SUMMER INTERNSHIP PROGRAM

at

BRAHMANANDA NARAYANA MULTISPECIALITY HOSPITAL, JAMSHEDPUR

From 12th May 2025 to 19th July 2025

A REPORT BY

Harshita Mahapatra

Master of Business Administration

(Hospital and Health Management)

Roll No: - 1955

2024-2026

Under the Mentorship of

Dr. Neetu Purohit

Professor

IIHMR UNIVERSITY, JAIPUR

Narayana Health

NH/BNH/HR-Comm/2025/0481 July 19, 2025

TO WHOMSOEVER IT MAY CONCERN

Brahmananda Narayana Multispecialty Hospital (A unit of Narayana Health), Jamshedpur constitutes a multi-disciplinary super specialty hospital dedicated to offering world class services at an affordable cost in different disciplines including Cardiology, Cardiac Surgery, Nephrology, Orthopedics, General Surgery & General Medicine etc.

This is to certify that **Dr. Harshita Mahapatra** has successfully undergone Internship Training with our organization for the period **May 12, 2025**, till **July 19, 2025**, and has completed her training hours at the **Outpatient Services, Inpatient Services & Quality Department**. During the period of training, she was found hard working, sincere and bears good moral character.

We wish her every success in all her future endeavors.

Thanking you.

For NH Brahmananda Narayana Multispeciality Hospital,

NH Brahmananda Narayana Multispeciality Hospital
Near Pardih Chowk, Tamolia, NH-33
Jamshedpur, Jharkhand-831012
Tel: +91 657 6600 500

Shree Hari Nair
Unit Head – HR

Narayana Health

Annexure A

Completion Certification from the Organization

CERTIFICATE

This is to certify that Dr./Mr./Ms. HARSHITA MAHAPATRA of 2024-26 (batch) of IIHMR UNIVERSITY (Name of the department/institute) has worked with our organization for his/her summer internship from 12/MAY/25 to 19/JULY/25 (date).

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

Date: 19/JULY/25

(Signature of organization Mentor)

Name: Rakesh Chaudhary

Designation: Admin - Head

Seal/Stamp of the Organization

Brahmananda Narayana Multispeciality Hospital Jamshedpur

Brahmananda Narayana Multispeciality Hospital
(A Unit of Narayana Hrudayalaya Limited) CIN: L85110KA2000PLC027497
Hospital Address: Near Pardih Chowk, Tamolia, NH 33, Jamshedpur 831012
Tel +91 657 6600 500
Registered Office Address: 258/A, Bommasandra Industrial Area, Anekal Taluk, Bengaluru - 560099

Appointment
1800 309 0309

Email:
info.bnh@narayanahealth.org

Our Accreditation

NABH

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IIHMR UNIVERSITY

IIHMR University Faculty Mentor Approval

This is to certify that **Dr. Harshita Mahapatra,** 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.

Date:

Name: Dr. Neetu Purohit

Designation: Professor

Reporting Format (Weekly)-1

Name of the Organisation: Brahmananda Narayana Multispeciality Hospital

Area/ Department/ Project of Summer Internship Program: OPD

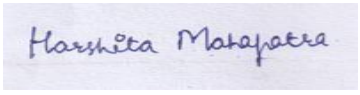
Name of the Student: Harshita Mahapatra

Roll no: 1955 Stream: Hospital and Health Management

Week no: 1 From: 12/05/2025 to: 17/05/2025

Activity Done	· Observed the patient flow from OPD to IPD and emergency to OPD weekly. · Noted the number of admissions from OPD to IPD daily. · Interacted with patients to know their feedback regarding the hospital management process. · Interacted with them and asked for their probable solutions. · Pointed out the issues in their digitally operated kiosk machine, which they have launched recently. · Observed the number of patients booking their appointments digitally and manually. · Observed the crowd management process and pointed out gaps there. · Observed positive practices like kiosk setup and department differentiation through colour-coded cards.
Linking theory (Classroom learning) with practice at your organisation	· Classroom learning from the module – ESSENTIALS OF HOSPITAL SERVICES- · Concept of workflow in a hospital from ward to ward and department to department. · Application of digital tools in a hospital, like NH care app and kiosk. · Concept of patient flow from OPD operations helped to observe their waiting times and coordination issues. · Infrastructure layout (noted absence of washrooms on the 1st floor, creating difficulty for elderly and handicapped patients

Gaps identified in the working area.	· Use of KIOSK by the elderly and illiterate, as they don't have the option of multiple languages; they have English as their language preference. · Late arrival of the doctor increases the waiting time for the patients. · Staff behaviour with the patients was not appropriate. · Infrastructure issues involving the absence of washrooms on each floor. · Crowd management was not appropriate
Suggestions for improvement	· Introduction of multilingual kiosk interface. · Training of staff for communication and behaviour improvement. · Encouraging patients to give their feedback by multiple options like suggestion box, QR code, NH care app, helpline number, etc. · Installation of washrooms on each floor. · Recording of doctors' arrival each day and conducting training for them to follow hospital guidelines and come on time properly.
Plan for the next week	· More detailed observation in the outpatient department workflow · Reporting of data collected to the facility director of the hospital. · Conducting brief discussions with the coordinators and hospital staff to have more knowledge regarding their workflow. · Observing the patient flow from registration to consultation and finding key gap areas.



Signature of the Student **Approved by the IIHMR University's Mentor**

Reporting Format (Weekly) - 2

Name of the Organisation: Brahmananda Narayana Multispeciality Hospital

Area/ Department/ Project of Summer Internship Program: OPD

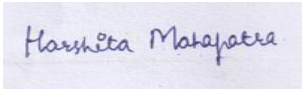
Name of the Student: Harshita Mahapatra

Roll no: 1955 **Stream: Hospital and Health Management**

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

Activity Done	· We learnt how their front desk staff is operating the Athma hospital management system. · We developed a Google questionnaire form to take patient feedback regarding hospital services. · Created a rough estimate about the major issues faced by the patient, based upon their feedback and reviews by developing bar graphs and charts. · We learnt how the registration process is carried out by the reception staff. · Encouraged people to download the NH care app, to make the services more streamlined
Linking theory (Classroom learning) with practice at your organisation	· Classroom learning from the module DIGITAL HEALTH- · By linking it with the module of digital health, we learnt how the hospital is trying to convert all the processes from manual to digital. · We learnt how hospital staff behaviour, including doctors' behaviour in terms of being Tech Savvy, has a major role in shifting the hospital services digitally
Gaps identified on the working area.	· Kiosk having technical issues like the doctor's name not appearing in the slot, sometimes creating difficulty in operating the machine. · A kiosk having language barriers can only be operated in English as a medium. · Poor behaviour of the security guard and front desk office staff. · More than 2 attendants with the patient creating an

	unnecessary crowd in the OPD waiting area, and staff are unable to manage the crowd.
Suggestions for improvement	· Encouraging patients to give more suggestions so that the hospital can fill the gaps, where it is lagging. · Encouraging staff to be more tech savvy and shifting the process more digitally to make the services more streamlined · Conducting regular training programs to improve staff behaviour with the patients as well as with their clients. · Conducting regular audits to ensure the hospital is working according to NABH accreditation guidelines to maintain the quality of services in the hospital.
Plan for the next week	· More detailed observation of digital kiosk functioning. · Reporting of data collected to the facility director of the hospital. · Encouraging discussions with the coordinators and hospital staff to have more knowledge regarding their daily work processes. · Observing gap areas in shifting the process towards a digital platform



Signature of the Student
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Reporting Format (Weekly) - 3

Name of the Organisation: Brahmananda Narayana Multispeciality Hospital

Area/ Department/ Project of Summer Internship Program: OPD

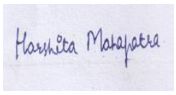
Name of the Student: Harshita Mahapatra

Roll no: 1955 **Stream: Hospital and Health Management**

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

Activity Done	· We learnt more about how to operate the Athma hospital management system and what the gaps are that need to be focused on. · We developed a Google questionnaire form to take a record of how many patients had undergone surgery in their hospital and what their feedback was. · Created a rough estimate about how many patients are prescribed surgery daily and how many of them are interested in having surgery in their hospital, and even if not interested, what are the reasons behind that. · We observed how the staff in the estimation cell is explaining to the patient about the surgery packages and their schemes. · Encouraged more people to download the NH care App, to give reviews to their app on Google Play Store to make the services more digitalized.
Linking theory (Classroom learning) with practice at your organisation	· Classroom learning from the module DIGITAL HEALTH- · By linking it with the module of digital health, we learnt how the hospital is gradually converting most of its processes from manual to digital to make the hospital services more streamlined. · We learnt how hospital staff are encouraging more patient interaction through digital platforms by encouraging patients to give their reviews on QR code scanners and through Google Play Store reviews.

Gaps identified in the working area.	· Issues like high prices of the hospital in that location serve as a major problem in gaining a greater number of patients. · Kiosks having language barriers can only be operated in English as a medium need to have a look at their potential solutions. · Poor behaviour of nurses and front desk office staff. A hospital with a similar name BRAHMANANDAM, was opened nearly 1.5 years ago in the posh area of the city, attracting more patients because of its location and for the confusion it is creating in the patient's mind
Suggestions for improvement	· Encouraging patients to give more feedback and suggestions so that the hospital can fill the gaps where it is lagging. · Encouraging staff to be more patient and smoother in their behaviour, and shifting the process more digitally to make the services more streamlined. · Conducting regular audits in the department to ensure the hospital is working according to NABH accreditation guidelines to maintain the quality of services in the hospital and to get certified with the latest NABH accreditation.
Plan for the next week	· More detailed observation in the quality department and their audits. · Assisting audits with our coordinators to learn the process in detail. · Observing key gap areas in shifting the process towards a digital platform. · Reporting of data collected to the facility director of the hospital with their potential solutions



Signature of the Student

Approved by the IIHMR University's Mentor

Reporting Format (Weekly) - 4

Name of the Organisation: Brahmananda Narayana Multispeciality Hospital

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

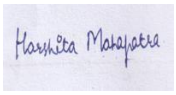
Name of the Student: Harshita Mahapatra

Roll no: 1955 **Stream: MBA Hospital And Health Management**

Week no: 4 **From: 2/06/2025 to: 7/06/2025**

Activity Done	· We learnt about their app through which they conduct regular audits known as SAPPIHRE. · We performed MRD audits in different departments of the hospital, including the General ward, ICU, CCU, etc. · We learnt more about the NABH standard accreditations. · We performed audits on sample collection and IPSG 6. · We recorded the number of times the Emergency crash cart has been opened in various departments. · We converted the tabular data comprised of the mortality audit checklist, which was in the form of a hardcopy, into an Excel sheet. · We converted the tabular data code blue checklist of the hospital into an Excel sheet.
Linking theory (Classroom learning) with practice at your organisation	· Classroom learning from the concept of Quality assurance and accreditation of the healthcare module. · We explored the digital platform of the hospital, which emphasizes the importance of technology. · We gained more knowledge of NABH guideline,s especially relating to patient care protocols. · By conducting various audits, we applied principles of patient safety and risk management, which are vital components of the hospital.

Gaps identified in the working area.	· Incomplete and inadequate medical records, revealing missing entries, delayed documentation, etc. · Staff in some departments may have limited knowledge of NABH standards, compromising patient care. · More dependency on hardcopy data may lead to data loss errors or delay in their analysis. · Sometimes, repetitions on audit findings may lead to wastage of resources, showing decentralised tracking.
Suggestions for improvement	· Regular training on NABH and patient standards for the staff. · Scheduling targeted internal audits and a feedback system to make the process of patient care more centralised. · Real-time dashboards to track indicators like mortality, IPSG compliance, etc
Plan for the next week	· Follow up on previous audit findings. · Crash carts and code blue mock drill assessment. · Sapphire app training and monitoring its usage · Department-wise IPSG compliance review · Assisting audits with our mentors to learn the process in more detail



Signature of the Student

Approved by the IIHMR University's Mentor

Reporting Format (Weekly) - 5

Name of the Organisation: Brahmananda Narayana Multispeciality Hospital

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

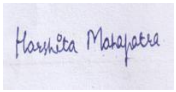
Name of the Student: Harshita Mahapatra

Roll no: 1955 **Stream: MBA Hospital and Health Management**

Week no: 5 From: 9/06/2025 to: 14/06/2025

Activity Done	· Conducted Medical Record Department audit and sample collection audit · Conducted dietary audits and safety precautions audits for laboratory staff and radiology staff. · Digitalized existing health records of the hospital by updating data from paper format into a properly maintained monthly report. · Assisted the mentor in preparing a presentation on the NH monthly audit report. · Studies and understood QCI standards relevant to hospital operations and audits.
Linking theory (Classroom learning) with practice at your organisation	· Audits (MRD, sample collection, Diet): Applied concepts from Hospital operations management and quality management, such as audit tools, SOP'S, and quality indicators. · Gained knowledge from Hospital safety and risk management regarding occupational hazards and infection control. · Data digitalization learnt from the course Digital Health · NH Monthly report presentation: Applied skills from health policy and communication, enhancing report preparation process, data analysis, and presentation. · Aligned with healthcare quality management, understanding how accreditation standards are implemented in regular practice in a hospital.

Gaps identified in the working area.	· Incomplete or outdated documentation in MRD and diet audit records. · Lack of proper PPE usage and inconsistent safety protocols in lab and radiology departments. · Data management issues, including missing or unrecognized paper records before digitization. · Limited awareness among staff about QCI standards.
Suggestions for improvement	· Regular audits and staff training to improve documentation. · Enforce PPE use and conduct safety drills. · Organize and digitalization of records systematically. · Conduct brief sessions on QCI /NABH awareness. · Use a standard format and timeline for NH report submission.
Plan for the next week	· Conducting audits in OPD and IPD areas · Assist in preparing the Hospital's infection control report. · Observe and learn about pharmacy operations and stock management. · Attend sessions with the Quality team to understand NABH documentation. · Supporting ongoing data collection for the monthly NH report.



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Approved by the IIHMR University's Mentor

Reporting Format (Weekly) - 6

Name of the Organisation: BRAHMANANDA NARAYANA MULTISPECIALITY HOSPITAL, JAMSHEDPUR

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

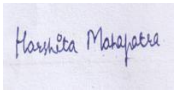
Name of the Student: Dr. HARSHITA MAHAPATRA

Roll no: 1955 **Stream: HOSPITAL AND HEALTH MANAGEMENT**

Week no: 6 **From: 16/06/2025 to 21/06/2025**

Activity Done	· Medical record department audit, sample collection audit in the department of diagnostics. · Safety precautions audit in the laboratory and radiology department. · We helped our mentor in making a mock drill assessment report. · We updated the records of different departments in their monthly report, which is submitted to their corporate office. · We observed HAZ-MAT training and the mock test given to their nurses.
Linking theory (Classroom learning) with practice at your organisation	· In the MRD audit, we applied theoretical knowledge based on our study in the classroom to figure out the compliance. · Ensure sa afe working environment, especially in the radiology and laboratory departments. · Ensuring safe handling and response during sensitive situations like HAZ-MAT. · We helped in data digitization and updating of medical records ina timely manner.
Gaps identified in the working area.	· Inconsistency in the record keeping, and sometimes compliance issues. · We identified potential hazards and the need for their improvement. · We observed the gaps and knowledge in the emergency preparedness and the response during those situations. · We observed deviations from the standard protocols of NABH.

	· Limited awareness among staff about QCI standards.
Suggestions for improvement	· Implementing electronic record keeping for accuracy and timelines. · Conducting regular mock drills for improvement. · Enforcing sample collection protocols and conducting quality checks regularly. · Providing comprehensive training to cope with sensitive situations.
Plan for the next week	· Continuing with audits in OPD and IPD areas. · Assist in preparing the hospital's monthly report. · Observe and learn about operations and management in the admission cell and the TPA area. · Continue digitizing remaining paper records. · Attend sessions with the Quality Team to understand NABH documentation.



Signature of the Student

Approved by the IIHMR University's Mentor

Reporting Format (Weekly) - 7

Name of the Organisation: Brahmananda Narayana Multispeciality Hospital

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

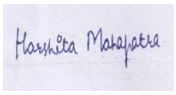
Name of the Student: Harshita Mahapatra

Roll no: 1955 **Stream: Hospital and Health Management**

Week no: 7 **From: 23/06/2025 to 28/06/2025**

Activity Done	· MRD audits in the general ward and CCU. · Audits in the department of radiology to check for the documentation of the Chaperone policy. · Documentation of a monthly record of code blue, mortality review audit. · Checking physical quantity of Nor-adrenaline present in the department of ICU, ITU, MICU, AND CCU. · We gave training to the doctors to update the medicine card directly into the system, converting the whole process into paperless methods. · We helped in making a presentation on the monthly data of the level 3 quality and governance report. · We did audits on Analytical, Preanalytical, and Postanalytical records of the laboratory department.
Linking theory (Classroom learning) with practice at your organisation	· Real life audit work made us learn experiential learning. · Reflecting on audit outcomes, we gained knowledge on real-life scenarios. · We got the opportunity to be a part of active learning in hospital-based issues. · We learnt how strong communication skills help to solve most of the problems in the organization.
Gaps identified in the working area.	· Inconsistency in documentation of chaperone policy & Code Blue records. · Incomplete in the monthly mortality review documentation. · Lack of training on paperless systems. · Insufficient feedback on audit performance.

Suggestions for improvement	· Implementing real-time reviews for mortality audits · Scheduling timely re-audits for better performance · Developing a dashboard to track daily progress · Providing more hands-on practice for new staff.
Plan for the next week	Continuing with more audits in clinical departments and gaining more in-depth knowledge of the Quality Department.



Signature of the Student

Approved by the IIHMR University's Mentor

Reporting Format (Weekly) - 8

Name of the Organisation: Brahmananda Narayana Multispecialty Hospital

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

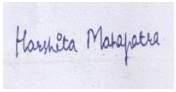
Name of the Student: Harshita Mahapatra

Roll no: 1955 **Stream: MBA Hospital and Health Management**

Week no: 8 From:30/6/2025 to: 5/7/2025

Activity Done	· I collected data for the information on admission TAT · Data sorting in the admission of patients for better analysis · Sample collection audit · MRD audit · Safety precautions audit
Linking theory (Classroom learning) with practice at your organisation	· The codes we discussed in class were similar, which we observed here practically in the hospital. · Data analysis and sorting were similar to what we discussed in class. · The files in the MRD were arranged similarly as discussed in class. · NABH audits were conducted as discussed in the classroom.
Gaps identified in the working area.	· Lack of manpower in the respective departments in which we did the Audit. · Issue of sanitation. · Missing files which include consent forms for anaesthesia. · Lack of communication during the allocation of rooms.
Suggestions for improvement	· Should conduct regular audits. · Should appoint more manpower. · Should be updated with all files, including anaesthesia. · Should conduct regular training sessions for their workforce.

Plan for the next week	· To continue with the auditing of MRD · To continue with the work on the SIP report.



Signature of the Student

Approved by the IIHMR University's Mentor

Reporting Format (Weekly) – 9

Name of the Organisation: Brahmananda Narayana Multispeciality Hospital

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

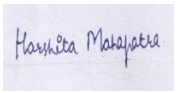
Name of the Student: Harshita Mahapatra

Roll no: 1955 **Stream: MBA Hospital and Health Management**

Week no: 9 From: 5/7/2025 to 14/7/2025

Activity Done	· We observed the workflow in IPD, which includes CCU, MICU, AND ITU departments and their bed allocation to the patients admitted through emergency or OPD. · We observed how the patient chart, as well as the doctor's chart, is updated on a regular basis. · We observed how the length of stay ALOS is documented to maintain the quality of the hospital. · Learned about the Discharge process, starting from the approval of the primary consultant till the documentation of the discharge summary and follow-up advice. · We observed the average monthly NPS of the hospital for different departments, OPD approx. 84% while IPD approx. 81%.
Linking theory (Classroom learning) with practice at your organisation	· We learned how patient discharge, documentation of discharge summary, and on-time clearance of bill play a crucial role in effective hospital management. · We learnt how leadership plays a vital role in dealing with the hospital day to day management and coordination. · We learned how marketing plays a vital role in the promotion of hospitals and increasing patient footfall as well as revenue.
Gaps identified in the working area.	· We observed frequent delays in the transfer of patients from one department to another. · Limited bed availability poses a problem during patient admission. · Preparation of Discharge summaries takesa very

	long time and needs more manpower, hence it to be done digitally.
Suggestions for improvement	· Focussing on the discharge process to make it more seamless. · Implementing real-time billing to make the discharge process done in less time. · Increasing the number of beds. · Digitally maintained discharge summary should be implemented.
Plan for the next week	· To observe in more depth the management approaches of this department and to gain more knowledge about the patient experience in the hospital.



Signature of the Student

Approved by the IIHMR University's Mentor

Reporting Format (Weekly) - 10

Name of the Organisation: Brahmananda Narayana Multispeciality Hospital

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

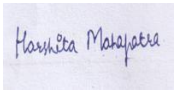
Name of the Student: Harshita Mahapatra

Roll no: 1955 **Stream: MBA Hospital and Health Management**

Week no: 10 From: 14/ 07/2025 to: 19/07/2025

Activity Done	· Observed how nurses and coordinators were explaining to patients and their attendants about the post-discharge diet, medications, care and precautions, and follow-up advice. · We observed that in the entire hospital bed, no. 13 is not present because of some belief. · We observed the complete billing process, which involves procedures, ward charges, and the time taken to complete this whole process. · We also observed deeply into the TPA process and its associated third-party organizations. · We also observed how IP coordinators were preparing charge sheets and taking feedback. · We observed how biomedical waste was segregated and efficiently managed properly following the colour code rules. · We also observed that the mock drill regarding safety management was carried out to ensure safety.
Linking theory (Classroom learning) with practice at your organisation	· Patient discharge, billing process, patient feedback, and discharge summary preparation play a crucial role in effective hospital management. · Marketing plays a vital role in building trust among patients for the hospital. · Waste management needs to be done properly, ensuring proper safety to the patients as well as to the employees of the hospital.

Gaps identified in the working area.	· Preparation of discharge summaries takes time, hence needs to be done in real real-time manner. · Limited bed availability poses a problem · Limited manpower · The waiting area is not spacious enough, hence creating unnecessary chaos.
Suggestions for improvement	· Focus on discharge planning, by ensuring early rounds by the consultant and ensuring the bill is in less time to make the beds free in less time. · Implementation of real-time updates in the billing process directly to the phone of the attendant. To reduce unnecessary delays. · Increasing additional billing staff during peak hours, preventing last-minute delays. · Expanding no of beds or observation wards for housing of stable patients, to make the beds free.
Plan for the next week	· With the end of the last week of my internship, I analysed how the hospital manages its operations with the coordination of various departments to ensure the smooth running of the hospital.



Signature of the Student

Approved by the IIHMR University's Mentor

COMPILED REPORT

Name of the Organisation: Brahmananda Narayana Multispeciality Hospital

Area/ Department/ Project of Summer Internship Program: OPD, QUALITY, IPD

Name of the Student: Harshita Mahapatra

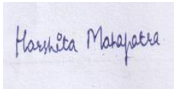
Roll no: 1955 **Stream: MBA Hospital and Health Management**

Week no: 1- 10 **From: 12/05/2025 to: 19/07/2025**

Activity Done	· I observed Patient movement from OPD- IPD, including their registration, KIOSK usage. · I thoroughly analysed admissions department-wise (CCU, General ward, ICU) · I, along with the staff of the admission desk. Floor managers and nursing staff participated in the whole admission process of the patient. · I identified the reasons behind the delay in the process of admission. · I took feedback from the OPD patients regarding their experience in the hospital, starting from the admission process till their treatment was completed and discharged. · I promoted patients to download the NH care app for a seamless experience and for easy booking and appointments. · I observed the Athma management system and the challenges they face in their day-to-day operations. · I observed the counselling process given to the patients regarding the cost estimation for surgery. · I created Google Forms for the feedback process, and I assessed the use of the kiosk. · I participated in HAZ-MAT audit drills. · I also participated in crash cart audit drills. · I trained doctors on the usage of digitally maintained medicine cards. · I participated in NABH Audits, training conducted for usage of SAPPHIRE app, and MRD audits, etc. · Help in digitizing code blue checklists and mortality review records.

	· I also participated in dietary audits and sample collection audits. · I created monthly NH reports and presentations. · I observed workflow in MICU, CCU, ITU, and the patients of the emergency department. · I also observed the billing clearance, chart preparation, and discharge process. · I also assessed the documentation of Net Promoter Score (NPS) and Average length of stay (ALOS).
Linking theory (Classroom learning) with practice at your organisation	· I learned how to manage the flow of patients even in critical situations during emergency, IPD,and OPD · I learned more about digital integration with hospital operations. · Learned Audit skills, participated in safety audits in coordination with NABH standards. · Learnt to prepare dashboards and reports of internal audit, enhancing quality assurance indicators. · Enhanced communication skills and coordination among staff. · Analysed the importance of taking patient feedback for the improvement of the hospital. · Learnt the process of patient handling and conflict resolution, especially during delays. · Learnt the importance of emergency preparedness and risk management · Learnt the importance of signature protocols, proper coding, and discharge summaries in medico-legal scenarios. · Learnt how key indicators like BOR(bed occupancy rate), ALOS (average length of stay), NPS (net promoter score are used in internal audits of the hospital. · I learnt how to deal with gaps associated with the operations like language barriers, crowd management, delays, etc.

Gaps identified in the working area.	· Delay in the arrival of the doctor · Delay in documentation of discharge · Lack of communication among staff · Sanitation issues in washrooms · Non-compliance found during audits · Insufficient training for their staff · Lack of beds · Delays in patient transfer · Insufficient training of the staff in relation to emergency preparedness · Limited access to digital advancements
Suggestions for improvement	· Encourage digital enhancement in hospital operations. · Regular training of doctors on digital platforms like HMS, NH Healthcare app, etc. · Implement automation in billing and discharge documentation for efficiency. · Install basic facilities such as washrooms and rooms on all floors. · Increase bed capacity to meet patient demand. · Improve transfer logistics for smooth patient movement. · Analyze gaps in critical departments to improve care delivery. · Conduct regular behavioral and communication workshops for staff. · Develop a centralized feedback and grievance redressal system. · Promote digitization of medical records to reduce manual errors. · Enable real-time tracking of audit data and key indicators using dashboards.



Signature of the Student

Approved by the IIHMR University's Mentor