SUMMER INTERNSHIP PROGRAM

at

MAX SUPER SPECIALITY HOSPITAL, DEHRADUN

From 12th May 2025 to 21st July 2025

A REPORT BY

Gunjan Pangtey

Master of Business Administration

Hospital and Health Management

Roll no.: 1950

2024-26

under the Mentorship of

Dr. Anoop Khanna

Professor

IIHMR UNIVERSITY

MAX Healthcare | 25 YEARS OF SERVICE AND EXCELLENCE

Completion Certification from the Organization

CERTIFICATE

This is to certify that Dr. **Gunjan Pangtey** of 2024-26 batch of MBA Hospital and Health Management, IIHMR University Jaipur has worked with our organization for her summer internship from 12th May 2025 to 21st July 2025. The overall performance shown by her during the period was excellent/good/average. This certificate is being issued to meet the requirements of the IIHMR University.

Date: 21st July 2025.

(Signature of organization Mentor)

Name: Mrs. Chhavi Deshwal

Designation: Deputy Manager Business Analyst (Hospital Operations)

MAX SUPER SPECIALITY HOSPITAL DEHRADUN

Stamp/Seal of Organization

Max Super Speciality Hospital, Dehradun
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For medical service queries or appointments, call: +91-135-7193 000
www.maxhealthcare.in

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IIHMR UNIVERSITY

IIHMR University Faculty Mentor Approval

This is to certify that **Dr. Gunjan Pangtey** 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: 25th July 2025

(Signature of Faculty Mentor)

Name: Dr. Anoop Khanna

Designation: Professor

Analysis of Discharge Process for Cash Patient to Improve Timely Before 12 Noon Discharge

MAX Healthcare

IIHMR UNIVERSITY

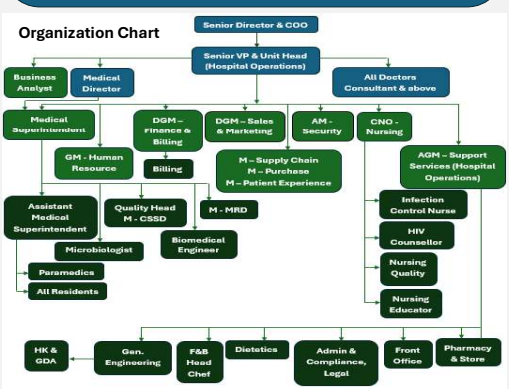
About The Organization

- Established in 2012.
- 220+ bed ultra modern facility with NABH and NABL accreditation along with NABH in Nursing Excellence.
- Till day have served 10+ lakh patients with 90 ICU & 12 HDU beds, 7 modular OTs, 29 OPD chambers, 2 Cath Labs.
- 170+ doctors, 500+ trained staff. 27+ specialities including Cardiac, Neuro, Urology, and Mental Health.
- Awarded best Private Hospital for COVID by Chief Minister.

Vision and Mission

- To be the most well regarded healthcare provider in India committed to the highest standards of clinical excellence and patient care, supported by latest technology and cutting edge research.
- To Serve: With commitment and compassion in our heart, we deliver the highest standard of patient-centred care to those we serve.
- To Excel: From a dream team of doctors and specialists to support staff that does the extra mile to deliver quality care, excellence is in our DNA.

Organization Chart



Aim

To identify and suggest ways to reduce delays to ensure timely discharge of cash patients.

Objectives

- To evaluate the compliance of the hospital towards its policy of discharging cash patients before 12 noon.
- To identify the reasons for delay and the departments that are responsible.
- To map the current discharge workflow and identify the bottlenecks in the process.
- To recommend suggestions for improvement.

Aspect	Theoretical	Practical
Operational Workflow	Step-by-step smooth flow that follows SOPs.	Delays due to uncertainties, human errors, or documentation gaps.
Department Coordination	Structured and well-communicated.	Mostly verbal that's leads to confusion.
Quality Assurance	Accreditation like NABH are strictly followed.	Partial compliance, maximum during audit.
Policy	Policies are followed as written.	Policies are known but not followed due to workload or unclear roles.

SWOT Analysis

Strengths: • Dedicated team for discharge process. • Clearly defined discharge process. • Real-time capturing of timestamps by HIS.	**Weakness:** • Many unplanned discharge intimation. • Nursing clearance staff doesn't have full access to HIS and can't whether the discharge is acknowledged.
Opportunities: • Automating summary signed alert for nurse. • Tracking delays using duration logic.	**Threats:** • Patient dissatisfaction for delays. • Peak hour rush can lead in staff breakout.

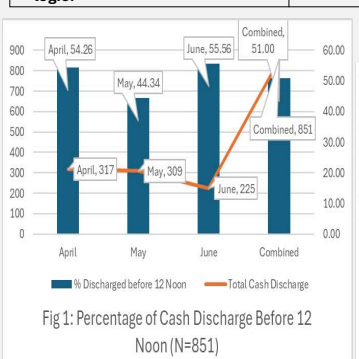


Fig 1: Percentage of Cash Discharge Before 12 Noon (N=851)

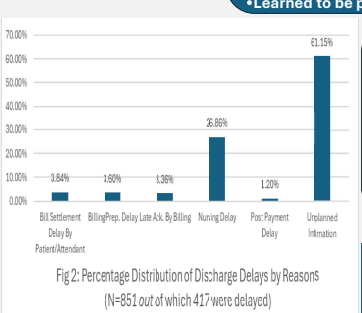


Fig 2: Percentage Distribution of Discharge Delays by Reasons (N=851 out of which 417 were delayed)

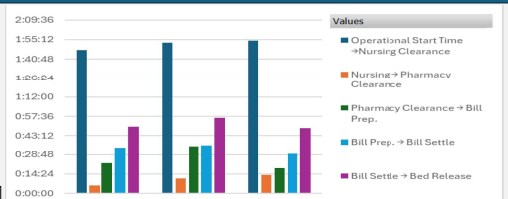


Fig 3: Average Duration for Each Step in Discharge of Cash Patient (N=851)

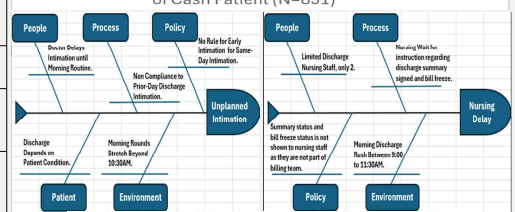


Fig 4: Ishikawa Diagram (Fishbone Diagram) for Unplanned Intimation and Nursing Delay

Challenges Faced

- Data collection and data cleaning of hospital data properly.
- Having data entries that didn't have properly time stamps according to the expected order of discharge process.
- Adapting Excel skills for analysis and pivot table.
- Initially hesitated in communicating with staff due to low confidence but got better with experience.

Key Learnings

- Learned about the importance of inter-departmental communication through practical exposure.
- Well-defined process can have issues and delays if there is no proper coordination.
- Learned how to identify root causes using RCA tools like Fishbone diagram and 5 Whys.
- Learned to be patient, observant and always ask questions.

Suggestions

- Ask doctor to place intimation preferably by evening or latest by 9:30AM of discharge day.
- Have view-only access for nurse for bill freeze status.
- Implementing a structured induction program for new staff so that they have better role clarity, awareness regarding hospital policy and better coordination with others since day one.

University Mentor: Dr. Anoop Khanna
Organization Mentor: Mrs. Chhavi Deshwal
Presented By: Dr. Gunjan Pangtey (1950)
MBA (HM-29)

Weekly Report: Week 01

Name of the Organisation: Max Super Speciality Hospital, Dehradun.

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

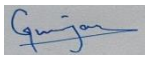
Name of the Student: Gunjan Pangtey.

Roll no: 1950. **Stream: MBA (HM).**

Week no: 01. **From: 12th May 2025 to: 17th May 2025.**

Activity Done	Orientation of hospital and its working process to get familiar with the hospital operations by observing the: • Admission desk processing for IPD patients. • Appointment, registration, billing and refund process at both PSU and cash counter. • Observation of the work done at the OPD. • Observation of the working process at ACD (After Consultation Desk). • Leaned about PHP (Preventive Health Packages)- benefits, different packages, panels under PHP, process and type. • Helping patient in resolving their queries.
Linking theory (Classroom learning) with practice at your organisation	• Layout of hospital infrastructure. • Services of Hospital. • Taylor's Four Principles of Scientific Management (especially cooperation, not individualism). • Digitalization of Health.
Gaps identified on the working area.	• Long waiting hours to get doctor consultation even after having an appointment. • Hard copy of payment slips in letter head for patients who have pre-paid while getting online appointment. • Overwhelming workload for ACD (After Consultation Desk) staff with OPD patient registration and billing. • Lack of information and proper communication.

Suggestions for improvement	• Buffering time between each consultation/appointment to accommodate minor delays and avoid cascading waiting times. • Digital Payment Slip for Pre-Paid appointments. • Regular staff training to ensure everyone is well-informed and are able to communicate effectively with each other as well as with patient.
Plan for the next week	• Visit IPD Department. • Get information regarding the process of Admission and Discharge of patients. • Working system of Emergency Department and implementation of Triage system.



Signature of the Student

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Weekly Report: Week 02

Name of the Organisation: Max Super Speciality Hospital, Dehradun.

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

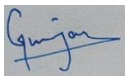
Name of the Student: Gunjan Pangtey.

Roll no: 1950. **Stream: MBA (HM).**

Week no: 02. **From: 19th May 2025 to: 24th May 2025.**

Activity Done	• Observed billing and report dispatch process in the Radiology department, radiology safety measures in use and documentation of Form F as per the PNDT Act. • Learned about radiological modalities (X-ray, CT, MRI, USG, mammography, DEXA) and their specific workflows. • Visited the Blood Centre and observed the process from getting donors Informed consent; checking haemoglobin, weight, blood pressure; blood collection procedure; Separation of components (RBCs, plasma, platelets) to Issuing of blood/blood components. • Understood and observed the Docket process for PSU (Public Sector Undertaking) and TPA (third Party Administrator) patients for retrieving treatment charges from their companies. • Learned about the discharge process and assisted in entering patient details in the discharge register.
Linking theory (Classroom learning) with practice at your organisation	• Hospital as a system (support services: radio-diagnosis and imaging department, blood centre/blood bank). • Health Laws and Ethics (Legal compliance like towards PNDT act by Form F; informed consent). • Discharge Process. • Hospital financing. • Medical record management.

Gaps identified on the working area.	• Overcrowding at billing counters at peak hours. • Records are kept in both digitally and on paper making the staff do the same work twice on different modes. • Long wait to get MRI appointment. • Feedback from patients is not taken.
Suggestions for improvement	• Employing at least 1 more manpower at billing counter in radiology department. • Digitization of all records. • Ensuring collection of feedback from all or most patient through SMS/WhatsApp Feedback Link or QR Code System.
Plan for the next week	• TPA desk working. • Learning more about the working of operations department. • Working system of Emergency Department and implementation of Triage system.



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Weekly Report: Week 03

Name of the Organisation: Max Super Speciality Hospital, Dehradun.

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

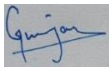
Name of the Student: Gunjan Pangtey.

Roll no: 1950. **Stream: MBA (HM).**

Week no: 03. **From: 26th May 2025 to 31st May 2025.**

Activity Done	• Observed the working of accident and emergency department. • Learned about how the triage system is implemented to categorize patient (colour code: Red, Yellow, Green and Black) based on severity of their condition and their urgency towards medical attention in accident and emergency department. • Helped in arranging physical copies of patient records according to sequence mentioned in the checklist for auditing before handing it over to medical record department. • Started working on a project regarding evaluation of reasons for delay in discharge process.
Linking theory (Classroom learning) with practice at your organisation	• Accident and Emergency department: workflow, location, staffing. • Admission and transfer process from emergency department to in-patient department. • Triage system. • Discharge planning and process. • Interdepartmental coordination for discharge.
Gaps identified on the working area.	• Delay in transferring the patient from emergency department to wards due to unavailability of bed, either because of bed being occupied or delay in discharge process. • Lack of proper coordination between multiple departments like emergency department and wards

	during patient shifting; consultant, billing, nursing, pharmacy, housekeeping during discharge process. • Slow HIS (Hospital Information System) system. • Zero-time intimation of discharge by respective consultant.
Suggestions for improvement	• Improve the efficiency of HIS network. • Discharge intimation should be done one day prior or at least by 10:00 a.m. • Zero-time intimation of discharge should be accompanied with discharge summary (including signing of discharge summary) so that the nursing clearance process can start immediately without any delays.
Plan for the next week	• Start process mapping and data collection for project. • Visit and observe the working of other remaining departments.



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Weekly Report: Week 04

Name of the Organisation: Max Super Speciality Hospital, Dehradun.

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

Name of the Student: Gunjan Pangtey.

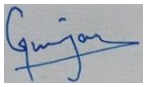
Roll no: 1950. **Stream: MBA (HM).**

Week no: 04. **From: 2nd June 2025 to: 7th June 2025.**

Activity Done	• Continued with data collection for my project on discharge process delays for cash patients.
	• Auditing of discharge files to check for completeness and correctness.
	• Visited CSSD (Central Sterile Supply Department) and observed:
	  ○ Instrument collection and sorting.
	  ○ Cleaning, sterilization, packing.
	  ○ Tracking of sterile packs dispatched to OTs and wards.

Linking theory (Classroom learning) with practice at your organisation	• Maintenance of electronic records of patients using Hospital Information System (HIS) and Computerized Patient Record System (CPRS). • Quality Assurance as per National Accreditation Board for Hospitals and Healthcare Providers (NABH) guidelines. • CSSD Function. • Infection Control and safety assurance methods in CSSD.
Gaps identified on the working area.	• Huge Backlog in Discharge File Completion and Auditing. • Delay in completion or signing of Discharge Summaries by Consultants which often leads to delay in the final discharge. • Staff are not fully aware regarding all the documentation standards. • Informed Consent are not taken properly. • Staff are not properly trained about how to fill the informed consent completely and correctly.

Suggestions for improvement	• Each discharge file can be marked at every stage to monitor where it is stuck and reduce backlog. • Set Daily Targets for File Completion and follow strict procedures to complete it. • Have a rotational or backup team for busy periods to avoid backlog buildup. • Training Sessions for Nurses and Billing Staff. • Quick sessions to reinforce correct and timely documentation practices.
Plan for the next week	• Day to day collection of data for June month for the discharge delay project. • Begin analysis of the data from the last two months (April and May) discharge process. • Visit MRD (Medical Records Department) to learn about how final patient file auditing and archiving is done.



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Weekly Report: Week 05

Name of the Organisation: Max Super Speciality Hospital, Dehradun.

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

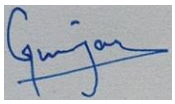
Name of the Student: Gunjan Pangtey.

Roll no: 1950. **Stream: MBA (HM).**

Week no: 05. **From: 9th June 2025** **to: 14th June 2025.**

Activity Done	• Visited Medical Intensive Care Unit (MICU) and learned about:
	  ○ Layout of ICU.
	  ○ Number of beds and how many out of them are isolation beds.
	  ○ Staffing and how rotational duty allocation is done.
	  ○ Management of MICU inventory and about Crash cart.
	  ○ Medical equipment like Defibrillator, Ventilators, Continuous Renal Replacement Therapy (CRRT) machine, Oxygen Cylinder, Password Protected Blood Transport Box.
	• Accompanied and helped in morning and evening rounds for real-time collection of data on:
	  ○ Bed occupancy by getting updates regarding shift-outs, discharge and vacant beds.
	  ○ Covered MICU1, MICU2, MICU4, HDU (High Dependency Unit), NSICU (Neurosciences Intensive Care Unit), CTVS ICU (Cardio-Thoracic and Vascular Surgery Intensive Care Unit), CCU (Coronary Care Unit) and SICU (Surgical Intensive Care Unit).
	  ○ Coordinated with Nursing Team Leader (TL) for the updates.
	• Continued helping in auditing of discharge files for documentation completeness and correctness.
	• Continued with data collection for discharge delay of cash patient project and started with analysis of last 2 months data (April and May).

Linking theory (Classroom learning) with practice at your organisation	• Operations of ICU. • Zoning in ICU. • Classification of ICU based on type of cases. • Equipment and Inventory Management. • Bed Management. • Hospital Utilisation Indices. • Layout of Hospital and Staffing.
Gaps identified on the working area.	• Nursing staff shortage in some ICU (not complying to NABH Standards of 1:1 for ventilator beds and 1:2 for non-ventilator beds, nurses-to-bed ratio for ICUs). • Lot of paper wastage despite having a paperless system. • Restricted staircase access on doors at ground and basement levels. They require fingerprint or PIN, which only staff have access to, to open and use them. This prevents others like patients to use them fully.
Suggestions for improvement	• Procurement/Recruitment of staff according to NABH Standards. • Fully converting to paperless system. • Having atleast one staircase that does not require fingerprint or PIN access.
Plan for the next week	• Complete the data collection process. • Continuing helping in auditing process.



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Weekly Report: Week 06

Name of the Organisation: Max Super Speciality Hospital, Dehradun.

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

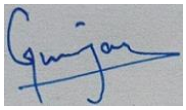
Name of the Student: Gunjan Pangtey.

Roll no: 1950. **Stream: MBA (HM).**

Week no: 06. **From: 16th June 2025 to: 21st June 2025.**

Activity Done	• Dataset retrieved from the last two months (April and May) had multiple wrong entry/values which gave errors in the analysis process. Got it resolved with the help of discharge process incharge. • Completed the basic analysis like total number and percentage of cash discharge for the month of Adril and May. • Continued helping with the auditing of backlog discharge files. • Observed the layout of the PAC (Pre-anesthetic Checkup) area. • Observed the working and management of GDA (General Duty Assistant) and Housekeeping staff.
Linking theory (Classroom learning) with practice at your organisation	• Health Data Analytics. • Discharge Management. • Pre-operative workflow. • Supportive services in Hospital Operations (e.g., GDA, Housekeeping, etc.).
Gaps identified on the working area.	• GDA and Housekeeping are not readily available and take a long time to come after being called. • Patients are not provided with guidance or briefing and hence gets confused and often are agitated that they are being send here and there.

Suggestions for improvement	• Have standby GDA and Housekeeping staff for quick response. • Digitalize the process of calling of GDA and Housekeeping staff, so that the TAT for response can be monitored and accordingly improvements can be made. • Easy to understand signages. • Proper training of all staffs regarding how to guide and brief patients.
Plan for the next week	• Complete the auditing of backlog discharge files so that no backlog files are left. • Complete the analysis of the data.



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Weekly Report: Week 07

Name of the Organisation: Max Super Speciality Hospital, Dehradun.

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

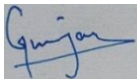
Name of the Student: Gunjan Pangtey.

Roll no: 1950. **Stream: MBA (HM).**

Week no: 07. **From: 23rd June 2025 to: 28th June 2025.**

Activity Done	• Completed the auditing of backlog discharge files and are auditing the present incoming discharge files. • Completed the data collection for my project (from 1st May till 22nd June) and completed the basic analysis for same. • Interacted with few of the discharge process stakeholders, discussing in depth the reasoning for the delays from their ends. • Interacted with the marketing department and learned about their works like campaigns, patient engagement. • Learned about the Biomedical Waste Management (BWM), segregation of waste according to color-coded dustbin.
Linking theory (Classroom learning) with practice at your organisation	• Quality Assurance and File Auditing. • Stakeholder Analysis in Process Improvement. • Marketing Management. • Biomedical Waste Management.
Gaps identified on the working area.	• Live discharge files are missing some documents like discharge slip, discharge summary. • Disposal of discarded files from the last few months have still not been done. • There is no proper induction of staff when they first join, leading to lack of clarity towards their complete job roles and responsibilities.

Suggestions for improvement	• Proper reviewing of discharge file before receiving it. • Frequent training of all staff regarding Biomedical Waste Management. • Implementation of a structured induction program which should be mandatory for all new staff to attend.
Plan for the next week	• Start with the visuals (charts, graphs, flowcharts) representation for my project. • Analyse the root cause as well as brainstorming on improvement suggestions. • Discuss the suggestions with the discharge in-charge and operation team.



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Weekly Report: Week 08

Name of the Organisation: Max Super Speciality Hospital, Dehradun.

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

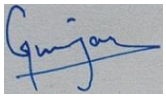
Name of the Student: Gunjan Pangtey.

Roll no: 1950. **Stream: MBA (HM).**

Week no: 08. **From: 30th June 2025 to: 5th July 2025.**

Activity Done	• Continued with the work of auditing of live discharge file for completeness and correctness before sending them to MRD (Medical Record Department). • Started working on the presentation for the discharge project. • Visited the OPD Pharmacy Department and learned about medicine dispensing based on the prescription received, billing process, storage and stock management. • Visited the nursing station in the IPD (In-Patient Department) wards and observed the patient chart maintenance, vital recording of patients every 4 hours, response to patient's call, communication with doctor and nursing handover system during shift change.
Linking theory (Classroom learning) with practice at your organisation	• Hospital Process Mapping. • Pharmacy Operations. • Medication Management. • Nursing Administration. • Health Communication.
Gaps identified on the working area.	• Lack of proper management of Human Resources. • Sometimes there is slight delay in attending patient's call. • Patients are sometime unsatisfied with the service.

Suggestions for improvement	• Having a small team of cross-trained nurse that can be temporarily deployed to any unit having shortage of staff or higher workload. • Being attentive towards patient's call. • Improving the quality of services by doing regular internal auditing as well as random surprise auditing to know about the discrepancy and working on removing it, to reach maximum patient satisfaction.
Plan for the next week	• Finalize the project presentation. • Incorporating the feedback suggestion from the discharge in-charge into the recommendation section in the presentation.



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Weekly Report: Week 09

Name of the Organisation: Max Super Speciality Hospital, Dehradun.

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

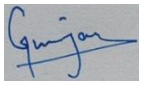
Name of the Student: Gunjan Pangtey.

Roll no: 1950. **Stream: MBA (HM).**

Week no: 09. **From: 7th July 2025 to 12th July 2025.**

Activity Done	• Collected the feedback and suggestions from discharge in-charge and organisation mentor on project presentation. • Incorporated the feedback and suggestions collected from discharge in-charge and organisation mentor into project presentation. • Submitted the project presentation to organisation mentor for further evaluation. • Continued helping in the auditing of live discharge files.
Linking theory (Classroom learning) with practice at your organisation	• Project Management. • Healthcare Process Improvement. • Quality Assurance in Healthcare. • Applied classroom learning like Ishikawa Diagram (Fishbone Diagram or Cause-and -Effect Diagram) in project presentation.
Gaps identified on the working area.	• Some discharge files still have discharge slip and summary missing, as well as consent form are not filled completely. • Registers are not properly maintained by many departments. • GDA and housekeeping take times to respond and there is lack of documentation of communication with GDA and Housekeeping as many of their tasks depends on manual coordination.

Suggestions for improvement	• Review the discharge files once at the time of receiving and accepting those that have all the document. • Train staff on the importance of proper and timely record keeping. • Maintain a GDA and Housekeeping logbook on each floor.
Plan for the next week	• Get feedback/final evaluation from organisation mentor on discharge process project. • Continue helping in live discharge file auditing. • Winding up work as next week is last week of internship.



Signature of the Student

Approved by the IIHMR University's Mentor

On the last day of every week Saturday -) report in the above format should be submitted to the faculty mentor. Submission of total 10 reports in 10 weeks is compulsory. Each report should not be more than 2 pages.

Weekly Report: Week 10

Name of the Organisation: Max Super Speciality Hospital, Dehradun.

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

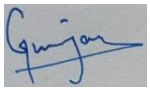
Name of the Student: Gunjan Pangtey.

Roll no: 1950. **Stream: MBA (HM).**

Week no: 10. **From: 14th July 2025 to: 19th July 2025.**

Activity Done	• Continued helping in auditing of live discharge file for completeness and correctness. • Visited and observed the Personal Experience team day-to-day work and learned about how patient complaints are handled. • Helping in gather feedback from patient in wards regarding weather all services like GDA, Housekeeping, Meals, Doctor visits are timely received or if they have any other problems.
Linking theory (Classroom learning) with practice at your organisation	• Hospital Operations Management. • Healthcare Services Quality. • Patient-Centric Care Principles. • Healthcare Communication and Soft Skills.
Gaps identified on the working area.	• Nursing staff responsible for nursing clearance for discharge patient does not have full access to HIS and hence have to wait for instruction before starting the process. • CPRS server randomly gets down and takes time to get up again. • Delays reasons are not recorded anywhere for any process.
Suggestions for improvement	• Provide access to nursing staff responsible for nursing clearance to bill freeze to reduce the dependency and delay in starting the process.

	• Maintain a register/logbook in which delay reasons can be recorded.
Plan for the next week	• Finalize the poster and get it approved from faculty mentor.



Signature of the Student

Approved by the IIHMR University's Mentor

On the last day of every week Saturday -) report in the above format should be submitted to the faculty mentor. Submission of total 10 reports in 10 weeks is compulsory. Each report should not be more than 2 pages.

Compiled Report

Name of the Organisation: Max Super Speciality Hospital, Dehradun.

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

Name of the Student: Gunjan Pangtey.

Roll no: 1950. **Stream: MBA (HM).**

Activity Done	• Orientation of hospital and its working process to get familiar with the hospital operations by observing the:
	  ○ Admission desk processing for IPD patients.
	  ○ Appointment, registration, billing and refund process at both PSU and cash counter.
	  ○ Observation of the work done at the OPD.
	  ○ Observation of the working process at ACD (After Consultation Desk).
	  ○ Leaned about PHP (Preventive Health Packages)- benefits, different packages, panels under PHP, process and type.
	  ○ Helping patient in resolving their queries.
	• Observed billing and report dispatch process in the Radiology department, radiology safety measures in use and documentation of Form F as per the PNDT Act.
	• Learned about radiological modalities (X-ray, CT, MRI, USG, mammography, DEXA) and their specific workflows.
	• Visited the Blood Centre and observed the process from getting donors Informed consent; checking haemoglobin, weight, blood pressure; blood collection procedure; Separation of components (RBCs, plasma, platelets) to Issuing of blood/blood components.
	• Understood and observed the Docket process for PSU (Public Sector Undertaking) and TPA (third Party Administrator) patients for retrieving treatment charges from their companies.
	• Learned about the discharge process and assisted in entering patient details in the discharge register.
	• Observed the working of accident and emergency department.
	• Learned about how the triage system is implemented to categorize patient (colour code: Red, Yellow, Green and Black) based on severity of their condition and their

	urgency towards medical attention in accident and emergency department. • Helped in arranging physical copies of patient records according to sequence mentioned in the checklist for auditing before handing it over to medical record department. • Started working on a project regarding evaluation of reasons for delay in discharge process. • Continued with data collection for my project on discharge process delays for cash patients. • Auditing of discharge files to check for completeness and correctness. • Visited CSSD (Central Sterile Supply Department) and observed: o Instrument collection and sorting. o Cleaning, sterilization, packing. o Tracking of sterile packs dispatched to OTs and wards. • Visited Medical Intensive Care Unit (MICU) and learned about: o Layout of ICU. o Number of beds and how many out of them are isolation beds. o Staffing and how rotational duty allocation is done. o Management of MICU inventory and about Crash cart. o Medical equipment like Defibrillator, Ventilators, Continuous Renal Replacement Therapy (CRRT) machine, Oxygen Cylinder, Password Protected Blood Transport Box. • Accompanied and helped in morning and evening rounds for real-time collection of data on: o Bed occupancy by getting updates regarding shift-outs, discharge and vacant beds. o Covered MICU1, MICU2, MICU4, HDU, NSICU, CTVS, CCU and SICU. o Coordinated with Nursing Team Leader (TL) for the updates. • Started with Data analysis of last 2 months data (April and May) collected for project. • Dataset retrieved from the last two months (April and May) had multiple wrong entry/values which gave

	errors in the analysis process. Got it resolved with the help of discharge process in-charge. • Completed the basic analysis like total number and percentage of cash discharge for the month of Adril and May. • Observed the layout of the PAC (Pre-anesthetic Checkup) area. • Observed the working and management of GDA (General Duty Assistant) and Housekeeping staff. • Completed the data collection for my project (from 1st May till 22nd June) and completed the basic analysis for same. • Interacted with few of the discharge process stakeholders, discussing in depth the reasoning for the delays from their ends. • Interacted with the marketing department and learned about their works like campaigns, patient engagement. • Learned about the Biomedical Waste Management (BWM), segregation of waste according to color-coded dustbin. • Started working on the presentation for the discharge project. • Visited the OPD Pharmacy Department and learned about medicine dispensing based on the prescription received, billing process, storage and stock management. • Visited the nursing station in the IPD (In-Patient Department) wards and observed the patient chart maintenance, vital recording of patients every 4 hours, response to patient's call, communication with doctor and nursing handover system during shift change. • Collected the feedback and suggestions from discharge in-charge and organisation mentor on project presentation. • Incorporated the feedback and suggestions collected from discharge in-charge and organisation mentor into project presentation. • Submitted the project presentation to organisation mentor for further evaluation. • Visited and observed the Personal Experience team day-to-day work and learned about how patient complaints are handled.

	• Helping in gather feedback from patient in wards regarding weather all services like GDA, Housekeeping, Meals, Doctor visits are timely received or if they have any other problems.
Linking theory (Classroom learning) with practice at your organisation	• Layout of hospital infrastructure and staffing. • Services of Hospital. • Taylor's Four Principles of Scientific Management (especially cooperation, not individualism). • Digitalization of Health. • Hospital as a system (support services: radio-diagnosis and imaging department, blood centre/blood bank). • Health Laws and Ethics (Legal compliance like towards PNDT act by Form F; informed consent). • Discharge planning and process and discharge management. • Hospital financing. • Medical record management. • Accident and Emergency department: workflow, location, staffing and Triage system. • Admission and transfer process from emergency department to in-patient department. • Maintenance of electronic records of patients using HIS and CPRS. • Quality Assurance as per NABH guidelines. • CSSD Function. • Infection Control and safety assurance methods in CSSD. • Operations of ICU. • Zoning in ICU. • Classification of ICU based on type of cases. • Equipment and Inventory Management. • Bed Management. • Hospital Utilisation Indices. • Health Data Analytics. • Pre-operative workflow. • Supportive services in Hospital Operations (e.g., GDA, Housekeeping, etc.). • Stakeholder Analysis in Process Improvement. • Marketing Management. • Biomedical Waste Management. • Hospital Process Mapping.

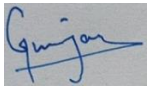
	• Pharmacy Operations. • Medication Management. • Nursing Administration. • Project Management. • Healthcare Process Improvement. • Applied classroom learning like Ishikawa Diagram (Fishbone Diagram or Cause-and -Effect Diagram) in project presentation. • Hospital Operations Management. • Healthcare Services Quality. • Patient-Centric Care Principles. • Interdepartmental coordination, Healthcare Communication and Soft Skills.
Gaps identified on the working area.	• Long waiting hours to get doctor consultation even after having an appointment. • Hard copy of payment slips in letter head for patients who have pre-paid while getting online appointment. • Overwhelming workload for ACD (After Consultation Desk) staff with OPD patient registration and billing. • Lack of information and proper communication. • Overcrowding at billing counters at peak hours. • Records are kept in both digitally and on paper making the staff do the same work twice on different modes. • Long wait to get MRI appointment. • Feedback from patients is not taken. • Delay in transferring the patient from emergency department to wards due to unavailability of bed, either because of bed being occupied or delay in discharge process. • Lack of proper coordination between multiple departments like emergency department and wards during patient shifting; consultant, billing, nursing, pharmacy, housekeeping during discharge process. • Slow HIS (Hospital Information System) system. • Zero-time intimation of discharge by respective consultant. • Huge Backlog in Discharge File Completion and Auditing. • Delay in completion or signing of Discharge Summaries by Consultants which often leads to delay in the final discharge.

	• Staff are not fully aware regarding all the documentation standards. • Informed Consent are not taken properly. • Staff are not properly trained about how to fill the informed consent completely and correctly. • Nursing staff shortage in some ICU. • Lot of paper wastage despite having a paperless system. • Restricted staircase access on doors at ground and basement levels. They require fingerprint or PIN, which only staff have access to, to open and use them. This prevents others like patients to use them fully. • GDA and Housekeeping are not readily available and take a long time to come after being called. • Patients are not provided with guidance or briefing and hence gets confused and often are agitated that they are being send here and there. • Live discharge files are missing some documents like discharge slip, discharge summary. • Disposal of discarded files from the last few months have still not been done. • There is no proper induction of staff when they first join, leading to lack of clarity towards their complete job roles and responsibilities. • Lack of proper management of Human Resources. • Sometimes there is slight delay in attending patient's call. • Patients are sometime unsatisfied with the service. • Some discharge files still have discharge slip and summary missing, as well as consent form are not filled completely. • Registers are not properly maintained by many departments. • GDA and housekeeping take times to respond and there is lack of documentation of communication with GDA and Housekeeping as many of their tasks depends on manual coordination. • Nursing staff responsible for nursing clearance for discharge patient does not have full access to HIS and hence have to wait for instruction before starting the process. • CPRS server randomly gets down and takes time to get up again.

	• Delays reasons are not recorded anywhere for any process.
Suggestions for improvement	• Buffering time between each consultation/appointment to accommodate minor delays and avoid cascading waiting times. • Digital Payment Slip for Pre-Paid appointments. • Regular staff training to ensure everyone is well-informed and are able to communicate effectively with each other as well as with patient. • Employing at least 1 more manpower at billing counter in radiology department. • Digitization of all records. • Ensuring collection of feedback from all or most patient through SMS/WhatsApp Feedback Link or QR Code System. • Improve the efficiency of HIS network. • Discharge intimation should be done one day prior or at least by 10:00 a.m. • Zero-time intimation of discharge should be accompanied with discharge summary (including signing of discharge summary) so that the nursing clearance process can start immediately without any delays. • Each discharge file can be marked at every stage to monitor where it is stuck and reduce backlog. • Set Daily Targets for File Completion and follow strict procedures to complete it. • Have a rotational or backup team for busy periods to avoid backlog buildup. • Training Sessions for Nurses and Billing Staff. • Quick sessions to reinforce correct and timely documentation practices. • Procurement/Recruitment of staff according to NABH Standards. • Fully converting to paperless system. • Having atleast one staircase that does not require fingerprint or PIN access. • Have standby GDA and Housekeeping staff for quick response.

	• Digitalize the process of calling of GDA and Housekeeping staff, so that the TAT for response can be monitored and accordingly improvements can be made. • Easy to understand signages. • Proper training of all staffs regarding how to guide and brief patients. • Proper reviewing of discharge file before receiving it. • Frequent training of all staff regarding Biomedical Waste Management. • Implementation of a structured induction program which should be mandatory for all new staff to attend. • Having a small team of cross-trained nurse that can be temporarily deployed to any unit having shortage of staff or higher workload. • Being attentive towards patient's call. • Improving the quality of services by doing regular internal auditing as well as random surprise auditing to know about the discrepancy and working on removing it, to reach maximum patient satisfaction. • Review the discharge files once at the time of receiving and accepting those that have all the document. • Train staff on the importance of proper and timely record keeping. • Maintain a GDA and Housekeeping logbook on each floor. • Provide access to nursing staff responsible for nursing clearance to bill freeze to reduce the dependency and delay in starting the process. • Maintain a register/logbook in which delay reasons can be recorded.
Key Learnings	• Got hands-on exposure on how hospital operations work in real-life beyond what was taught in classrooms. • Understood the importance of coordination between various departments like consultant, nursing, pharmacy, billing, housekeeping to ensure that smooth patient care is been delivered. • Learned the importance of proper documentation like informed consent form for legal and audit purpose. • Leaned how to collect data, clean and analyse it to derive insights out of it that helps in process improvement.

	• Realised how small delays can have huge impact on hospital overall efficiency. • Gained exposure to workflow of various areas in hospital like billing counter, admission desk, front office, radiology, blood centre, nursing station, etc. • Realized how clear and effective communication impacts the coordination between various departments. • Importance of empathy, communication, and process efficiency in ensuring that hospital functions properly.



Signature of the Student

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Report should be maximum of 10-12 pages excluding the weekly reports and poster.