SUMMER INTERNSHIP PROGRAM

At

JAY PRABHA MEDANTA SUPER SPECIALTY HOSPITAL, PATNA

From May 12 to July 26 2025

A REPORT BY

Dr.Harshita Sinha

Master of Business Administration

Hospital and Health Management

2024-26

Under the mentorship of

Dr. Mahender Kumar

Assistant Professor

GHPPL/HR/EXP./2025-26/133 **Date: 26th July 2025**

To Whom It May Concern

This is to certify that Dr.Harshita Sinha pursuing her MBA - Hospital & Health Management from IIHMR University, Jaipur has successfully completed her internship at Global Health Patliputra Private Limited (Jay Prabha Medanta Hospital) in the department of Medical Administration and Clinical operations from 12th May 2025 to 26th July 2025.

We found her sincere, hardworking, and result oriented during the tenure of the internship.

We take this opportunity to wish her all the best for her future endeavours.

For, **Global Health Patliputra Private Limited.**

Ashish Adhikari
General Manager
Human Resources

Jay Prabha Medanta
Super Specialty Hospital
Medanta - Gurugram

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Gurugram | Delhi | Lucknow | Patna | Indore | Ranchi | Noida*

IIHMR UNIVERSITY

IIHMR UNIVERSITY Faculty Mentor Approval

This is to certify that **Dr. Harshita Sinha** 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. (Col) Mahender Kumar

Professor

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Turnaround Time Analysis for Inpatient Medicine Indents

INTRODUCTION

One of the top multispecialty tertiary care providers in India is Medanta, which was established by Dr. Naresh Trehan. Medanta Patna is a 650-bed super-specialty hospital that opened in 2020. It has 380 operational beds, including 57 intensive care units, and provides cutting-edge, reasonably priced healthcare throughout Bihar and the surrounding areas.

Objective:

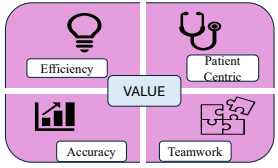
1. To study the time taken from indenting to receiving medicines.
2. To identify process gaps in the IPD pharmacy workflow.
3. To suggest ways to reduce TAT as per NABH guidelines.

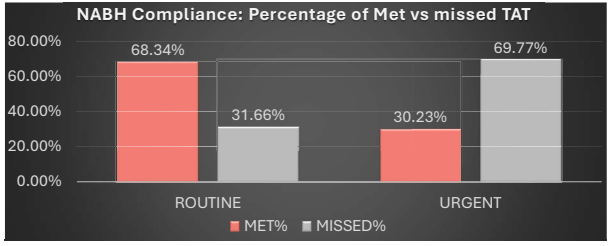
Sample size: 780 **NABH Benchmarks:** 120 minutes for routine, 60 minutes for urgent medicine

Population: Patients of IPD **Interval:** 2 months(10 AM and 6 PM) **Method:** Convenient Sampling

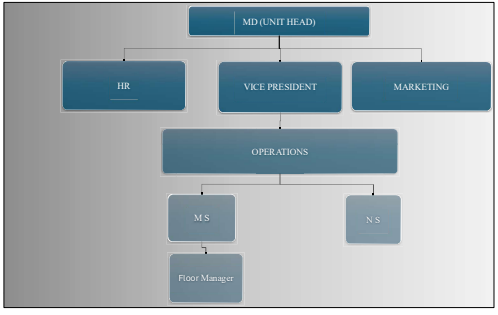
MISSION

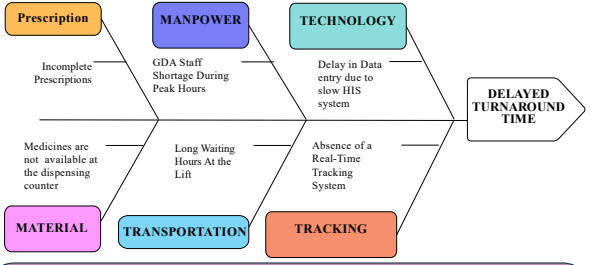
Through a dynamic organization that places a high priority on knowledge and human development, it aims to deliver excellent, patient-centered, integrated, and cost-effective healthcare.





ORGANISATION STRUCTURE





SWOT ANALYSIS

✓ Real-time observation in live hospital environment (IPD setting) ✓ Supportive mentors and interdepartmental access (Admin, Pharmacy, Nursing) ✓ Access to actual TAT compliance data — routine vs urgent ✓ Strong alignment with NABH standards — clear benchmarking ✓ Developed strong floor-level coordination and communication skills	✓ Limited observation time (10 AM–6 PM) — no night data ✓ Dependency on GDA/pharmacy logs for timestamps — manual error risk captured ✓ Absence of a digital tracking system ✓ Limited insight into pharmacy backend process (stocking, queueing) ✓ Limited to one department — not integrated with lab or radiology TAT
✓ The hospital can implement ideas for real-time process improvement ✓ Option to extend study to other fields (e.g., Lab TAT, Diagnostic TAT) ✓ May result in a proposal for the automation of the TAT tracking/dashboard system ✓ Can be presented at quality forums or utilized during NABH audit preparation	✓ Operational resistance from pharmacy/GDA teams to protocol change ✓ Fluctuation in pharmacy workflow due to unexpected manpower or shift ✓ Budget limitations could postpone the application of tech-based recommendations to issues ✓ Non-standardized procedures between shifts might impact data continuity

SUGGESTIONS

❖Assign one nursing intern/floor manager to check 5–10 random TATs daily.
Implement voice-to-text or dropdown menus to increase entries.
❖Identify slow traffic sections during busy pharmacy timings (such as the IPD billing counter, MRD, or reception).Shuffle 1–2 GDAs from the concerned sections temporarily to support pharmacy dispatch or the collection of medicine. Install a rotational GDA support pool based on a duty roster, particularly for 10 AM–12 PM & 5 PM–7 PM time slots.
❖Include a "Verify Before Submit" button so the nurses/doctors can double-check the order.
❖Utilize manual trolleys/stair runners for adjacent floors where possible.

CHALLENGES FACED

- Night or early morning shifts may not be captured by observation hours, which are confined to 10 AM to 6 PM.
- During IPD peak periods, it may be difficult to observe and accurately document.

USEFULNESS

- Allowed actual-time exposure to IPD pharmacy operations and NABH compliance standards.
- Facilitated identification of operational delays impacting TAT based on hands-on observation and data analysis.
- Allowed me to recommend low-cost, actionable interventions for enhancing medicine delivery timelines.
- Enhanced my skills in coordination across departmental functions and application of quality improvement tools in a real-life hospital environment.

THEORITICAL LEARNING

- Developed an understanding of the Floor Manager's role in managing clinical and non-clinical activities.
- Learned about NABH standards, SOPs, and discharge protocols for patient care and hospital efficiency.
- Learned about the application of tools such as SBAR and handover checklists for better communication and error minimization.
- Learned about the impact of HIS (Hospital Information System) on real-time decision-making and workflow monitoring.
- Understood how interdepartmental communication has a direct influence on patient satisfaction and discharge TAT.

PRACTICAL LEARNING

- Participated in daily rounds, discharge planning, and patient service problem-solving.
- Detected operational delays such as investigation delays, miscommunication during handover, and report unavailability.
- Facilitated coordination with TPA, nursing, and radiology staff to ensure more efficient discharge and patient handovers.
- Executed ideas such as pre-discharge audit, checklists, and communication tools to enhance floor management.
- Enhanced problem-solving and leadership skills by solving real-time workflow issues

Name- Dr. Harshita Sinha, Roll no. 1956
Faculty Mentor- Dr. (Col) Mahender Kumar
Organization Mentor- Ashis Kumar Parharaj

Reporting Format (Weekly)

Name of the Organisation: Jay Prabha Medanta Super Speciality Hospital, Patna

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

Name of the Student: Dr. Harshita Sinha

Roll no: 1956 Stream: MBA-HM

Week no: 1 From: 12/05/2025 to 18/05/2025

Activity Done	• Attended orientation on HAZMAT safety, fire safety, disaster management, radiation safety, and infection control procedures. • Received BLS and CPR training with practical demonstration for adult, paediatric, and infant patients. • Received training on NABH/NABL accreditations, KPIs, medication errors, and International Patient Safety Goals (IPSGs). • Witnessed IPD functions on 8th floor (38 VIP beds – 14 CTVS, 4 Bone Marrow Transplant), examined patient files and discharge summaries. • Acquired knowledge of patient discharge-to-admission flow and modes of payment (cash, TPA, govt.), and gathered patient feedback to improve services.
Linking theory (Classroom learning) with practice at your organisation	• Applied theoretical concepts of healthcare operation, quality, and patient journey mapping in actual hospital environments. • Comprehended the implementation of emergency procedures and BLS skills in accordance with public health readiness training. • Connected health finance information with actual bill payment processes and reimbursement methods. • Witnessed application of infection control procedures as instructed in hospital safety units.
Gaps identified on the working area.	• Shortage of General Duty Assistants (GDAs), particularly on the 8th floor, is resulting in delays of support functions, notably in discharge procedures. • Doctors' rounds are frequently delayed because of high OPD volumes, impacting timely inpatient management.
Suggestions for improvement	• While GDAs are already being monitored, improved manpower allocation at peak hours is required. • Implement a specialized discharge coordination team to make it more efficient and minimize delays. • Look into assisting consultant doctors or re-timing OPD schedules to facilitate on-time rounds in the IPD.

Plan for the next week	• Participate in doctor rounds to see clinical decision-making, patient concerns, and diagnostic needs. • See the discharge process in detail and the role of the floor manager at the time of patient discharge. • Explore various hospital departments and workflows to see how the hospital system and processes function.

Harshita
Signature of the Student

Reporting Format (Weekly)

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Name of the Student: Dr. Harshita Sinha

Roll no: 1956 **Stream:** MBA-HM

Week no: 2 **From:** 19/05/2025 to 24/05/2025

Activity Done	According to last week's agenda, I worked on daily morning patient rounds to spot and address patient-related issues in real time—room issues, service delays, or billing. Throughout discharges, I worked in gathering patient feedback, which helped gauge service satisfaction and pinpoint areas for improvement. In the second half of every day, I was introduced to several key hospital units: • **Cath Lab**: Witnessed operations of a 24-bed unit, 16 dedicated to Heart Command. Saw firsthand cardiac procedures and operations. • **Platinum Desk**: Learned about VIP patient handling exclusive processes, such as fast-track services, dedicated support, and tailored billing. • **TPA Desk**: Learned the entire TPA process—from document acquisition (doctor's prescription, estimate, insurance card) to

	approval. The average approval takes 2–4 hours, depending on the insurer. • **Financial Counselling Desk**: Noticed how the staff assists financially disadvantaged patients by providing estimates, clarifying payment plans, and linking them with schemes. Physicians without allocated coordinators send patients here to discuss costs. • **Operation Theatre (OT):** Worked a whole day learning how to manage OT. Saw pre-op/post-op protocols, infection control, patient preparation, and the operations of various OT zones. Learnt how the Medical Admin & Operations Team coordinates during surgeries.
Linking theory (Classroom learning) with practice at your organisation	• Acquired first-hand experience in addressing patient complaints, enhancing real-time service provision, and facilitating discharge. • Observed the execution of financial processes, such as insurance processing, estimation, and counselling for cost-conscious cases. • Understood infrastructure management in critical care departments such as Cath Lab and OT, including infection control, pre/post-op procedures, and department coordination.
Gaps identified on the working area.	• Inconsistent TPA approvals delays, particularly during busy hours. • Delays in updating patient status during rounds by some departments, causing minor service delays.
Suggestions for improvement	• Implement priority or emergency TPA processing procedures. • Enact enhanced interdepartmental communication tools (e.g., live dashboards) to ensure that updates occur during rounds.
Plan for the next week	• Visit and observe operations in the ICU, Radiology, OPD, and Emergency Department. • Familiarize oneself with critical care procedures, diagnostic processes, outpatient coordination, and emergency triage systems.

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Name of the Student: Dr. Harshita Sinha

Roll no: 1956 Stream: MBA-HM

Week no: 3 From: 26/05/2025 to 31/05/2025

Activity Done	This week, I was posted in the Emergency Department and Radiology Department, where I observed key aspects of hospital operations and patient care coordination. In the Emergency Department, I was introduced to the department's infrastructure and the triage system, which is essential for classifying patients based on the urgency of their condition. The department includes a total of 14 beds, out of which 1 bed is designated for isolation (for infectious cases) and 6 beds are ICU-level for critical patients. Additionally, there are 2 medication rooms and 3 crash carts, with one more crash cart placed in the Minor OT. A minimum of three doctors per shift is required to handle the workload; however, the department is currently facing a shortage of doctors during both day and night 12-hour shifts, which challenges timely patient care. I also observed how emergency cases are handled—from initial triage and medical assessment to decision-making and patient transfer. Patients were either shifted to the ICU, transferred to specialty departments, or managed within the emergency ward. The Emergency Manager plays a key role in coordinating with the clinical team and ensuring efficient workflow. Later in the week, I spent a full day in the Radiology Department, visiting the X-ray, USG, CT, and MRI sections. I observed how appointments are managed, patient waiting times are monitored, and how radiation safety is ensured. I learned the differences between plain and contrast imaging, and the average time required for performing an MRI and preparing the next patient. Currently, the department has 1 functional CT and 1 MRI machine, while newly installed CT and MRI machines are not yet operational due to pending licensing.
Linking theory (Classroom learning) with practice at your organisation	• Exposure to emergency workflows, such as triage, ICU-level care, and interdepartmental coordination. • Exposure to the influence of infrastructure planning and staffing on the delivery of emergency services. • Understood how radiology operations are supervised, such as procedure scheduling, radiation safety, and equipment usage.

Gaps identified on the working area.	• Insufficient doctor coverage in the Emergency Department impacts response time and patient flow. • Licensing delays are preventing the use of additional radiology equipment, limiting service expansion.
Suggestions for improvement	• Address staffing shortages in Emergency by adjusting shift rotations or increasing manpower. • Expedite **licensing and compliance procedures** to activate new diagnostic equipment and reduce patient waiting time
Plan for the next week	I will start working on my internship project next week, which involves data collection and analysis. At the same time, I will continue to visit other hospital departments to learn about their workflows and gain wider insights about hospital operations.

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Reporting Format (Weekly)

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Area/ Department/ Project of Summer Internship Program: Medical Administration & Operations
Name of the Student: Dr. Harshita Sinha

Roll no: 1956 **Stream:** MBA-HM

Week no: 4 **From:** 02/06/2025 to 08/06/2025

Activity Done	During Week 4, I was posted in the In-Patient Department (IPD) on the 6th floor, which has a total bed occupancy of 68, including double and triple occupancy rooms, as well as 2 single occupancy rooms. This week also marked the initiation of my internship project, for which I began collecting routine data relevant to the study. Alongside the project work, I actively participated in daily patient rounds, during which I interacted with patients to gather feedback, assess their concerns, and whenever possible, resolve minor issues on the spot by coordinating with the nursing or administrative staff. Key responsibilities during the week included:

	• Tracking and recording discharges to maintain an updated patient status. • Coordinating diagnostic investigations for patients as per the doctor's advice. • Ensuring that discharge summaries were sent to the TPA desk promptly for patients covered under insurance to avoid any claim delays. • Handling basic patient queries related to room issues, service delays, or investigation status and resolving them in coordination with the respective departments.
Linking theory (Classroom learning) with practice at your organisation	• Understood floor management with respect to bed occupancy, patient turnover, and daily coordination needs. • Gained insights into communication flow among doctors, nurses, and operations teams during discharges and investigations. • Experienced how prompt issue resolution improves patient satisfaction and workflow efficiency. • Managed to balance project data collection alongside patient-facing and administrative duties.
Gaps identified on the working area.	• Once the discharge summary is prepared, consultant doctors take significant time to review and make corrections, causing delays. • There is a shortage of medical transcription staff, leading to a backlog in discharge documentation and slower TPA processing.
Suggestions for improvement	• Establish a time-bound review protocol for consultant doctors to expedite discharge summary corrections. • Increase the number of medical transcriptionists to reduce documentation delays and enhance patient discharge efficiency.
Plan for the next week	• Continue structured data collection for my project and begin organizing data for analysis. • Review the billing and patient categorization process (insurance, cash, and government-sponsored) in greater detail.

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

Name of the Student: Dr. Harshita Sinha

Roll no: 1956 **Stream:** MBA-HM

Week no: 5 **From:** 09/06/2025 to 14/06/2025

Activity Done	During Week 5, I continued my posting on the 6th floor of the Inpatient Department (IPD). The focus remained on daily patient care activities, coordination, and ongoing data collection for my internship project. My responsibilities included: • Attending daily patient rounds, taking feedback, and resolving minor concerns by coordinating with relevant departments. • Maintaining discharge tracking records and sharing discharge summaries with the TPA desk for insured patients. • Assisting in sending patients for investigations as per doctor's advice. • Supporting overall communication between patients, nursing staff, and the operations team.
Linking theory (Classroom learning) with practice at your organisation	• Improved understanding of floor-level communication, dietary coordination, and discharge planning. • Learned how small lapses in communication can impact patient care, safety, and operational efficiency. • Strengthened skills in multitasking, patient interaction, and supporting hospital service delivery.
Gaps identified on the working area.	• Communication gap between the dietician and patient led to incorrect dietary instructions, which caused a delay in the patient's scheduled operation. • Lack of communication between nurses and patients, as patients are not informed about the use of the call bell for emergency needs.

Suggestions for improvement	• Introduce a verification protocol for diet plans in high-risk cases. • Train nursing staff to brief all patients upon admission regarding emergency tools like the call bell. • Strengthen interdepartmental communication to prevent workflow disruptions
Plan for the next week	• Continue with project data collection and analysis. • Observe workflows of the dietary services and nursing communication more closely. • Assist in improving communication flow and patient service support on the IPD floor.

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Name of the Student: Dr. Harshita Sinha

Roll no: 1956 **Stream:** MBA-HM

Week no: 6 **From:** 16/06/2025 to 22/06/2025

Activity Done	During Week 6, I continued my posting on the 6th floor of the Inpatient Department (IPD). My daily routine involved attending morning patient rounds, coordinating routine services, and continuing data collection for my internship project. Key responsibilities: • Addressed patient concerns related to GDA service delays, food quality, and call bell response times. • Maintained and updated discharge tracking and supported TPA documentation for insured patients. • Assisted in sending patients for investigations as advised by doctors and coordinated across teams for smoother service delivery.

Linking theory (Classroom learning) with practice at your organisation	• Strengthened skills in multi-department coordination, real-time problem solving, and communication with patients and staff. • Observed the operational impact of staffing levels and communication gaps on patient experience and care delivery.
Gaps identified on the working area.	• Delay in GDA (General Duty Assistant) services, especially in helping patients with basic care like clothing changes and washroom assistance, leading to patient dissatisfaction. • Shortage of nursing staff, with only 1 nurse assigned to 8 patients, which causes delays in call bell responses, reduces continuous monitoring, and limits personalized patient care.
Suggestions for improvement	• Strengthen GDA coverage and task allocation, especially during peak hours and morning activities. • Improve the nurse-to-patient ratio to ensure timely response, better monitoring, and enhanced patient engagement.
Plan for the next week	• Continue structured data collection and documentation for my internship project. • Support the floor team in improving patient satisfaction through effective service coordination. • Observe nursing workflow and GDA management more closely for process improvement suggestions

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Reporting Format (Weekly)

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Roll no: 1956 **Stream:** MBA-HM

Week no: 8 **From:** 30/05/2025 to 05/06/2025

Activity Done	During Week 8, I continued working on the 6th floor of the Inpatient Department (IPD) and remained actively engaged in data collection for my internship project. I was involved in observing patient care coordination, supporting floor-level operations, and documenting relevant administrative processes. Key responsibilities included: • Attending morning rounds and helping resolve minor service issues. • Assisting in interdepartmental coordination, discharge planning, and documentation follow-up. • Continuation of structured data collection and real-time observations related to floor management responsibilities.
Linking theory (Classroom learning) with practice at your organisation	• Learned the importance of proactive follow-up in ensuring timely specialty consultations and investigations. • Observed gaps in handover communication and file review, which directly impact patient care efficiency. • Gained clearer insights into the role of the floor manager in streamlining communication across teams.

Gaps identified on the working area.	• The treating doctor often notes in the file that a review from another department is needed, but duty doctors or nurses sometimes forget to call the specialty doctor. Even when informed, the concerned specialty doctor may respond late, causing treatment delays.
	• Nurses sometimes forget to send patients for investigations, mainly due to two reasons:
	  o They don't regularly check the patient file for pending investigations.
	  o During handover between shifts, important instructions or pending tasks are often not clearly communicated to the next nurse, leading to missed follow-ups.

Suggestions for improvement	• Introduce a file review checklist and communication board on each shift for nurses and duty doctors to ensure all pending reviews and calls are followed up. • Standardize the handover process with written documentation or a digital task log to avoid missed instructions during shift changes.
Plan for the next week	• Continue detailed data collection and review for the internship project. • Engage further with dietary and clinical teams to understand workflow challenges. • Observe patient feedback patterns to contribute to floor-level service improvements.

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Reporting Format (Weekly)

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Roll no: 1956 **Stream:** MBA-HM

Week no: 9 **From:** 07/06/2025 to 12/06/2025

Activity Done	• During Week 9, I completed the data collection phase of my internship project and began the process of data analysis. I worked on compiling, cleaning, and interpreting the collected data. • I continued to be posted on the 6th floor of the In-Patient Department (IPD), where I also observed the discharge process, service coordination, and documentation activities, especially towards the final stage of the patient journey.

Linking theory (Classroom learning) with practice at your organisation	• Gained hands-on experience in analysing operational data and identifying key process gaps. • Understood how discharge-related documentation and coordination significantly impact the patient's turnaround time. • Realized the importance of report availability and system updates in ensuring smooth discharge and patient satisfaction.
Gaps identified on the working area.	At the time of discharge, sisters are required to hand over all necessary reports and films to the patient. However, in many cases: • Reports are not updated in the system on time, causing confusion and delay. • Radiology films are often missing or not yet received, and staff have to go collect them manually. This leads to delays in the wheeling-out process, thereby increasing the discharge TAT (Turnaround Time) and causing dissatisfaction among patients and their attendants.
Suggestions for improvement	• Implement a pre-discharge checklist system where all required reports and films are cross-verified a few hours before the planned discharge. • Ensure timely system updates for investigations and imaging and introduce a coordinated alert system between departments for pending reports. • Maintain a centralized report dispatch log for faster tracking and collection of pending documents.
Plan for the next week	• Begin drafting the final report of the internship project. • Continue floor-level observations with a focus on validating findings and capturing final insights. • Prepare for report review and submission, ensuring recommendations are practical and actionable.

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Reporting Format (Weekly)

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Name of the Student: Dr. Harshita Sinha

Roll no: 1956 **Stream:** MBA-HM

Week no: 10 **From:** 14/06/2025 to 19/06/2025

Activity Done	During Week 10, I continued my posting on the 6th floor of the Inpatient Department (IPD) and focused on the final phase of my internship project. With data collection completed in the previous week, this week was primarily dedicated to analyzing the findings, identifying patterns, and drawing conclusions relevant to hospital floor operations. Key responsibilities included: • Finalizing and reviewing the data analysis for the internship project. • Verifying findings with ongoing floor observations and real-time patient care coordination. • Continuing involvement in daily floor operations such as patient discharge support, feedback collection, and interdepartmental communication.
Linking theory (Classroom learning) with practice at your organisation	• Learned to interpret collected data and extract relevant insights that reflect real-time operational challenges. • Gained a deeper understanding of how floor-level communication and staffing behaviour directly impact patient satisfaction and service efficiency. • Continued to observe the critical coordination role played by floor managers in bridging clinical and administrative processes.
Gaps identified on the working area.	During shift changes, nurses take a considerable amount of time giving handovers to the incoming staff. This often creates chaos and congestion on the floor, delays in responding to patient needs, and confusion in task execution during the transition period.
Suggestions for improvement	• Implement a standardized and time-bound handover protocol, possibly supported by a digital checklist or summary sheet, to ensure smooth and efficient shift transitions.

	• Designate a fixed handover time and area to minimize disruption on the floor
Plan for the next week	• Design and finalize a poster presentation based on the internship study findings. • Complete all formalities and obtain the internship completion certificate from the hospital. • Wrap up pending documentation and prepare for final project submission.

Harshita

Signature of the Student

Complied Report

Name of the Organisation: Jay Prabha Medanta Super Speciality Hospital, Patna

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

Name of the Student: Dr. Harshita Sinha

Roll no: 1956 **Stream:** MBA-HM

Total Week: 10 **From:** 12/0/05025 to 27/07/2025

Activity Done	The Jay Prabha Medanta Super Speciality Hospital, Patna, ten-week internship program under the Medical Administration and Operations Department was a core component of my MBA-Hospital Management course. The well-planned internship gave me practical exposure to hospital operations, interdisciplinary coordination, patient services, and decision-making at an administrative level in a time-sensitive health care environment. It helped me interlink classroom theory and hands-on experience, particularly through my ongoing posting on the 6th floor IPD, and rotational interaction with crucial departments including the Emergency, Cath Lab, Radiology, OT, Financial Counselling, and TPA Desk.

This report is an in-depth compilation of my weekly learnings, administrative observations, noted gaps, and practical solutions that arose during the duration of this enriching experience.

WEEK 1: Orientation and Onboarding

The internship started with HR formalities and an orientation session by Dr. Deepak Singh (Head of Operations). The session provided a glimpse of the hospital's infrastructure, administrative structure, services provided, and work process. I discovered that the hospital has a bed capacity of 350–400, including 20 beds for government-referred patients with cashless treatment under Bihar Government schemes.

I was shown Medanta's low-cost diagnostic model and handed a sensor-based ID card providing access to many of the departments. The week set the stage for appreciating the hospital's emphasis on quality care and efficiency.

WEEK 2: Exposure to Emergency Services and Cath Lab

I was assigned to the Emergency Department, consisting of 14 general beds, 6 ICU beds, and 1 isolation bed. I came to gain a clear understanding of the process of triage, emergency workflow, crash cart availability, and documentation policies. However, I noticed a lack of physicians, especially during the night shift, resulting in workflow bottlenecks.

At the Cath Lab, I witnessed cath lab procedures and post-operative care of cardiac patients. The Heart Command Unit (16 of 24 beds) was specifically dedicated for cardiac monitoring. The visits to TPA desk provided me insight into the insurance approval process, whereas the Platinum Desk and Financial Counselling Unit demonstrated how Medanta tackles high-profile cases and financially weaker segments through financial planning and cost estimation.

WEEK 3: Radiology Department and Disaster Management

This week was dedicated to radiology functions and hospital preparedness guidelines. I toured X-ray, USG, CT, and MRI departments and learned about radiation safety guidelines (TLD & TDS) and imaging processes. Although new MRI and CT scanners had been installed recently, they were not functional due to the delay in receiving their licenses, which resulted in delayed waiting times and ineffective utilization.

We were also taught hospital disaster codes, fire response, and handling HAZMAT material. The presence of the Emergency Response Group (ERG) reenforced the readiness of the hospital to address emergencies like fire, radiation leaks, and hazardous spills.

WEEK 4: Posting on 6th Floor IPD and Project Initiation

I was formally posted to the 6th floor IPD, with 68 beds (triple, double, and single bedded). Here I started gathering information for my internship project on the floor manager's role and issues. My daily activities were patient rounds, tracking of discharge, collection of feedback, coordination with the TPA desk, and ensuring investigation and documentation on time.

This week provided me with my first true appreciation of the way frontline administration facilitates uneventful patient transitions, timely discharge, and effective department communication.

WEEK 5: Miscommunication Between Departments and Nursing Feedback

One of the largest incidents during this week was when a dialysis patient was given an improper diet, which led to a high level of potassium and a postponed surgery. This happened because there was not good coordination between the dietician and the nursing department.

In addition, I learned nurses were not educating patients regarding how and when to activate the emergency call bell, a circumstance which can seriously impede emergency response in the shared room environment. These situations made me realize the value of explicit communication and admission procedures.

WEEK 6: Patient Services and Staffing Shortages

I concentrated on resolving patient complaints, specifically GDA delays in individual care services like aid with toileting, dressing, and repositioning. The nurse-to-patient ratio was 1:8, yet it was not adequate for upholding timely medication rounds and call bell assistance. Shortages were most acutely experienced during busy hours, having a direct effect on patient comfort and satisfaction.

WEEK 7: Food Services and Doctor Interaction

A number of patients complained of food quality and quantity, reflecting an absence of continuity of monitoring. I also observed that a solitary doctor round per day was conducted, restricting doctor–patient interaction and leaving most patients and relatives with unanswered questions. This erodes patient confidence and encourages reliance on the nursing or administrative staff for medical information.

	WEEK 8: Failure in Follow-Up and Handover Communication One of the prevalent but essential gaps that I noticed was that nurses and duty doctors seldom pursued follow-up on specialty reviews documented within the patient file. Investigations in many cases were not carried out as ordered, either out of negligence or poor shift handovers. Not only did it slow down patient recovery, but it contributed to discharge backlogs as well. WEEK 9: Discharge Delay and Report Management This week, I monitored the discharge process closely and noticed a common problem: radiology films and reports were frequently unavailable on discharge. Reports went missing in the HIS, or the radiology films had to be physically retrieved by the nurses, which led to delayed wheeling-out and higher discharge TAT. This results in patient dissatisfaction, delay in billing, and floor block. WEEK 10: Finish, Final Analysis, and Handover Gap During the last week, I had finished my report and data analysis. I also continued to make observations on the floor and observed that nursing handovers were disorganized and unstructured. During shifts, critical clinical information was not being communicated, and as a result, missed medications, delayed rounds, and patient gaps were not being addressed. This week highlighted the necessity of having structured SBAR-based communication and specific handover time to promote patient safety and staff accountability.
Linking theory (Classroom learning) with practice at your organisation	1. Familiarity with Hospital Policies, NABH Standards, and Government-Government Collaboration in Tertiary Care At the beginning of the internship, I acquired an initial insight into how hospitals function as part of the regulatory regime of standards such as NABH (National Accreditation Board for Hospitals) and how compliance guarantees quality, patient safety, and responsibility. I also gained insight into how public-private partnerships, including the provision of 20 government-funded beds, can contribute to increasing healthcare access to economically weaker sections in a private tertiary care setup. 2. Triage, Documentation, Insurance Workflows, High-Dependency Units, and Interdepartmental Dependency roles During the Emergency and Cath Lab rotations, I gained insight into the significance of clinical triage systems—categorizing patients according to the urgency of the care. Proper documentation is critical during emergencies where rapid decisions are based on reliable records. I knew about insurance approvals (through TPA) and how clinical and non-clinical teams are dependent upon each other to avoid interrupted patient

	care, especially in highly dependent units such as ICUs and Heart Command. 3. Radiation Safety, Equipment Readiness, Licensing Compliance, and Hospital Disaster Preparedness Through the Radiology Department, I learned about the ways in which hospitals provide radiation protection via TLD badges and shielding procedures. Additionally, I saw firsthand the important connection between equipment usage and licensing, whereby delay in approval from regulating agencies can impede the delivery of services. Disaster drills and HAZMAT training also showed me how disaster preparedness is done inside and outside of hospitals, with an emphasis on the culture of preparedness and resiliency. 4. Discharge Coordination, Floor Manager Role in Synchronizing, and TPA Discharge Flow Through my floor posting, I experienced firsthand how a Floor Manager serves as the link between clinical and administrative roles. Ensuring timely discharges involves continuous communication with physicians, nurses, TPA, billing, and pharmacy sections. I also gained an understanding of the importance of TPA approval process in setting the discharge schedule, and how lack of coordination may result in delay and patient dissatisfaction. 5. Significance of Patient Education, Cross-Functional Communication, and Clarity in Handover Events such as dietary mistakes and insufficient knowledge regarding emergency procedures demonstrated the consequence of poor patient education. I learned that regardless of the quality of clinical care, it can be compromised if patients and carers remain unoriented. Additionally, cross-functional communication, particularly among nursing, dietetic, and administrative personnel, is critical. I also learned about the importance of clear and formatted handovers in order to maintain continuity of care between shifts. 6. Workforce Planning, Nurse–Patient Ratio Standards, and Role of Support Staff in Recovery I understood the difficulty of lack of staff, particularly of nurses and GDAs, through patient feedback and daily rounds. Proper manpower planning guarantees timely care, hygiene, and support with daily activities for the patients. The nurse–patient ratio is a determining factor

	for clinical outcomes, patient satisfaction, and staff burnout, highlighting proactive HR and operations coordination. 7. Role of Communication in Patient Satisfaction; Nutrition as Therapeutic Tool Persistent patient grievances regarding food reinforced the idea that communication is not only verbal—but also felt through service quality. Nutrition is part of the healing process, and food quality influences recovery as well as patient impression of the hospital. The feedback loop between the dietetics staff and the patients needs to be enhanced so that food can be treated as a therapeutic intervention rather than as a meal service. 8. Medical File Discipline, Structured Communication Tools, and Nursing Accountability The slowness of specialty consultations and lost investigations pointed to the need for strict documentation and file discipline. All instructions, orders, or observations should be followed through, notably at shift handovers. Structured communication tools like SBAR (Situation, Background, Assessment, Recommendation) may improve accountability and lower human errors, especially in nursing and duty doctor teams. 9. Exit Protocols, Discharge TAT, and Clinical and Support Services Integration Discharging a patient is not a clinical decision, but a series of related administrative actions. Lack of coordinated handover of reports, films, and summaries causes delay in billing and disambiguation. I found that simplifying it can decrease Discharge Turnaround Time (TAT) substantially and also enhance bed availability and patient satisfaction. 10. Significance of Structured Shift Transition and SBAR Tool's Role Unstructured nursing handovers result in information loss, impaired patient care, and duplicated errors. I understood that taking up a standard format such as SBAR guarantees all essential patient updates are orderly transferred during transitions. Implementation of short joint handover sessions and digital tools or checklists can improve coordination, conserve time, and eventually safeguard patient safety.

Gaps identified on the working area.	1. Staff Shortages in Emergency; Delay in Specialty Review Calls The Emergency Department had critical shortages in staff, especially during night shifts. This resulted in prolonged patient waiting times, compromised observation, and duty doctors overwhelmed with work. In most cases, when the attending physician recommended review by a specialty, the duty doctors or the nurses either did not notify the concerned department or did not follow up, leading to delay in patient care and escalation of care. This inefficiency not only affected the clinical process but also patient safety. 2. Inefficient Use of Radiology Equipment as a Result of Licensing and Report Lag Even with the new CT and MRI equipment installed at the hospital, it could not be utilized because of outstanding regulatory licenses, resulting in excess reliance on older equipment and long waiting times for diagnostic tests. Moreover, the inconsistency in the turnaround time (TAT) for printing reports and films further lengthened patient diagnosis and treatment, which frequently impacted discharges and surgical plans. 3. Recurrent Delay of Discharges Due to Incomplete Summaries and Outstanding Investigations Discharges were repeatedly delayed due to uncompleted or unresolved discharge summaries and outstanding lab/radiology investigations. Discharge planning was initiated late in most of the cases, and there was poor coordination between clinical, nursing, and administrative staff. This resulted in a bed block, delayed new patient admissions, and patient attendant dissatisfaction with delayed discharge. 4. Miscommunication of Dietary Plans and Insufficient Orientation of Call Bell There were also errors of inappropriate diet prescriptions being prescribed for sensitive patients, e.g., patients on dialysis. This was the result of a failure of cross-verification between nursing staff and dieticians, leading to clinical complications (e.g., high potassium levels). Moreover, numerous patients complained about not having been instructed on the proper use of the emergency call bell, making them vulnerable when they needed it most. 5. GDA and Nursing Shortages The General Duty Assistants (GDAs) were usually not available when required for such simple activities as taking patients to the washroom or changing attire, especially during rush hours. Nurse-to-patient ratios ranged between 1:8, which resulted in late responses to call bells, delayed

	administration of medication, and overlooked routine care tasks. These deficits had a strong impact on overall patient satisfaction and safety. 6. Insufficient Patient–Doctor Interaction Due to Single Daily Rounds The majority of the consultants saw the floor once a day, and this resulted in patients and attendants having little chance to air concerns or progress in treatment. It meant that patients were frustrated or disoriented by lack of one-on-one communication. It also put pressure on the floor staff to answer questions they were neither trained nor qualified for. 7. Lack of Follow-Up on Consultant Reviews Because of File Mismanagement When consulting doctors from other specialties mentioned in the file that there was a need for review or investigation, duty doctors and nurses would at times miss this because they failed to read files frequently. During nursing handovers, the above information was not clearly relayed, leading to patients not accessing the timely consultations or investigations, thus treatment and discharge were delayed. 8. Delay in Wheeling-Out Due to Incomplete Report/Film Collection Nurses were supposed to hand over all reports and radiology films at the time of discharge to the patient. But these reports were not updated in the system, or films would be missing and had to be retrieved manually from radiology or from diagnostics. It caused delays in wheeling-out of patients, extended stay on the floor after discharge, and extended discharge TAT (Turnaround Time). 9. Inefficient and Unstructured Nursing Handover Process Nursing shift report was found to be long and poorly organized, causing disorientation on the floor during changeover times. The nurses would stand in the nursing station for extended times, slowing patient rounds, medication times, and call bell attendance. There was also no standardized format for transmitting key information, resulting in the omission of follow-up tasks or care requirements.
Suggestions for improvement	1. Introduce a Real-Time Tracking System for Doctor Shift Allocation; Fast-Track Digital TPA Workflows A digital central dashboard should be introduced that monitors on-duty doctors, their location (e.g., OPD, OT, IPD), and shift times in real time. This will facilitate faster specialty review allocation and avoid patient assessment delays. In the same way, computerizing the TPA process—right from pre-authorization to end billing—will minimize paperwork, enhance speed in

	approvals, and shorten the average turnaround time (TAT) from 2–4 hours to less than 1 hour wherever feasible. 2. Align with the Regulatory Department for Release of Clearance on Time; Standardize TAT in Radiology The radiology section should have routine interactions with licensing authorities to prevent equipment from staying idle for pending regulatory clearances. Having a compliance calendar and routine reminder for audits can avoid such bureaucratic delays. In addition, having established timelines for reporting results—e.g., X-ray in 1 hour, CT in 2 hours, MRI in 4 hours—can assist in streamlining diagnostic workflows to enable quicker clinical decisions. 3. Adopt a Discharge Readiness Checklist and Floor-Level Communication Sheet A formal discharge readiness checklist should be instituted on every patient at least 24 hours prior to anticipated discharge. This entails verification of the completion of tests, report availability, TPA approvals, and signed discharge summaries. A floor-level communication sheet between nursing and admin teams will also facilitate monitoring of discharge status, tasks outstanding, and action taken—avoiding delays and confusion. 4. Critical Double-Verification of Diet; Nursing Briefing SOP on Every Admission Critical cases (e.g., dialysis, diabetic, cardiac) are to be double-checked on diet charts—initially by the dietician and then cross-checked by the attending doctor or the senior nurse before serving. A standard operating procedure (SOP) must also be followed where nurses provide a verbal orientation to all new admissions (or attendants), covering medication times, call bell use, and dietary requirements. 5. Amend Duty Roster; Implement Flexible Shifts for GDAs According to Workload Review of peak patient care hours per floor can also assist in redesigning GDA duty rosters to reflect actual needs. Additional GDAs, for instance, can be assigned to morning care hours (6 AM–12 PM) when utmost bathing, linen exchange, and support are demanded. With this floors census and feedback-based flexible scheduling, optimal manpower and improved responsiveness will be achieved.

	6. Start Junior Doctor Midday Rounds; Introduce a Food Satisfaction Checklist To bridge the communication loop between doctors and patients, registrars or junior doctors can make the rounds at midday to clarify follow-up questions, assess recovery status, and note down any patient queries for the consultant. Concurrently, a food satisfaction form can be kept by the nurses after mealtime to gather real-time feedback and highlight any repeated issues with portion, temperature, or nutrition. 7. Digital Investigation Status Tracker; Shift Handover Checklist for Nurses Implement an electronic tracker in the HIS (Hospital Information System) in which pending investigations, results, and consultant comments are updated in real-time. This will minimize reliance on checking files manually and simplify clinical follow-ups. Utilize a nurse handover checklist for every change of shift to review all important information (e.g., investigations outstanding, vitals, symptoms, drug timing) in a systematic way and pass it on to the succeeding nurse. 8. Floor Manager Pre-Discharge Audit at Least 4 Hours Before Expected Discharge Time Delegate the floor manager or coordinator to go through discharge files at least 4 hours prior to expected discharge time. This involves confirming TPA status, printing of reports, medicine clearance, and final billing to avoid last-minute rush and patient dissatisfaction. 9. Introduce SBAR-Based Digital Handover Tools; Introduce Short Joint Handover Meetings To provide clarity and uniformity in nurse-to-nurse communication, utilize a digital medium or print format under the SBAR protocol (Situation, Background, Assessment, Recommendation). A concise combined handover session between the departing and reporting nursing staff, conducted in a specified area, facilitates contemporaneous sharing of critical updates and reduces opportunities for omission of critical tasks.

Key learnings	Over the period of my 10-week internship at Jay Prabha Medanta Super Speciality Hospital, I witnessed firsthand the intricacies and complexities of hospital administration. This interaction heavily reinforced my knowledge of hospital workflows, especially in how the day-to-day tasks of a Floor Manager directly impact operational efficiency, patient satisfaction, as well as interdepartmental coordination. I learned a clear picture of how patient care is not only a clinical obligation but also reliant on backend processes and time-of-use administrative choices. I also learned to recognize and examine administrative gaps—ranging from delays in discharge to miscommunication between departments, documentation failures, and staffing inefficiencies. What was more important was that I was taught to think and develop realistic, patient-focused solutions to roll out at the ground level. This involved the adoption of simple checklists, process standardization, and enhancing handover communication—all contributing to reducing workflow hiccups. This internship increased my confidence in communicating with multidisciplinary teams such as doctors, nurses, general duty assistants, TPA coordinators, and dieticians. Regular rounds, coordination activities, and firsthand problem-solving assisted me in refining my communication and conflict resolution skills, which are essential for any healthcare administrative job. Also, I learned about NABH accreditation standards, documentation processes, and the critical need for conformity to ensure hospital quality and safety. Learning about patient satisfaction indicators and the fact that small delay or miscommunication can affect perception taught me the value of empathy, speed, and clear communication within a hospital environment. I also gained a practical understanding of resource planning, manpower distribution, and floor-level leadership. Having been responsible for controlling discharge timetables to interdepartmental coordination, I realized how crucial it is for a Floor Manager to be alert to constantly changing clinical needs, adaptability, and attention to detail. In summary, this internship has given me priceless insight into the administrative framework of a hospital. It has not only consolidated my theoretical knowledge of hospital administration but also equipped me with the practical skills, confidence, and wisdom to make meaningful contributions to any health organization I join in the future

Harshita

Signature of the Student