SUMMER INTERNSHIP PROGRAM
at

CK Birla Hospital (RBH), Jaipur

From 12 May 2025 to 21 July 2025

A REPORT BY

Dishanka Agarwal

Master of Business Administration

Hospital and Health Management

Roll no: 1941

2024-26

under the Mentorship of

Dr. Ritu Vashishtha , Associate Professor

CK Birla Hospitals
RUKMANI BIRLA HOSPITAL

RBH/2025/Jul/HRD/6861

Date: 21 Jul 2025

TO WHOM SO EVER IT MAY CONCERN

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

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

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

For **CK Birla Hospital – RBH**

Ravi Kumar
Unit Head | Human Resources

IIHMR UNIVERSITY

IIHMR University Faculty Mentor Approval

This is to certify that Ms. Dishanka Agarwal 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: 23 July ,2025

(Signature of Faculty Mentor)

Dr. Ritu Vashishtha

Associate Professor

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SUMMER INTERNSHIP PROGRAM
IIHMR UNIVERSITY ,JAIPUR

COMPARATIVE ANALYSIS OF PLANNED AND UNPLANNED DISCHARGE PROCESSES IN TPA COVERED PATIENTS

CK BIRLA HOSPITAL(RBH), JAIPUR

University Mentor – Dr. Ritu Vashishtha
Organization Mentor – Dr. Nimi Thadeshwar

Name – Dishanka Agarwal
Roll no. 1941 , MBA HM

ORGANISATION – CK BIRLA HOSPITAL (RBH),JAIPUR

CK Birla Hospitals, comprising its three identities across India.

- The Calcutta Medical Research Institute (CMRI)
- BM Birla Heart Research Center (BMH)
- Rukmani Birla Hospital (RBH)
- CK Birla Hospital (Gurugram)
- CK Birla Hospital (West Delhi)

The three units of CK Birla Hospitals having footprint in Kolkata & Jaipur, which offer 800+ beds with comprehensive health care services in India.
RBH launched in 2016 with 230 beds at Jaipur.
And now the organization expanding their oncology superspecialist with a new building

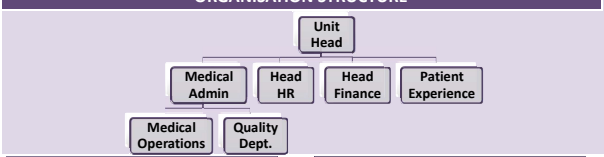
VISION

To provide best of Patient Service & Clinical Excellence.

MISSION

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

ORGANISATION STRUCTURE

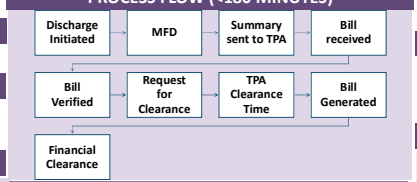


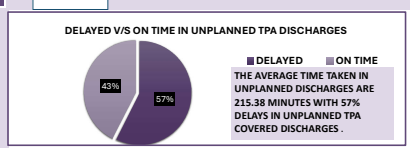
Theoretical	Practical
• Enhanced understanding about all the various departments of a hospital • Gained knowledge, basic core concepts of hospital management	• Conducted audit of crucial departments of a hospital . • Developed and applied skills like problem solving, decision making and teamwork.

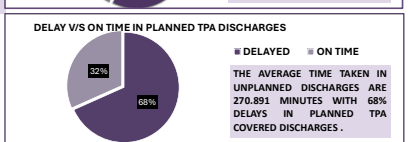
ANALYSIS OF DISCHARGE TAT IN TPA COVERED PATIENTS

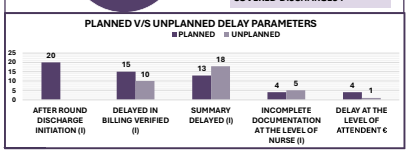
AIM - To compare the efficiency, challenges, and outcomes of planned versus unplanned discharge processes among TPA-covered patients in a hospital setting, with a focus on identifying gaps and opportunities for improvement in discharge workflows.

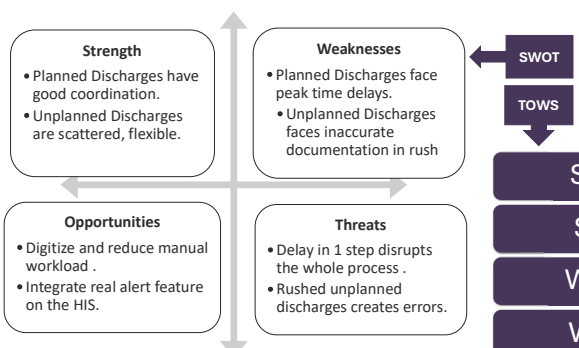
PROCESS FLOW (<180 MINUTES)











SO	• Use coordination to digitize manual work • Pilot alert in HIS system in flexible workflows .
ST	• Good coordination can prevent process disruption . • Agility in staff can reduce error in unplanned discharges
WO	• Digitization can reduce peak – time delays . • Alert system can support better documentation in rushed discharges
WT	• Automate steps (E-filling) to reduce bottlenecks . • Add training and real – time alerts to minimize discharge errors .

METHODOLOGY

- **Study design:** Cross-sectional comparative observational study.
- **Duration of study:** One month (23 May 2025 – 23 June 2025).
- **Sample Size:** Total 200 discharge cases
  - 101 Planned TPA discharges
  - 100 Unplanned TPA discharges
- **Inclusion criteria :**
  - Patients discharged under TPA during the study period.
  - Both planned and unplanned discharges.
- **Exclusion criteria:**
  Cash paying or government scheme patients.

CHALLENGES FACED DURING INTERNSHIP

- Resistance to data sharing in some departments.
- Miscommunication and coordination gaps across the department .
- Sudden changes in priorities / tasks.

LEARNING DURING INTERNSHIP

- ✓ Understood the real-time hospital operations and interdepartmental workflows.
- ✓ Gained knowledge of discharge processes ,billing and TPA coordination.
- ✓ Learned to conduct audits and apply quality improvement tools like fishbone analysis (RCA) & SWOT .
- ✓ Learned about the open and close file audits .
- ✓ Conducted a retrospective study of Pre-operative ALOS from closed file.
- ✓ Conducted an internal audit for infection control in three crucial department like CSSD, Pre & post Operative department and OT.
- ✓ Analyses the usefulness of clinical pathway process, found out the gaps & gave suggestion
- ✓ Gained hands-on experience in data management and analysis .

SUGGESTION FOR IMPROVEMENT

- **Strengthen the billing manpower :** Assign 2 staff in billing—1 for cash, 1 for TPA—via a proper morning roster.
- **Prioritize Consultant Rounds :** By ensuring that discharge eligible patient will be seen first by the doctors ,after that OT should be scheduled for better planning of discharges .
- **Interim Bill Counselling:** Inform attendants to check interim bills early to avoid final billing delays.
- **Digitize Document Submission** : Integrate new feature in HIS where discharge summaries and billing sheets should directly be uploaded on the system which will reduce GDA staff dependency .
- **Introduce a common communication platforms for the staff** to inform about the information like bed vacancy , unplanned discharges to reduce the miscommunication rather than passing messages on the social media apps.
- **Periodic refreshment training** should be provided to all the clinical staff for HIS system operation .

Weekly Report - 01

Name of the Organisation: CK Birla Hospital (RBH), Jaipur

Area/ Department/ Project of Summer Internship Program: Medical Services

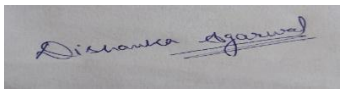
Name of the Student: Dishanka Agarwal

Roll no:1941 **Stream:** MBA HM (SECTION-A)

Week no: 01 **From:** 12/05/2025 **to** 17/05/2025

Activity Done	**Observation of different departments in the hospital -** • Floor (3,4,5) • Labs • Radiology department • OT and CSSD • Pharmacy • Emergency department • TPA • IT • Radiology and laboratories • Marketing • Blood Bank • MRD • OPD(PCS) • Quality department **Induction session -** • Basic life support • Fire and safety • Patient Satisfaction • Quality • Infection control

Linking theory (Classroom learning) with practice at your organisation	• Management of medications in Pharmacy department • Zone of OT and CSSD • Biomedical waste management • Emergency Codes • Floor planning, we study like nightingale ward, blood bank near HDU, ER department and OPD located on ground floor. • bilingual signage, separate exit and entrances • Hospital Indices like average bed occupancy, average length of stay.
Gaps identified on the working area.	• On the floor during the discharge, nursing clearance was sometime delayed due to which TAT of patient discharge got disturbed. • There is no proper IEC material for patient education in the waiting area, in radiology department (metallic accessories should not be wear by patient during radiological assessment), and some IEC materials are not readable easily. • Internal delays, like hardcopy of the file is not received in the TPA department on time which will lead to delay in TPA clearance.
Suggestions for improvement	• For delay in nursing clearance – use digital alerts in HIS which will send automated alert to nurses on their system. • For lack of proper IEC material – develop standardized IEC material, pictogram and bold fonts and digital signage can also use. • Internal delays – tracking mechanism for dispatched files, assign staff to monitor and ensure timely transfer of discharge files to TPA, E-filling system.
Plan for the next week	In the upcoming week, department will be assigned to us and we will start working on the projects accordingly.



Signature of the Student

Approved by the IIHMR University's Mentor

Weekly Report -02

Name of the Organisation: CK Birla Hospital (RBH), Jaipur

Area/ Department/ Project of Summer Internship Program: Medical Admin

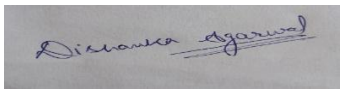
Name of the Student: Dishanka Agarwal

Roll no: 1941 **Stream:** MBA HM (SECTION- A)

Week no: 02 **From:** 19/05/2025 **to** 24/05/2025

Activity Done	• Department are assigned to us (Medical admin) • One project is given by the organisation itself, which is related to infection control audits in which we have covered CSSD, Pre - operative department. • Decided my major project on "Comparative Analysis of Planned and Unplanned Discharge Processes in TPA-Covered Patients" • Started sample collection for major project. • Submitted a report of CSSD for quality improvement meetings.
Linking theory (Classroom learning) with practice at your organisation	• System approach - Infection control and discharge are both key hospital processes used in linked with patient safety and QI. • Quality Improvement tools - I have used Minister of infection control checklist for infection control and 5 whys for root cause analysis of patient. • Project aim to reduce inefficiencies, variation in the process • Audit for infection control meets NABH standards, help in quality improvement.
Gaps identified on the working area.	• Infrastructural gaps seen in CSSD department which create haphazard situation in processing • No proper, efficient training of staff which will lead to low hand hygiene practices • Miscommunication seen in discharge process

Suggestions for improvement	**For Infection control projects** • Regular training session on protocol. • Competency assessment, refreshment training in every 3-6 months. **For discharge process** • Regular interdepartmental feedback meeting to discuss bottleneck in discharge process.
Plan for the next week	• Sample collection for major project, and analysis of data is to be continued. • Other department will be assigned to us for infection control audits.



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Weekly Report - 03

Name of the Organisation: CK Birla Hospital (RBH), Jaipur

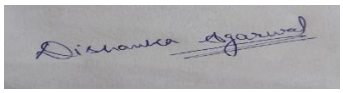
Area/ Department/ Project of Summer Internship Program: MEDICAL ADMIN

Name of the Student: Dishanka Agarwal

Roll no: 1941 **Stream:** MBA HM (SECTION- A)

Week no: 03 **From:** 26-05-2025 **to** 31-05-2025

Activity Done	• Observed the discharge process of IPD patients and collected data from 3, 4, 5th floor of the hospital. • Had a briefing regarding our project with the industry mentors • Pre-operative audit report is given to the head of the infection control department.
Linking theory (Classroom learning) with practice at your organisation	• Research methodology for sample collection • Hand hygiene practices • Concept like workflow analysis, bottleneck analysis, TAT • Hospital health services • Data management in Excel, access
Gaps identified on the working area.	• Communication gaps • No proper hygiene and cleaning practice • Incomplete documentation
Suggestions for improvement	• Communication gaps - standardized handover checklist and conduct interdepartmental audits • Strict cleaning protocol and regular audit. • Incomplete Documentation: Enforce documentation SOPs and use EMR with mandatory fields to reduce mistake.
Plan for the next week	• OT audit for infection control project. • Sample collection to be continued for major project



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Weekly Report- 04

Name of the Organisation: CK Birla Hospital (RBH), Jaipur

Area/ Department/ Project of Summer Internship Program: Medical Admin

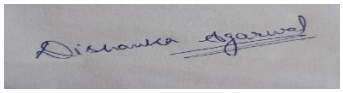
Name of the Student: Dishanka Agarwal

Roll no: 1941 **Stream:** MBA HM (SECTION- A)

Week no: 04 **From:**02-06-2025 **to** 7-06-2025

Activity Done	• Collection of data for major project • Had two meeting with industry mentors regarding report writing of CSSD, pre-operative department infection control. • Discussion held regarding OT audit. • Formed a checklist for the audit of OT • Meeting with mentor regarding the projects.
Linking theory (Classroom learning) with practice at your organisation	• Research methodology • Essential of hospital management- Operation theatre • Lean management • Financial management • TPA - life insurance • Database management
Gaps identified on the working area.	• Miscommunication • Incomplete documentation • Lack of staff • Lack of refreshment training
Suggestions for improvement	• For miscommunication - integrate standardized communication protocols. • For incomplete documentation - Development of standardized documentation template • Training - conduct periodic audit to monitor documentation standards

Plan for the next week	• Continue to collect the sample collection for major project. • Will give presentation and written report of two projects of infection control, observation of CSSD, Pre-operative department.



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Weekly Report - 05

Name of the Organisation: CK Birla Hospital (RBH), Jaipur

Area/ Department/ Project of Summer Internship Program: Medical Admin

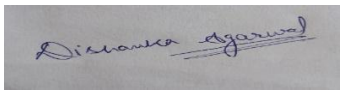
Name of the Student: Dishanka Agarwal

Roll no:1941 **Stream:** MBA HM (SECTION- A)

Week no: 05 **From:** 09/06/2025 **to** 14/06/2025

Activity Done	• We had a meeting with our industrial mentor regarding the project and data collection. • Continued to collect data for the major project • Made a checklist for OT audit regarding infection control • Submitted 2 reports, of CSSD and Pre-operative audit regarding infection control to the organisation.
Linking theory (Classroom learning) with practice at your organisation	• Research methodology for sample collection • Hand hygiene practices • Concept like workflow analysis, bottleneck analysis, TAT • Hospital health services • Data management in Excel, access • Report writing
Gaps identified on the working area.	• Miscommunication • Incomplete documentation • Lack of staff • Expired payer plan
Suggestions for improvement	• Communication gaps - standardized handover checklist and conduct interdepartmental audits • Strict cleaning protocol and regular audit. • Incomplete Documentation: Enforce documentation SOPs and use EMR with mandatory fields to reduce mistake. • Attention given to expired payer plan a time prior to reduce the delay in billing.

Plan for the next week	• Collection of more data for major project. • Analysis of data collection • OT Audit for infection control



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Weekly Report - 06

Name of the Organisation: CK Birla Hospital (RBH), Jaipur

Area/ Department/ Project of Summer Internship Program: Medical Admin

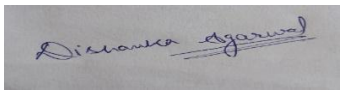
Name of the Student: Dishanka Agarwal

Roll no: 1941 **Stream:** MBA HM (SECTION- A)

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

Activity Done	• Continue to collect last slot of data for the major project. • Segregated the data in excel • Had a meeting with the industry mentors regarding the data. • Also had a meeting with the head of infection control department he gave us the briefing for OT audit • Made OT checklist • Did the audit in OT for infection control and observe staff practices
Linking theory (Classroom learning) with practice at your organisation	• Application of data management skills in excel and analysis of data. • OT zoning and requirements • Professional communication • Checklist based auditing
Gaps identified on the working area.	• Inefficient cleaning of OTs • No proper hand hygiene • BMW management is not followed properly • Lack of GDA staff • Incomplete documentation
Suggestions for improvement	• Ensure regular training - Conduct periodic training in hand hygiene and OT cleaning protocol • Strengthen BMW practices - Implement strict monitoring and waste segregation training • Optimize staff • Improvement documentation - introduce standardized checklist and audit to ensure regular record keeping

Plan for the next week	• Report writing for OT • Format the data for major project. • Discussion with the mentor regarding next project.



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Weekly Report - 07

Name of the Organisation: CK Birla Hospital (RBH), Jaipur

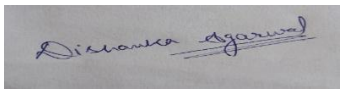
Area/ Department/ Project of Summer Internship Program: Medical Admin

Name of the Student: Dishanka Agarwal

Roll no: 1941 **Stream:** MBA HM (SECTION- A)

Week no: 07 **From:** 23/06/2025 **to** 28/06/2025

Activity Done	• Data analysis of major project for presentation • Meeting held with industry mentors for progress report • Continued infection control audits in OT • Also made a report of OT infection control and submitted it to the head of infection control department. • Discussed about another minor project with industry mentors
Linking theory (Classroom learning) with practice at your organisation	• Hand hygiene practices • Concept like workflow analysis, bottleneck analysis, TAT • Hospital health services • Data management in Excel, access • Report writing
Gaps identified on the working area.	• lack of staff • No proper Hand hygiene • No proper cleaning of OT floors and surfaces
Suggestions for improvement	• Periodic Audit for infection control • Refreshment training of GDA, nursing, technician for OT • Infection control training and briefing • BMW management training
Plan for the next week	• Starting a new project after discussing with mentor • Observe pharmacy and admission desk for further information • Poster making of major project.



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Weekly Report -08

Name of the Organisation: CK Birla Hospital (RBH), Jaipur

Area/ Department/ Project of Summer Internship Program: Medical Admin

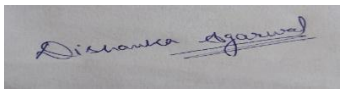
Name of the Student: Dishanka Agarwal

Roll no: 1941 **Stream:** MBA HM (SECTION- A)

Week no: 08 **From:** 30/06/2025 **to** 5/07/2025

Activity Done	• We had a meeting with our industrial mentor regarding the project and data collection. • Observed the admission desk and learn the process of Cash, TPA and ER patient admission. • Meeting with head of infection control department regarding the OT report submission. • OT report submitted with corrections and pictures • Data summarised and analysed of major project • Prepared an RCA of all three departments (Infection control) and discussed with mentor • Started a Pre-Operative ALOS project given by the organisation itself
Linking theory (Classroom learning) with practice at your organisation	• Behaviour change communication skills applied in sensitising staff for hygiene. • Research methodology guided structured data analysis and report writing skills • Demography, understanding the trends and indicators in a data • Applied epidemiology and prepared RCA
Gaps identified on the working area.	• Miscommunication • Incomplete documentation • Lack of refreshment training • Malpractice of hand hygiene
Suggestions for improvement	• Communication gaps - standardized handover checklist and conduct interdepartmental audits • Strict cleaning protocol and regular audit.

	• Documentation: Enforce documentation SOPs and use EMR with mandatory fields to reduce mistake. • Regular refreshment training to the GDA and Nursing staff
Plan for the next week	• Collection of more data for pre- op ALOS. • Analysis of data collection. • Re-auditing of all three department.



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Weekly Report – 09

Name of the Organisation: CK Birla Hospital (RBH), Jaipur

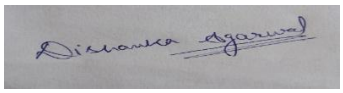
Area/ Department/ Project of Summer Internship Program: Medical Services

Name of the Student: Dishanka Agarwal

Roll no: 1941 **Stream:** MBA HM (SECTION -A)

Week no: 09 **From:** 07/07/2025 **to** 12/07/2025

Activity Done	• Data collection from closed file for another minor project related to Pre -operative ALOS in Ortho cases (TKR<THR). • Sorted the data for analysis in excel sheet. • Sample size – 106 (TKR<THR cases). • Reauditing of CSSD department for infection control. • Started to make poster of the University Presentation. • Prepared a PowerPoint presentation of major and minor project and had a meeting with industry mentor regarding this.
Linking theory (Classroom learning) with practice at your organisation	• Data management and analysis. • Applied NABH based concepts for CSSD for infection control reaudit. • Presentation skills to present the data & data visualization. • Essentials of hospital services.
Gaps identified on the working area.	• Refreshment training needed for hygiene practices. • No proper counselling of patients regarding the packages • Incomplete and inaccurate documentation.
Suggestions for improvement	• Proper refreshment training and educating the staff of hygiene practices. • Proper counselling done for the package test which should be done before admission and after admission. • Make a checklist for proper documentation.
Plan for the next week	• Reaudit of pre-operative and OT for infection control practices. • Final submission of reports of all major and minor projects. • Presentation of the major and minor project to senior management.



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Weekly Report – 10

Name of the Organisation: CK Birla Hospital (RBH), Jaipur

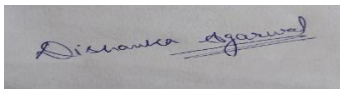
Area/ Department/ Project of Summer Internship Program: Medical Services

Name of the Student: Dishanka Agarwal

Roll no: 1941 **Stream:** MBA HM (SECTION -A)

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

Activity Done	• Presented Pre-op ALOS data analysis to mentor. • Prepared a PowerPoint presentation of major and minor project and had a meeting with industry mentor regarding this. • Reaudit of OT and Pre, post operative department. • Discussion with the head of infection control department. • Gave presentation of all the projects to the industry mentors.
Linking theory (Classroom learning) with practice at your organisation	• Data management and analysis. • Applied NABH based concepts for OT for infection control reaudit. • Presentation skills to present the data & data visualization. • Essentials of hospital services.
Gaps identified on the working area.	• Refreshment training needed for hygiene practices. • Lack of manpower in some department • Manual workload is more which delay some of the processes
Suggestions for improvement	• Proper refreshment training and educating the staff of hygiene practices. • Staff management • Integrate a proper communication platform to reduces miscommunication • E-filling to reduce manual workload. • Digitalize alert for discharge process and other process too.



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Compiled Report

Name of the Organisation: CK Birla Hospital (RBH), Jaipur

Area/ Department/ Project of Summer Internship Program: Medical Services

Name of the Student: Dishanka Agarwal

Roll no: 1941 **Stream:** MBA HM (SECTION -A)

Activity Done	**Observation of different departments in the hospital -** • Floor (3,4,5) • Labs • Radiology department • OT and CSSD • Pharmacy • Emergency department • TPA • IT • Radiology and laboratories • Marketing • Blood Bank • MRD • OPD(PCS) • Quality department • Billing Office • Pre, post operative department • Robotics surgeries • Financial counselling of patients **Induction session -** • Basic life support • Fire and safety • Patient Satisfaction • Quality • Infection control **Audits –**

	• Infection Control Audit in CSSD • Infection Control Audit in OT • Infection Control Audit in pre, post operative area • Close file audit of Ortho cases • Discharge **Process –** • Planned and Unplanned Discharge Process (TPA) • Planned and Unplanned Discharges Process (Cash) • Admission Process (Emergency, electives surgery) • CSSD sterilization Process • OT wheel in, wheel out process (TAT) • OT draping process (TAT) • Pre, post department **Projects –** **Project 1 – Major** • Comparative Analysis of Planned and Unplanned Discharges of TPA covered Patients. **Project 2 –** • Infection Control Internal Audit in CSSD with Report and Suggestion of Improvement. **Project 3 –** • Infection Control Internal Audit in pre, post operative area with Report and Suggestion of Improvement. **Project 4 –** • Infection Control Internal Audit in OT. with Report and Suggestion of Improvement. **Project 5 – Minor** • Root Cause Analysis of Infection Control Breaches in Pre-Operative Area, CSSD, and Operation Theatre: A Multi-departmental Approach to Patient Safety. **Project 6 – Minor**

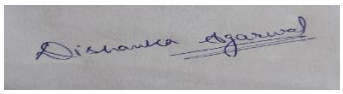
	• Retrospective Analysis of Pre-Operative Average Length of Stay (ALOS) For TKR /THR Patients in a Tertiary Care Hospital. **Reaudits –** • Infection Control Reaudit in CSSD Department • Infection Control Reaudit in Pre, post operative Department • Infection Control Reaudit in OT Department. ➢ Presentation of Data and finding after every 15 days and at the last week of Summer Internship Program, gave presentation of all the Projects to the Industry Mentors.
Linking theory (Classroom learning) with practice at your organisation	• Management of medications in Pharmacy department • Zone of OT, CSSD and pre, post department • Biomedical waste management • Emergency Codes • Floor planning, we study like nightingale ward, blood bank near HDU, ER department and OPD located on ground floor. • bilingual signage, separate exit and entrances • Hospital Indices like average bed occupancy, average length of stay. • Data management and analysis. • Applied NABH based concepts for CSSD for infection control reaudit. • Presentation skills to present the data & data visualization. • Essentials of hospital services. • Behaviour change communication skills applied in sensitising staff for hygiene. • Research methodology guided structured data analysis and report writing skills • Demography, understanding the trends and indicators in a data • Applied epidemiology and prepared RCA • Hand hygiene practices • Concept like workflow analysis, bottleneck analysis, TAT • Hospital health services • Data management in Excel, access • Report writing

	• Professional communication • Checklist based auditing • System approach - Infection control and discharge are both key hospital processes used in linked with patient safety and QI. • Quality Improvement tools - I have used Minister of infection control checklist for infection control and 5 whys for root cause analysis of patient. • Project aim to reduce inefficiencies, variation in the process • Audit for infection control meets NABH standards, help in quality improvement. • Essential of hospital management- Operation theatre • Lean management • Financial management • TPA - life insurance • Database management
Gaps identified on the working area.	• On the floor during the discharge, nursing clearance was sometime delayed due to which TAT of patient discharge got disturbed. • There is no proper IEC material for patient education in the waiting area, in radiology department (metallic accessories should not be wear by patient during radiological assessment), and some IEC materials are not readable easily. • Internal delays, like hardcopy of the file is not received in the TPA department on time which will lead to delay in TPA clearance. • Infrastructural gaps seen in CSSD department which create haphazard situation in processing • No proper, efficient training of staff which will lead to low hand hygiene practices • Miscommunication seen in discharge process • Communication gaps • Incomplete documentation • Lack of refreshment training • Inefficient cleaning of OTs • BMW management is not followed properly in OT • Lack of GDA staff • Expired payer plan • lack of staff

	• No proper counselling of patients regarding the packages
Suggestions for improvement	**For delay in nursing clearance** – – use digital alerts in HIS which will send automated alert to nurses on their system. – For miscommunication - integrate standardized communication protocols – Communication gaps - standardized handover checklist and conduct interdepartmental audits – Incomplete Documentation: Enforce documentation SOPs and use EMR with mandatory fields to reduce mistake. **For lack of proper IEC material** – – develop standardized IEC material, pictogram and bold fonts and digital signage can also use. **Internal delays** – – tracking mechanism for dispatched files, assign staff to monitor. – Ensure timely transfer of discharge files to TPA, E-filling system. – Regular interdepartmental feedback meeting to discuss bottleneck in discharge process. – Competency assessment, refreshment training in every 3-6 months. **For Billing Delays -** – Attention given to expired payer plan a time prior to reduce the delay in billing. – Training - conduct periodic audit to monitor documentation standards. – E-filling to reduce manual workload. – Digitalize alert for discharge process and other process too. – Staff management. **Infection Control -**

	– Ensure regular training - Conduct periodic training in hand hygiene and OT cleaning protocol – Strengthen BMW practices - Implement strict monitoring and waste segregation training – Periodic Audit for infection control – Refreshment training of GDA, nursing, technician for OT – Optimize staff. **ALOS -** – Proper counselling done for the package test which should be done before admission and after admission. – Interdepartmental References and Counselling process should be done before admission.
Key learnings	• Understood the real-time hospital operations and interdepartmental workflows. • Gained knowledge of discharge processes, billing and TPA coordination. • Learned to conduct audits and apply quality improvement tools like fishbone analysis (RCA) & SWOT. • Learned about the open and close file audits. • Conducted a retrospective study of Pre-operative ALOS from closed file. • Conducted an internal audit for infection control in three crucial departments like CSSD, Pre & post Operative department and OT. • Analyses the usefulness of clinical pathway process, found out the gaps and gave suggestions. • Gained hands-on experience in data management and analysis. • Bridges the gap between academic knowledge and hospital practices. • Help identify interest area for future specialization. • Built confidence in handling operational and administrative tasks in the organization.

	• Strengthening skills like teamwork and professional conduct in a hospital and healthcare setup. • Networked with healthcare experts.



Signature of the Student

Approved by the IIHMR University's Mentor