indicators during my summer internship in the Wockhardt Hospital Quality Department.
I gained firsthand knowledge of how hospitals monitor performance, spot deviations, and carry out continuous quality improvement (CQI) projects thanks to this experience.

Standardized, empirically supported metrics that represent the calibre of patient care are known as quality indicators.

They are employed to evaluate Safety of patients: Clinical efficacy, Efficiency in operations, Patient contentment, adherence to standards (such as NABH)
These metrics may be administrative (like patient waiting time) or clinical (like the rate of surgical site infections). They assist organizations in comparing their performance to that of other institutions and over time.

The purpose of monitoring quality indicator to guarantee compliance with accreditation and national standards. Some quality indicators that were analysed were:

Surgical Site Infection (SSI) Rate: Measures the number of infections occurring at the surgical site post-operation per 100 surgeries.

Medication Error Rate: This measures how many medication-related mistakes, like incorrect dosage, drug, or time, occur for every 1000 drug administrations.

Hand Hygiene Compliance Rate: Determines the proportion of times medical personnel properly wash their hands while providing patient care.

Patient Fall Rate: Determines how many inpatient falls occur for every 1000 patient days, particularly for high-risk or elderly patients.

Discharge Turnaround Time (TAT) → Calculates the amount of time that passes between the issuance of a discharge order and the patient's actual hospital departure

5.2. Linking theory (Classroom learning) with practice at your organisation:

DISCHARGE TAT PROJECT

Operations Management: I tracked the steps from patient exit to discharge order using my understanding of workflow analysis and process mapping. Finding bottlenecks in billing, summary preparation, pharmacy clearance, and consultant final approval were all part of this.

Principles of Quality Management: To evaluate the discharge delays and recommend remedial actions, ideas such as Root Cause Analysis (RCA) and Continuous Quality Improvement (CQI) were used.

Lean Management: I suggested simplifying tasks to cut down on turnaround time after identifying time-wasting and non-value-adding steps in the process, such as waiting for signatures or TPA approval.

Standards of Accreditation: I matched my analysis to NABH's recommendations, which prioritize prompt discharge.

Team Coordination and Interdepartmental Flow: The practical requirement for coordinated actions between RMOs, nurses, consultants, pharmacies, billing, and MRD teams mirrored the theory of interdisciplinary healthcare teams.

MRD DEPARTMENT

NABH documentation standards, health information management, and the importance of medical records for continuity of care and medico-legal safety.
Utilized this knowledge to evaluate the completeness, legibility, and adherence to documentation protocols of patient files during the MRD audit.
I checked files for incomplete entries, unsigned forms, and sloppy handwriting using audit checklists and SOPs that were in line with NABH standards.
The hospital's MRD operation clearly demonstrated concepts like record retention guidelines, standardized formats, and confidentiality principles.
This practical audit reaffirmed how appropriate documentation promotes patient safety, quality care, and legal readiness.

RISK ASSESSMENT

Theoretically, researched proactive hazard identification, risk management frameworks, and the application of Root Cause Analysis (RCA) and Failure Mode and Effects Analysis (FMEA) in the medical field.

Used this knowledge into practice by identifying physical, procedural, and infection control-related risks while performing risk assessments in clinical settings like the intensive care unit, OT, and emergency room.

Engaged with employees, employed observational techniques, and recorded risks such as improper equipment placement or waste management. In order to lower incidents and improve patient safety, the activity clarified for me how theoretical risk models are applied to the implementation of preventive measures like training, signage, and escalation protocols.

QUALITY INDICATORS

For important indicators like Surgical Site Infections (SSI), medication errors, patient falls, and discharge TAT, I took part in data collection and analysis.
To comprehend performance variances, I used the ideas of benchmarking, trend analysis, and monthly audits.

I was able to better understand how quality data informs improvement plans and supports NABH compliance in real time thanks to my theoretical understanding of PDCA (Plan-Do-Check-Act) cycles.

HAND HYGIENE COMPLIANCE

I used compliance checklists, tracked adherence rates across departments, and observed staff behavior while conducting a hand hygiene compliance audit at Wockhardt Hospital.
I put the theoretical models of infection risk reduction, compliance measurement, and behavioral change into practice.
This exercise demonstrated how handwashing, a simple habit, can become a crucial performance and safety metric in hospital environments when it is routinely observed.

5.3. Gaps identified:

DISCHARGE TAT PROJECT

Delays in notifying consultants and obtaining final discharge approval.
Rough and final discharge summaries are prepared late, particularly when there is a high patient load.
Delays in pharmacy clearance brought on by pending indents or drug returns.
Lengthy billing procedures, especially in insurance and TPA cases.
Departments (consultants, RMOs, nursing, billing, and pharmacy) do not coordinate well.

MRD DEPARTMENT

Audit revealed gaps in patient records, such as incomplete lab reports, consent forms, and progress notes.
Inadequate or unreadable documentation from nursing staff, consultants, or RMOs.
Delayed closing of medical records following release.
Inconsistency in departmental documentation practices.
Some units have low adherence to NABH documentation standards.

RISK ASSESSMENT

Unknown safety risks include exposed wires, cluttered hallways, and misplaced emergency trolleys.
Improper segregation of biomedical waste in clinical settings.
Insensitive areas (such as isolation zones, fire alarms, and emergency exits) lack appropriate signage.
No official system for reporting possible hazards or near-miss incidents.
Staff members' knowledge of departmental risks and escalation procedures is inadequate.

QUALITY INDICATORS

Irregular data collection or delayed indicator register updates.
Absence of frequent review sessions to assess and talk about trends.
Root cause analysis (RCA) is delayed when indicators drop below the cutoff.
Absence of departmental ownership for tracking and enhancing their own metrics.
Insufficient staff knowledge of how indicators affect NABH compliance and hospital quality goals.

HAND HYGIENE COMPLIANCE

Non-compliance in high-stress environments, such as the intensive care unit or emergency room, or during periods of high workload.
Not enough soap or hand rub dispensers are available at every patient care location.
Lack of a real-time feedback system to address noticed errors.
The frequency of departmental compliance audits is low.
WHO's Five Moments for Hand Hygiene are not consistently taught or reinforced.

5.4. Suggestions for improvement:

DISCHARGE TAT

Planning Before Discharge- For elective cases, begin discharge planning 24 to 48 hours in advance. This includes coordinating with the pharmacy and billing department and starting the summary preparation process.

Prompt Notification and Signature of the Consultant-To guarantee that discharge orders are issued and followed up on promptly, implement a digital notification system or scheduled consultant rounds.

Task Processing in Parallel-Instead of waiting for one step to be completed before beginning the next, permit concurrent tasks (such as writing summaries, billing, and drug returns).

Staff Education on Discharge SOPs-To cut down on delays brought on by process misunderstanding, regularly train consultants, RMOs, and nursing staff on the discharge protocol.

Templates for Standardized Summaries-To cut down on typing time and avoid omissions, use pre-filled discharge summary templates with checklists and drop-down menus.

MRD DEPARTMENT

Recurring instruction on appropriate documentation procedures and NABH standards for physicians, nurses, and RMOs. Enforcement of documentation in real time to cut down on incomplete entries and last-minute backlogs. Discharge folders with a checklist to make sure no important documents or notes are overlooked prior to file closure.

Department heads conduct sporadic internal audits to increase accountability for the calibre of documentation. Electronic medical records (EMR) with required fields are being implemented to improve legibility and decrease human error.

RISK ASSESSMENT

Risks are proactively identified and mitigated before incidents occur through monthly departmental risk walkthroughs.Each department has dedicated safety champions who report and escalate hazards or near-misses.

Signage should be put up in key locations, such as electrical rooms, spill-prone areas, and fire exits. Standardized procedures for high-risk tasks like emergency response, waste disposal, and patient transfers.

QUALITY INDICATORS

Frequent review sessions are necessary to identify patterns and promptly address indicators that are getting worse. For any negative deviations in indicators such as infection rate, falls, or delays, Root Cause Analysis (RCA) should be performed.Feedback loops to implement department-specific improvements between clinical units and the quality department.

HAND HYGIENE COMPLIANCE

Regular spot audits with clear scoring are intended to encourage employees to increase compliance.More alcohol-based hand rub dispensers should be placed in patient zones and high-touch areas. Incentive-based acknowledgment to promote team ownership, such as "Best Compliant Unit of the Month."
Campaigns to raise awareness of the value of hand hygiene that include posters, live demonstrations, and training refreshers.

5.5 Key Learnings

NABH Standards Implementation in Practice
I was able to observe firsthand how various departments apply NABH accreditation standards. Through documentation reviews, discharge monitoring, or audits

Enhanced Knowledge of Hospital Procedures
I gained an understanding of the intricacy of hospital operations, particularly the importance of interdepartmental coordination, by working on the discharge TAT and MRD audits.

The Value of Records and Adherence
I learned the importance of accurate documentation from the MRD audit.

Using Risk-Based Thinking in Medical Practice
I gained an analytical method for recognizing, disclosing, and reducing safety hazards as a result of the risk assessment exercise.

Perspective on Quality Assessment Instruments
My understanding of how clinical and operational performance is monitored, evaluated, and enhanced through data-driven choices and consistent observation has improved as a result of my work with quality indicators.

Awareness of Infection Control
The necessity of regular infection control procedures and staff education to lower hospital-acquired infections was brought to light by monitoring hand hygiene compliance.

Cooperation and Interaction
My interpersonal and communication skills, which are critical for high-quality roles in healthcare, improved as a result of working with various departments

Connecting Theory and Practice
My practical understanding was reinforced when I was able to apply concepts I had learned in class, such as process mapping, RCA, and quality tools, to actual hospital situations.

Signature of the Student

Approved by the IIHMR University's Mentor

6.WEEKLY REPORT

6.1. Week 1

Name of the Organisation: Wockhardt Hospital, Nagpur

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

Name of the Student: Iyer Dikshitha Nagarajan

Roll no: 1962 Stream: MBA In Hospital & Health Management

From: 13th May 2025 to 17th May 2025

Activity Done

- Discharge Tat and MRD closed Audit

Linking theory (Classroom learning) with practice at your organisation

- Applied learned quality aspects in hospital
- Analysing and applying the flow of discharge and the audit checklists.
- Studied and applied the NABH standards and practices for sops and documentation.

Gaps identified on the working area.

- Delays in the step process of discharge like in preparing rough summary, final summary preparation and delay in consultant intimation time, drug return and Consultant signing the final consultant.
- Incomplete patient file and improper documentation was observed during MRD closed audit

Suggestions for improvement

- The organization should implement and sensitise staff regarding the timely documentation and protocol of discharge.

Plan for the next week

- Follow up of discharge process and protocol and follow up of discharge tat and closed audit in MRD department.

Signature of the Student

Approved by the IIHMR University's Mentor

6.2. Week 2

Name of the Organisation: Wockhardt Hospital, Nagpur

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

Name of the Student: Iyer Dikshitha Nagarajan

Roll no: 1962 Stream: MBA In Hospital & Health Management

From: 19th May 2025 to 24th May 2025

Activity Done

- Discharge Tat and MRD closed Audit

Linking theory (Classroom learning) with practice at your organisation

- Applied learned quality aspects in hospital
- Analysing the flow of discharge and the audit checklists.
- Studied and applied the NABH standards and practices for sops and documentation.

Gaps identified on the working area.

- Delays in the step process of discharge like in preparing rough summary, final summary preparation and delay in consultant intimation time, drug return and Consultant signing the final consultant.
- Incomplete patient file and improper documentation was observed during MRD closed audit

Suggestions for improvement

- A discharge dashboard should be present in every floor of the hospital

Plan for the next week

- Closed audit in MRD department and follow up of discharge process and protocol and follow up of discharge tat

Signature of the Student

Approved by the IIHMR University's Mentor

6.3 Week 3

Name of the Organisation: Wockhardt Hospital, Nagpur

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

Name of the Student: Iyer Dikshitha Nagarajan

Roll no: 1962 Stream: MBA In Hospital & Health Management

From: 26th May 2025 to 31st May 2025

Activity Done

- Discharge Tat and MRD closed Audit

Linking theory (Classroom learning) with practice at your organisation

- Quality management principles were applied
- Discharge tat and Audit checklists were analysed in the hospital setting.
- NABH stds related to sops were followed

Gaps identified on the working area.

- **In discharge tat projects gaps were identified like:**
- Delay in rough and final discharge summaries
- Delay in drug return
- Delay in consultant delay
- **In MRD:**
- Missing records were found
- The documentation was incomplete

Suggestions for improvement

Timely documentation will help the discharge process

Regular training and sensitization programs should be present

Plan for the next week
Follow up on discharge TAT and conduct a re-audit of closed files within the MRD department to track improvements.

Signature of the Student

Approved by the IIHMR University's Mentor

6.4. Week 4

Name of the Organisation: Wockhardt Hospital, Nagpur

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

Name of the Student: Iyer Dikshitha Nagarajan

Roll no: 1962 Stream: MBA In Hospital & Health Management

From: 2nd June 2025 to 7th June 2025

Activity Done

- MRD closed Audit and NABH related Accreditation work

Linking theory (Classroom learning) with practice at your organisation

- Quality management principles were applied
- Discharge tat and Audit checklists were analysed in the hospital setting.
- NABH stds related to sops were followed

Gaps identified on the working area.

- **In discharge tat projects gaps were identified like:**
- Delay in rough and final discharge summaries
- Delay in drug return
- Delay in consultant delay
- Delay in TPA billing.
- **In MRD:**
- Missing records were found
- The documentation was incomplete

Suggestions for improvement

- Timely documentation will help the discharge process
- Regular training and sensitization programs should be present

Plan for the next week

- Conduct a re-audit of closed files within the MRD department to track improvements.

Signature of the Student

Approved by the IIHMR University's Mentor

6.5.Week 5

Name of the Organisation: Wockhardt Hospital, Nagpur

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

Name of the Student: Iyer Dikshitha Nagarajan

Roll no: 1962 Stream: MBA In Hospital & Health Management

From: 9th June 25 to 14th June 25

Activity Done

- MRD closed Audit and NABH related work (RISK ASSESSMENT)

Linking theory (Classroom learning) with practice at your organisation

- Quality management principles were applied
- Audit checklists were analysed in the hospital setting.
- NABH stds related to sops were followed

Gaps identified on the working area.

- **In discharge tat projects gaps were identified like:**
- Delay in rough and final discharge summaries
- Delay in drug return
- Delay in consultant delay
- Delay in TPA billing.
- **In MRD:**
- Missing records were found
- The documentation was incomplete

Suggestions for improvement

- Timely documentation will help the discharge process
- Regular training and sensitization programs should be present

Plan for the next week

- conduct a re-audit of closed files within the MRD department to track improvements.

Signature of the Student

Approved by the IIHMR University's Mentor

6.6. Week 6

Name of the Organisation: Wockhardt Hospital, Nagpur

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

Name of the Student: Iyer Dikshitha Nagarajan

Roll no: 1962 Stream: MBA In Hospital & Health Management

From: 16th June 25 to 21st June 25

Activity Done

- MRD closed Audit and NABH related work (RISK ASSESSMENT)

Linking theory (Classroom learning) with practice at your organisation

- Quality management principles were applied
- Audit checklists were analysed in the hospital setting.
- NABH stds related to sops were followed

Gaps identified on the working area.

In discharge tat projects gaps were identified like:

- Delay in rough and final discharge summaries
- Delay in drug return
- Delay in consultant delay

In MRD:

- Missing records were found
- The documentation was incomplete

Suggestions for improvement

- Timely documentation will help the discharge process
- Regular training and sensitization programs should be present

Plan for the next week

- Conduct a re-audit of closed files within the MRD department to track improvements.

Signature of the Student

Approved by the IIHMR University's Mentor

6.7.Week 7

Name of the Organisation: Wockhardt Hospital, Nagpur

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

Name of the Student: Iyer Dikshitha Nagarajan

Roll no: 1962 Stream: MBA In Hospital & Health Management

From: 23rd June 2025o 28th June 2025

Activity Done

- MRD closed Audit and NABH related work (Quality Indicators)

Linking theory (Classroom learning) with practice at your organisation

- Quality management principles were applied
- Audit checklists were analysed in the hospital setting.
- NABH stds related to sops were followed

Gaps identified on the working area.

- **In discharge tat projects gaps were identified like:**
- Delay in rough and final discharge summaries
- Delay in drug return
- Delay in consultant delay
- **In MRD:**
- Missing records were found
- The documentation was incomplete

Suggestions for improvement

- Timely documentation will help the discharge process
- Regular training and sensitization programs should be present

Plan for the next week

- Conduct a re-audit of closed files within the MRD department to track improvements.

Signature of the Student

Approved by the IIHMR University's Mentor

6.8.Week 8

Name of the Organisation: Wockhardt Hospital, Nagpur

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

Name of the Student: Iyer Dikshitha Nagarajan

Roll no: 1962 Stream: MBA In Hospital & Health Management

From: 1st July to 5th July 2025

Activity Done

MRD closed Audit and NABH related work (MSDS posters)

Linking theory (Classroom learning) with practice at your organisation

- Quality management principles were applied
- Audit checklists were analysed in the hospital setting.
- NABH stds related to sops were followed
- Quality indicators were analysed and MSDS in the hospitals were changed to more pictorial format and were installed in the hospital mostly in the areas where chemicals are used frequently.

Gaps identified on the working area.

- In MRD
- Missing records were found
- The documentation was incomplete
- Improper documentation was seen by consultants, Rmo, nurses.
- MSDS POSTERS
- The msds posters were not easily understood hence they were changed accordingly.
- A pretest and a post-test were carried out in which the staff had participated in which it was found that the staff who did not understand English like the house keeping came into consideration
- Hence the bilingual posters were introduced

Suggestions for improvement

- Regular training and sensitization programs should be present Monthly training should be given in non-compliant areas.

Plan for the next week - MRD closed audit and NABH accreditation related work.

Signature of the Student-

Approved by the IIHMR University's Mentor

6.9.Week 9

Name of the Organisation: Wockhardt Hospital, Nagpur

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

Name of the Student: Iyer Dikshitha Nagarajan

Roll no: 1962 Stream: MBA In Hospital & Health Management

From: 7th July to 12th July 2025

Activity Done

- MRD closed Audit and NABH related work (MSDS posters)

Linking theory (Classroom learning) with practice at your organisation

- Quality management principles were applied
- Audit checklists were analysed in the hospital setting.
- NABH stds related to sops were followed
- Quality indicators were analysed and MSDS in the hospitals were changed to more pictorial format and were installed in the hospital mostly in the areas where chemicals are used frequently.

Gaps identified on the working area.

- In MRD
- Missing records were found
- The documentation was incomplete
- Improper documentation was seen by consultants, Rmo, nurses.
- MSDS POSTERS
- The msds posters were not easily understood hence they were changed accordingly.
- A pretest and a post-test were carried out in which the staff had participated in which it was found that the staff who did not understand English like the house keeping came into consideration
- Hence the bilingual posters were introduced

Suggestions for improvement

- Regular training and sensitization programs should be present Monthly training should be given in non-compliant areas.

Plan for the next week – MSDS posters

Signature of the Student-

Approved by the IIHMR University's Mentor

6.10. Week 10

Name of the Organisation: Wockhardt Hospital, Nagpur

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

Name of the Student: Iyer Dikshitha Nagarajan

Roll no: 1962 Stream: MBA In Hospital & Health Management

From: 14th July to 21th July 2025

Activity Done

- MRD closed Audit and NABH related work (MSDS posters) and hand hygiene assessment

Linking theory (Classroom learning) with practice at your organisation

- Quality management principles were applied
- Audit checklists were analysed in the hospital setting.
- NABH stds related to sops were followed
- Hand Hygiene Audit tool (essentials of hospital management)
- Quality indicators were analysed and MSDS in the hospitals were changed to more pictorial format and were installed in the hospital mostly in the areas where chemicals are used frequently.

Gaps identified on the working area.

- In MRD
- Missing records were found
- The documentation was incomplete
- Improper documentation was seen by consultants, Rmo, nurses.
- MSDS POSTERS
- The msds posters were not easily understood hence they were changed accordingly.
- A pretest and a post-test were carried out in which the staff had participated in which it was found that the staff who did not understand English like the house keeping came into consideration
- Hence the bilingual posters were introduced
- Hand hygiene compliance was less about 30 percent.

Suggestions for improvement

- Regular training and sensitization programs should be present Monthly training should be given in non-compliant areas.

Signature of the Student

Approved by the IIHMR University's Mentor