SUMMER INTERNSHIP PROGRAM

at

MEDANTA-THE MEDICITY, GURUGRAM

From 12th MAY 2025 to 18th JULY 2025

A REPORT BY

HEMANI BARACH

Master of Business Administration

Hospital and Health Management

IIHMR-U/01/2024-26/1957

2024-26

under the Mentorship of

Dr. (Col) Mahender Kumar
(Professor)

IIHMR UNIVERSITY

Global Health
Limited

Date: 18.07.2025

TO WHOMSOEVER IT MAY CONCERN

This is to certify that **Dr. Hemani Barach** has completed her **Internship** in the department of **Medical Administration & Clinical Operations** from 12.05.2025 to 18.07.2025 with Global Health Ltd. (GHL) Medanta – The Medicity.

We wish her all the best for her future endeavors.

For **GLOBAL HEALTH LTD**

MEDANTA, THE MEDICITY
GHL
Gurugram

RANSHUL AGGARWAL
DEPUTY GENERAL MANAGER - HUMAN RESOURCES

CERTIFICATE

This is to certify that Dr. Hemani Barach, Batch - 29 of IIHMR University, Jaipur has worked with our organization for her summer internship from12th May 2025 to 18th July 2025.

The overall performance shown by her during the period was good. This certificate is being issued to meet the requirements of the IIHMR University.

Date: 18th July 2025

(Signature of organization Mentor)
Name: Dr. Nupur Garg
Designation: Deputy Medical Superintendent

Medanta-The Medicity
Sector-38, Gurugram-122001,
Haryana

Seal/Stamp of the Organization

MEDANTA, THE MEDICITY
GHL
Gurugram

IIHMR UNIVERSITY

IIHMR University Faculty Mentor Approval

This is to certify that **Dr. Hemani Barach,** 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: 26.07.2025

Name: Dr. (Col) Mahender Kumar

Designation: Professor

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Ph.: 0141-3924700, 2791431- 32, E-mail: iihmr@iihmr.edu.in, Web.: www.iihmr.edu.in

Completeness, Accuracy, and Timeliness of Medical Records Department Files Audits

University Mentor- Dr.(Col.) Mahender Kumar

Presented by- Hemani Barach (1957) MBA-HM

Organization Mentor- Dr. Nupur Garg

About the Organisation:

Medanta one of the country's largest multi-speciality tertiary care provider is founded by Dr. Naresh Trehan, a world-renowned cardiovascular and cardiothoracic surgeon, with the mission to deliver advanced but affordable medical services to patients. For four years in a row, Medanta Gurugram ranked the best private hospital in India in 2020, 2021, 2022 and 2023. It also featured in the list of top 250 global hospitals in 2023 by Newsweek

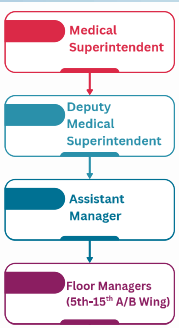
Vision:

The Institute is governed under the guiding principles of providing affordable medical services to patients with care, compassion and commitment.

Mission:

Our mission is to deliver world class, patient centric, integrated and affordable healthcare through a dynamic institution that focuses on the development of people and knowledge

Organisation Structure:



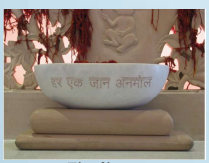
Theoretical Insights

Practical Exposure	Theoretical Work
• Hands-on Learning	• Learning based on past experiences of others
• Solving Problems at hand	• Devising methods to solve problems that may arise
• Utlizing concepts	• Understanding concepts
• Realistic	• Hypothetical
• Outcomes are decisions	• Outcomes are theories

PROJECT

To assess the documentation compliance of the Initial Assessment Form regarding various parameters and to identify gaps and recommend possible measures for achieving 100% compliance.

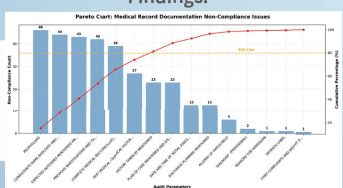
Process FLow



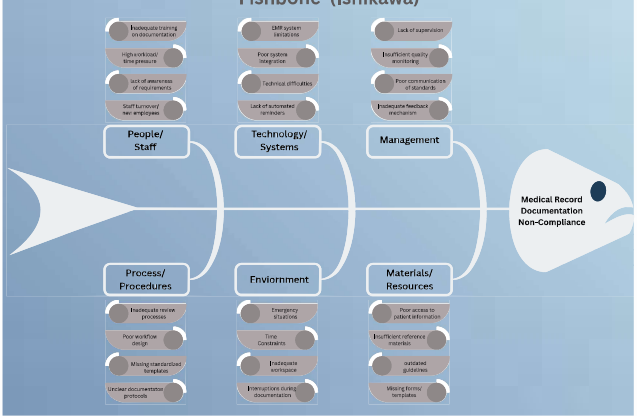
Methodology:

•Project Duration: 30 Days
•Sample Size: 90 Inpatient Medical Records
•Scoring Criteria:
•0 = Non-Compliance, 1 = Compliance
•Method of data collection: Hardcopy documentation Audits

Findings:



Fishbone (Ishikawa)



SWOT Analysis:

STRENGTHS

- Strong brand reputation and established hospital systems.
- Experienced and diverse administrative and clinical teams.
- Comprehensive EMR and HIS utilization that supports patient care and documentation.
- Regular monitoring, feedback collection, and focus on quality standards (NABH/JCI).
- Clear SOPs and audit procedures improve compliance and patient safety.

WEAKNESSES

- High volume of service needs, straining manpower.
- Limited adoption of advanced digital or automation tools in some processes.
- Over-reliance on traditional administrative methods and paper-based documentation in pockets.
- Resource constraints, especially of General Duty Assistants (GDAs) and support staff.
- Occasional breakdown in interdepartmental communication, impacting care coordination.

OPPORTUNITIES

- Greater adoption of advanced technologies (automation, AI, workflow digitization).
- Enhanced employer branding and leadership development programs.
- Improved feedback and incident reporting systems for real-time escalation.
- Further integration of EMR/HIS modules across all operational touchpoints.

THREATS

- Intense competition for skilled healthcare and administrative talent in the region.
- Rising workforce expectations (flexibility, work-life balance, upskilling).
- Economic pressures affecting hospital resources and service expansion.
- Acute talent shortages in supporting roles (nursing, housekeeping, GDAs).
- Risk of patient dissatisfaction due to occasional miscommunication and delays.

Challenges Faced during Internship:

- Faced confusion due to inconsistent TPA and scheme-based discharge workflows.
- Experienced delays in service delivery due to understaffed nursing/GDA teams.
- Struggled initially with limited training on HIS and EMR systems.
- Encountered communication gaps across departments during patient coordination.

Suggestions for the Organization:

- Introduce interactive HIS/EMR orientation to enhance early confidence and efficiency.
- Digital discharge trackers can further improve already streamlined patient workflows.
- Strengthen clinical teams with optimized shift planning to maintain excellent care delivery.
- Daily interdepartmental huddles can boost the already collaborative environment.
- Assigning supportive mentors can enrich the intern learning experience and engagement.

Internship Learnings:

Gained in-depth exposure to hospital administration and patient care workflows
Conducted MRD audits and analyzed data for compliance and accuracy
Navigated HIS/EMR systems and maintained documentation standards
Engaged with patients to resolve feedback and improve service delivery
Identified and addressed gaps in coordination, staffing, and compliance
Managed hospital floor operations and presented audit findings to leadership

Report of Week 1

Name of the Organisation: Medanta-The Medicity
Area/ Department/ Project of Summer Internship Program: Medical Administration and Clinical Operations. / Project is not yet decided
Name of the Student: HEMANI BARACH
Roll no: IIHMR-U/01/2024-26/1957
Stream: MBA-Hospital and Health Management.
Week no: 1
From: 12th May 2025 to 18th May 2025

Activity Done	• As it was an orientation week for the internship, a proper 2-day induction program was attended in which various aspects of the hospital services and administration including efficient and effective operations were being illuminated. • How to have an effective communication with patient and ensuring the IPSG(International Patient Safety Goals) during the daily process of FMDR(Floor Manager Daily Rounds). • During the past one week I was asked to have insights on managerial roles such as roles of a floor manager in the patient care. Secondly, the roles and responsibilities of medical administration department across various organizations including Medanta-The Medicity. • Summary on the simple hierarchical lay-up and nomenclature of administration department. • How to assess the patient experience, its mechanism and methodology to capture. • Participated in team meetings and observed workflows, which helped me understand how my role fits into the larger picture. • Attended onboarding sessions and became familiar with the company's tools, processes, and expectations
Linking theory (Classroom learning) with practice at your organisation	• **Principle of Management:** 1. Integrating the personal quality for communication skills in healthcare department as well as in healthcare services. 2. Leadership skills for streamline working in an organizations 3. Basic Employees Act and Various Responsibilities. • **Business Communication:** 1. Inter and Intradepartmental communication skills in corporate hospital. 2. Feedback collection is a key significant process in the Service Excellence for the maintenance of the patient safety and hospitals goals.

Gaps identified on the working area.	• The waiting time for billing was very extensive, one individual has to wait for more than considerable time in the queue. • Lack of manpower in the administrative department. • Gaps related to the service excellence.
Suggestions for improvement	• Apply token generation system for the smooth working of the billing counters. • More manpower needs to be diploid in the department for smooth processing of the duties of the floor manager.
Plan for the next week	• For the next week the agenda is to get diploid into various hospital administrative paperwork and documentation processes. • Data retrieving, analyzing and comprehending the documentation processes.

Signature of the Student:

Approved by the IIHMR University's Mentor:

Reporting Format (Week 2)

Name of the Organisation: Medanta-The Medicity, Gurugram
Area/ Department/ Project of Summer Internship Program: Medical Administration and Clinical Operations
Name of the Student: Hemani Barach
Roll no: 1957
Stream: MBA-Hospital and Health Management.
Week no: 2
From: 19th May 2025 to 25th May 2025

Activity Done	▪ In the past one week, I worked upon the data entering and data recording for comprehensive information processing of the various departments of the hospital for the code blue running sheets. ▪ Assisted as well as collected the FLOOR MANAGER DAILY ROUNDS feedback. ▪ Gained insights of the roles and responsibilities of the Floor Manager. ▪ Communication with the different personals across various departments. ▪ Attended brief overview of the several service excellences provided by the hospital according to their operations. ▪ Reviewed documentation processes for accuracy and completeness. ▪ Overviewed various types of files such as mortality file, regular files and live files for the basic checklist of the documents available in the file. ▪ Listened to the feedback calls of the patients. ▪ Attended various interactive sessions as a part of the admin. Teal such as BLS training, Code of Conduct
Linking theory (Classroom learning) with practice at your organisation	▪ Understanding the significance of proper file documentation. ▪ Familiarity with the procedures involved in handling diverse file categories. ▪ Ethics at workplace i.e. non-verbal and verbal communication.
Gaps identified on the working area.	▪ Patient feedback should be taken more accurately and precisely. ▪ Delay in the procedures of the IR department due to no proper management of the appointments.
Suggestions for improvement	▪ Proper documentation of the patient's request raised and aligning the appointments to decrease the waiting hours and overcrowded occupancy.

Plan for the next week	▪ Next week's agenda involves starting a departmental project and working towards the selection of the topic for the project and its basic construction. ▪ Development of the technique of collection of the data. ▪ Presentation of the Data Analysis and the work ups on the data. ▪ Study the proper working procedures and processes of the Medical Administration and Clinical Operations Department.

Signature of the Student

Approved by the IIHMR University's Mentor:

Reporting Format (Week 3)

Name of the Organisation: Medanta-The Medicity, Gurugram
Area/ Department/ Project of Summer Internship Program: Medical Administration and Clinical Operations
Name of the Student: Hemani Barach
Roll no: 1957
Stream: MBA-Hospital and Health Management.
Week no: 3
From: 26th May 2025 to 1st June 2025

Activity Done	• As continued from previous week I conducted the bedside rounds as part of the floor manager daily rounds and data entry of the code blue running sheet. • Worked on the Risk Assessment for the Code Blue Running Sheet. • Worked on the feedback calling procedure from the patient feedback department with Quality Control Centre. • Worked on the RCA/CAPA • Conducted Comprehensive study over the Code Blue Study in the Hospital. • Brief Study about the Code Orange. • Performed Audits for the Code Blue Running Sheet. • Worked on the Audits of the Mortality File. • Mechanism and Methodology to capture the patient Experience.
Linking theory (Classroom learning) with practice at your organisation	• AIDET MODEL of communication was learned in the hospital setup. • SKIPES protocol has been delivery. • Knowledge about various acts such as POSH, Employees Act and Benefits. • Current Correlation of the medical Ethics and Code of Conduct. • Quality and IPSG patient safety goals. • Making the Mock Drill Calendar according to Risk assessment and how to administer the Mock Drills. • Effective Communication is the key feature of the administrative working. • Problem resolution and addressing of the patients.
Gaps identified on the working area.	• Insufficient allocation of the resources in different departments which leads to delay in the services. • Lack in GDA services causing concern to patient satisfaction.

Suggestions for improvement	• Conduct a resource audit to streamline allocation and enhance operational efficiency. • More procurement and involvement of the GDA staff into the high in demand departments and wards.
Plan for the next week	• Observation: Keep an eye on the unit's operations to obtain comprehensive knowledge. • Data Analysis of the code blue and code orange risk assessment and the discharges. • Finalizing the project presentation for the internship programme.

Signature of the Student:

Approved by the IIHMR University's Mentor:

Reporting Format (Week 4)

Name of the Organisation: Medanta-The Medicity, Gurugram
Area/ Department/ Project of Summer Internship Program: Medical Administration and Clinical Operations
Name of the Student: Hemani Barach
Roll no: IIHMR-U/01/2024-26/1957
Stream: MBA-Hospital and Health Management.
Week no: 4
From: 2nd JUNE 2025 to 8th JUNE 2025.

Activity Done	• Had daily meetings with the management to monitor the effectiveness of services. • Based on the feedback mechanism (Zykrr), I spoke to patients through the Quality Control Centre to help recognize and address patient concerns and encourage both parties to talk more openly. • Got familiar with Senior Leadership Quality Rounds; joined teams and had interactions with both patients and the staff on each round. • Managed different floors in the hospital, making sure that clinical and non-clinical activities were properly carried out. • Trained on how to review and check patient records in the Medical Record Department and with regards to International Patient Safety Goals. • Participated in using the hospital's EMR system to record patient information and manage the related work processes. • I went through floor orientation, participated in processing files, and carefully compiled the sequence of each patient's records.
Linking theory (Classroom learning) with practice at your organisation	• I used hospital operations, patient care, and quality assurance knowledge obtained in class, while dealing with real cases in the hospital. • Changed academic knowledge into learning steps that are helpful during auditing and processing feedback. • The experience of leading shifts and working on senior rounds helped me to improve my leadership and communication skills, as well as use what I learned in HR and hospital administration classes. • Experience with EMR played a role in developing a clear idea of HIS systems and how to optimize workflows in hospitals.
Gaps identified on the working area.	• Unlike practices in recording MRD data among different departments. • Slowness in reporting the incident and poor awareness about the process.

	• Not having enough people to support the departments. • Most patients are not knowledgeable about the feedback channels and escalation process. • There are problems in ensuring that housekeeping, F&B, radiology, nursing, and other departments cooperate when responding to patient needs in a timely way.
Suggestions for improvement	• Workers must regularly attend training about the proper procedures and strategies for MRD and IPSG. • Info materials are displayed so that patients can learn how to escalate issues or give their feedback. • Floor managers can use a digital tool for tasks to simplify their work and minimize communication gaps. • Working towards sound communication of important messages helps achieve improved patient satisfaction. • Putting in additional support staff in the hospital.
Plan for the next week	• Get clear about how TPAs (Third Party Administrators) respond to and process members' issues. • Study and understand the procedure, and trend of discharge procedures. • Get started developing KPIs for the company's departments. • Make sure to start the poster presentation project option after having a meeting for discussion with your mentor. • Find out how to report an incident and learn the way it is managed. • Keep learning in depth about and working on the HIS (Spandhan) system. • Talk more closely with patients to handle and solve their issues successfully.

Signature of the Student

Approved by the IIHMR University's Mentor:

Reporting Format (Week 5)

Name of the Organisation: Medanta-The Medicity, Gurugram
Area/ Department/ Project of Summer Internship Program: Medical Administration and Clinical Operations
Name of the Student: Hemani Barach
Roll no: 1957
Stream: MBA-Hospital and Health Management.
Week no: 5
From: 09th JUNE 2025 to 15th JUNE 2025

Activity Done	• Gained access to in-depth work process and the functioning of the Medical Administration department. • Studied how to handle the entire procedure of discharging a patient and tracking his/her discharge. • Noticed and learned how TPA (Third Party Administrator) queries were solved. • Attended as a rotational member during patient feedback rounds daily by floor managers. • Was involved in the development of Electronic Medical Records (EMR) platform regarding patient feedback, IPSG (International Patient Safety Goals), MRD (Medical Records Department) documentation. • Communicated with the patients via Operation control centre (OCC), gave out counselling and formulated RCA (Root Cause Analysis) and CAPA (Corrective and Preventive Action) out of the matters that were reported. • Drafted and developed the rough design of project proposals.
Linking theory (Classroom learning) with practice at your organisation	• Concepts of hospital workflow mapping, patient safety (IPSG) and discharge planning as studied as part of course work were applied. • Applied knowledge about the rights of a patient and their satisfaction to successfully respond to feedback and empathizing with the patient during rounds. • Applied concepts of health information management and EMR when recording the cases and feedback. • Users tested the applied quality improvement tools (RCA & CAPA) in real-time scenarios in case of patient complaints.
Gaps identified on the working area.	• The delay in the project topic closure and identification of the department to collect the data. • Miscommunication problems of inter and intra departmental communications resulting into misinformation and lack of urgent delivery of services to the patients.

	• Incorrect communication between departments impacting on patient satisfaction and departmental flow clarity.
Suggestions for improvement	• Establish a consensus communication method that reduces friction in update flows and facilitates collaboration between departments. • Ensure that regular meetings or huddles are held at the department level to update all stakeholders on patient communications and discharge procedures. • Ensure an early selection of the project topic through the discussions with stakeholders and the designation of clear responsibilities in the departments.
Plan for the next week	• Keep on, in-depth observing and learning processes of operations under Medical Administration and Clinical Operations. • Work as under the supervision of floor managers to enhance your knowledge on how to solve problems on real time. • Firm up the project topic chosen and come up with a plan on data collection methodology. • Consolidate knowledge of working processes within departments.

Signature of the Student:

Approved by the IIHMR University's Mentor:

Reporting Format (Week 6)

Name of the Organisation: Medanta-The Medicity, Gurugram
Area/ Department/ Project of Summer Internship Program: Medical Administration and Clinical Operations/ MRD Audit Of
Name of the Student: Hemani Barach
Roll no: IIHMR-U/01/2024-26/1957
Stream: MBA-Hospital and Health Management
Week no: 6
From: 16th JUNE 202 to 22nd JUNE 2025

Activity Done	• Maintained the frequency of some of the activities (e.g. daily rounds done by management of the floors and the staff/patient feedback). • Conformity with the constant monitoring and encouraging the floor managers in carrying out their stated roles and responsibilities. • Participated in workflow processing and operations management with the direction given by the floor manager. • Coordinated with the staff of various departments in order to learn the interdepartmental dependencies. • Made patient feedback calls as based on ZYKRR and tried to do Root Cause Analysis (RCA) and Corrective and Preventive Actions (CAPA). • Concluded the theme of the project presentation, MRD Audit.. • Launched the development of the checklist that will be used both to conduct the audit and subsequent data collection. • Enrolled in auditing of MRD files. • Acquired new knowledge about operating procedures at the hospital floors. • Helped in the progress of and adaptation to the EMR systems with regard to Patient Feedback, IPSG (International Patient Safety Goals) and MRD documentation.
Linking theory (Classroom learning) with practice at your organisation	• Applied theoretical experiences in the processes of hospital operations, RCA-CAPA types, a cycle of quality improvement, and auditing processes. • Learned the linkage between cognition and patient safety goals (IPSG) and hospital information systems (HIS) on how these can support the operation there in real-time. • Ran the gamut of how process standardisation helped achieve regulatory compliance and use of audit checklists. • Experienced the use of strategic communication and operation management of health care within departments.

Gaps identified on the working area.	• The patient to staff ratio is in unequal proportions and this influences the care of the patient. • The floor operations are still strained by lack of adequate GDA (General Duty Assistant) staff. • Unprofessional training offered to new workers in the medical field. • Improper inter and intra-departmental communication results in both delays and errors. • The synchronisation among departments does not exist, thus the discharge processes are delayed. • There are various non-clinical services including housekeeping and F&B, problems in which have an impact to the overall satisfaction of the patients.
Suggestions for improvement	• Hire more GDA personnel and provide the allocations shift wise. • Introduce a traditional induction and orientation program of healthcare employees. • Come up with inter departmental huddles to ensure effective communication and coordination. • Standardize discharge procedures by having a checklist of all the stakeholders. • Carry out frequent training sessions with housekeeping and F&B staffs on the etiquette and hygiene standards at hospitals. • Improve the use of EMR and HIS systems and staff training in order to decrease the number of errors caused by documentation.
Plan for the next week	• Learn the way TPAs (Third Party Administrators) receive and handle matters of members. • See the procedures and process of discharge. • Start the establishment of KPIs across several departments. • Start to collect MRD audit data after a post checklist is approved. • Become familiar with escitation process and incident-reporting processes. • Speak about HIS (Spandhan) module of in-depth patient care, discharge and co-coordination of the departments. • Be more involved in the problems of the patients to be able to solve them and to improve the rendering of services.

Signature of the Student:

Approved by the IIHMR University's Mentor:

Reporting Format (Week 7)

Name of the Organisation: Medanta- The Medicity, Gurugram
Area/ Department/ Project of Summer Internship Program: Medical Administration and Clinical Operations/ MRD Audit.
Name of the Student: Hemani Barach
Roll no: IIHMR-U/01/2024-26/1957
Stream: MBA-Hospital and Health Management.
Week no: 7
From: 23rd JUNE 2025 to 29th June 2025

Activity Done	1. Kept on having daily floor manager rounds on assigned units and departments. 2. Was involved in the Zykrr feedback calling mechanism in cooperation with the Quality Control Centre. 3. Participated in the preparation and design of checklists of data collection, which were associated with the MRD audit project. 4. Instituted the process of the collection of data both on open and closed medical records of various specialities. 5. Liaised with Medanta EMR to familiarize myself with the documentation touching on MRD and International Patient Safety Goals (IPSG). 6. Engaged with the patients in the morning rounds to get a sense of their experience and entered feedback on Medanta EMR.
Linking theory (Classroom learning) with practice at your organisation	1. Ran the checklist development and MRD compliance study on the quality improvement tools, process audit and hospital accreditation (NABH/JCI). 2. There was an implementation of concepts of Health Information Management and Hospital Operations Management when reading EMR based records of patients. 3. Used the patient satisfaction and service quality measurements when calling patients of Zykrr to leave feedbacks and observing them (rounding) on the floor.
Gaps identified on the working area.	1. Poor workforce and cross placement in terms of efficiency. 2. Absence of service quality in areas such as F&B, Housekeeping, GDA, and Nursing. 3. Lack of efficient system of OT scheduling resulting in delays in surgery. 4. Delays experienced in discharges, cross-referral reviews and IR procedures. 5. Inadequate and disorderly access to elevators, which reduce mobility and care provision to the patients.

Suggestions for improvement	1. Manpower error: rationalize the distribution through a workload analysis of revised staffing plans. 2. Enhance training and supervising of the support services personnel using quality checks. 3. Design and establish a surgical scheduling digital OT application to maximize on planning. 4. Implement a coordinated system of discharge and referrals using an EMR alert. 5. During the peak hour, allocate separate elevators and monitor movement of patients.
Plan for the next week	1. Carry on the data collection of MRD audit. 2. Make daily morning rounds and meet patients. 3. Keep Zykrr feedback calls and documentations. 4. Interpret audit data gathered to look at trends and pattern of non-compliance. 5. Study Hospital Information System (HIS) of Medanta with the Spandhan module. 6. Learn the way TPAs (Third Party Administrators) receive and address patient issues. 7. View and comprehend the entire routine of discharge. 8. Start developing Key Performance Indicators (KPIs) at each department. 9. Become conversant with the escalation procedure and the report-handling system. 10. Participate actively in the process related to status identification and resolving of patient concerns to improve service delivery.

Signature of the Student:

Approved by the IIHMR University's Mentor:

Reporting Format (Week 8)

Name of the Organisation: Medanta-The Medicity, Gurugram
Area/ Department/ Project of Summer Internship Program: Medical Administration and Clinical Operations/ MRD Audits
Name of the Student: Hemani Barach
Roll no: IIHMR-U/01/2024-26/1957
Stream: MBA- Hospital and Health Management
Week no: 8
From 30th June 2025 to 06th July 2025.

Activity Done	1. The further data gathering was performed on the Medical Records Department (MRD) audit project. 2. Participating in the process of collecting patient feedback by using the ZYKRR calling system. 3. Prepared the Medanta EMR by working on MRD and International Patient Safety Goals (IPSG) modules. 4. Trained regarding the recording of the Initial Daily Treatment Record (IDTR) of new patients. 5. Obtained practical knowledge of the mechanism of complaint redressal through the system of helpline. 6. Investigated Hospital Information System (HIS) functionalities of Medanta Hospital, SPANDHAN. 7. Engaged in daily floor rounds and assisted different specialties as a Floor Manager and included the updates in the EMR. 8. Gained insights regarding categorization and operational workflows of Third-Party Administrators (TPAs). 9. Acquired how to create a technical issue ticket with the WeChatBot system.
Linking theory (Classroom learning) with practice at your organisation	1. Transferred the classroom quality assurance, feedback management and incident reporting concepts into a workshop experience in a real hospital setting. 2. Those who practiced the use of hospital information systems (HIS and EMR) and were in line with the theoretical knowledge received when studying modules on IT and healthcare technologies. 3. Knowledge of TPA functions and records, indicating the healthcare financing and insurance studies. 4. Enhanced theoretical knowledge of principles of NABH/JCIs standards as part of floor activities and monitoring of the compliance.
Gaps identified on the working area.	1. The problem was associated with the delays and inefficiencies in the outcomes in the services of the hospital in relation to General-Duty assistants (GDA) of the hospital, Nursing, Food & Beverage, and call bell responses.

	2. Interventional Radiology (IR) schedule and records that are poorly done. 3. Some diagnostic services delayed, as well as interdepartmental cross consultations. 4. Laggard manageriality on moves on-ground. 5. The ineffectiveness of the communication between departments. 6. Problems caused by the language barrier among some nursing employees, which affect the patient communication and care. 7. The Turnaround Time (TAT) on discharge is inconsistent in different types of payers. 8. Few medical tools and emergency response equipment present on the floors.
Suggestions for improvement	1. Educate the staff about communication and in particular nursing staff. 2. Maximize scheduling and monitoring systems of IR, diagnostic services and consultation coordination. 3. Improve the inner channels of communication to minimize service death. 4. Increase the sensitivity of the management team via real time escalation dashboards. 5. Normalize the surveillance and enhancement of the issues of the discharging routine with each type of patients. 6. To increase parking of resources and maintenance of vital equipment and emergency items in the unit. 7. Install frequent auditing of performance and feedback mechanisms as a standard of quality.
Plan for the next week	1. Complete the set of the information on the audit of the MRD and start the close analysis. 2. Check medical files fully to see records accuracy and answers to queries. 3. Get acquainted with tracking of the hospital processes through the HIS and the exploration of the ICMS to address the TPA related requests. 4. Research Key Performance Indicator (KPI) deliverables applicable to the operations of efficiency. 5. Acquire the familiarity of JCI, NABH, and NABL Standard Maintaining jobs of Floor Managers. 6. Get the exposure to the complaint and incident ticketing process and their work flow of resolutions. 7. Enhance the learning on discharge process, integrated systems and EMR functionalities.

Signature of the Student:

Approved by the IIHMR University's Mentor:

Reporting Format (Week 9)

Name of the Organisation: **Medanta- The Medicity, Gurugram.**
Area/Department/Project of Summer Internship Program: **Medical Administration and Clinical Operations/ MRD Audits**
Name of the Student: **Hemani Barach**
Roll no: **IIHMR-U/01/2024-26/1957**
Stream: **MBA- Hospital and Health Management**
Week no: **9**
From: **07th July 2025 to 13th July 2025**

Activity Done	1. Did floor work including rounds of the floor manager in the morning and other duties including putting in the appropriate notes in the EMR (Medanta Application). 2. Carried out audits of MRD files and evaluated the adherence to International Patient Safety Goals (IPSG). 3. Gathered project-related information and started its analysis in order to get information and answers. 4. Understood the KPI processes of the departments of Nephrology, Andrology, and Urology and was engaged in pathway flow sheets of the departments. 5. Attended briefing course as a preparation to the next JCI accreditation. 6. The practice of patient discharge including Cash, TPA, CGHS, ECHS and Railway, OT scheduling, Feedback resolution, inter-department communication and ALOS tracking and their Summaries exposed to the practice. 7. Played a role towards improvement of service excellence and patient satisfaction. 8. Conducted face-to-face communication with consultants to place it in line with its operations. 9. Performed IDTR (Initial Daily Treatment Record) of the newly admitted patients. 10. Made finished ZYKRR patient feedback calls and resolved open concerns to their conclusions. 11. Attended the surveillance Audit for the preparedness of the Upcoming JCI.
Linking theory (Classroom learning) with practice at your organisation	1. Managed the process of hospital operations management and quality improvement using applied concepts during the audits and analysis of KPIs. 2. Provided communication and patient satisfaction modules in case of feedback and responses of situations within inter-departments of ZYKRR.

	3. Relevant real-life experiences with discharge processes and OT schedules correlate with the subject matter of the classes on hospital management matters and patient scheduling.
Gaps identified on the working area.	1. Form filling in MRD files and EMR. 2. Possessing a long delay of discharge process especially in TPA/CGHS/ECHS cases. 3. Failure to adhere to IPSG excellence such as testing of patients and risk of falling. 4. Inadequate response to Code Blue as well as event record coverage. 5. Weak consultants-administrative team communication. 6. Poor feedback closures in ZYKRR and escalation or non-escalation. 7. Uncoordinated patient admissions and overlapping of the time of OTs. 8. Poor monitoring of KPIs without the clear ownership.
Suggestions for improvement	1. Put positive/purposeful EMR Documentation audit process in place and Participant in SOP compliance. 2. Manage discharge planning coordination and real time dashboard. 3. Make IPSG compliance check by conducting periodic checks and digital alerts. 4. Use monitored Code Blue digitally and perform mock exercises as an everyday procedure. 5. Establish a well-defined escalation and communication plan. 6. The appointment of patient experience results in intimate feedback in a desirable time-period.Apply timely OT and admission boards to coordinate more. 7. Identify departmental SPOCs and look at KPIs in a visual mode on a monthly basis.
Plan for the next week	1. Be acquainted with the processes of micro-level management processes at the Medical administration. 2. Data analysis and achievement of the project results and recommendations. 3. Enrich with the observational learning in order to obtain insights into the processes through the non-clinical and clinical staff. 4. Create the extensive account on the internship and analysis of the data and the key findings.

Signature of the Student:

Approved by the IIHMR University's Mentor:

Reporting Format (Week 10)

Name of the Organisation: Medanta-The Medicity, Gurugram
Area/ Department/ Project of Summer Internship Program: Medical Administration and Clinical Operations / MRD Audits
Name of the Student: Hemani Barach
Roll no: IIHMR-U/01/2024-26/1957
Stream: MBA- Hospital and Health Management
Week no: 10
From: 14th July 2025 to 20th July 2025

Activity Done	• The data analysis related to the project was completed. The results were interpreted, and the findings were drafted for final documentation. • The project presentation was prepared and successfully presented to the DMS (organizational mentor) and received final approval. • Interpretations of the project findings were framed based on the analyzed data and existing compliance levels. • Completion tracking of KPIs and pathway monitoring for the Urology and Nephrology departments was carried out. • Continued participation in the floor manager's daily rounds, addressing real-time concerns and ensuring coordination across departments. • Completed the recommendations of the project and terminated the deliverables of the internship. • Gained hands-on experience and an in-depth understanding of the Hospital Information System (HIS). • Participated in various activities under the scope of the floor manager's responsibilities, including communication facilitation, file audits, and patient flow supervision. • Understood and practiced incident reporting as part of the hospital's quality and safety protocols.
Linking theory (Classroom learning) with practice at your organisation	• The internship experience at Medanta – The Medicity served as a practical application of theoretical concepts from hospital operations management, quality assurance, and health information systems. The identification and analysis of departmental communication gaps reflect the principles of Interdepartmental Coordination and Team Dynamics taught in organizational behavior. The application of KPI tracking and pathway monitoring in Urology and Nephrology departments directly relates to Health Systems Performance Management. • Exposure to the Hospital Information System (HIS) reinforced concepts from Healthcare IT, highlighting the importance of digital

	documentation, data accuracy, and its role in supporting both clinical and administrative decisions. Incident reporting aligns with the principles of Risk Management and Patient Safety as emphasized in NABH/JCI frameworks. Altogether, the internship served as an effective connection between the learning that occurred in the classroom and the real situations of quality improvement, with horizons of system-based approach revealed.
Gaps identified on the working area.	• - Miscommunication across departments continues to hinder timely treatment and negatively impact patient satisfaction. • - Shortage of General Duty Assistant (GDA) staff on floors, leading to delays and workflow inefficiencies. • - Delay in nursing services, particularly in administering timely care and completing documentation. • - Lack of responsiveness and delays in services by the Food and Dietetics Department, affecting patient dietary compliance
Suggestions for improvement	**Area** → **Recommendation** • Interdepartmental Coordination → Implement regular interdisciplinary huddles to improve communication and care flow. • GDA Staffing → Recruit additional GDAs and introduce shift-wise manpower planning tools. • Nursing Service Delays → Deploy real-time nurse task tracking and consider reducing non-clinical burden. • Dietetics Services → Digitize diet chart orders and implement timely round alerts for dieticians. • HIS Utilization → Conduct refresher training for all staff on HIS modules to reduce operational errors. •
Plan for the next week	• Internship has been completed.

Signature of the Student:

Approved by the IIHMR University's Mentor:

Compiled Reporting Format

Name of the Organization: Medanta- The Medicity, Gurugram

Area/ Department/ Project of Summer Internship Program: Medical Administration and Clinical Operations/ MRD Audits

Name of the Student: Hemani Barach

Roll no: IIHMR-U/01/2024-26/1957

Stream: MBA-Hospital and Health Management

Activity Done	• **Orientation & Induction:** Attended an in-depth induction program covering hospital services, administration, and operational workflows. • **Daily Operations:** Participated in floor manager rounds to monitor patient care, support staff, ensure compliance with IPSG, and address real-time issues. • **Data Management & Audits:** Assisted in MRD audits, data entry, documentation review, Code Blue/Code Orange audits, mortality file analysis, feedback collection via Zykrr, and compliance checks. • **Project Execution:** Designed, initiated, and implemented an MRD audit project—covering checklist formation, data gathering on open/closed records across specialties, and interpretation of results. • **Process Improvement**: Tracked KPIs and contributed to pathway monitoring for Urology and Nephrology departments. • **Quality Assurance:** Attended BLS, code of conduct, mock drills, and JCI/NABH preparation sessions. • **Feedback & Complaints**: Collected and resolved patient feedback through calls and supervised complaint redressal using hospital IT tools. • **Documentation & Discharge:** Studied discharge processes for various types of payers (cash, TPA, CGHS, ECHS), and completed Initial Daily Treatment Records (IDTR) for new patients. • **Systems Exposure:** Worked on Electronic Medical Record (EMR), Hospital Information Systems (HIS - SPANDHAN), incident ticketing, and TPA workflow investigation. • **Final Presentations:** Compiled, analyzed, and presented the MRD audit findings, closing out deliverables after approval from mentors.
Linking theory (Classroom learning) with practice at your organization	• **Operations Management:** Process mapping of patient flow, discharge, and service delivery; used quality tools (RCA, CAPA, audits). • **Health Information Management:** Application of EMR/HIS knowledge in patient record auditing and digital documentation. • **Quality Assurance & Accreditation:** Transferred NABH/JCI standards, IPSG, and clinical governance principles to monitoring and compliance checking. • **Organizational Behaviour:** Practiced interdepartmental teamwork, effective leadership, and communication as taught in management modules. • **Business Communication:** Engaged in structured feedback collection, intra/interdepartmental liaison, and patient interaction. • **Risk Management:** Participated in incident reporting and root cause analysis, applying what was learned in classroom risk protocols.

	• **Measuring Performance:** Understood and analyzed departmental KPIs, reflecting coursework on health systems performance management.
Gaps identified on the working area.	• **Human Resource Constraints:** Shortage of General Duty Assistants (GDAs), support staff, and inadequately trained new employees. • **Coordination Issues:** Persistent miscommunication and ineffective information flow between and within departments, leading to service delays, especially at billing, discharge, and diagnostic points. • **Documentation & Compliance:** Inconsistent medical record documentation, delayed EMR entries, and incomplete adherence to IPSG/JCI standards. • **Service Delivery Delays:** Protracted wait times for billings, discharges (notably in TPA/CGHS/ECHS processes), diagnostic services, and dietary services. • **Support Services Gaps:** Inadequacies in F&B, housekeeping, and giving call bells on time thus slowing down patient satisfaction. • **Process & Communication Breakdown:** Absence of real-time escalation or tracking for incident/complaint management; lack of clear SOPs for cross-departmental workflows. • **Resource Allocation:** Uneven allocation and scheduling of staff and operating theatres; insufficient equipment and emergency tools. • **Patient Awareness:** Limited patient knowledge of complaint escalation channels and feedback avenues.
Suggestions for improvement	• **Optimize Staffing:** Recruit additional GDAs, rationalize staff allocation through workload analysis, and introduce shift-based manpower planning. • **Enhance Communication:** Conduct regular interdisciplinary departmental huddles, establish standard communication protocols, and appoint clear SPOCs. • **Strengthen Training:** Implement mandatory induction/orientation for new staff, ongoing hands-on/safety training (especially for support services). • **Digitize & Streamline Workflows:** Expand use of EMR/HIS, automate diet chart and task alerts, and utilize digital tools for surgical scheduling and discharge coordination. • **Service Monitoring:** Develop and enforce real-time dashboards for key processes (discharge, incident reports, KPIs). • **Documentation Audits:** Conduct periodic EMR/SOP compliance checks and digital oversight of IPSG adherence. • **Resource Management:** Perform regular equipment audits; create surgical scheduling systems and define elevator usage protocols during peak hours. • **Patient Communication:** Display informative materials explaining feedback/escalation processes; enhance direct patient interaction during manager rounds.

Key Learnings	• **Interdepartmental Coordination is Crucial:** Smooth patient care relies on effective teamwork, real-time communication, and well-defined workflows across multiple departments. • **Quality Assurance Underpins Hospital Reputation:** Routine audits (MRD, IPSG), feedback mechanisms, and incident management are vital for continuous improvement, patient safety, and meeting accreditation standards. • **Digital Systems are Indispensable:** EMR and HIS not only improve documentation and compliance but also enable data-driven decision-making and operational continuity. • **Patient Experience is Multi-Factorial:** Satisfaction depends on prompt service delivery, timely discharge, responsive support services, and robust complaint redressal. • **Reflection of Theory in Practice:** The internship provided practical exposure to the diplomatic balance between operational efficiency and empathetic, patient-centric care, connecting classroom learning to hospital realities. • **Process Standardization Needs Buy-in:** Sustainable improvement requires not only SOPs and checklists but continuous staff engagement and training. • **Importance of KPIs and Data Analysis:** Regular performance tracking helps identify bottlenecks, monitor progress, and accurately inform management interventions. • **Leadership and Communication Skills Develop on the Ground:** Hands-on experience in administration rounds and project stewardship enhanced both my confidence and understanding of real hospital leadership dynamics.

Signature of the Student:

Approved by the IIHMR University's Mentor: