SUMMER INTERNSHIP PROGRAM

At

Tata Memorial Hospital, Mumbai

From 11/05/2025 to 12/07/2025

A REPORT BY

Sharayu Dhoke

Master of Business Administration

Hospital and Health Management

Roll no – 1939

2024-26

Under the Mentorship of

Dr. Anupam Mehrotra

IIHMR UNIVERSITY

टाटा स्मारक केंद्र
TATA MEMORIAL CENTRE

टाटा स्मारक अस्पताल
TATA MEMORIAL HOSPITAL

प. ऊ. वि. भारत सरकार का एक सहायता अनुदान प्राप्त संस्थान
A GRANT-IN-AID INSTITUTION OF THE DEPARTMENT OF ATOMIC ENERGY, GOVT OF INDIA

AA No. 1399051

[OFFICE OF THE DIRECTOR (ACADEMICS)]

INT/2025/2042

11th July, 2025

TO WHOMSOEVER IT MAY CONCERN

This is to certify that **Ms. Sharayu Vijay Dhoke** has Completed **Internship** in the Department of **Medical Administration** at Tata Memorial Centre for a period from **13.05.2025 to 11.07.2025.**

Banavali

PROF. S. D. BANAVALI
DIRECTOR (ACADEMICS), TMC

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IIHMR UNIVERSITY

IIHMR University Faculty Mentor Approval

This is to certify that **Ms.Sharayu Dhoke** 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: 28/07/2025

(Signature Faculty Mentor)

Name: Dr. Anupam Mehrotra

Designation: Assistant Professor

More Than Surgery: An OT Workflow and Cost Study at Tata Memorial Hospital, Mumbai

Faculty Mentor : Dr. Anupam Mehrotra

Presented By : Sharayu Dhoke (1939) MBA HM 29

Organisation Mentor : Dr. Naveen Chaturvedi

1.HISTORY & DISCRIPTION OF ORGANIZATION

- Established in 1941 by the Sir Dorabji Tata Trust, Tata Memorial Hospital (TMH) in Parel, Mumbai is India's premier and oldest cancer care center. Now managed by the Department of Atomic Energy, Govt. of India, TMH offers comprehensive cancer treatment, research, and education under one roof.
- With 650+ beds and over 70,000 new patients annually, it provides advanced care across all oncology specialties.

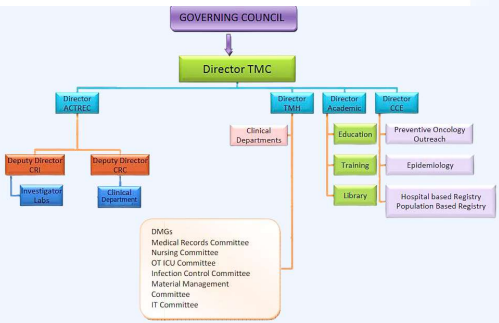
2. VISION & MISSION

Vision : The vision of TMH is to lead national cancer care by:

- Delivering evidence-based oncology services
- Educating professionals and the public
- Driving affordable, innovative, and impactful research

Mission : The Mission of TMH is to be a Centre of Excellence in Oncology, providing comprehensive cancer care, education, and research.

3. ORGANISATION STRUCTURE



4.THEORITCAL LEARNING

- Provided structured frameworks and foundational concepts.
- Focused on idealized models of hospital services and management.
- Offered broad overviews of healthcare programs and research methodologies

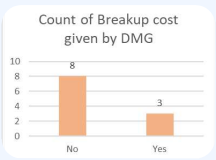
PRACTICAL LEARNING

- Revealed complex, dynamic, and often unpredictable realities.
- Required adaptive problem-solving and immediate incident response.
- Showcased nuanced implementation of programs, identifying specific challenges and gaps

OBJECTIVE :To Streamline Operation Theatre Workflows Identify and mitigate factors causing surgical delays and cancellations, analysing patient awareness for govt schemes

Observed OT Workflow (Admission to Discharge):

1. Admission & Registration
2. Consent & Pre-Anesthesia Clearance
3. Cost Estimation
4. OT Booking & Scheduling
5. Preparation & Pre-operative Instructions
6. Surgery & Intra-op Documentation
7. Post-op Recovery & Transfer
8. Discharge Process



Key Issues Identified:

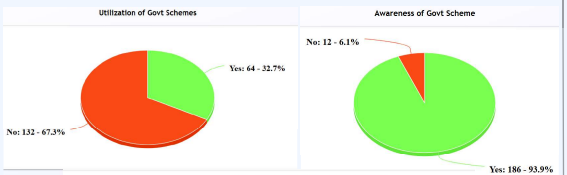
- Surgeries scheduled despite patients having insufficient funds
- OT delays due to last-minute funding gaps
- Poor awareness of government schemes among patients

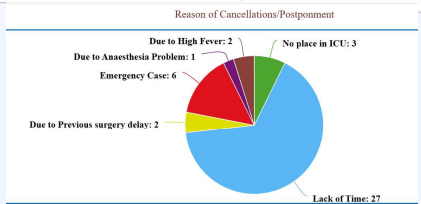
Analysis Type: Frequency distribution

- 70% were aware of one or more schemes.
- MJPJAY was the most recognized (especially in Maharashtra), followed by ABJAY.
- Low awareness for schemes like BSKY, CGHS, and CAPF.

Utilization of Healthcare Schemes

- Most Commonly availed: MJPJAY and ABJAY.
- Used for: Radiation, chemotherapy, medicines.
- General OPD patients used schemes more than private.



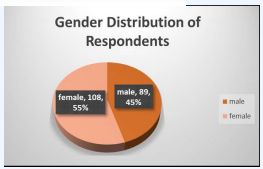


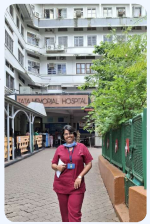
Additional Key Contributions

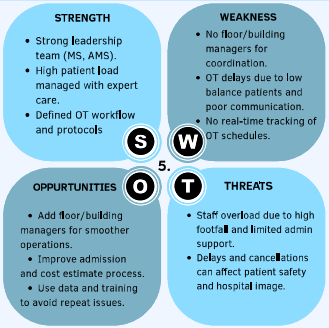
- Conducted Root Cause Analysis (RCA) using the 5-Why method for incidents that occurred as follows:

i) ICU blood sample errors iii) Incorrect IV cannulation
ii) Surefuser pump malfunction. iv) Aculife cap defects

- Designed Surgery Admission Form with fields for procedure type, estimated cost, room category, and fund availability.
- Analyzed Cost Certificates by comparing estimated vs actual bills for cash-paying patients.







6. CHALLENGES FACED DURING INTERNSHIP

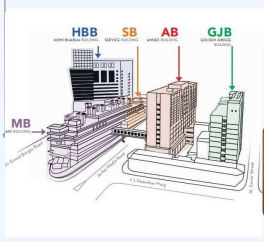
- High patient volume led to rushed observations.
- Discrepancies between estimated and actual surgery costs were frequent.
- Handling large data sets for scheme analysis was challenging.
- Communication gaps between departments slowed interventions.

7. MAJOR LEARNINGS

- Gained hands-on exposure to incident analysis using RCA & CAPA.
- Observed real-time coordination between OT, CSSD, and dispensary.
- Learnt how scheme-based admissions are handled and billed
- Understood gaps between theoretical knowledge and hospital reality.

8. SUGGESTIONS

- Improve internal communication between scheme, admission, billing, and OT for smoother patient flow.
- Display scheme eligibility and document checklist at admission counters to guide patients better,
- Implement a digital OT scheduling system to minimize manual errors and avoid surgery delays.



Reporting Format Weekly – 1

Name of the Organisation: Tata Memorial Hospital, Parel, Mumbai

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

Name of the Student: Sharayu Dhoke

Roll no: 1939 **Stream: Hospital Management**

Week no: 01 **From: 13/05/2025** to **17/05/2025**

Activity Done	Conducted comprehensive observation across the whole Tata Memorial Hospital which included five buildings; Homi Bhabha Block, Main building, Annexe Building, Service Block and Golden Jubilee Building. We also observed the 11 active Disease management groups (DMG's) in the hospital. And noted the departments and specialties on each floor, and familiarized ourselves with clinical, diagnostic, and administrative areas.
Linking theory (Classroom learning) with practice at your organisation	The theoretical knowledge from the subject of Essential of hospital services helped us in practical understanding of the zoning of CSSD, layout and structure of various departments in the hospital.
Gaps identified on the working area.	Patient overcrowding
Suggestions for improvement	Better arrangement for seating or waiting period for patients in the hospital/OPD
Plan for the next week	Detailed orientation and working of each department

Sharayu Dhoke

Signature of the Student

Approved by the IIHMR University's Mentor

Reporting Format Week – 2

Name of the Organisation: Tata Memorial Hospital, Parel, Mumbai

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

Name of the Student: Sharayu Dhoke

Roll no: 1939 **Stream: Hospital Management**

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

Activity Done	Detailed Orientation of the remaining departments such as the Registration and administration of patients' counter – observed how a patient treatment file is made, scan appointments and billing procedures. Also observed the PRO Public Relations Office and their working. Next, had a brief understanding of blood transfusion department of both blood bank and storage. Had an orientation of Quality department where I was given a chance to be the part of an internal audit meeting.
Linking theory (Classroom learning) with practice at your organisation	Linked with Hospital of essential services. Medical record Management, various departments, and their working.
Gaps identified on the working area.	NIL
Suggestions for improvement	NIL
Plan for the next week	To be assigned with study research related to public health.

Sharayu Dhoke

Signature of the Student

Approved by the IIHMR University's Mentor

Reporting Format Week – 3

Name of the Organisation: Tata Memorial Hospital, Parel, Mumbai

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

Name of the Student: Sharayu Dhoke

Roll no: 1939 **Stream: Hospital Management**

Week no: 3 **From: 26/05/2025 to 31/05/2025**

Activity Done	Was given a Research study and to conduct a detailed data analysis on the topic - Understanding Patient Awareness and Utilisation of Government Healthcare Schemes: A Study at a Tertiary Cancer Care Hospital, Mumbai. Made a rough report on the above topic which included Aim, objective, Methodology, Data Analysis, Results and discussion.
Linking theory (Classroom learning) with practice at your organisation	The theoretical knowledge linked was from the subject of "Research Methods." It included writing the title-relevance and scope, formulating aim and SMART objective, types of research design, sampling, and data collection methods. In data analysis - Descriptive and Inferential Statistics, Data Interpretation, and use of excel to create graphs/pie charts. In results and discussions, we saw the reliability, validity and literature review. Lastly, ethical considerations, limitations and bias was also seen.
Gaps identified on the working area.	As the data was previously collected by a previous intern student, there could be more specific questions framed for the questionnaire and systematically arranged. Furthermore, the study was done only among 198 respondents. The data collected was not filled.
Suggestions for improvement	More number of respondents can be taken into the study and a more specific questionnaire should be created.
Plan for the next week	To observe and analyse the Operation Theatre processes. Pre-requirements needed when the patient enters OT. Resources provided by the staff and if there's any shortage. Issues caused because of it.

Sharayu Dhoke

Signature of the Student

Approved by the IIHMR University's Mentor

Reporting Format Week – 4

Name of the Organisation: Tata Memorial Hospital, Mumbai

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

Name of the Student: Sharayu Dhoke

Roll no: 1939 **Stream: Hospital Management**

Week no: 04 **From: 02/06/2025 to 07/06/2025**

Activity Done	An Incident report of the hospital of Adult Hemat department was given. An inquiry was set. - I was assigned to conduct a Root Cause Analysis (RCA) using 5 WHY analysis. As a part of this I interviewed the concerning people and documented their responses. - Additionally, I was tasked with writing (CAPA) Corrective and Preventive Measures with the findings of the analysis. Familiarised myself with the process of Operation Theatre right from getting admission for surgery, to OT schedule, to patients getting discharged.
Linking theory (Classroom learning) with practice at your organisation	Subjects like Human Resource Management and Principles of Management taught us the need of using Standard Operating Protocols SOP's and conducting training sessions to avoid errors at workplace.
Gaps identified on the working area.	Momentary Lapse of attention by staff members caused a mismatch with collection of blood sample.
Suggestions for improvement	Immediate staff re-education on patient identification procedures. Reinforcement of verification steps. Strict adherence to following the SOP.

Plan for the next week	I will analyse the financial workflow, including OT billing, challenges faced by patients (such as pending funds or yojna-related issues), and gather insights from billing, admission, and yojna counters.

Signature of the Student

Sharayu Dhoke

Approved by the IIHMR University's Mentor

Reporting Format Week – 5

Name of the Organisation: Tata Memorial Hospital, Parel

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

Name of the Student: Sharayu Dhoke

Roll no: 1939 **Stream: Hospital Management**

Week no: 05 **From: 08/06/2025 to 14/06/2025**

Activity Done	I Analysed the financial workflow, including OT billing, challenges faced by patients (such as pending funds or yojna-related issues), and gather insights from billing, admission, and yojna counters. In addition to that I gathered information from OT Dispensary related to patients having Low Balance and further checked if they were entitled to the said yojnas – Ayushman Bharat and Mahatma Phule Jan Arogya Yojna. Furthermore, an Incident report of the hospital of day care was given. I was told to set an inquiry. - I was assigned to conduct a Root Cause Analysis (RCA) using 5 WHY analysis. As a part of this I interviewed the concerning people and documented their responses. - Additionally, I was tasked with writing (CAPA) Corrective and Preventive Measures with the findings of the analysis.
Linking theory (Classroom learning) with practice at your organisation	Subjects like National Health Programmes, Health Policy and Health Care Delivery System taught me government schemes, Health missions and how are they implemented.
Gaps identified on the working area.	During taking insights from admission counter, I realised there is no Admission slip existing for patients to be filled.
Suggestions for improvement	To make a proper Admission slip for the patient which will be signed by their respective doctors.

Plan for the next week	I will first-hand be in OT and observe the following checklist Timeliness of Surgeries, Sterilization Practices, Reasons for Delay, WHO Surgical Safety Checklist, OT Staffing, CSSD Coordination

Signature of the Student

Sharayu Dhoke

Approved by the IIHMR University's Mentor

Reporting Format Week – 6

Name of the Organisation: Tata Memorial Hospital, Parel

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

Name of the Student: Sharayu Dhoke

Roll no: 1939 **Stream: Hospital Management**

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

Activity Done	I was tasked with observing the Operation Theatre workflow. I observed Timelines of OT Cases, if surgeries are starting on time, Common reasons for delays CSSD Linkage**,** how instruments are sent to and received from CSSD, and Delay in instrument supply from CSSD. Furthermore, an Incident report of the hospital of day care was given. I was told to set an inquiry. - I was assigned to conduct a Root Cause Analysis (RCA) using 5 WHY analysis. As a part of this I interviewed the concerning people and documented their responses. - Additionally, I was tasked with writing (CAPA) Corrective and Preventive Measures with the findings of the analysis.
Linking theory (Classroom learning) with practice at your organisation	Subjects like Essentials of Hospital Services taught me about CSSD system and its workflow.
Gaps identified on the working area.	For surgery Patients, there is still a major funding gap from the yojanas. Mostly because of the unawareness of them being carried out in hospital and patients availing it. Which highlights the major communication gap.
Suggestions for improvement	The existing Patient Navigation system should be more vigilant and active for surgery cases.

Plan for the next week	I will first-hand be in OT and observe and check for Cancellations of surgery scheduled and its reasons, the cost estimated for surgeries and the real billing for cash patients.

Signature of the Student

Sharayu Dhoke

Approved by the IIHMR University's Mentor

Reporting Format Week – 7

Name of the Organisation: Tata Memorial Hospital, Parel**.**

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

Name of the Student: Sharayu Dhoke

Roll no: 1939 **Stream: Hospital Management**

Week no: 07 **From: 23/06/25 to 28/06/25**

Activity Done	Observation done in Operation theatre for case cancellation or delay in surgeries for everyday patients. Categorised and noted down the reasons. Furthermore, had the difference documented in the cost certificate estimated for surgeries under private category and the real time billing amount.
Linking theory (Classroom learning) with practice at your organisation	By comparing the estimated surgery costs with the actual billing, I used what I learned about cost estimation and finding cost differences. This helped me see where there are gaps or hidden expenses, which is important for better budgeting and controlling hospital costs. Collecting and sorting this information was like putting my research skills into practice — gathering real data, organizing it, and using it to make clear, practical suggestions
Gaps identified on the working area.	There are still some standard of procedure sop still not followed in the day care section of the hospital. Additionally, in the scheduling of surgeries majority of cancellations happen due lack of time. This leads to over scheduling and over optimization of OT's
Suggestions for improvement	SOPs should be mandated across the hospital by Quality Department. Ot's should not be over utilized and scheduled for surgeries according to the OT hours. Less standby options of patients should be kept.
Plan for the next week	From the OT dispensary, look for the stockout aspect that affects the surgeries and from the OT store thereby affecting OT dispensary. Also start to work on a Surgery Form that can be utilised in admissions.

Sharayu Dhoke

Signature of the Student

Approved by the IIHMR University's Mentor

Reporting Format Week – 8

Name of the Organisation: Tata Memorial Hospital, Parel

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

Name of the Student: Sharayu Dhoke

Roll no: 1939 **Stream: Hospital Management**

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

Activity Done	Continued with the observation of OT end to end workflow with observations in OT dispensary and stockout related queries. Coordinated with OT store and purchase department and understood the workflow. Also worked on Surgery Admissions Form and made a hybrid model which will be half filled by the respective DMG and other half will be filled by Admissions
Linking theory (Classroom learning) with practice at your organisation	Essentials of Hospital Services – Introduction with different department.
Gaps identified on the working area.	Continued with the observation of OT end to end workflow with observations in OT dispensary and stockout related queries. Coordinated with OT store and purchase department and understood the workflow.
Suggestions for improvement	Using ABC-VED Analysis we can figure out the high using consumables and make a separate OT kit
Plan for the next week	Sum up the whole OT workflow, do quick analysis of the whole data collected and present it to the mentor here.

Signature of the Student

Sharayu Dhoke

Approved by the IIHMR University's Mentor

Reporting Format Week – 9

Name of the Organisation: Tata Memorial Hospital, Parel

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

Name of the Student: Sharayu Dhoke

Roll no: 1939 **Stream: Hospital Management**

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

Activity Done	As this was my concluding week, I presented a comprehensive project review to the Assistant Medical Superintendent, detailing all activities and data analyses conducted during my internship. My objectives included understanding the end-to-end OT (Operating Theatre) workflow, identifying factors contributing to delays, cancellations, and inefficiencies, and analysing cost estimates versus actual billing for cash patients. Key activities undertaken: ➢ **OT Workflow Observation** – Studied case timelines, identified delay points. ➢ **Root Cause Analysis & CAPA** – Investigated incident reports using 5-Why analysis for: • Wrong blood collection in ICU (barcode mix-up) • Aculife cap defect • Incorrect IV site cannulation • Surefuser pump finished 7 hours early. ➢ **Cost Certificate Analysis** – Compared estimated vs actual bills for cash patients. ➢ **Scheme Utilization Review** – Evaluated schemes availed, barriers faced, and patient satisfaction. ➢ **Surgery Admission Form Design** – Developed a form incorporating surgery type, estimated cost, fund availability clause, and room type. ➢ **Case Cancellations Analysis** – Reviewed April–June DMG data to assess trends and reasons for cancellations. ➢ **OT Billing Understanding** – Gained insights into billing calculations and components.

	➢ **OT Utilization Assessment** – Worked on utilization data (incomplete) to understand time efficiency. ➢ **OT Dispensary & Store Coordination** – Observed workflows, stocking processes, and their impact on surgical readiness.
Linking theory (Classroom learning) with practice at your organisation	How to present the analysed data and put meaningful suggestions.
Gaps identified on the working area.	Gaps in current system were identified and suggestions are given in final project review for the above
Suggestions for improvement	Implement a fund availability check during admission to avoid OT delays for low-balance patients. Digitally track and audit OT delays monthly to identify recurring issues and improve efficiency
Plan for the next week	None, Internship completion.

Signature of the Student

Sharayu Dhoke

Approved by the IIHMR University's Mentor

Compiled Reporting Format

Name of the Organisation: Tata Memorial Hospital, Parel

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

Name of the Student: Sharayu Dhoke

Roll no: 1939 **Stream: Hospital Management**

Activity Done	Throughout the 9-week internship at Tata Memorial Hospital, I engaged in a variety of activities spanning hospital operations, research, and process improvement: ▪ **Weeks 1-2: Orientation and Departmental Familiarisation** - Conducted comprehensive observation across all five hospital buildings and 11 Disease Management Groups (DMGs). - Familiarized with clinical, diagnostic, and administrative areas, noting departments and specialties on each floor. - Received detailed orientation of Registration, patient administration, Public Relations Office (PRO), Blood Transfusion Department, and the Quality Department, including participation in an internal audit meeting. ▪ **Week 3: Research Study on Government Healthcare Schemes** - Initiated a research study titled "Understanding Patient Awareness and Utilisation of Government Healthcare Schemes." - Conducted detailed data analysis and prepared a preliminary report covering Aim, Objective, Methodology, Data Analysis, Results, and Discussion. ▪ **Weeks 4-6 & 9: Incident Management and Operation Theatre (OT) Workflow Analysis** - Assigned multiple incident reports (e.g., blood sample mismatch, Aculife cap defect, incorrect IV site cannulation, Surefuser pump finishing early). - - Completed RCA i.e Root Cause Analysis using 5 Why analysis. It gave a broader perspective by not questioning the person but the system in practice.

	- Developed Corrective and Preventive Measures (CAPA) based on analysis findings. - Observed end-to-end Operation Theatre (OT) workflow, focusing on timelines, on-time surgery starts, common reasons for delays, and CSSD (Central Sterile Services Department) linkage. - Analysed financial workflow related to OT billing, patient challenges with funds, and government healthcare schemes (Ayushman Bharat and Mahatma Phule Jan Arogya Yojna). - Gathered insights from billing, admission, and yojna counters. - Collected information from OT Dispensary regarding patients with low balances. - Documented differences between estimated cost certificates for private surgeries and real-time billing amounts. - Reviewed April-June DMG data for case cancellations analysis to assess trends and reasons. - Assessed OT utilization data (though incomplete). - Observed OT Dispensary and Store coordination workflows, stocking processes, and their impact on surgical readiness. ▪ **Week 8: Process Development** - Coordinated with OT store and purchase department to understand their workflow. - Developed a hybrid Surgery Admissions Form, intended to be partially filled by the respective DMG and partially by Admissions. ▪ **Week 9: Project Review and Recommendations** - Presented a comprehensive project review to the Assistant Medical Superintendent, summarizing all activities and data analyses conducted throughout the internship. - The presentation focused on understanding end-to-end OT workflow, identifying factors contributing to delays/cancellations/inefficiencies, and analysing cost estimates versus actual billing for cash patients. These activities provided practical exposure to various facets of medical administration, incident management, and hospital process improvement

Linking theory (Classroom learning) with practice at your organisation	I consistently applied theoretical classroom knowledge to practical scenarios encountered at Tata Memorial Hospital. **Hospital Operations and Services:** Initial observations of the hospital's infrastructure, departments, and operations (Weeks 1-2) gave learning from Essentials of Hospital Services, including understanding CSSD zoning, layout, and departmental structures, as well as principles of Medical Record Management. **Research Methodologies:** The research study on patient awareness and utilization of government healthcare schemes (Week 3) provided a significant opportunity to apply a wide range of Research Methods concepts. This included formulating research aims and SMART objectives, selecting research designs, sampling techniques, data collection methods and understanding descriptive and inferential statistics, data interpretation, validity, literature review, limitations, and bias. The practical application extended to using tools like Excel for data visualisation. **Human Resource and Management Principles:** Incident reporting and Root Cause Analysis (RCA) activities (Weeks 4-6, 9) were directly linked to Human Resource Management and Principles of Management. These subjects provided the foundational understanding of the importance of Standard Operating Protocols (SOPs) and the necessity of training sessions to prevent workplace errors and ensure adherence to established procedures. **National Health Programs and Policy:** The analysis of financial workflows, including Operation Theatre (OT) billing and patient challenges related to government healthcare schemes (Yojnas), directly connected to classroom knowledge from National Health Programmes, Health Policy, and Health Care Delivery System. This helped in understanding the implementation and practical implications of various government health missions and schemes. **Data Presentation and Recommendations:** In the concluding week (Week 9), the ability to present analysed data and propose meaningful suggestions during the comprehensive project review was a direct application of learned communication and analytical skills from classroom settings.
Gaps identified on the working area.	During the internship, several areas where improvements could be made were noticed across different departments: • **Patient Overcrowding:** In the initial weeks, there was an observation of too many patients, suggesting a need for better management of waiting areas or patient flow.

	• **Data Collection Issues in Research:** When working on the research study, it was found that the existing data was not fully complete and the questions asked could have been more specific. Also, the number of people surveyed (198) was quite small. • **Lapses in Staff Attention:** An incident occurred where a momentary lack of focus by staff led to a mix-up with blood samples. • **Missing Admission Slip:** It was noted that there was not a proper admission form for patients to fill out when they entered the hospital. • **Patient Funding Communication Gap:** For patients needing surgery, there was often a problem with getting funds from government health schemes. This was largely due to patients not knowing about these schemes or not being properly informed, highlighting a communication issue. • **Non-compliance with Procedures (SOPs):** Some standard operating procedures (SOPs) were not being followed, especially in the day care section of the hospital. • **Surgery Scheduling Problems:** Many surgeries were cancelled because there wasn't enough time, suggesting that operating theatres (OTs) were being overbooked and overused. • **Supply Chain and Coordination Issues in OT:** There were observations of challenges in the end-to-end workflow of the OT, including problems with the OT dispensary and potential stock-outs, as well as coordination difficulties with the OT store and purchase department. • **Overall System Gaps:** In the final review, general gaps in the hospital's current system were identified.
Suggestions for improvement	Following are the suggestions for improvement that were identified: • **Improve Patient Waiting Areas:** Better arrangements for seating or managing waiting times for patients in the hospital or OPD (Outpatient Department) to reduce overcrowding. • **Enhance Research Study Quality:** For future research, increase the number of survey respondents and create a

	more specific and systematically arranged questionnaire to gather better data. • **Reinforce Staff Protocols:** Implement immediate re-education for staff on patient identification procedures and reinforce verification steps. Strict adherence to Standard Operating Protocols (SOPs) is crucial to prevent errors. • **Develop a Patient Admission Slip:** Create a proper admission slip for patients that requires signing by their respective doctors to formalize the admission process. • **Strengthen Patient Navigation for Funding:** The existing Patient Navigation system should be more vigilant and active, especially for surgery patients, to address major funding gaps from government schemes due to unawareness or communication issues. • **Mandate SOP Compliance:** The Quality Department should ensure that SOPs are strictly followed across the entire hospital, particularly in areas like the day care section where non-compliance was noted. • **Optimize Operation Theatre (OT) Scheduling:** OTs should not be over-utilized or over-scheduled. Surgeries should be planned according to actual available OT hours, and fewer standby options for patients should be kept to reduce cancellations and delays. • **Utilise Inventory Analysis:** Implement ABC-VED Analysis to identify high-usage consumables and consider creating a separate OT kit to improve stock management and prevent stock-outs. • **Improve Fund Availability Checks:** Implement a fund availability check during patient admission. This will help prevent delays in OT due to patients having low balances. • **Digital Tracking and Auditing of OT Delays:** Digitally track and audit OT delays monthly. This will help identify recurring issues and provide data-driven insights for improving efficiency.
Key Learnings	This internship gave me real exposure to how a large hospital like Tata Memorial actually functions.

	Hospital Operations & Infrastructure: I got to observe how different departments work together and how the overall hospital system runs smoothly in a high-pressure cancer care setup. **Patient Administration & Quality:** I understood the process of patient registration, the role of PR, internal audits, and how quality checks happen in real time. **Research Application:** I applied what we have learned in class about data collection and analysis while studying government healthcare schemes especially their on-ground implementation. **Incident Handling & RCA:** Doing RCA and CAPA for real incidents taught me how even small issues (like a barcode mix-up or IV error) can impact patient care, and how systems need fixing, not just people. **Finance & Scheme Workflows:** I explored how OT billing is done and how patients struggle with cost estimates especially those under cash payment or waiting for scheme approvals. **OT Workflow Understanding:** I now know the entire OT flow — from admission to surgery and how delays, stock issues, or incomplete forms can slow everything down. **Identifying Problems & Suggesting Fixes:** This internship helped sharpen my problem-solving whether it was designing a surgery admission form or suggesting fund-check clauses to avoid OT delays. **Presenting with Purpose:** Wrapping up with my project review helped me practice putting together data, insights, and solutions in a way that made sense to hospital leadership

Signature of the Student

Sharayu Dhoke

Approved by the IIHMR University's Mentor