SUMMER INTERNSHIP PROGRAM

at

Jay Prabha Medanta Hospital, Patna

From 12th May 2025 to 19th July 2025

A REPORT BY

Dheeraj Kumar Kaushik

Master of Business Administration

Hospital and Health Management

1938

2024-26

under the Mentorship of

Dr. Anupam Mehrotra

Assistant Professor

Institute Of Health Management Research

IIHMR University

GHPPL/HR/EXP./2025-26/134 **Date: 26th July 2025**

To Whom It May Concern

This is to certify that Dheeraj Kumar Kaushik pursuing his MBA - Hospital & Health Management from IIHMR University, Jaipur has successfully completed his 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 him sincere, hardworking, and result oriented during the tenure of the internship.

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

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

Ashish Adhikari
General Manager
Human Resources

Jay Prabha Medanta Super Specialty Hospital
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Gurugram | Delhi | Lucknow | Patna | Indore | Ranchi | Noida*

IIHMR UNIVERSITY

IIHMR University Faculty Mentor Approval

This is to certify that **DHEERAJ KUMAR KAUSHIK** of academic year 2024-26 of Institute of Health Management Research has prepared a poster with respect to his summer internship held during May-July 2025.

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

Date: 30/07/2025

Dr. Anupam Mehrotra
Assistant Professor

Optimizing Patient Discharge Workflows for Improved Experience and Continuity of Care

University Mentor- Dr. Anupam Mehrotra Roll no.- 1938 By- Dheeraj Kumar Kaushik HM-29 Organisation Mentor- Mr. Ashis Kumar Praharaj

ABOUT THE ORGANISATION

Jay Prabha Medanta Super Specialty Hospital in Patna offers world-class, affordable healthcare with 29 super specialties. Covering 1 million sq. ft, it is equipped with more than 500 beds, over 300 experienced doctors and 1600+ trained staff. The hospital has significantly transformed healthcare access across Bihar and nearby regions.

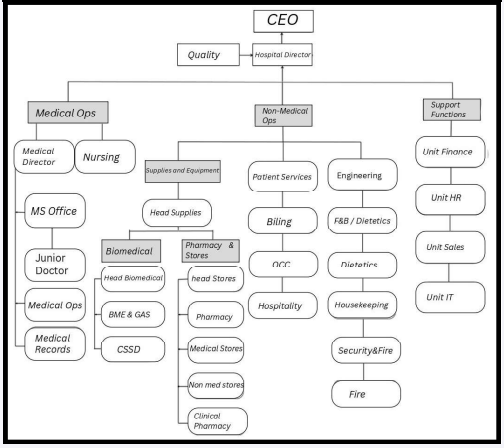
MISSION

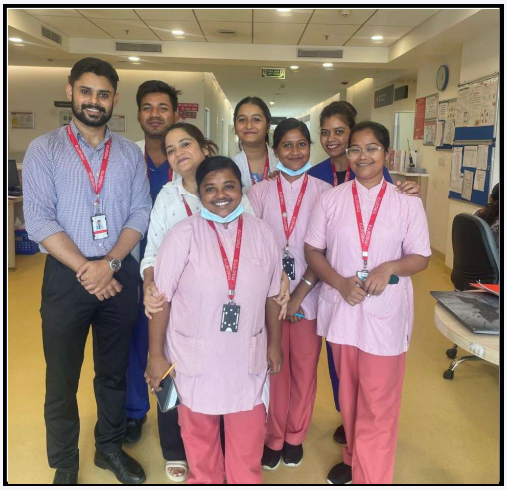
Our mission is to deliver world-class health care services by creating institute of excellence by integreted medica care, teaching and research. We aspire to create an ethical and safe environment to treat all with respect and dignity.

VISION AND VALUES

The institute is governed under the guiding principles of providing affordable medical services to patients with care, compassion and commitment.

ORGANOGRAM





Theoretical Learning	Practical Observation
• Understood discharge workflow,SOPs and interdepartmental coordination in Essential of hospital services. • Learned teamwork, communication gaps and staff behavior impacting patient satisfaction in organizational behavior. • Learned observational study design in Research Methods. • Understood importance of clear, patient-friendly communication and reinforcement drive habit formation in Behaviour change communication.	• The hospital followed a structured discharge process with defined SOPs. however, occasional delays were observed. • Staff showed good teamwork during routine hours. during peak times, communication sometimes became rushed. • Conducted a real-time observational feedback rounds among discharge patients. • Observed improvement in communication between staff and patients especially related time period explanation after targeted training.

SWOT ANALYSIS

Strength
- Advanced infrastructure and technology.
- Comprehensive specialty care and expertise
- Strong government support and community mission.

Weakness
- New infrastructure is still trying to attain excellence.
- Staff education, especially in nursing, needs to be more elaborate.
- Still facing an affordability gap for middle-class patients.

Opportunity
- Expansion of services and capacity building.
- Community engagement and preventive care.
- Leveraging government health initiatives.

Threats
- Reputation and operational risk.
- Economic and demographic constrains.
- Regulatory and concession risk.

OBJECTIVE OF THE PROJECT

- To asses the compliance for discharge process information provided to patients.
- Identify parameters with low compliance.
- Highlight gaps in discharge communication.
- Suggest targeted quality improvement.

RESEARCH METHODOLOGY

- Study type- Cross-sectional
- Sample size- 250
- Tool used- PREM- based discharge checklist by CAHO
- Sampling method- Convenience Sampling
- Data analysis- Responses compiled in Excel, "yes' response percentage calculated, low-scoring parameters identified for intervention.
- Duration- 1 Month

DISCHARGE COMPLIANCE

PARAMETERS	%	PARAMETERS	%
Health Condition	94	Overall Process	92
Family Involveme	92	Tentative Discharge	79
Medicine Return	99	Insurance Approval	88
Discharge Summary	97	Languague Understan	88
Post Discharge	96	Discharge Time	69
Follow Update	95	Insurance Amount	61

FINDINGS

- 7 Parameters had >90% compliance
- 3 parameters were in the moderate range(70%-89%)
- 2 parameters showed low compliance(<70%)
- Lowest compliance(61%): staff didn't explain insurance non-covered amount.
- Communication gaps mainly observed in insurance and discharge timelines.

SUGGESTIONS FOR IMPROVEMENT

- Share discharge instructions in handouts in both English and Hindi (or local language) so that all patients and families can easily understand the process.
- Co-ordinators can be available for explaining the discharge time in case the consultant is not available.
- Create a basic insurance summary leaflet that explains covered vs non-covered items with visuals.

MAJOR LEARNINGS

- Understood how patient discharge is a critical operational touchpoint that directly affects patient satisfaction and bed management.
- Realized the importance of interdepartmental coordination(nursing,pharmacy,billing,TPA) for timely and smooth discharges.
- Developed skills in patient interaction, communication, and observation, especially while collecting real-time data.
- Strengthened my confidence in working with hospital staff and patients, reinforcing my decision to pursue a career in hospital operations and quality.

CHALLENGES FACED

- Time constrains and fast-paced ward activities made it challenging to observe every step of the discharge process.
- Communicating with elderly or less literate patients required extra time, patience, and adaptation of questioning methods.
- Some patients and attendants hesitated to share honest feedback due to fear of affecting their care of treatment.
- Difficulty in meeting the discharge time targets set by the HOD due to delays in GDA(General Duty Assistant) response- especially for medicine returns and activity sheet collection.

Week 1 report

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

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

Name of the Student: Dheeraj Kumar Kaushik

Roll no: 1938 **Stream:** MBA Hospital and Health Management.

Week no: 1 From : 12-05-2025 to 17-05-2025

Activity Done	• Got briefed on many clinical and non-clinical departments through the induction program. • Reported to the IPD floor Operations Manager from 3rd day after induction and had some interaction with the patients. • On the instructions of the floor manager, conducted daily rounds while interacting with patients along with their attendants on the 7th floor of IPD. • Talked about the patient's problems and various issues to the authority. • Collected feedback using feedback form during the time of patient discharge.
Linking theory (Classroom learning) with practice at your organisation	• Observed and learned about many practical aspects and service excellence with NABH while linking with theory. • Got to know about how the feedback mechanism works and helps in quality improvement, learned in Essentials of Hospital Services module. • Learned about inter- and intra-departmental coordination roles and responsibilities.
Gaps identified on the working area.	• Somewhat delay in response from the utility services and nursing staff as some patients complained, even after ringing the call bell. • While on rounds and the feedback taking procedure noticed that some patients were reluctant and were hesitant of providing the honest feedback.

Suggestions for improvement	• Prompt monitoring of the TAT time of the response mechanism and regulating it after comparing it with the standard time. • Implementing an anonymous feedback mechanism so that patients can give feedback without getting hesitant. • Instead of paper format, tablets can be used to collect feedback responses. • Monetary and non-monetary reward-giving practices can increase efficiency in responses by services.
Plan for the next week	• Learn more about patient flow and his/her journey in the hospital as a whole, along with other functions of the hospital departments. • Increasing the domain of knowledge by connecting theoretical knowledge with the practical working of the hospital. • Focus should be on issues a patient experiences in the hospital

Signature of the Student-

Approved by the IIHMR University's Mentor

Week 2 Report

Name of the Organisation: Jay Prabha Medanta Hospital, Patna

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

Name of the Student: Dheeraj Kumar Kaushik

Roll no: 1938 **Stream:** MBA Hospital and Health Management

Week no: 2 **From:** 19-05-2025 **to** 24-05-2025

Activity Done	• Took the responsibility of tracking the daily discharge process, specifically focusing on clearance time and patient out time for improvement in the workflow. • Had a visit and made observations clinical and non-clinical workflow in departments like dialysis, cath-lab, radiology, blood centre, etc • The floor manager gave responsibility to handle some of the patients' and attendants' problems on a real-time basis • Also conducted daily rounds of the wards to counsel patients and their attendants regarding the discharge process, which includes mainly resolving their concerns regarding TPA
Linking theory (Classroom learning) with practice at your organisation	• The main thing is the way of communication with the staff members and the ability to make them work efficiently, which was learnt in the principles of management. • Understanding the importance of interdepartmental coordination. • Had conversations with different staff people and collected knowledge, like from the floor manager, the nurses' team leader, the guard who notes down clearance and room vacant timings of the patient, which helped in knowing the departmental workflow.
Gaps identified on the working area.	• Noticed some loopholes, which include a lack of coordination between the departments involved in the discharge process directly and indirectly, which is resulting in delay.

	• Also noticed less number of planned discharges and improper proceedings, which means there are fewer planned discharge cases that got approved, and many a times they are on hold.
Suggestions for improvement	• Proper tagging should be done for each case as planned, semi-planned, and urgent to prioritize the workflow. • Initiating the discharge planning 24 hours in advance to enable the pre-clearance and also to reduce the chances to hold delays. • Implementation of a real-time discharge tracking tool or app accessible to all departments, which will help to review discharges. • Appointment of a proper discharge team, which includes a coordinator from the nursing team for each floor, for better communication between all departments and to assist the discharges, reducing delays.
Plan for the next week	• To work on tracking discharges on a real-time basis by noticing the time between each process and analysing the causes behind the delays. • To observe and analyse other support and utility services to identify possible shortcomings.

Signature of the Student

Approved by the IIHMR University's Mentor

Week 3 Report

Name of the Organisation: Jay Prabha Medanta Hospital, Patna

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

Name of the Student: Dheeraj Kumar Kaushik

Roll no: 1938 **Stream:** MBA Hospital and Health Management

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

Activity Done	• Was assigned to the ICU and initially learnt about its basic functioning, which includes its geographical situation, especially on the 2nd and 3rd floor ICU. • Followed the floor manager on their daily workings and simultaneously learned from it. • Assisted the floor manager in various tasks, which included taking follow-ups on bed shifting, tracking discharge, coordinating in LAMA cases, and asking the doctors to address the TPA queries. • Also went to the radiology department and learnt about its various subdivisions from the supervisor, there I was assigned the task to observe and notice the functioning of the Procedure room and note down the timings of various processes.
Linking theory (Classroom learning) with practice at your organisation	• Understood that all departments work in a chain system, which shows the level of interdepartmental coordination. • Used communication and EQ skills in handling serious situations, for example, talking and handling the emotions of attendees of CODE Z (death). • Applied the learnings of the organization behaviour subject in real life while handling the whole floor.
Gaps identified on the working area.	• Delay in bed allocation by the Duty manager. • Many times, nurses forget about returning the medicines that are of no use in the ward. • There was a status updation practice like IPD, one has to ask the TL(team leader) of nurses about the same again and again.

Suggestions for improvement	• A proper prior meeting should be done with the duty manager before the work starts to ensure the timely allocation of the beds. • Strict instructions for the nursing department in case daily process of patient shifting. • Just like IPD, a proper practice should be start by the floor manager for daily updating the workflow to easily keep the track.
Plan for the next week	• Will be doing the next assigned work along with working and studying about factors that affect patient care in the hospital.

Signature of the Student

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Week 4 Report

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

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

Name of the Student: Dheeraj Kumar Kaushik

Roll no: 1938 **Stream:** MBA Hospital and Health Management

Week no: 4 **From: 02-06-2025 to 07-06-2025**

Activity Done	• Conducted daily rounds at 7th floor IPD and ensured grievances of patients and attendants are heard and understood. • Focused on tracking and making discharge process smoother. • Also went to Operation theatre, where I observed and learnt about its structure which contains four zones (protective zone, clean zone, sterile zone and disposal zone) and observed their functions starting from pre OT till post OT. • Went to Cath-lab and heart command centre and learned its functioning which includes different procedures and chain of coordination with other departments.
Linking theory (Classroom learning) with practice at your organisation	• Understanding the importance of inter-departmental coordination through hospital and patient workflow. • Observed and learnt about OT and it four zones in real time also understood patient flow there, its all about whatever learnt in hospital services module and seeing in real. • Observed how OT practices specially infection control practices are being conducted and monitored by taking consideration of NABH guidelines and hospital SOPs. • Observed how all departments functions giving better example of interdepartmental coordination.
Gaps identified on the working area.	• Noticed that few doctors take much time in correcting the discharge summary which led to late discharge of patient.

	• Many of the nurses are under trained which gives poor patient satisfaction as the concerned was raised by the medicine supply department. • Delay in internal transfer between different departments for shifting and medical investigation as duty manager many a times takes much time in allocating the bed. • Some times confirmation of discharge are often given late by the doctor causing problematic delays especially for TPA patients.
Suggestions for improvement	• Encouraging doctors to give confirmation so that planned discharges can be initiated during morning rounds with a goal of discharging by 12 PM so that no further delays can happen. • Weekly training sessions should be conducted specially for nursing department. • Support teams should be informed in advanced of planned discharges and book it in advance by the team leader of the nurses to reduce the waiting time.
Plan for the next week	• Will be observing and working in the assigned department. • Will be working on the project.

Signature of the Student

Approved by the IIHMR University's Mentor

Week 5 Report

Name of the Organisation: Jay Prabha Medanta Hospital, Patna

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

Name of the Student: Dheeraj Kumar Kaushik

Roll no: 1938 **Stream:** MBA Hospital and Health Management

Week no: 5 **From: 09-06-2025 to 14-06-2025**

Activity Done	• Posted on the 7th floor IPD along with the 5th floor, where patients are of oncology, pediatric, and from the Bihar government (25 percent of beds are for patients shifted from Bihar government hospitals). • It was a challenge in tracking and managing both floors, but it has been a great learning experience. • Handled grievances of patients and their attendants, especially of the Bihar government, by meeting their demands, and also counseling them was a good experience, which gave an idea about the differences in the psychology and demands of different types of patients. • Worked and understood every unit involved in the patient care, and one of the most important processes, which is the discharge process, tried to minimize the time taken at every step for a smooth process. Learnt how to work on systems to assist nurses when workload is more for them to keep the process going smoothly, learnt how to book the GDA and TPT along with uploading the planned discharges for the coming morning, so that the staff could take the follow up and MT could prepare the discharge summary of those patients in advance.
Linking theory (Classroom learning) with practice at your organisation	• Listening to the problems of patients and attendants, especially of the Bihar government, gave an understanding of their demands and expectations from the hospital, but also handled such demands that couldn't be fulfilled. It's all about good communication skills. • Learnt how good leadership is important while handling multiple floors simultaneously, where agile skills are required to tackle the challenges. • Met interns from IIM Bodhgaya working in the marketing department and learnt how they are working to promote the name of Jayprabha

	Medanta as a brand, which includes conducting different events within and out of the hospital, as well as other strategies they are using.
Gaps identified on the working area.	• Many times, it takes longer to deliver the food to the patients. Also, the wrong food items come, which hampers the patient's experience. • There are many cases when a medical transcriptionist's computer stops working, which further delays the preparation of the discharge summary and ultimately the discharge process. IT personnel take a long time for coming to resolve the issue. • Other cases are that doctors don't pick up the call of the MTs (medical transcriptionist) for summary correction, which further delays the discharge process. • Many times, nurses show unprofessional behaviour and make many mistakes in patient care. • Another issue is that the person who collects the activity sheet for the billing process comes much later, which is the result of a less number of personnel.
Suggestions for improvement	• A double verification protocol should be implemented, where, before food is dispatched, ensure a two-step check: one by a dietician and one by a ward nurse. • An MT should be provided with an alternate working system or laptop to switch to in an emergency. • A dashboard should be developed to be visible to doctors, showing pending summary corrections to encourage prompt action. Also, escalation should be done to the department head doctors do not respond after this. • Regular training sessions should be conducted on patient interaction and care protocols for nurses. • Instead of physically sending the activity sheet, nurses or the floor head can send it in digital form by scanning and uploading.
Plan for the next week	• Will be working best in the assigned department and simultaneously collecting samples and patient feedback. • Will be exploring other domains of the hospital and their functioning and coordination with other departments.

Signature of the Student

Approved by the IIHMR University's Mentor

Week 6 Report

Name of the Organisation: Jay Prabha Medanta Hospital, Patna

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

Name of the Student: Dheeraj Kumar Kaushik

Roll no: 1938 **Stream:** MBA Hospital and Health Management

Week no: 6 From: 16-06-2025 to 21-06-2025

Activity Done	• Handled 7th floor IPD, also was posted at ICU on Monday and Tuesday, took notice of its functionality, which includes medical ICU, neuro-ICU & CTVS. • Observed how code-Z(death) cases are handled in the ICU. • Asked HOD to visit the 7th floor and observe how long it takes the activity sheet to get collected by the GDA. By himself, he came to know about another loophole, namely the much time being taken by the GDA to come to the floor. • By the end of the week, a person from OCC (operations control centre) came and introduced us to a new method of collecting feedback from the patients and their attendants, it is going to be with a tablet which means instead of using old method of collecting feedback by using hardcopy feedback form, we're going to use a tablet which has same rating system same like the google form.
Linking theory (Classroom learning) with practice at your organisation	• Handled extreme situations, which include cases like code-Z, LAMA, etc., also a case where a patient and his attendants were fierce due to a billing issue. It's all about understanding human emotions and their reason behind such behaviour. • Had talks with MTs, GDAs, housekeeping staff, and other people from different departments and learnt about how they are working and the motivation behind it. This practice helped me to discover the organizational culture and staff behaviour.

Gaps identified on the working area.	• Many times, complaints came regarding nursing that they didn't put the cannula in the right manner, leading to a painful experience for the patient. • The issue was raised regarding billing, as the patient and the attendant were not properly counselled on the financial matter, which led to outrage within the ward as the total bill came out of the expectation of the patient and the attendant. • Many patients and attendants couldn't understand English written on the diet chart given by the dietician, which led patients to wonder what to eat and what not to. Also, they hesitate to ask the dietician about the same. • Lack of coordination between the nursing team leads to many bad experiences for patients and attendants. • Many times, assigned nurses didn't check the file on the right time, which led to discharges mentioned by the doctors going unnoticed, ultimately delaying the discharge process.
Suggestions for improvement	• Organize regular hands-on training programs or workshops for nursing staff focused on cannulation techniques. • It should be compulsory for a billing executive to explain the tentative cost and package details, and daily bill updates should be given to attendants to keep them informed and reduce shock at discharge. • The diet chart should be provided and explained in the local language, so that the attendant and the patient can easily understand. • Mandate the assigned nurses to check the files on a frequent basis to keep a check on the discharges.
Plan for the next week	• Will be working my best in the assigned department and giving fruitful results. • Will be more attentive to finding more gaps and finding out there practical solutions.

Signature of the Student

Approved by the IIHMR University's Mentor

WEEK 7 REPORT

Name of the Organisation: Jay Prabha Medanta Hospital, Patna

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

Name of the Student: Dheeraj Kumar Kaushik

Roll no: 1938 **Stream:** MBA Hospital and Health Management

Week no: 7 **From: 23-06-2025 to 28-06-2025**

Activity Done	• Worked on the 7th floor IPD and looked after its functioning by keeping a check on advised discharges, along with handling other work like resolving day-to-day issues. • Visited the billing department and observed how they work so efficiently. • While on breaks, along with floor managers and coordinators from different departments, I learned many things related to work and their experiences. • Worked on decreasing the TAT of various stages of the discharge process, for example, calling the GDA department to send the GDA for the activity sheet collection, as they take more time than the standard timing. • The main work of a manager is to ensure the process continues efficiently and let other people involved in the process work, so I executed this practice • Made a daily practice to escalate the complaints of the patients related to nurses directly to the nursing superintendent.
Linking theory (Classroom learning) with practice at your organisation	• The art of good listening comes with good communication skills, because of that, only I could listen to patients and their attendants and resolve their issues on an urgent basis. • Made good relations with other department members that help in better communication and understanding, leading to better patient care, as it's all about a good work culture within the organization. • At any organization behaviour of the employees plays an important role in achieving the goals, so gradually changing the behaviour of the nurses and the GDAs to make it more responsible has been a task for me.

Gaps identified on the working area.	• Many a time, medicines of the discharged patients didn't get returned on time, because that activity sheet couldn't go to the billing department, delaying the discharge process. • Blunders by nurses, for example, putting someone's report in another's report, forgetting to stop the IV fluid even after it's over, leading to negative effects on patients, many patients say that nurses are less trained and are less empathic. • Many times, food doesn't come as per the advice of the dietitian, also food quality doesn't come out well, either too spicy or too pale. • Many times attendant and patient on discharge didn't get clarity on the final billing. • It has been found many times that for a patient, TPA is mentioned in the file but not on the patient list that comes from the system, which creates misunderstanding and confusion in the discharge process.
Suggestions for improvement	• An electronic update system should be implemented where nurses could update discharge activity sheets in real time, also a checklist-based protocol signed off by the nurses and the floor in-charge to avoid missing steps, like medicine return. • Conducting monthly in-service training focused on documentation, empathy, and IV management. • Integrate dietitian prescription directly with the kitchen's order system also a regular sensory checks should be done to asses and rate food. • Include a TPA confirmation status as part of the admission checklist, verified by the admission officer, also a 24-hour verification window where physical file and system records will be checked for TPA.
Plan for the next week	• Will be following my duties well with maximum efficiency, also simultaneously working on my project.

Signature of the Student;

Approved by the IIHMR University's Mentor

WEEK 8 REPORT

Name of the Organisation: Jay Prabha Medanta Hospital, Patna

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

Name of the Student: Dheeraj Kumar Kaushik

Roll no: 1938 **Stream:** MBA Hospital and Health Management

Week no: 8 **From: 30-06-2025 to 05-06-2025**

Activity Done	• As usual, I worked on the 7th floor IPD and kept a check on every function. • Worked on my project that focuses on the discharge process by collecting patients and their attendants' reviews and feedback. • Went to the food & beverages department's kitchen and observed its functioning, as they have divided the whole area into multiple segments with different workings and people assigned to particular workstations. • Started sending the activity sheet by vacuum shoots (a system mainly used for medicine transfer between all departments) that saved a much time. • Took daily rounds to patients and resolved all occurring issues.
Linking theory (Classroom learning) with practice at your organisation	• I realized that effective communication, a concept emphasized during classroom sessions, plays a crucial role in practice. • Building strong interdepartmental relationships as taught in organization behaviour and teamwork modules, helped improve communication and coordination. • Understanding the significance of employee behaviour in achieving organizational goals, I made conscious efforts to gradually influence and improve the sense of responsibility among nurses and GDAs.

Gaps identified on the working area.	• Many times, nurses do not put medicine on time, like IV, or any other liquid, so attendants themselves have to remind the nurse about the same. • A major gap that I came to know about is that most of the time problem is identified and even talked about in the board meetings, and asked about the causes and reasons behind the problems are discussed, but no action is taken to resolve the issue (This is not with every problem occurring). • Medicines are not returned on time, especially for planned discharges, which delays the discharge process. • When doctors advise medicines for the discharge going the patient, they do it individually, because of this, the patient didn't get compiled form of medicines.
Suggestions for improvement	• Medication round checklist should be done so that each nurse can ensure accountability and tracking of timely administration. • Review of unresolved issues should be conducted weekly, and escalate persistent delays to top management. • A strict follow-up protocol system should be implemented in the practice by all nurses, especially those having night duty, for returning the medicine for the planned discharges. • One nurse or executive per ward who can check and consolidate the discharge prescription before finalizing.
Plan for the next week	• Effectively working in the assigned department, along with learning and observing new dimensions.

Signature of the Student:

Approved by the IIHMR University's Mentor

WEEK 9 REPORT

Name of the Organisation: Jay Prabha Medanta Hospital, Patna

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

Name of the Student: Dheeraj Kumar Kaushik

Roll no: 1938 **Stream:** MBA Hospital and Health Management

Week no: 9 **From: 07-07-2025 to 12-07-2025**

Activity Done	• As usual, I worked on the 7th floor IPD and kept a check on every function. • Worked on my project that focuses on the discharge process by collecting patients and their attendants' reviews and feedback. • Conducted daily rounds along with the Nursing superintendent and resolved all issues being faced by the patient and the attendant. • Much focus was given to GDAs because their shortage much problems come resulting to poor patient service. • Had an opportunity to learn how to give CPR during a critical situation.
Linking theory (Classroom learning) with practice at your organisation	• I realized that effective communication, a concept emphasized during classroom sessions, plays a crucial role in practice, which has been observed between different departments of nursing, operations, radiology, etc. • Building strong interdepartmental relationships, as taught in organization behaviour and teamwork modules, helped improve communication and coordination, as this helps make good relationships with team leaders, the floor-in-charge, and other nurses • Understanding the significance of employee behaviour in achieving organizational goals, I made conscious efforts to gradually influence and improve the sense of responsibility among nurses and GDAs.
Gaps identified on the working area.	• Many times, nurses do not put medicine on time, like IV, or any other liquid, so attendants themselves have to remind the nurse about the same.

	• Many a time, pantry staff make the mistake of taking away the food item without even asking the patient and the attendant. • Medicines are not returned on time, especially for planned discharges, which delays the discharge process. • Many times, issues relate to understaffed nurses or GDAs as nurses and GDAs are always in a hurry while serving, which hampers their efficiency and leads to poor patient experience.
Suggestions for improvement	• Medication round checklist should be done so that each nurse can ensure accountability and tracking of timely administration. • Mandate that pantry staff must ask for verbal confirmation before clearing trays. Include this in training and SOPs. • A strict follow-up protocol system should be implemented in the practice by all nurses, especially those having night duty, for returning the medicine for the planned discharges. • Regularly asses patient to staff ratio and hire relief staff for peak hours.
Plan for the next week	• Effectively working in the assigned department, along with learning and observing new dimensions.

Signature of the Student:

Approved by the IIHMR University's Mentor

Week 10 Report

Name of the Organisation: Jay Prabha Medanta Hospital, Patna

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

Name of the Student: Dheeraj Kumar Kaushik

Roll no: 1938 **Stream:** MBA Hospital and Health Management

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

Activity Done	• This week, I went to the ICU once again and spent the major time there, this time the work was much clearer and understandable to me, and I was able to assist the floor manager in a more efficient manner, which ultimately helped me to learn more about all the functionality of the ICU of both floors (2nd and 3rd) • Also continued my work on the 7th floor IPD and kept on enhancing the operations workflows. • When the anti-terrorist squad visited again on the floor, I took charge in the absence of the floor manager and helped them in making a map of the entry points on the 7th floor IPD. • On Friday, an event was organized by the HR department for all interns, where many activities were done, including some games, etc that event gave us a last opportunity to meet other interns from different departments.
Linking theory (Classroom learning) with practice at your organisation	• Understood that all departments work in a chain system, which shows the level of interdepartmental coordination. • Used communication and EQ skills in handling serious situations, for example, talking and handling the emotions of attendees of CODE Z (death) while working at the ICU. • Applied the learnings of the organization behaviour subject in real life while handling the whole floor, as it has been 10 weeks working with the staff of IPD and ICU, so a bond of understanding has been made

	between me and them, which is leading to better work efficiency. • One of the main learnings is that for better functioning of the operations or any other department main resource is the human resource. If the people are happy while doing their work, then better outcomes will come, and this comes with good leadership.
Gaps identified on the working area.	• Delay in bed allocation by the Duty manager, especially at the ICU. • Many a time, miscommunication occurs between F&B (Food and beverages) and dietician assigned on the floor, leading poor patient experience. • Many times, it has been noticed that there is a late response by the IT department to any malfunctions of the computer systems.
Suggestions for improvement	• A clear ICU bed allocation protocol should be created, where SOP will be created to escalate for bed shortages with regular training for the duty managers. • A double-check system should be implemented to ensure the instructions are being integrated in the HIS by the dietician. • Regular system checks and maintenance should be scheduled every week and especially during peak hours.
Plan for the next week	• Will be exploring the remaining departments of the hospital.

Signature of the Student

Approved by the IIHMR University's Mentor

Compiled Report

Name of the Organisation: Jay Prabha Medanta Hospital, Patna

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

Name of the Student: Dheeraj Kumar Kaushik

Roll no: 1938 **Stream:** MBA in Hospital and Health Management

Activity Done	A] Orientation and Department Exposure • Attended the hospital's structured induction program covering roles, reporting structure and key departments. • Understood the chain of command, shift systems and coordination mechanism followed in the hospital administration. • Visited ICU, OT, Cath Lab, Radiology and dialysis to observe clinical operations and patient handling protocols. • Observed OT zoning system (protective, clean, sterile, disposal) and infection control practices. • Participated in facility tours to understand hospital layouts, signage, and emergency protocols. • Understood patient safety norms like isolation areas, code blue response and aseptic precautions. • Visited non-clinical departments such as kitchen, laundry and housekeeping to observe backend workflow. • Engaged with dieticians to understand prescription-to-delivery processes for therapeutic diets. • Interacted with pharmacy and store management teams to learn about stock flow and medicine return. • Shadowed floor managers to understand their roles in daily coordination and issue resolution. B] Discharge process management. • Took charge of tracking discharge processes on the assigned floors and maintained records. • Monitored each step from discharge summary approval to patient out-time. • Followed up with doctors for timely discharge confirmation.

	• Coordinated with medical transcriptionists for summary preparation and corrections. • Ensured that unused medicines were returned before billing finalization. • Verified clearance steps like billing, TPA, pharmacy, dietician input and GDA availability. • Recorded delays in a logbook to analyse common bottlenecks in discharges. • Coordinated with TPA desk for insurance-related discharge clearance. • Assisted in scheduling planned discharges at least 24 hours in advance. • Initiated use of vacuum shoot system to send activity sheets to billing faster. C] Patient interaction and grievance redressal • Conducted regular ward rounds to interact with patients and understand service issues. • Collected verbal and written feedback from patients and attendants. • Resolved grievances related to billing, food delivery, and nursing services. • Counselled patients on discharge instructions and clarified billing disputes. • Listened to patients under Bihar government schemes and addressed their needs. • Escalated repeated complaints to floor managers and nursing heads. • Recorded complaints in a logbook and followed up on resolution. • Helped explain hospital rules, diet charts and procedures to patients. • Provided reassurance and support to family members during code-z(death) cases. D] ICU and emergency handling. • Observed ICU functioning, including patient transfer, monitoring, and coordination. • Assisted in managing LAMA and code-z protocols with administrative staff. • Understood critical care unit responsibilities like documentation, shifting and consent protocols.

	• Coordinated with the ICU nursing team during internal transfers. • Noted delays in documentation, bed cleaning, and readmission after ICU transfer. E] Interdepartmental coordination. • Verified that TPA entries in physical files matched digital system data. • Identified gaps in communication between the doctors and MTs for summary correction. • Escalated discharge delays to the floor manager when teams were non-responsive. • Ensured discharge medications were confirmed and available before billing. F] Support services & system monitoring. • Monitored TPT and GDA performance and identified delays in patient movements. • Escalated linen and food delivery issues to respective department heads. • Reported MT computer system breakdown and followed up for resolution. G] Process improvements and innovations. • Supported transition from paper to tablet-based feedback forms. • Proposed checklist protocol for discharge to avoid missed steps (e.g., medicine return). • Advocated for the translation of diet charts into the local language. H] Learning and team collaboration. • Attended informal team huddles and discussions with floor managers and quality teams. • Shadowed the floor coordinator during high-pressure shifts to learn decision-making. • Participated in a discussion with marketing interns from IIM Bodh Gaya to understand hospital branding. • Contributed ideas during weekly reviews to improve discharge coordination and patient handling.
Linking theory (Classroom learning) with practice at your organisation	• Applied the 7 Cs communication while speaking with patients and attendants to ensure clarity and comfort. • Practiced active listening and empathy, vital to both communication models and professional-patient relationships.

	• Applied the health belief model during counselling to explain risks, procedures, and billing in an understandable way. • Learned how non-verbal communication (e.g., tone, body language) impacts patient trust and cooperation. • Applied principles of management like delegation, supervision and coordination during high patient load days. • Practiced time management and prioritization when tracking multiple discharges and complaint cases. • Displayed situational leadership while handling different staff types- from junior to senior doctors. • Applied knowledge from the essentials of hospital services module to evaluate SOP compliance workflows. • Related NABH standards to infection control in OT, ICU hygiene and medication documentation. • Applied OB theories to improve collaboration with nursing, billing, TPA, and GDA teams. • Used Maslow's hierarchy of needs to understand staff behaviour, motivation and performance. • Experienced conflict resolution models while managing patient grievance with staff. • Used the concept of bottleneck identification to improve turnaround time. • Used digital tablets for patient feedback collection, connecting theory with practical tech-based interventions. • Understood limitations of technology in MT and the billing system and suggested backup solutions. • Learned how TPA and insurance processes work practically within hospital financial workflows.
Gaps identified on the working area.	• The administration portal are maintained in a single sheet, unlike quality checklists which are role-wise segregated. • Delay in discharge summary preparation and lack of prompt doctor confirmation. • Inconsistent return of medicine to pharmacy delays final billing. • Activity sheet collection by GDAs was often delayed, especially during peak hours. • Lack of real-time tracking for discharge stage across departments.

	• No fixed protocols for summary correction escalation when MTs face delays. • Nurses missed checking files regularly for discharge orders. • Incomplete documentation in patient files leading to billing discrepancies. • Frequent complaints about empathy, tone and attitude of a few nursing staff. • Incidents of delayed IV drip removal or wrong file placements. • Lack of uniformity in patient education or discharge counselling. • Billing executives were sometimes unaware of pending activities leading to delays. • TPA information in files and HIS not synced causing discharge confusion. • Food delivery did not match dietician advice or timing expectations. • Housekeeping response to urgent cleaning(post-transfer) was delayed. • MT system had technical issues with no backup. • Patients were not always briefed about daily billing or services charges. • Feedback form participation was low due to lack of anonymity and fear of repercussion. • Delay in TPT response when GDA was already occupied elsewhere.
Suggestions for improvement	• Introduce real time discharge tracker visible to doctors, nurses and billing. • Initiate 24-hour discharge planning for all elective cases. • Conduct weekly hands-on training for cannulation, IV management and empathy. • Set a schedule for file review by nurses every shift to avoid discharge delays. • Implement soft-skills workshops to improve professionalism and patient communication. • Use checklist for medicine return, diet counselling and file closure. • Integrate TPA tagging into HIS at admission to avoid mismatch. • Ensure daily billing updates are provided to patients/attendants. • Digitize activity sheet dispatch using vacuum shoot or scanned upload. • Train TPT/GDA on prioritization protocols for urgent discharges. • Introduce a weekly dashboard for unresolved complaints.

	• Reward high-performing support staff with recognition certificates or gifts. • Track weekly TAT per floor and compare with benchmark for improvement.
Key Learnings	• Understanding and addressing the concerns of patients and their families is critical for quality care and patient satisfaction. • Clear, empathetic and timely communication with staff patients and departments can prevent misunderstanding and improve efficiency. • Seamless functioning of department like billing, pharmacy, nursing and TPA is essential for minimizing delays especially in discharges. • Each step- summary correction, medicine return, billing, TPA, GDA, and file closure must be proactively monitored to avoid patient dissatisfaction. • Working with floor managers, GDAs, nurses, interns and dieticians taught me practical teamwork, delegation and respect for role. • Handling patient in pain, families distress and deat situation taught me the importance of kindness, patience and composure. • Transition from paper to tablet-based feedback improved data accuracy and allowed real time issue resolution. • Using vacuum shoots for documents transfer or proposing checklist helped reduce delays and improve accountability. • Reporting delays, tracking unresolved issues and escalating them properly avoided services gaps and improved patient care. • Managing multiple floors, handling different shifts and adapting to different teams strengthened my adaptability and work ethic. • Bridging classroom concepts with on-ground realities taught me that practical problem-solving requires creativity, patience and diplomacy. • From GDA collecting sheet to the doctor signing a discharge summary, each action contributes the overall care experience.

Signature of the Student

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