# SUMMER INTERNSHIP PROGRAM

# at

# CK. BIRLA HOSPITAL (RBH), JAIPUR

From 12/05/2025 to 21/07/2025


A REPORT BY

**HARSHITA JAIN**

Master of Business Administration Hospital and Health Management

Roll no.: 1954


2024-26

under the Mentorship of

**Dr. NEETU PUROHIT**

**PROFESSOR**

IIHMR UNIVERSITY

CK Birla Hospitals
RUKMANI BIRLA HOSPITAL

RBH/2025/Jul/HRD/6868

Date: 21 Jul 2025

# TO WHOM SO EVER IT MAY CONCERN

This is to certify that **Harshita Jain** has successfully completed her internship in the **Medical Services** Department from 12 May 2025 to 21 Jul 2025.

Her behavior was respectful, punctual, and in alignment with hospital policies. She showed enthusiasm to learn, adapt, and communicate effectively with staff members, while maintaining a professional attitude throughout the program.

We commend her dedication and discipline during the tenure and believe she has gained valuable exposure to the work culture and expectations of a healthcare environment. We wish a continued success in all future academic and professional pursuits.

For **CK Birla Hospital – RBH**

**Ravi Kumar**
**Unit Head | Human Resources**

IIHMR UNIVERSITY

# IIHMR University Faculty Mentor Approval

This is to certify that **Harshita Jain** of academic year 2024-26 of Institute of Health Management Research has prepared a poster with respect to her summer internship held during May-July 2025.

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

Date: _____

Dr. Neetu Purohit
Professor

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# SUMMER INTERNSHIP PROGRAMME
# Assessment of ALOS IN EMERGENCY DEPARTMENT


Faculty Mentor : Dr. Neetu Purohit

Presented By : Harshita Jain (1954, HHM)

Organization Mentor : Dr. Nimi Thadeshwar


## About the Organisation

RUKMANI BIRLA HOSPITAL in Jaipur is a state-of-the-art multispecialty facility offering extensive inpatient and outpatient services. Since its inception, RBH has been dedicated to delivering comprehensive medical care to the patients, including gynecology, neurosurgery, gastroenterology, renal science, cardiology, orthopedics, joint replacement, and more.

HISTORY – As the first private hospital in the city, Rukmani Birla Hospital was founded by the late B M Birla and Y B Chavan. The hospital was established with the guiding principle of integrating research into clinical practice and providing high-quality medical care to all segments of society.

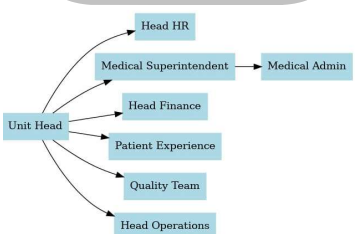
## Vision

To provide best of Patient Service & Clinical Excellence.

## Mission

To create Clinical Centers of Excellence on a strong backbone of research, academics and evidence based medicine for best clinical and patient outcomes.

## Organisation Structure




## Introduction

ALOS refers to the total time a patient spends in the hospital from the moment of arrival to the point of physical departure, whether through discharge, admission, or transfer. It serves as a key performance indicator reflecting the efficiency, responsiveness, and quality of emergency care services.

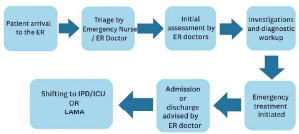
## Objective

- To assess ED ALOS and identify cases exceeding the 4-hour limit
- To identify recurring causes for delay in patient movement.
- To propose practical, data-driven solutions for optimizing patient flow and enhancing ED efficiency.

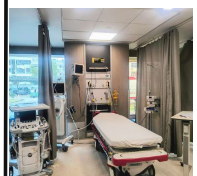
## Methodology

- Design: Descriptive observational study using quantitative primary data.
- Data Source: Manually collected real-time data of admitted patients in the ER.
- Sampling: Convenient sampling; 100 patient cases.
- Duration: 6 weeks (19th May – 28th June).
- Data collection process:
- Real-time observation of patient flow from arrival to discharge.
- Manual recording of key time stamps: arrival, assessment, and exit.
- Tools used :
- Microsoft Excel for ALOS calculation and basic stats.
- Delayed cases categorized for root cause analysis.

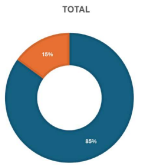
## Workflow of ER



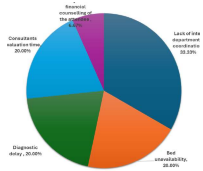

RBH, Jaipur




## Analysis




85% treated on time; only 15% delayed over 4 hours.




Breakdown of key factors causing delays in the 15% of cases.

## Key Findings

- Number of Cases Audited: 100
- Compliant with ALOS SOP (≤ 4 hours): 85 patients (85 %)
- Exceeded ALOS SOP (> 4 hours): 15 patients (15%)
- Minimum Recorded ALOS: 25 mins
- Maximum Recorded ALOS: 6 hrs.13 mins
- Most Common Delay Reason: lack of interdepartmental coordination, approx. 33%
- Average ALOS time – 2 hrs. 50 min

## Root Cause Analysis

- Lack of coordination between the ED front desk and wards/ICUs causes delays in patient transfer due to poor communication.
- ·Diagnostic delay in USG and MRI
- ·Delay due to consultant evaluation time

## Suggestions

- Make bed updating a time-bound, auditable nursing KPI
- Designate accountable staff per shift to promptly update the tracking system within 10–15 minutes post-discharge, ensuring seamless bed turnover and expedited ER admissions.
- Real-Time Bed Availability Dashboard for the ED staff.
- To facilitate discharge or step-down care, use HIS to highlight IPD patients who have ALOSs that are above average for review.

## Learning during internship

- Bridged academic knowledge with real hospital practices.
- Strengthened analytical, observational, and management skills.
- Gained exposure to hospital systems, workflows, and quality protocols.
- Helped identify future career interests in operations and quality.
- Built professional relationships and received mentorship from experienced healthcare professionals.

## Usefulness of Internship

- Gained hands-on experience in hospital operations, especially in ED workflows and patient flow analysis.
- Developed data collection, analysis, and reporting skills using real-time clinical data.
- Understood SOPs, quality standards, and the importance of timely care delivery.
- Learned to coordinate with clinical staff and departments for smooth hospital functioning.
- Improved communication, project planning, and audit execution skills.

## Theoretical Understanding VS Practical Exposure

| THEORETICAL UNDERSTANDING | PRACTICAL EXPOSURE |
|---|---|
| In theory, we learned that effective communication and professional behavior among staff members significantly influence patient decisions. | Practical observations confirmed that appropriate communication and desired conduct positively impact patients' decision-making processes. |
| Theoretically, we learned that efficient resource utilization is essential for increasing productivity. | Practically, we observed how high-quality care can still be delivered to patients even in situations where resources are limited. |
| Theoretically, we gained knowledge about various research methods and study designs. | In practice, we applied this knowledge by implementing the study design in this project. |

## SWOT

### STRENGTHS

- 24x7 availability and readiness for emergency care
- Availability of multi-specialty consultants (cardiology, neuro, ortho, etc.)
- Dedicated trauma & critical care units

### WEAKNESS

- Long patient waiting time during peak hours
- Overcrowding due to vaious reasons
- Inadequate communication between ED and in-patient departments

### OPPORTUNITIES

- Integration of AI-based triage and predictive analytics
- Expansion of fast-track zones for minor emergencies
- Implementation of patient flow dashboards for real-time status)

### THREATS

- Legal and medico-legal risks due to critical patient outcomes
- High staff burnout and attrition
- Seasonal disease outbreaks leading to surge in volume

# Weekly Reports

**Name of the Organisation: C.K. BIRLA HOSPITAL (JAIPUR)**
**Area/ Department/ Project of Summer Internship Program: MEDICAL SERVICES**
**Name of the Student: HARSHITA JAIN**
**Roll no: 1954 Stream: MBA - HHM**
**Week no: 1 From:12 MAY 2025 to 17MAY 2025**

| | |
|---|---|
| **Activity Done** | Visit and closely observe all the departments of the hospital and receive briefings on their structure and functions.<br>Also attend the induction and training program, such as BLS, Infection control, and patient experience sessions. |
| **Linking theory (Classroom learning) with practice at your organisation** | Zoning of the department, medical services, and functioning of the department. This helped bridge the gap between academic concepts and practical implementation in a hospital setting |
| **Gaps identified on the working area.** | IEC materials in the Emergency Department are overly complex and difficult for patients and attendants to understand.<br>Nursing staff on the floors often neglect to update nursing clearance in the HIS<br>Response to the call bell is delayed.<br>Outdated signage has not been removed from the OT department, potentially leading to confusion for patients and their families. |
| **Suggestions for improvement** | IEC material should be in a pictorial form that can be understood easily.<br>Proper and updated signage should be displayed clearly across all departments.<br>Nursing and GDA staff should be held accountable for their roles and ensure the timely execution of responsibilities. |
| **Plan for the next week** | Obtain the assigned project and work on it. |

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

# Weekly report

**Name of the Organisation: C.K. Birla Hospital, Jaipur**
**Area/ Department/ Project of Summer Internship Program: Medical Administration**
**Name of the Student: Harshita Jain**
**Roll no: 1954 Stream: MBA - HHM**
**Week no: 2 From 19 MAY 2025 to 24 MAY 2025**

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| **Activity Done** | Working on a project topic in the ER Department, I closely observed the departmental operations and thoroughly reviewed the hospital's SOP. This enabled me to understand the defined roles and responsibilities of every staff member in the ER department and how they collaboratively manage critical and life-threatening cases.<br>I gained insights into the handling of MLC, including their documentation and the legal process involved. Additionally, also get knowledge about the emergency codes and actively participate in the ongoing mock drills in the hospital, which significantly increase my understanding of emergency preparedness and response protocols. |
| **Linking theory (Classroom learning) with practice at your organisation** | This experience allowed me to bridge theoretical knowledge with real-time hospital operations. Concepts such as emergency medical services, patient triaging, and the practical application of predictive analytics were particularly evident. For instance, in cases where a patient's historical medical data was available, it was utilised by clinicians to make informed decisions about whether to admit the patient to the Intensive Care Unit (ICU) or to a general ward. |
| **Gaps identified on the working area.** | There are some gaps in the process, like TPA clearance, bed management issues, and fewer staff in the ER department.<br>The triage system is not followed properly<br>Patients advised for admission via OPD, or scheduled surgeries are required to visit the ER to complete the admission formalities. This creates unnecessary congestion and administrative burden for the ER team |
| **Suggestions for improvement** | Improve the TPA process, and Consultants should be enabled to directly initiate the admission process, minimizing the burden on the ER and enhancing patient convenience.<br>And proper training and audits should be there to improve the triage system. |
| **Plan for the next week** | Working on the project and collecting the data for it and analysing it. |

**Harshita Jain**
**Signature of the Student**

**Approved by the IIHMR University's Mentor**

# Weekly Report

**Name of the Organisation: CK Birla (RBH), Jaipur**
**Area/ Department/ Project of Summer Internship Program: Emergency department under Medical Administration.**
**Name of the Student: Harshita Jain**
**Roll no: 1954** **Stream: HHM**
**Week no: 3** **From: 26th May to 31st May 2025**

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| **Activity Done** | Continuation of work on my summer internship project – Which is to observe that the ALOS or average length of stay in the Emergency Department as per hospital's SOP of 4 hours is maintained and if there are delays with respect to it, then to note down the exact reasons behind the delays.<br>1. Cases of LAMA or leave against medical advice wherein few things that I got to observe how the different attendants of patients are counselled on not to take their patient away from the hospital during the ongoing treatment process.<br>2. Also experienced how different dedicated teams act swiftly at time of IRT announcement.<br>3. Saw and closely observed how the emergency department staff works during cases such as MLC or medico legal cases. |
| **Linking theory (Classroom learning) with practice at your organisation** | 1. Importance of having shared responsibilities on part of different staff which enables smooth day to day operations of the hospital.<br>2. Rapid action of the various staff in ER which is very much evident from the fact that it is the emergency department which is having some of the most difficult and complicated cases and timely action is required on the staff's part.<br>3. Importance of having timely quality checks and audits which not only helps maintain a good reputation of the hospital but also keeps the staff on their toes which enables to improve the effectiveness of the staff. |
| **Gaps identified on the working area.** | 1. There are delay on the part of allocation or shifting of the patients due to various reasons which are to be understood in more detail with each passing day, for example unavailability of the GDA staff etc.<br>2. Daily dusting of the patient beds should be done as per hospitals protocol, but this is not always the case.<br>3. There are some problems related to allocation of beds to ECHS patients because of limited information on the documentation required. |
| **Suggestions for improvement** | 1. Hospital staff should gain more understanding of different documents required for patients availing the ECHS schemes.<br>2. Two different companies provide the GDA services, and they should be properly regulated and checked for the shortcomings.<br>3. The house keeping staff should be trained and made aware of their responsibilities by their supervisor. |

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| **Plan for the next week** | 4. | Working to gain understanding in-depth knowledge of hospital's standard operating procedures. |
| | 5. | Gain more wider and better understanding in-depth knowledge about hospital functioning. |
| | 6. | Observe more closely on the reasons for increase in average length of stay of the patients in the emergency department. |

**Harshita Jain**
**Signature of the Student**

**Approved by the IIHMR University's Mentor**

# Reporting Format (Weekly)

**Name of the Organisation: CK Birla (RBH), Jaipur**
**Area/ Department/ Project of Summer Internship Program: Emergency department under Medical Administration.**
**Name of the Student:**
**Roll no:** **Stream: Hospital and Health management**
**Week no: 4** **From: 2nd June to 8th June**

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| **Activity Done** | Continuation of work on my summer internship project – Which is to observe that the ALOS or average length of stay in the Emergency Department as per hospital's SOP of 4 hours is maintained and if there are delays with respect to it, then to note down the exact reasons behind the delays.<br>7. Seeing and understanding what does front desk do when putting patient on track that is on HIS in hospital.<br>8. Also experienced how different dedicated teams act at time of IRT announcement |
| **Linking theory (Classroom learning) with practice at your organisation** | 9. In the instance of LAMA (leave against medical advice), if the patient and attendants get comprehensive counselling and their refusal is recorded with paperwork filled out, the significance of informed consent is de<br>10. • Quick response from all ER staff members, which is clearly demonstrated by the fact that the emergency room handles some of the most challenging and complex cases and that staff members must respond quickly. |
| **Gaps identified on the working area.** | 11. There are delays in patient allocation or relocation for a number of reasons, some of which need to be better understood every day. For instance, the GDA staff may not always be available.<br>12. Occasionally, the lengthy consultant rounds cause delays in patient admission or shifting, which raises the average length of stay (ALOS) for patients in the emergency room. |
| **Suggestions for improvement** | 13. Use a digital dashboard or mobile app to show GDA availability in real time.<br>14. Maintain a small group of trained GDAs who can be called in during surges, sick leaves, or sudden increases in patient flow.<br>15. Train select non-GDA staff in basic patient relocation protocols to assist in emergencies when GDAs are unavailable. |
| **Plan for the next week** | 16. Working to gain understanding in-depth knowledge of hospital's standard operating procedures.<br>17. Gain more wider and better understanding in-depth knowledge about hospital functioning. |

**Harshita Jain**
**Signature of the Student**

**Approved by the IIHMR University's Mentor**

# Reporting Format (5th Week)

**Name of the Organisation: CK Birla (RBH), Jaipur**
**Area/ Department/ Project of Summer Internship Program: Emergency department under Medical Administration.**
**Name of the Student:**
**Roll no:** **Stream: Hospital and Health management**
**Week no: 5** **From: 9th June to 15th June**

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| **Activity Done** | Continuation of work on my summer internship project – Which is to observe that the ALOS or average length of stay in the Emergency Department as per hospital's SOP of 4 hours is maintained and if there are delays with respect to it, then to note down the exact reasons behind the delays.<br>18. Gained in depth knowledge about medication management being put updated on HIS by the nursing staff at ER.<br>19. Understanding integration of front desk with ER department for patient treatment and admission. |
| **Linking theory (Classroom learning) with practice at your organisation** | 20. Shared responsibilities by different staff working together.<br>21. The importance of informed consent is thoroughly; case of LAMA (leave against medical advice) where patient and attendants are counselled thoroughly, refusal is documented with forms being filled.<br>22. The concept of being ready for the future or any untoward incidents can be seen by having disaster cupboard within the Emergency departments, having adequate stock of essential medicines etc. |
| **Gaps identified on the working area.** | 23. No rampways in the hospital premises.<br>24. GDA's do not understand their responsibilities, and it makes it hard to track them inside the hospital as many a time there is absenteeism on their part inside the departments.<br>25. Housekeeping staff do not practice dusting of the beds daily. |
| **Suggestions for improvement** | 26. Prioritize ramp construction in the hospital's capital expenditure planning.<br>27. Implement biometric attendance and department-level duty logs signed off by supervisors.<br>28. Revise daily housekeeping checklists to include specific tasks like dusting beds, and ensure check-off upon completion. |
| **Plan for the next week** | 29. Observe more closely on the reasons for the delay in patient stay at the emergency department.<br>30. Gain more in-depth knowledge about hospital functioning. |

**Harshita Jain**
**Signature of the Student**

**Approved by the IIHMR University's Mentor**

# Reporting Format (6th Week)

**Name of the Organisation: CK Birla Hospitals (RBH), Jaipur**
**Area/ Department/ Project of Summer Internship Program: Emergency department under Medical Administration.**
**Name of the Student: Harshita Jain**
**Roll no:** **Stream: Hospital and Health management**
**Week no: 6** **From: 16th June to 22nd June**

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| **Activity Done** | Continuation of work on my summer internship project – Which is to observe that the ALOS or average length of stay in the Emergency Department as per hospital's SOP of 4 hours is maintained and if there are delays with respect to it, then to note down the exact reasons behind the delays.<br>31. Noted the procedure of admission request form being sent to admission desk from emergency department.<br>32. Observed a case where after the admission being initiated, code fast had to be declared due a medical emergency with respect to that particular patient. |
| **Linking theory (Classroom learning) with practice at your organisation** | 33. Supervision is necessary when working within an organisation with a lot of staff.<br>34. Motivation needs to be constant within the staff because at times due to workload, they feel burnout due to the constant work.<br>35. A manager should be able to able to help others achieve their targets in order to accomplish set goals and objectives. |
| **Gaps identified on the working area.** | 36. Admission desk is at times unaware of the beds being available resulting in increased ER stay of the patients.<br>37. GDA staff though adequate in number, do not understand and work according to their responsibilities. |
| **Suggestions for improvement** | 38. To guarantee resource alignment, ER, ward personnel, and admissions should hold brief, frequent handover meetings.<br>39. Make certain that all newly hired GDA employees receive official training on their responsibilities, standards, and hospital procedures. |
| **Plan for the next week** | 40. Observe more closely on the reasons for the delay in patient stay at the emergency department.<br>41. Start a fresh, difficult project. |

**Harshita Jain**
**Signature of the Student**

**Approved by the IIHMR University's Mentor**

# Reporting Format (7th Week)

**Name of the Organisation: CK Birla Hospitals (RBH), Jaipur**
**Area/ Department/ Project of Summer Internship Program: Emergency department under Medical Administration.**
**Name of the Student:**
**Roll no:** **Stream: Hospital and Health management**
**Week no: 7** **From: 23rd June to 29th June**

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| **Activity Done** | Continuation of work on my summer internship project – Which is to observe that the ALOS or average length of stay in the Emergency Department as per hospital's SOP of 4 hours is maintained and if there are delays with respect to it, then to note down the exact reasons behind the delays.<br>Also we had a meeting with respect to our respective projects in which we were told about finalising our first project and start working on the second project of ours. |
| **Linking theory (Classroom learning) with practice at your organisation** | 42. It is with empathy and care that is important for a patient coming to a hospital because if they are comfortable then only, they will be able to tell everything related to their health thus aiding the doctors and nurses in having a patient centric approach.<br>43. It is important for a manager to learn how to keep their team and subordinates engaged and motivated to work towards a common goal.<br>44. Time management is of utmost importance given the situation of life and death within minutes especially in department such as emergency. |
| **Gaps identified on the working area.** | 45. Certain investigations are done from the ER (time-consuming), though it can be done after the shift of patients to the IPD floors.<br>46. There are issues related to admission desk staff, especially during the lunch hours, and there are a few cases where complaints have arisen that proper financial counselling of patients are not done before admission being initiated. |
| **Suggestions for improvement** | 47. By developing a checklist that distinguishes between tests that need to be performed in the emergency room and those that can wait until after transfer to IPD.<br>48. By enhancing communication between radiology and laboratories and the emergency room to expedite just necessary testing.<br>49. Make sure that staff schedules overlap so that lunchtime admissions operations don't be interrupted. |
| **Plan for the next week** | 50. Working on the analysis of the data I collected from the ER in order to identify trends and make inferences.<br>51. Start a fresh, difficult project. |

Harshita Jain

**Signature of the Student**

**Approved by the IIHMR University's Mentor**

# Weekly Report

**Name of the Organisation: CK Birla Hospital (RBH), Jaipur**
**Area/ Department/ Project of Summer Internship Program: Medical Administration**
**Name of the Student: Harshita Jain**
**Roll no: 1954 Stream: hospital and health management**
**Week no: 8 From 30th June to 6th July**

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| **Activity Done** | I have completed my 1st project, which was ALOS in the emergency department, as per the hospital's SOP of 4 hours. Now I have taken a new project for more learning, i.e., prescription audit on floors. I have got a checklist according to which I have to audit all the prescriptions on the floors. |
| **Linking theory (Classroom learning) with practice at your organisation** | Applied the concepts of rational drug use, quality indicators, and health information management.<br>And understand the practical challenges of implementing prescription standards, aligning with the guidelines like NABH, WHO prescribing indicators, and the national drug policy. |
| **Gaps were identified in the working area.** | A low percentage of generic names are written in the prescriptions.<br>The route of the drug is also not written in the prescriptions.<br>Illegible writing and some have no prescription signature.<br>And some drugs dose is not defined in the prescriptions. |
| **Suggestions for improvement** | Conduct regular CME sessions and training for clinicians on rational drug use and generic drugs.<br>Routine internal audits and feedback to departments to improve compliance<br>Give a standardized format of the prescription template to doctors in which all the key elements should be included. |
| **Plan for the next week.** | Collect more data for this project and gain more knowledge on floors along with it. And give the final report to the organization mentor. |

**Harshita Jain**
**Signature of the Student**

**Approved by the IIHMR University's Mentor**

# Weekly report

**Name of the Organisation: C.K. Birla Hospital, Jaipur**
**Area/ Department/ Project of Summer Internship Program: Medical Administration**
**Name of the Student: Harshita Jain**
**Roll no: 1954 Stream: Hospital and health management**
**Week no: 9 From: 7th July to 12th July**

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| **Activity Done** | Continuation of my project on prescription audit, as I collected and analysed the data in the IPD of the hospital to see the compliance with the prescription standards. |
| **Linking theory (Classroom learning) with practice at your organisation** | I understood the significance of rational drug use, prescription standards as per NABH, and the importance of generic prescribing. These theoretical principles were reflected in the audit, where WHO and NABH guidelines were used as benchmarks to measure compliance. |
| **Gaps identified on the working area.** | There is an abbreviation mistake in some prescriptions, like (od, cc), which are not correct according to the hospital standards. Brand names are used beside the generic name in the prescription; illegible writing and incomplete prescriptions are found. |
| **Suggestions for improvement** | Promote the use of electronic prescribing systems to reduce human errors and improve legibility.<br>Implement a monthly prescription audit cycle with feedback to prescribers.<br>Introduce a standardized prescription format that includes mandatory fields. |
| **Plan for the next week** | As it will be my last week of my project, I will compile this project and the first project and get approved by my organization mentor. |

**Harshita Jain**
**Signature of the Student**

**Approved by the IIHMR University's Mentor**

# Weekly Report

**Name of the Organisation: CK Birla Hospital, Jaipur**
**Area/ Department/ Project of Summer Internship Program: Medical Administration**
**Name of the Student: Harshita Jain**
**Roll no: 1954 Stream: hospital and health management**
**Week no: 10 From 14th July to 20th July**

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|---|---|
| **Activity Done** | During my internship last week, I compiled both of my projects and reviewed them with my mentor. I then prepared the PowerPoint presentation for my project to submit to my organization, followed by delivering the presentation on my project work. |
| **Linking theory (Classroom learning) with practice at your organisation** | During the compilation and presentation preparation stages, I applied theoretical knowledge gained from classroom learning, especially in areas such as project management, hospital operations, and data analysis. Concepts related to quality improvement tools, root cause analysis, and healthcare presentation strategies were directly utilized while drafting the final report and PowerPoint presentation |
| **Gaps identified on the working area.** | As I have done my major project in the emergency department, so in that a lack of interdepartmental coordination is there and for the minor project I have done as a prescription audit on the wards and icus so in that a I got a high percentage of errors in non-usage of generic drugs and not mentioning drug allergies. |
| **Suggestions for improvement** | To overcome these gaps I have suggested making a KPI for removing the patient from the track to make a bed available on HIS.<br>And on the prescription audit, give proper training to doctors to write the generic name and make a mandatory to write the drug allergies in the HIS. |
| **Plan for the next week** | Collect my internship completion certificate and report back to my college mentor. |

**Harshita Jain**
**Signature of the Student**

**Approved by the IIHMR University's Mentor**

# Compiled Report

**Name of the Organization: Ck. Birla Hospital (RBH), Jaipur**

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

**Name of the Student: Harshita Jain**

**Roll no: 1954** **Stream: Hospital and health management**

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| | 1. On the first day of my internship, I attended an induction session and had an overview of the hospital setting.<br>2. Attended induction sessions on BLS, Infection control, patient experience, the quality department, blood bank, MRD, etc.<br>3. To see the daily operations and structural functioning, I visited and closely studied the departments, including administration, ICU, OPD, OT, Radiology, IPD, and ER.<br>4. Observed internal communication workflows, patient pathway safety standards, and service quality indicators<br>5. Assigned to analyze whether the emergency department was maintaining its SOP-defined average length of stay (ALOS) OF 4 hours.<br>6. Conducted real-time tracking of the patient flow from arrival to discharge or admission.<br>7. Observe emergency room processes, patient triaging, registration, diagnostics timelines, consultants' evaluation, and admission workflow.<br>8. Participated in observation of MLCs, IRT calls, and rapid response protocols.<br>9. Documented operational inefficiencies like bed allocation delays, HIS update lags, absence of GDA staff, and consultant unavailability<br>10. Observe many LAMA cases in the emergency department where the resident and senior doctor assist them to stay in the ongoing treatment process.<br>11. Closely observe how the emergency department staff work during cases such as MLC or emergency codes.<br>12. Closely observe how the dedicated team responds when any codes are announced in the emergency department, such as Code Blue, Code Fast, etc.<br>13. I went to the floors and watched the floor |

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| | coordinators at work, learning about their duties and floor management techniques.<br>14. Have a session with the marketing head, who explains how they do marketing and why it is important.<br>15. Audited crash carts in the emergency department.<br>16. I observe how the ER nursing staff in charge manage the emergency medication and how they separately arrange the medications that are sound-alike and look-alike, and how they label them with different colours.<br>17. Management of high-risk medications and putting them separately in the double lock drawer.<br>18. Get a briefing about the fire management system in the hospital.<br>19. Track about 100 patients in the emergency department and analysed the data on a large percentage of patients who do not fall under the ALOS 4-hour stay in the emergency department according to the hospital SOP.<br>20. And after finding the reason behind the delay, I also did a root cause analysis of the patients.<br>21. I also audited prescriptions on the floors to reduce medication errors and to see compliance with the NABH and WHO standards.<br>22. Evaluated almost 225 files on the floors and ICUs<br>23. I got a standard checklist for the audit of the prescriptions, having parameters like non-usage of generic name, non-documentation of drug allergies, wrong dose/ no dose, etc<br>24. Mark the errors in the checklist, and I also maintain an Excel sheet where I document all the errors to analyse them further.<br>25. Last week, I compiled both my projects and analysed the data, and saw the key findings in it.<br>26. And prepare a PPT for both projects to give a presentation to the senior team members of the hospitals. |
| **Linking theory (Classroom learning) with practice at your organization** | 1. Utilized knowledge of Organizational Behavior, Human Resource Management theories to analyze departmental functioning.<br>2. The theoretical models of hospital administration, including line and staff authority, hierarchical structures, functional zoning, and departmental interdependencies, were practically understood by observing real-time operations in departments like Emergency, |

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| | IPD, ICU, and OT. I learned how departmental coordination, internal communication channels, and SOP-based workflow design play a pivotal role in enhancing hospital efficiency.<br>3. Academic concepts such as triage categorization, disaster preparedness, and IRT protocols were observed first-hand in the ER. The urgency of timely care, resource prioritization, and protocol adherence became clearer when I watched real patients being triaged and treated under time-sensitive conditions. The drills and IRT calls enhanced my understanding of the practical implications of emergency preparedness.<br>4. Quality assurance, a major academic theme, was directly implemented during my prescription audit. I applied to WHO prescribing indicators and NABH guidelines to assess the quality and compliance of prescriptions. This included checking for legibility, generic name usage, dosage, route specification, and allergy documentation—all vital for patient safety and audit preparedness.<br>5. From the classroom, I understood the importance of rational drug use, prescription protocols, and adverse drug reaction documentation. During the audit, I found gaps such as the omission of dosage and allergies, highlighting the gap between theoretical knowledge and actual practice. This reinforced the necessity of reinforcing pharmacological best practices among prescribers.<br>6. The theoretical models of problem-solving, such as Root Cause Analysis (RCA), Plan-Do-Study-Act (PDSA) cycles, and the use of Key Performance Indicators (KPIs) were practically employed. For example, the ALOS study involved identifying problems, analysing root causes, suggesting practical interventions, and evaluating outcome metrics. The prescription audit applied a similar methodology to draw actionable insights.<br>7. Academic teachings on medical ethics, patient confidentiality, and legal documentation were reflected in real-world scenarios such as handling LAMA (Leave Against Medical Advice) cases, informed consent procedures, and MLC protocols. I understood how ethical compliance and proper documentation protect both patients and the institution.<br>8. Learning new skills of analysing the data in |

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| | Excel and making a PPT on Canva. |
| **Gaps were identified in the working area.** | 1. IEC materials in the Emergency Department are overly complex and difficult for patients and attendants to understand.<br>2. Nursing staff on the floors often neglect to update nursing clearance in the HIS<br>3. Response to the call bell is delayed on the floors<br>4. Outdated signage has not been removed from the OT department, potentially leading to confusion for patients and their families.<br>5. Patients advised for admission via OPD or scheduled surgeries are required to visit the ER to complete the admission formalities. This creates unnecessary congestion and administrative burden for the ER team.<br>6. There are some gaps in the process, like TPA clearance, bed management issues, and the unavailability of staff in the ER department.<br>7. Daily dusting of the patient beds should be done as per the hospital's protocol, but this is not always the case.<br>8. •There are some problems related to the allocation of beds to ECHS patients because of limited information on the documentation required.<br>9. Occasionally, the lengthy consultant rounds cause delays in patient admission or shifting, which raises the average length of stay (ALOS) for patients in the emergency room.<br>10. No rampways on the hospital premises.<br>11. GDA’s do not understand their responsibilities, and it makes it hard to track them inside the hospital, as many times, there is absenteeism on their part inside the departments.<br>12. The admission desk is at times unaware of the beds being available, resulting in increased ER stays for patients.<br>13. Certain investigations are done from the ER (time-consuming), though it can be done after the shift of patients to the IPD floors.<br>14. There are issues related to admission desk staff, especially during lunch hours, and there are a few cases where complaints have arisen that proper financial counselling of patients is not done before admission is |

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| | initiated.<br>15. A low percentage of generic names are written in the prescriptions.<br>16. The route of the drug is also not written in the prescriptions.<br>17. Illegible writing, and some have no prescription signature.<br>18. And some drugs dose is not defined in the prescriptions.<br>19. Indenting the medications for the patients is not proper.<br>20. There is an abbreviation mistake in some prescriptions, like (od, cc), which are not correct according to the hospital standards.<br>21. In some prescriptions, the nursing signature is documented after administering the drug, and in some cases, the junior doctors' signatures are not documented.<br>22. There is a problem in the HIS software where if the patient is taken on track and if they are initiated for admission, then they can't indent any medication or any diagnostic test, so this is the main reason for the delay in admission initiation.<br>23. There is some delay in dispatching the lab samples to the laboratory. |
| **Suggestions for improvement** | 24. IEC material should be in a pictorial form that can be understood easily.<br>25. Proper and updated signage should be displayed clearly across all departments.<br>26. Nursing and GDA staff should be held accountable for their roles and ensure the timely execution of responsibilities.<br>27. Improve the TPA process, and Consultants should be enabled to directly initiate the admission process, minimizing the burden on the ER and enhancing patient convenience.<br>28. Prioritize ramp construction in the hospital’s capital expenditure planning.<br>29. Implement biometric attendance and department-level duty logs signed off by supervisors.<br>30. Revise daily housekeeping checklists to include specific tasks like dusting beds and ensure check-off upon completion check-off upon completion.<br>31. Use a digital dashboard or mobile app to show GDA availability in real time.<br>32. Maintain a small group of trained GDAs who can be called in during surges, sick leaves, or sudden increases in patient flow.<br>33. Train select non-GDA staff in basic patient relocation protocols to assist in emergencies |

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| | when GDAs are unavailable.<br>34. To guarantee resource alignment, ER, ward personnel, and admissions should hold brief, frequent handover meetings.<br>35. Make sure that all newly hired GDA employees receive official training on their responsibilities, standards, and hospital procedures.<br>36. Hospital staff should gain more understanding of the different documents required for patients availing the ECHS schemes.<br>37. Two different companies provide GDA services, and they should be properly regulated and checked for shortcomings.<br>38. The housekeeping staff should be trained and made aware of their responsibilities by their supervisor.<br>39. I have suggested making a KPI for removing the patient from the track to make a bed available on HIS.<br>40. Promote the use of electronic prescribing systems to reduce human errors and improve legibility.<br>41. Implement a monthly prescription audit cycle with feedback to prescribers.<br>42. Introduce a standardized prescription format that includes mandatory fields.<br>43. Conduct regular CME sessions and training for clinicians on rational drug use and generic drugs.<br>44. Routine internal audits and feedback to departments to improve compliance. |
| **Key Learnings** | 1. I gained a complete understanding of the internal operations of a multispecialty hospital, from emergency care to inpatient management. This included real-time exposure to how departments like ER, ICU, and IPD function cohesively.<br>2. I practically applied NABH and WHO standards in quality assurance and clinical auditing. I can now identify deviations from standard protocols, design audit tools, and suggest corrective actions.<br>3. My interaction with clinical staff and patient touchpoints emphasized the importance of empathy, timely care, and personalized service in improving health outcomes and patient satisfaction.<br>4. I learned how to initiate, manage, and complete projects by conducting RCA, presenting data-backed findings, and communicating improvement plans clearly to stakeholders. |

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| | 5. Auditing prescriptions helped me realize the significance of proper medical documentation and the risks associated with non-compliance, illegibility, or missing patient data like drug allergies.<br>6. I understood the importance of timely and accurate entries in HIS and saw how digitization supports smoother operations, reduces human errors, and strengthens decision-making.<br>7. Working closely with clinicians, GDAs, nurses, and administrators helped me develop respect for multidisciplinary teamwork and collaborative problem-solving.<br>8. Being entrusted with independent tasks and presenting my work to mentors boosted my self-confidence, responsibility ownership, and communication skills.<br>9. My time in the ER taught me how to function under pressure, prioritize effectively, and support quick decision-making during high-stakes moments.<br>10. This internship helped me confirm my interest in hospital operations and clinical quality improvement, offering clarity and confidence in my professional path forward. |

Harshita Jain

**Signature of the Student**

**Approved by the IIHMR University's Mentor**