SUMMER INTERNSHIP PROGRAM

at

Jay Prabha Medanta Super Specialty Hospital

12-05-2025 to 26-07-2025

A REPORT BY

Farhat Yasmin

Master of Business Administration

2024- 26

under the Mentorship of

Dr Sanjay Gupta

medanta

GHPPL/HR/EXP./2025-26/136

Date: 26th July 2025

To Whom It May Concern

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

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

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

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

Ashish Adhikari
General Manager
Human Resources

Global Health Patliputra Pvt. Ltd. PATNA

Jay Prabha Medanta
Super Specialty Hospital
Medanta - Gurugram

Kankarbagh Main Road, Kankarbagh Colony, Patna, Bihar 0612 350 5050

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info@medanta.org www.medanta.org Corporate Identity Number - L85110DL2004PLC128319

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

IIHMR UNIVERSITY

IIHMR University Faculty Mentor Approval

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

~~He~~ /she has carried out work as per the guidelines. His / Her poster is approved for presentation.

Date: 30/07/2025

(Signature of Faculty mentor)

Dr. Sanjay Gupta

Professor & Dean IIHMR

SUMMER INTERNSHIP RPOJECT

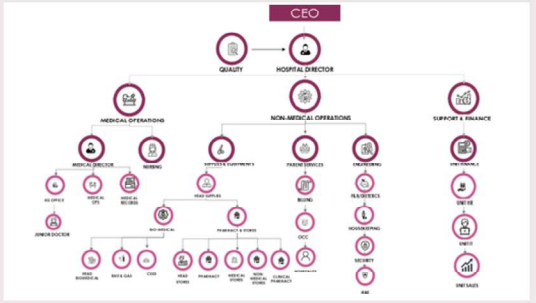
FINDING & OVERCOMING DISCHARGE DELAYS

UNIVERSITY MENTOR - DR. SANJAY GUPTA | BY - FARHAT YASMIN | ROLL. NO - 1946 | ORG. MENTOR - ASHISH KUMAR PRAHARAJ

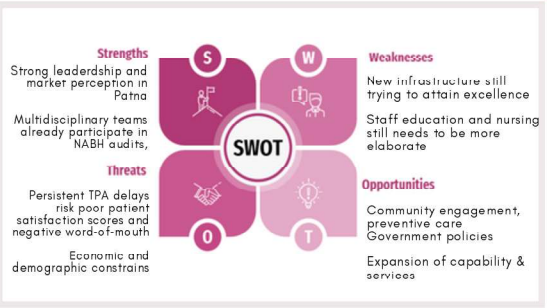
HOSPITAL OVERVIEW

Jay Prabha Medanta Hospital in Patna is a reputable hospital and offers world-class, affordable healthcare with 29 specialities. Spanning an area of 1 million sq. ft., it is equipped with more than 500 beds, over 300 experienced doctors, and 1,600+ trained staff. The hospital has significantly transformed healthcare

ORG. STRUCTURE



SWOT ANALYSIS



THEORY & PRACTICAL

THEORY

- Discharge happens in a fixed step-by-step process and in simple sequence.
- Read in OB module about human and employee behaviour, coordination, and theories.
- Read in various modules about how timeliness can help meet the SOP easily.

PRACTICAL

- It involves efforts from multiple departments; every case is unique, so both the patient and the system introduce variations.
- Behaviour patterns are complex and hard to predict; effective coordination demands deep understanding and collective effort among staff.
- Even when SOPs exist, delays can still occur because of many other factors.

CHALLENGES FACED

- Getting used to a new hospital's culture and work environment within a limited timeframe for onboarding.
- Emergency admissions and sudden physician rounds often disrupted the planned discharge sequence
- Working in a multifaceted organization that is complex and needs extreme multitasking with a strict safety record, highest performance standards, and demands unquestionable integrity.
- grasping specialized medical information systems, sophisticated equipment, and performing research within set deadlines

MISSION & VALUES

Deliver world-class, patient-centric, integrated, and affordable healthcare through focus on people& knowledge

Patient Centric Care
Leadership & Quality
Integrity & Courage
Collaboration, Learning & Innovation

OBJECTIVE

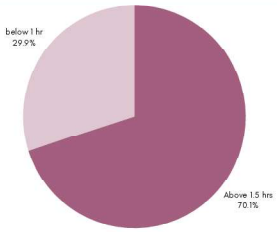
1. To study the patient-discharge process in the hospital.
2. To identify the key factors involved in that process.
3. To determine the factors that cause discharge delays.
4. To examine the roles and responsibilities of staff during discharge.

METHODOLOGY

Study type: Observational, descriptive
Sample size: 384 discharges (20 May - 15 Jul 2025)
Tools: Time-stamped checklist, MS Excel, Fishbone analysis
Key metric: TAT = Clearance received ➔ Patient out

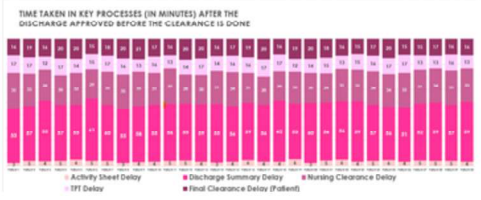
DISCHARGE PROCESS AT MEDANTA

PROBLEM



Only 30% people were discharged within 1 hour

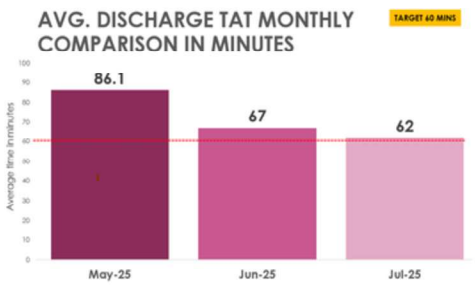
Discharge-summary prep & nursing clearance lags are clear choke-points



MAJOR LEARNINGS

- Interdepartment coordination is the key to a seemless flow of the discharge process & reduce delay
- Data helps find the root cause of the problem and operational improvements can be made basis it
- Pre-empting hospitality issues and talking to patients help find key the key issues from the patients' lens

MONTHLY MEAN TAT COMPARISON



FINDINGS

- Across the full 384-patient sample, the mean Turn-Around-Time (TAT) settled at ≈ 84 minutes - about 1 hour 25 minutes.
- 30 patients with TAT above 1.8 hrs were closely observed
- Discharge-summary preparation alone eats up ~55-60 min - ≈ 50 % of total turnaround
- Nursing-initiated clearance adds another 30-35 min
- A 28.3 % reduction is recorded in the 3-month performance trend—from May (86.1 min.) to June (66.1 min.) to July (61.8 min.)

SUGGESSTIONS

- Planned discharge summery has to be made 1 day prior to the patients dischange day to avoid further gaps and delays after the discharge is approved
- TPT delay can be avoided with better tracking and monitiry to avoid any staff delay
- Patients can be shifted to discharge lounge if waitimng for poersonal reasons
- Collaborative effort is needed to make sure things esclate quickly fater the clearance slip os recieved
- Assign one dedicated nurse per shift to focus on discharge related task

Weekly Report-1

Name of the Organisation: Medanta Hospital Patna.

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

Name of the Student: Farhat Yasmin

Roll no: 1946 **Stream: MBA HM- 29**

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

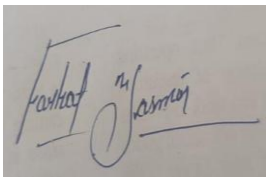
Activity Done	• **Joined Medical Administration & Operations**. • Received an overview of Medanta Patna hospital, which currently has 358 beds as of March 31, 2024, with plans to expand to 650 beds. • Briefed on the hospital's information systems including HIMS, SAP, EHR/EMR, and the Da Vinci robotic console. • Introduced to the hospital's Code of Conduct and professional responsibilities within the premises. • Toured important hospital areas such as operating theatres, radiology, catheterization labs, and rescue exits. • Attended a Fire and Safety session covering: • HazMat spill categories (A – General solids, B – Flammable liquids, C – LPG/CNG, D – Metal fires, K – Kitchen fires) • Location of spill kits in supply chain, nursing, kitchen, maintenance, and admin departments

	• Demonstration of three methods to control kitchen fires • Walkthrough of fire hydrants, sprinklers (activate at 68 °C), alarm panels, CCTV, emergency exits, and rescue tools • Received briefing on radiation safety and advanced technology including: • Use of 128-slice CT scanner, biplane cath labs, hybrid operating theatres, and Da Vinci robotic system • Importance of ALARA principle focusing on time, distance, and shielding for radiation safety • Learned about bed and inpatient management: • Different room types (single, twin, 4-bedded, semi-deluxe) totalling 43 beds plus 2 extra beds • Daily bed occupancy sheets shared with staff and floor coordinators • Patient admission process with manual or printed entry, including orientation and visitor policy documentation • Regular updates on patient records by dietitians and resident doctors using HIMS • Procedures for planned and unplanned patient discharges • Familiarized with emergency call codes, including Code Blue (dial 6665) and escalation process.

	• Observed the workflow for government-referred patients under the Public-Private Partnership (PPP) model. • Noting over 500 patients treated since September 2023.
Linking theory (Classroom learning) with practice at your organisation	• Attended classroom sessions on hospital safety, quality standards (like NABH), and hospital information systems, which were linked to real-life drills and system demonstrations. • Learned important concepts like the fire-triangle theory, ALARA radiation safety, and workflow processes through both lectures and live practical examples. • Understood management topics such as resource distribution and public-private partnership (PPP) models, supported by observing Medanta's central purchasing and collaboration with the government.
Gaps identified on the working area.	• Fire kits are placed in different spots and the safety team knows where they are, but not all staff on every floor are fully aware. • Entering patient details manually in the IPD system can cause mistakes while typing. • Discharge process still uses some paper forms, which might slow things down during busy times. • Allied departments don't have easy access to real-time bed availability, making it harder to track quickly.

Suggestions for improvement	• Display fire kit location maps on each floor near nurses' stations and conduct monthly mini fire drills for all staff shifts. • Switch to a fully digital IPD registration system using barcode wristbands to minimize errors. • Implement electronic discharge summaries signed by doctors digitally, with alerts to ensure completion within 2 hours. • Develop a real-time bed management dashboard accessible to nursing, TPA, housekeeping, and admissions teams.
Plan for the next week	Plan for Next Week: Not decided yet

Signature of the Student



Weekly Report-2

Name of the Organisation: Medanta Hospital Patna.

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

Name of the Student: Farhat Yasmin.

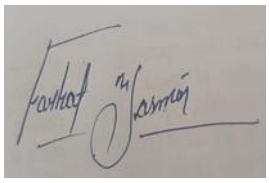
Roll no: 1946 **From : 19th May to 24th May 2025**

Activity Done	• A one-week discharge tracker was analysed to study patient discharge flow. • Maintained and updated the bed occupancy summary; shared timely updates with the floor manager to support the billing department during patient discharge. • Resolved patient queries and informed nurses to take immediate action, ensuring smooth coordination between patients, doctors, and nursing staff. • Assisted in managing the floor operation, including patient rounds to check for issues. • Learned how to operate in patient management software and discovered how to see and track patient admissions and discharges, and maintain visibility of beds available • Learned to generate discharge summaries, medicine lists from the pharmacy for the patients, and return the remaining ones - understood the process in the software. • Assisted in booking general duty assistants (GDA) and transport for patients (TPT) as per needs. • I looked into patient discharge and bed availability trackers and informed the manager regularly about staff delays.

	• Helped maintain a tracker to identify delays in patient management and staff tasks, and regularly reported issues to the floor manager.
Linking theory (Classroom learning) with practice at your organisation	• Applied while coordinating between nurses, doctors, billing, pharmacy, and floor managers for seamless patient discharge and service delivery. • Applied interdepartmental communication while coordinating with doctors, nurses, and the floor manager for a smooth flow and patient discharge • Understanding lean principles helped me identify process delays, reduce them in real time. • DMAIC (Define, Measure, Analyse, Improve, Control): The data was analysed to inform the manager of further improvement and controlled by indicating the problems. • Practised by monitoring patient movement across admission to discharge, ensuring timely transitions and maintaining bed visibility for effective resource use.
Gaps identified on the working area.	• A delay in the doctor's response to the discharge summary is causing holdups in the discharge process.

	• Non-medical delays - patients waiting and purposely delaying for refreshments, even if the clearance is given. • Slow nurse response to patient call bells due to a high patient-to-nurse ratio. • Absence of a support system (like a call bell attendant) to handle basic patient requests when nurses are busy.
Suggestions for improvement	• Prepare discharge summaries in advance for patients with a fixed discharge date and forward them to the doctor to have enough time to sign and review, ensuring quicker discharge and avoiding delays. • Appointing a call bell attendant who acts as a bridge between patients and nurses, especially when nurses are occupied.
Plan for the next week	• Plan for Next Week: Get a detailed understanding of the ICU and observe the operational flow and process.

Signature of the Student



Weekly Report-3

Name of the Organisation: Medanta Hospital Patna.

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

Name of the Student: Farhat Yasmin

Roll no: 1946 **Stream: MBA HM**

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

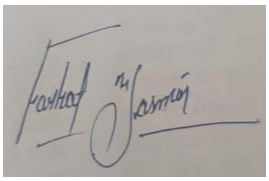
Activity Done	• Went to the Operation Theatre (OT), a clean and controlled place where surgeries happen. • Learned the OT is split into four parts: o First zone where patients and staff enter and get ready. o Second zone where nurses check patients' vital signs before surgery. o Third zone is the operating room where the surgery is performed. o Fourth zone where patients recover after surgery. • Patients are brought to OT from their ward on stretchers or wheelchairs by trained staff. • Before going to OT (Operation Theatre), the patient undergoes Pre OT care. In Pre OT: 1. Preparation: The patient is prepared for surgery, which includes administering medication, conducting tests, and obtaining consent.

	2. Assessment: The doctor performs a health checkup on the patient and evaluates the risks associated with the surgery. After the surgery, the patient is shifted to Post OT care. In Post OT: 1. Recovery: The patient is placed in a recovery room after surgery, where their health is monitored. 2. Pain Management: The patient is given medication to relieve pain and discomfort. 3. Follow-up Care: The doctor checks the patient's progress and plans further treatment. • Before surgery, nurses check things like blood pressure and pulse to make sure patients are ready. • Depending on the check, they may apply bandages or dressings before surgery. • When patients arrive in OT, staff carefully note down the time they came, when they were admitted, and when surgery starts. • The surgical team uses a safety checklist to confirm patient identity, consent, the right surgery site, and that all equipment is ready. • Saw strict cleanliness rules like hand washing, sterilizing tools, and wearing sterile gloves and gowns to prevent infections. • Keeping the OT clean and sterile is very important to avoid any infections. • Watched how patients are monitored and infection prevention is practiced in ICU and OT. • Observed how staff prepare patients and follow hospital procedures. • Learned how teamwork and communication help keep patients safe during critical care and surgery.

	• Understood how they document admission times and surgery start times carefully.
Linking theory (Classroom learning) with practice at your organisation	• Saw how the infection control and patient monitoring techniques learned in books are used in real life. • Watching surgeries and emergency care helped connect theory with actual hospital work. • Understood why surgical safety checklists and proper preparation are so important.
Gaps identified on the working area.	• Sometimes, the ICU doesn't have enough advanced machines when many patients are admitted. • Sterilizing surgical tools can be delayed because there are too many instruments to clean. • Staff don't get updated training on infection control often enough. • Sometimes communication between departments slows down patient transfer and preparation.
Suggestions for improvement	• Add more monitoring machines in ICU to handle busy times better. • Organize sterilization work better or add more sterilization capacity to avoid delays. • Hold regular training sessions for staff on infection control and safety procedures.

	• Improve communication between wards, OT, and ICU to speed up patient care. • Use digital records to track patient info and surgery times to reduce mistakes. • Regularly check infection control practices to make sure staff follow rules properly.
Plan for the next week	Plan for Next Week: Not decided yet

Signature of the Student



Weekly Report-4

Name of the Organisation: Medanta Hospital Patna.

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

Name of the Student: Farhat Yasmin

Roll no: 1946 **Stream: MBA HM**

Week no: 04 **From: 2nd June to 6th June**

Activity Done	• Assisted in daily floor work and provided rotational support in the radiology department, specifically in the Ultrasound Unit • Managed the smooth flow by booking appointments, recording UH IDs, and logging the specific test each patient came for. • Ensured efficient patient movement by taking care of the files, submitting it and maintaining the queue discipline, and coordinating entry into the ultrasound room • Monitored and enforced the daily cap of 30 same-day ultra sound appointments (as per doctor's instructions), strictly closing entries by 4 PM. • Maintained accurate patient logs including: total appointments, patients who arrived, those pending, and no-shows—ensuring no callouts were missed. • Maintained & overlooked the accurate patient logs which included: total appointments, patients who arrived, those who were pending and no-shows - and ensuring callouts were missed

Linking theory **(Classroom learning) With practice at your** **organisation**	**Managing Patient Flow** In class, we discussed how smooth patient flow is key to better service. On the floor, I helped maintain order by guiding patients, handling files, and making sure the queue moved without confusion. **Focusing on Service Quality** We learned that delays and overcrowding affect patient satisfaction. I saw this in action when too many patients were booked, so I followed the appointment cap and closing time to avoid chaos. **Balancing Workload and Resources** In theory, we talked about managing resources wisely. In practice, I noticed departments getting overloaded due to extra patient bookings and suggested better coordination to avoid pressure. **Following Rules and Protocols** We studied how rules help in hospital functioning. I followed the ultrasound unit's SOPs and also identified gaps where rules weren't followed properly, leading to service delays.
Gaps were identified in the working area.	Doctors sometimes exceeded the 100- patient mark to boost earnings, but the overloaded check-up departments like radiology, blood tests, etc. causing delays, service breakdowns, and spike in patient dissatisfaction.

Suggestions for improvement	• Enforce a 100-patient cap using a shared daily tracker across doctors and diagnostic departments. • Set up a simple coordination between the front desk and departments to align patient load and last-minute pressure.
Plan for the next week	Plan for Next Week: Cath lab management

Weekly Report-5

Name of the Organisation: Medanta Hospital Patna.

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

Name of the Student: Farhat Yasmin

Roll no: 1946 **Stream: MBA HM**

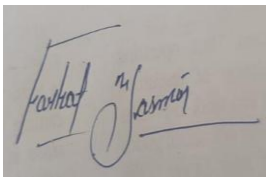
Week no: 05 **From: 9th June to 14th June 2025**

Activity Done	• Assisted in daily floor work and provided rotational support in the radiology department, specifically in the Ultrasound Unit • Managed the smooth flow by booking appointments, recording UH IDs, and logging the specific test each patient came for. • Ensured efficient patient movement by taking care of the files, submitting it and maintaining the queue discipline, and coordinating entry into the ultrasound room • Monitored and enforced the daily cap of 30 same-day ultra sound appointments (as per doctor's instructions), strictly closing entries by 4 PM. • Maintained accurate patient logs including: total appointments, patients who arrived, those pending, and no-shows-ensuring no callouts were missed.

Linking theory (Classroom learning) with practice at your organisation	**Managing Patient Flow** In class, we discussed how smooth patient flow is key to better service. On the floor, I helped maintain order by guiding patients, handling files, and making sure the queue moved without confusion. **Focusing on Service Quality** We learned that delays and overcrowding affect patient satisfaction. I saw this in action when too many patients were booked, so I followed the appointment cap and closing time to avoid chaos. **Balancing Workload and Resources** In theory, we talked about managing resources wisely. In practice, I noticed departments getting overloaded due to extra patient bookings and suggested better coordination to avoid pressure. **Following Rules and Protocols** We studied how rules help in hospital functioning. I followed the ultrasound unit's SOPs and also identified gaps where rules weren't followed properly, leading to service delays.
Gaps identified on the working area.	Doctors sometimes exceeded the 100- patient mark to boost earnings, but the overloaded check-up departments like radiology, blood tests, etc. causing delays, service breakdowns, and spike in patient dissatisfaction.
Suggestions for improvement	Enforce a 100-patient cap using a shared daily tracker across doctors and diagnostic departments. Set up a simple coordination between the front desk and departments to align patient load and last-minute pressure.

Plan for the next week	Cath lab

Signature of the Student



Weekly Report- 6

Name of the Organisation: Medanta Hospital Patna.

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

Name of the Student: Farhat Yasmin

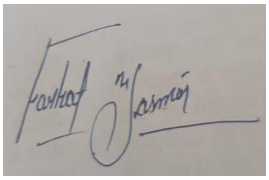
Roll no: 1946 **Stream: MBA HM**

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

Activity Done	Observed and reviewed the entire discharge process in the Inpatient Department, including patient file completion, clearance from pharmacy, TPA/cash billing, and coordination with nursing staff.
Linking theory (Classroom learning) with practice at your organisation	• Classroom Theory: Importance of interdepartmental coordination, discharge planning, and minimizing patient wait times. • Practical Application: In the hospital, it was evident that effective communication between billing, pharmacy, and ward nursing staff plays a critical role in timely discharge. • These align with classroom learnings on hospital workflow optimization.
Gaps identified on the working area.	• Delay in file completion by doctors or nurses. • Slow response from TPA (Third Party Administrator) for final approvals. • Patients and attendants are often unaware of the discharge timeline and process, causing confusion.
Suggestions for improvement	• Implement a "Discharge by 11 AM" policy with prior-day planning. • Assign a discharge coordinator or point person in each ward to track file movement and billing progress.

	• Use discharge checklists and provide written instructions to patients/attendants.
Plan for the next week	• Interview TPA team and billing department to identify their challenges. • Track and record discharge timings for a small sample of patients to assess delays. • Propose a pilot trial for a discharge coordinator role in one inpatient ward.

Signature of the Student



Weekly Report- 7

Name of the Organisation: Jay Prabha Medanta Hospital, Patna.

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

Name of the Student: Farhat Yasmin.

Roll no: 1946.

Stream: MBA Hospital and Health Management.

Week no: 07 **From:** 23-06-2025 to 28-06-2025.

Activity Done	• Conducted daily rounds in my allotted 6th floor and ensure patient's basic comfort in case of service-related concern. • Completed a task of tracking the discharge process, clearance time and patient out time for further improvement for a month. • Appointed in front desk to take care of patient and attendants regarding their respective concerns. • Collecting patient feedback using feedback forms. • Managing and coordinating with other department managers and the floor staffs. • Worked with TL and done coordination between the floor and the other support services. • Completed a task of enriching the google reviews and ratings of hospital target from 4.3 stars to 4.4 stars.
Linking theory	• Understanding the importance of inter- departmental coordination through hospital workflow and patient workflow management.

	• Collected knowledge form Medical Transcription personnels, Floor Manager and Team leader regarding the discharge process and time taken in each process in Hospital and compare the knowledge according to the discharge practices align with NABH continuity of care standards. • Studying how IPD floor works through Internet surfing and manager guidance and identifying key tactics to regulate.
Gaps identified on the working area.	• Delay by the Team Leader in booking patient appointments for support services in order to do further investigations, such as CBC tests, dialysis, and also in arranging patient transport. This delay is due to workload of TL in handling overall activities of floor bed. • Delay in sending the activity sheet from the 6th floor to the billing centre on the ground floor, which makes the delay in overall discharge process resulting dissatisfaction.
Suggestions for improvement	• To prevent the appointment delay, we can take a note of procedures a patient should undergone that day and we can call the concerned support services department beforehand and ask them for availability and if possible, then can make a timed reservations in department for patient, which can prevent at a time rush. • We can digitalize the activity sheet making or submission process through sending on WhatsApp or using spandan, instead of taking it manually to prevent delay and time wastage.

Plan for the next week	• To be instructed further by our Manager and HR and aim to learn different aspects in hospital. • Continue working upon the discharge clearance and patient out time and try to improve the TAT time by myself.

Weekly Report-8

Name of the Organisation: Jay Prabha Medanta Hospital, Patna.

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

Name of the Student: Farhat Yasmin.

Roll no: 1946.

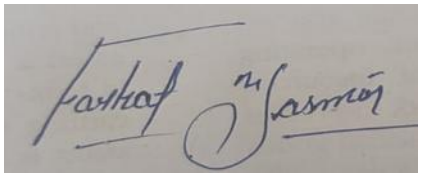
Stream: MBA Hospital and Health Management.

Week no: 8 **From:** 30-06-2025 to 5-07-2025.

Activity Done	• Conducted daily rounds in my alloted 6th floor and ensure patient's basic comfort in case of service related concern. • Appointed in front desk to take care of patient and attendents regarding their respective concerns. • Collecting patient feedback using feedback forms. • Managing and coordinating with other department managers and the floor staffs. • Worked with TL and done coordination between the floor and the other support services. • Elaborating my efforts towards smoothening the discharge process by immediate escalation and actions after the clearance slip being made. • Visited the Food and Beverage department and analyse the process.

Linking theory	• Understanding the importance of inter- departmental coordination through hospital workflow and patient workflow management. • Collected knowledge form Medical Transcription personnels, Floor Manager and Team leader regarding the discharge process and time taken in each process in Hospital and compare the knowledge according to the discharge practices align with NABH continuity of care standreds. • Studying how IPD floor works through Internet surfing and manager guidance and identifying key tactics to regulate.
Gaps identified on the working area.	• Many of the patients and attendents feels frustrated and triggers axiety due to long waiting time with no status update for investigation procedures like OT, diagnosis or dialysis and discharges. • Sometime nurses seemed reluctant and ignore the doctor call for a doctor's visit on floor for follow ups.
Suggestions for improvement	• We can place a white board near patient bed, which consists of all the pending procdures, planned discharge date and medication timings so that there will be no confusion and details can easily be tracked. • Nursing supervisor should be present in foor during rounds to ensure that nurse should be present with doctor for reviewing and taking follow-ups.
Plan for the next week	• To be instructed further by our Manager and HR and aim to learn different aspects in hospital. • Continue working upon the discharge clearance and patient out time and try to improve the TAT time by myself.

Signature of the Student



Weekly Report- 09

Name of the Organisation: Jay Prabha Medanta Hospital, Patna.

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

Name of the Student: Farhat Yasmin.

Roll no: 1946.

Stream: MBA Hospital and Health Management.

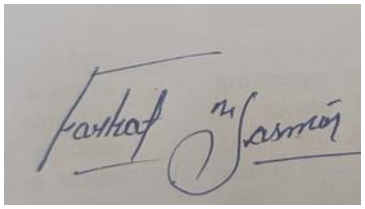
Week no: 09 **From:** 07-07-2025 to 13-07-2025.

Activity Done	• Conducted daily rounds in my allotted 6th floor and ensure patient's basic comfort in case of service-related concern. • Completed a task of tracking the discharge process, clearance time and patient out time for further improvement for a month. • Appointed in front desk to take care of patient and attendents regarding their respective concerns. • Collecting patient feedback using feedback forms. • Managing and coordinating with other department managers and the floor staffs. • Assigned a task of enriching the google reviews and ratings of hospital target from 4.3 stars to 4.4 stars.
Linking theory	• Understanding the importance of inter- departmental coordination through hospital workflow and patient workflow management. • Collected knowledge form Medical Transcription personnels, Floor Manager and Team leader regarding the discharge process and time taken in each process in

	Hospital and compare the knowledge according to the discharge practices align with NABH continuity of care standreds. • Studying how IPD floor works through Internet surfing and manager guidance and identifying key tactics to regulate.
Gaps identified on the working area.	• Nursing shift Handover, communication between nurses are mostly verbal and improper, leading to missed care details such as patient treatment medications and care plan. • There is a sort of staffs both for nurses and GDA. In my floor of 62 beds the current nurse bed ratio is 1:7 and sometimes 1:8 due to government nurse examinations also only 5 GDAs 2 male and 3 female for 62 beds also makes the situation uncontrolled sometimes.
Suggestions for improvement	• We can choose SBAR (Situation, Background, Assessment, Recommendation) handover method to describe about the plan care needed by duty nurse to shift nurse in order to reduce confusion. • The nurses can prepare a detailed checklist of their respective beds with suggestions and plans in a paper and hand it over to other nurse during shift. • We can hire nursing interns from colleges to fulfil the temporary requirement of shortage. • I can use my discharge tracker sheet and daily ward unit report and calculate patient average to escalate a request for temporary or contract staff to HR during exam periods or like situations.

Plan for the next week	• To be instructed further by our Manager and HR and aim to learn different aspects in hospital. • Continue gathering data of the discharge clearance.

Signature of the Student



Weekly Report- 10

Name of the Organization: Jay Prabha Medanta Hospital, Patna.

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

Name of the Student: Farhat Yasmin.

Roll no: 1946 **Stream:** MBA Hospital and Health Management.

Week no: 10 **From:** 14-07-2025 to 19-07-2025.

Activity Done	• Conducted daily rounds in my allotted 6th floor and ensure patient's basic comfort in case of service-related concern. • Appointed in front desk to take care of patient and attendants regarding their respective concerns. • Collecting patient feedback using feedback forms. • Managing and coordinating with other department managers and the floor staffs. • Worked with TL and done coordination between the floor and the other support services. • Elaborated my efforts towards smoothening the discharge process by immediate escalation and actions after the clearance slip being made. • Learned and performed a Patient file audit and enrich my skillset towards quality enrichment and enhancement.

Linking theory	• Understanding the importance of inter- departmental coordination through hospital workflow and patient workflow management. • Collected knowledge form Medical Transcription personnels, Floor Manager and Team leader regarding the discharge process and time taken in each process in Hospital and compare the knowledge according to the discharge practices align with NABH continuity of care standards. • Studying how IPD floor works through Internet surfing and manager guidance and identifying key tactics to regulate.
Gaps identified on the working area.	• Lack of response from the side of billing department regarding whether they received activity sheet or not and updates on patient billing settlement to the IPD staff and manager. • As our floor had neuro patients therefore sometimes it's difficult to handle their aggressive behavior by staff and sometimes the nearby patients also have to bear the continuous noises and scream.
Suggestions for improvement	• We can use digital means and mechanisms of acknowledgement about the activity sheet received and bill settlement like through WhatsApp group updates or HMS systems like spandan. • We can provide extra care to the critical neuro patients and council the nearby patients and attendants about the inconvenience caused and if possible, we can shift these patients to the single room or nearby patients to the other vacant beds.
Plan for the next week	• We have an extension of 1 extra week so our target is to focus upon visiting more further departments, know their process and enrich my knowledge towards clinical and non-clinical operations.

Compiled Report

Name of the Student: Farhat Yasmin

Area /Department/Project of Summer Internship Program:

Roll no: 1946

Stream: MBA-HM 29 (Section-A)

Activity done	Over a comprehensive 10-week period, I was actively immersed in a diverse range of administrative and operational functions, gaining invaluable hands-on experience across various departments. My core activities encompassed: **Comprehensive Hospital Orientation and Safety Protocols:** My internship began with an in-depth overview of Medanta Patna Hospital's extensive infrastructure (358-bed capacity, expanding to 650 beds), understanding its strategic growth. I received detailed briefings on the hospital's sophisticated information systems, including HIMS, SAP, EHR/EMR, and even the advanced Da Vinci robotic console, recognizing their pivotal roles in modern healthcare. A critical component was familiarization with the hospital's stringent Code of Conduct and professional responsibilities. I undertook guided tours of vital clinical

	areas, including the meticulously designed operating theatres, advanced radiology department, specialized catheterization labs, and crucial rescue exits, observing their layout and operational flow. Furthermore, I attended comprehensive Fire and Safety sessions, gaining practical knowledge of HazMat (Hazardous Materials) spill categories, the strategic placement of spill kits, and witnessing demonstrations of kitchen fire control methods. A detailed walkthrough of fire safety infrastructure, including hydrants, sprinklers (activating at 68°C), alarm panels, CCTV, and emergency tools, provided a tangible understanding of emergency preparedness. I also received a crucial briefing on radiation safety, emphasizing the ALARA (As Low as Reasonably Achievable) principle in the context of high-tech equipment like 128-slice CT scanners and biplane cath labs. **Patient Management and Flow Optimization:** I gained granular insight into bed and inpatient management, understanding different room types and their allocation, and actively participated in the daily process of sharing bed occupancy sheets for efficient resource planning. My role extended to observing and understanding the patient admission process, including orientation and visitor policy documentation. I provided rotational support

	in the Radiology department, specifically the Ultrasound Unit, where I managed patient flow by booking appointments, accurately recording UH IDs, logging specific tests, maintaining queue discipline, and coordinating entry into the ultrasound room. A key responsibility was monitoring and enforcing the daily cap of 30 same-day ultrasound appointments, strictly closing entries by 4 PM, and maintaining meticulous patient logs (total, arrived, pending, no-shows). **Inpatient Department (IPD) Operational Support:** I conducted daily rounds on the allotted 6th floor, proactively ensuring patients' basic comfort and addressing service-related concerns. My duties at the front desk involved directly assisting patients and their attendants with their respective concerns. I actively collected patient feedback using designated forms, providing valuable insights. I was deeply involved in managing and coordinating with other department managers and floor staff, fostering smoother inter-departmental operations. Collaborating closely with the Team Leader, I facilitated coordination between the floor and various support services. A significant contribution was streamlining the discharge process through immediate escalation and actions once the clearance slip was generated. I also learned

	and performed a patient file audit, enriching my skillset in quality enrichment and enhancement. **Advanced Clinical Area Observation and Analysis:** I visited the Operation Theatre (OT), gaining a detailed understanding of its four distinct zones (entry, vital check, surgery, recovery) and observing pre/post-OT care protocols. I witnessed the rigorous application of surgical safety checklists and strict infection control measures. My observations extended to patient monitoring techniques in both the ICU and OT. I conducted detailed analyses of discharge processes, tracking clearance times and patient out times for improvement. I learned to operate inpatient management software, gaining real-time visibility into patient admissions, discharges, and available beds. This included generating discharge summaries and medicine lists from the pharmacy, and understanding the process for returning remaining medications via the software. I also assisted in booking General Duty Assistants (GDAs) and patient transport (TPT) as needed. **Quality Improvement and Communication Initiatives:** I contributed to improving the hospital's online reputation by tracking and aiming to enrich Google reviews and ratings (target from 4.3 to 4.4

	stars). I analyzed a one-week discharge tracker to understand patient discharge flow and maintained a continuous tracker to identify delays in patient management and staff tasks, regularly reporting issues to the floor manager for intervention. Additionally, I visited the Food and Beverage department to analyze their operational processes, understanding another critical support service.
Linking theory (Classroom learning) with practice at your organisation	My internship provided an exceptionally robust platform to bridge classroom theory with practical application, transforming abstract concepts into tangible realities. **Hospital Management Systems in Practice:** My academic understanding of Hospital Information Management Systems (HIMS) and enterprise resource planning (ERP) was directly reinforced by daily interaction with Medanta's digital infrastructure, including HIMS, SAP, and EHR/EMR. Observing how these systems facilitated patient registration, billing, inventory management, and clinical documentation provided a concrete understanding of their indispensable role in modern hospital operations. The Da Vinci robotic console, previously a theoretical concept, became a real-world example of advanced medical technology in action. **Translating Safety and Quality Standards:** Theoretical knowledge of

	hospital safety, including the fire-triangle theory, HazMat protocols, and the ALARA radiation safety principle, was profoundly solidified through practical experience. Participating in fire and safety sessions, observing spill kit placements, and witnessing emergency drills provided a direct application of risk management and emergency preparedness. Similarly, my classroom learning on quality standards, particularly NABH (National Accreditation Board for Hospitals & Healthcare Providers) continuity of care standards, was continuously validated and deepened by observing the hospital's meticulous adherence to patient safety protocols and quality assurance measures in daily operations, from patient admissions to discharge. **Patient Flow and Service Quality Dynamics:** Classroom discussions on optimizing patient flow and minimizing overcrowding for enhanced patient satisfaction found direct resonance in my work within the Ultrasound Unit. Actively managing patient queues, enforcing daily patient caps, and coordinating patient movement directly demonstrated how theoretical models of service quality and operational efficiency translate into improved patient experience and reduced waiting times. The practical observation of departments becoming overloaded due to

	excessive patient bookings vividly highlighted the importance of balancing workload and resources, a core management principle. **Resource Management and Public-Private Partnerships:** My theoretical understanding of resource distribution and Public-Private Partnership (PPP) models was enriched by observing Medanta's central purchasing mechanisms and its collaborative efforts with the government for patient care. This provided a real-world context for how healthcare resources are managed and partnerships leveraged to extend service reach. **Mastering Inter-departmental Coordination:** The critical importance of seamless inter-departmental coordination, a cornerstone of effective hospital workflow management, was constantly demonstrated through my daily activities. Liaising between nurses, doctors, billing, pharmacy, and floor managers for patient discharge and service delivery underscored how integrated communication and cooperation are vital for smooth operations and patient safety. **Applying Lean Principles and Quality Improvement Methodologies:** My academic understanding of Lean principles was directly applied as I identified and actively worked to reduce process delays in real-time, particularly within the discharge

	process. I gained practical experience in applying the DMAIC (Define, Measure, Analyze, Improve, Control) framework by systematically analyzing data related to patient flow and departmental tasks. This allowed me to identify specific problems, measure their impact, analyze root causes, and contribute to suggestions for improvement, thereby closing the loop on quality enhancement. **Cultivating Professional Conduct and Ethics:** Lectures on professional responsibilities and ethical conduct were put into tangible practice through my daily interactions with patients, their families, and hospital staff. This included upholding patient confidentiality, demonstrating empathy, and adhering to the highest standards of integrity in all administrative and operational tasks.
Gaps identified on the working area	During my internship, despite Medanta's high standards, I identified several operational gaps and recurring challenges that, if addressed, could further enhance efficiency, safety, and overall patient satisfaction: **Communication & Information Flow Deficiencies:** - Inconsistent staff awareness of fire kit locations. - Lack of clear, timely communication from the billing department to IPD staff

	regarding activity sheet receipt and patient billing settlement updates. - Predominantly verbal and often improper nursing shift handovers, leading to missed care details. - Inter-departmental communication bottlenecks slowing patient transfer and preparation. **Manual Process Inefficiencies & Data Risks:** - Manual entry of patient details in the IPD system, prone to typing errors. - Continued reliance on paper forms in parts of the discharge process. - Manual submission of activity sheets to billing, causing delays. **Resource Management & Staffing Constraints:** - Allied departments lacked real-time bed availability data. - Doctors exceeding patient caps, leading to overloaded diagnostic departments and patient dissatisfaction. - Occasional shortage of advanced monitoring machines in ICU during peak admissions. - Delays in sterilizing surgical tools due to high volume. - Significant staff shortages (nurses: 1:7/1:8 ratio; GDAs: 5 for 62 beds), leading to stretched resources and slow nurse response to call bells. - Absence of a dedicated support system

	(e.g., call bell attendant) for basic patient requests. **Patient Experience & Awareness Issues:** - Long waiting times for investigations/discharges without status updates, causing anxiety. - Challenges in handling aggressive neuro patients, impacting nearby patients. - Nurses sometimes appearing reluctant for doctor follow-up visits. - Patients/attendants often unaware of the precise discharge timeline and process. - Non-medical delays (patients delaying for refreshments post-clearance). - Delays in doctor's discharge summary completion and slow TPA approvals. **Training & Protocol Adherence Gaps:** - Infrequent updated training on infection control for staff. - Instances of inconsistent adherence to established rules and protocols.
Suggestions for improvement	Based on the identified gaps and challenges, I propose the following strategic recommendations to enhance Medanta Patna Hospital's operational efficiency, patient safety, and overall service quality: **Digital Transformation Initiatives:** - Implement fully digital IPD registration with barcode wristbands to minimize errors. - Adopt electronic discharge summaries with digital signatures and automated alerts

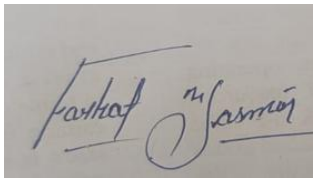
	for timely completion. - Digitalize activity sheet submission (e.g., via WhatsApp/Spandan) to eliminate manual delays. - Develop a real-time bed management dashboard accessible to all relevant departments. - Install digital whiteboards near patient beds displaying pending procedures, discharge dates, and medication timings for transparency. **Process Optimization & Efficiency:** - Enforce a strict 100-patient cap using a shared daily tracker across doctors and diagnostic departments. - Establish clear coordination between the front desk and departments to align patient load. - Proactively note patient procedures and pre-book support services to prevent last-minute rushes. - Optimize sterilization workflow or increase capacity to avoid delays. - Implement a "Discharge by 11 AM" policy with prior-day planning for quicker patient outflow. **Staffing & Communication Enhancement:** - Implement the SBAR (Situation, Background, Assessment, Recommendation) method for standardized nurse handovers, supplemented by detailed checklists. - Address staff shortages by hiring nursing interns and using data to escalate

	requests for temporary staff to HR during peak periods. - Appoint a dedicated call bell attendant to bridge communication between patients and busy nurses. - Ensure nursing supervisors are present during doctor rounds to facilitate follow-ups. **Patient Experience Improvement:** - Provide extra care and counseling for neuro patients and their neighbours, considering single room shifts if necessary. - Use discharge checklists and provide clear written instructions to patients/ attendants for better awareness. **Training & Quality Assurance:** - Conduct regular, mandatory training sessions for staff on infection control and safety procedures. - Propose a pilot trial for a dedicated discharge coordinator role in wards to track file movement and billing progress. - Conduct regular checks of infection control practices to ensure consistent adherence. - Improve communication channels between wards, OT, and ICU. - Utilize digital records to track patient information and surgery times to reduce mistakes.

Key learnings	My internship at Medanta Patna Hospital provided comprehensive insights into the intricate world of medical administration and operations. Key learnings include: **Interconnectedness of Departments:** Understanding that efficient patient care is a symphony of coordinated efforts across all hospital departments. Every process, no matter how small, impacts the larger patient journey and operational flow. **Criticality of Information Systems:** Realizing how digital platforms (HIMS, EHR, SAP) are not just tools but indispensable assets for streamlined workflows, accurate patient data management, and efficient resource allocation. Their proper utilization is key to modern healthcare efficiency. **Patient Experience as Core:** Gaining a profound understanding that operational efficiency directly impacts patient satisfaction and well-being. This emphasized the critical importance of clear communication, empathy, and timely service delivery at every touchpoint. **Importance of Safety & Quality:** Developing a deeper appreciation for rigorous safety protocols (fire, radiation, infection control) and the adherence to

	quality standards (NABH) in ensuring both patient and staff well-being in a high-risk environment. **Problem-Solving & Innovation:** Cultivating an analytical mindset to identify operational bottlenecks and developing the ability to propose practical, data-driven solutions for continuous improvement, moving beyond mere observation to active contribution. **Adaptability & Professional Communication:** Learning to adapt swiftly to the dynamic and often unpredictable hospital environment. This experience underscored the vital role of clear, concise, and professional communication in all interactions, both inter-departmental and with patients/attendants. **Challenges in Healthcare Management:** Gaining a realistic understanding of the complexities inherent in managing vast resources, optimizing staffing levels, and balancing patient expectations within a high-pressure, constantly evolving healthcare setting. **Impact of PPP Model:** Obtaining practical insight into how public-private partnerships function in healthcare delivery,

	understanding their role in expanding access to care for diverse patient populations. **Significance of Data-Driven Decisions:** Learning the importance of tracking and analyzing operational data (e.g., discharge times, bed occupancy, patient feedback) to identify inefficiencies, measure performance, and support informed decision-making for strategic improvements.



Signature of the Student

Approved by the IIHMR University's Mentor