IIHMR UNIVERSITY

SIP - NARAYANA INSTITUTE OF CARDIAC SCIENCES

University Mentor - Dr. Sarthak Sengupta
Organisation Mentor - Mr. K Seenu

Presented By - Dr. Divya Rani (1944, HM-29)
Stream : MBA (Hospital and Health Management)

Brief history about N H

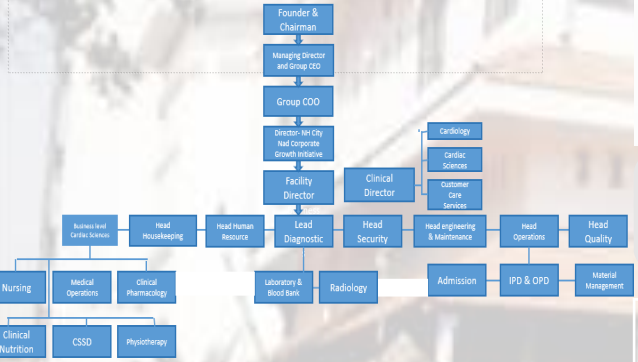
Accredited by JCI and NABH for international standards in healthcare, a home to multiple super-specialty institutions.

- 2000 – Founded by Dr. Devi Shetty with a 280-bed cardiac hospital in Bengaluru
- 2008 – Received NABH accreditation
- 2013 – Rebranded from Narayana Hrudayalaya to Narayana Health
- 2016 – Listed on BSE and NSE
- 2019 – Emmanuel Rupert appointed as MD & Group CEO
- 2022 – Announced plans for a 1000-bed super-specialty hospital in Kolkata

Vision: High quality healthcare with care and compassion at an affordable cost on a large scale.

Mission: Dream of making quality healthcare available to the nurses worldwide.a

Organogram



AIM: To asses the efficiency and quality of radiology services perceived by patients by analyzing TAT and patient feedbacks respectively.

OBJECTIVE: 1. To evaluate and analyze the Turnaround Time (TAT) of patients visiting the OPD between 8:00 AM and 8:00 PM from 12th May to 20th May.
2. To identify causes of delay in turn around time and to findout solutions to reduce it.
3. To evaluate and analyze patient satisfaction for radiology services through patient feedback. (using likert scale for evaluating satisfaction level)

RESEARCH DESIGN: DESCRIPTIVE CROSS-SECTIONAL STUDY DESIGN

RESEARCH TYPE: MIXED METHOD RESEARCH (QUANTITATIVE AND QUALITATIVE)

SAMPLE SIZE (TAT): 359 patients

SAMPLE SIZE (Patient Feedback): 90 patients

SAMPLING METHOD (TAT): TIME BASED CONSECUTIVE SAMPLING METHOD

TIME FRAME: 12TH MAY TO 20TH MAY 8am to 8pm (OPD duration)

PATIENT WAIT TIME	FROM ARRIVAL (hh:mm)	FROM APPOINTMENT (hh:mm)
AVERAGE	1:06	0:47
STANDARD DEVIATION	0:39	0:53
95% CONFIDENCE INTERVAL	1:02, 1:10	0:41, 0:53
AVERAGE SCAN DURATION	00:07	

OBSERVATIONS (FEEDBACK)

1. Patient satisfaction can increase by 10–15% through proper interaction and making them feel heard.
2. Some patients missed instructions (e.g., fasting) due to language barriers, despite explanations at reception.
3. Patients are more satisfied when informed in advance about waiting time.
4. Over 80% of patients came through positive word of mouth from relatives who previously used the service.

OBSERVATIONS (TAT)

Elevated heart rateFirst-time scan anxiety
Delay in IV cannulation/ preparation
Patient unpreparedness

File mismanagement
Priority cases
Creatinine report
Sudden arrival of number of walkin patients

SWOT ANALYSIS

STRENGTHS
1. Advanced imaging tech
2. High patient footfall
3. Strong positive word of mouth

OPPORTUNITIES
1. Staff training programs
2. Digitalize paperwork
3. Tech integration & upgrades

WEAKNESSES
1. Limited trained front desk staff
2. Occasional report delays
3. Language barrier in communication

THREATS
1.Equipment downtime risk.
2.Nearby diagnostic center competition.
3. Small waiting area → crowding & pricing debate

THEORETICAL UNDERSTANDING
1. Basic understanding of hospital setup, departments, and their functions.
2. NABH and JCI standards required for hospital accreditation.

PRACTICAL UNDERSTANDING
1. Practical exposure gave insights into hospital departments, their functions, and front/back stage operations.
2. Observed audits, equipment checks, staff training, and procedure timings to improve efficiency and ensure NABH/JCI compliance.

ACTIVITIES DONE

1. observed operations across various hospital departments.
2. Conducted project on Turnaround Time (TAT) and patient feedback.
3. Interacted with few managers for departmental insights
4. Group interaction with radiology nurses to understand work challenges
5. Met Learning & Development team to give them insights-related feedbacks of patients and nurses.
6. Assisted departmental teams as and when needed.

SUGGESTIONS

Nurses can be trained for the better communication.
A pamphlet of brief instructions in various languages can be handed to patients.
Report generation can be expedited.
Process of the scan can be explained properly to anxious patient.
Patients coming for the scan can be made aware about the health package.

CHALLENGES

1.Busy staff made doubt clarification difficult without waiting.
2. Language barrier affected communication with staffs,

MAJOR LEARNINGS

1. Practically, management goes beyond rules and systems.
2. Buildng good rapport with major key holders ensures smoother management operations.