SUMMER INTERNSHIP PROGRAM

at

Aster Medcity Kochi

From 15/05/2025 to 21/07/2025

A REPORT BY

DEVIKA P

Master of Business Administration Hospital and Health Management

Roll no.: 1937

2024-26

under the Mentorship of

Dr. (Col) Mahender Kumar, Professor , IIHMR

IIHMR UNIVERSITY

Aster Medcity
We'll Treat You Well

ADMHC/INTC/2025/5196

21st July 2025

TO WHOMSOEVER IT MAY CONCERN

This letter is to certify that **Ms. Devika P** has successfully completed her **Internship** with Aster Medcity, Kochi from **15th May 2025 to 21st July 2025.** She was posted in the Department of **Operations** and was actively and diligently involved in the tasks assigned to her. During the period, we found her to be punctual and hardworking.

We wish her a successful career and bright future.

For **Aster DM Healthcare Ltd.**

Rahul Mohandas
Head– Human Resources

ASTER DM HEALTHCARE LIMITED KOCHI 682 027

IIHMR UNIVERSITY

IIHMR University Faculty Mentor Approval

This is to certify that **Ms. DEVIKA P** of academic year 2024-26 **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

Dr (Col) Mahender Kumar

Professor

IIHMR University Jaipur

NAME- DEVIKA P
ROLL NO-IIHMR-U/01/2024-26/1937
STREAM- HM'29

INDUSTRY MENTOR
DR. SHUHAIB KADER

UNIVERSITY MENTOR
DR. (Col) MAHENDER KUMAR

TIME STUDY OF PATIENT DISCHARGE WORKFLOW

Vision

"To serve humanity with accessible and affordable quality healthcare."
This aligns perfectly with Aster's brand promise, "We'll Treat You Well,"

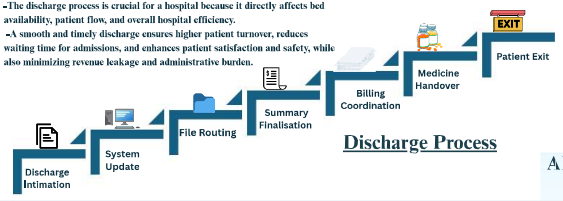
Organisational Structure

Objectives

- To study the patient discharge workflow from discharge intimation to final exit.
- To measure time taken at each key step, including summary preparation, pharmacy, billing, and nursing clearances.
- To identify delays and process inefficiencies affecting discharge turnaround time (TAT).

Importance of Discharge Process

-The discharge process is crucial for a hospital because it directly affects bed availability, patient flow, and overall hospital efficiency.
-A smooth and timely discharge ensures higher patient turnover, reduces waiting time for admissions, and enhances patient satisfaction and safety, while also minimizing revenue leakage and administrative burden.

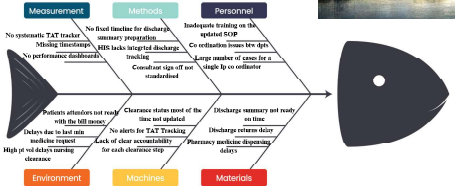


Discharge Process

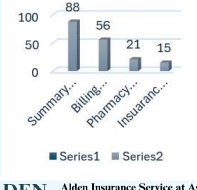
"SOP vs Actual Process: Gap Analysis Table"

PROCESS STAGE	SOP REQUIREMENT	REALITY
1.Early Discharge Flag	HIS flag set 24 h in advance	Mostly verbal; HIS not updated
2.Discharge Confirmation	Consultant to mark in HIS	Mostly verbal reconfirmation during next morning rounds
3.File Routing	Within 30 min of confirmation	Often sent at night but reprocessed only next morning
4.Summary Preparation	Finalised within 1 hour	Takes 10 mins to 4–5 hrs
5.Cross Consultation	Completed before discharge confirmation	Often advised during last rounds
6.Clearance Process (Alden)	Post-summary finalisation	Initiated in parallel during summary prep
7.Insurance	Quick clearance	Mostly efficient; occasional 1 hr delay due to billing lag
8.Pharmacy + Billing	Coordinated clearance	Prone to bottlenecks, esp. during peak hours

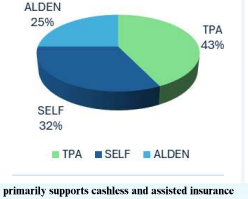
Discharge Process Cause & Effect Analysis



"Department-Wise Contribution to Discharge Delays (N = 180)"



"Patient Payment Mode Distribution (n=180)"



ALDEN- Alden Insurance Service at Aster primarily supports cashless and assisted insurance claims processing, seamlessly integrating with Aster's digital ecosystem—like the myAster app—to help patients from pre-authorization through settlement.

Study Type & Sample Size	Descriptive cross sectional study . 180 discharged patients (n=180).
Sampling Technique:	Purposive sampling — only patients who completed all clearance steps were included.
Study Duration & Data Collection Method:	Conducted over a 2-week period, covering weekdays Real-time observation using time-tracking sheets and shadowing staff through discharge steps.

Inclusion and Exclusion Criteria

Inclusion: Patients discharged from IPD (Inpatient Department) who experienced a delay in their discharge clearance process.
Exclusion: Patients who left against medical advice (LAMA), absconded, or were transferred to another facility.

Learnings

1.Understanding of SOP vs Actual Practice
2.Insight into Interdepartmental Dependencies
3.Importance of Time Management
4.Role of Digital Systems

"Although the hospital strives to adhere to the NABH-recommended discharge turnaround time of 180 minutes, occasional delays occur due to multifactorial challenges such as interdepartmental coordination gaps, patient-side formalities, and system limitations."

Department Clearances Before Discharge

Summary Clearance	Consultant/physician completes and signs the discharge summary, ensuring all clinical details and advice are included. Summary is uploaded in the HIS, printed, and handed over to the patient or family at discharge.
Pharmacy Clearance	Ensure all discharge medications are issued and verified against the discharge prescription. Confirm that discharge returns (unused in-patient medicines) are collected and documented by the pharmacy.
Billing Clearance	Final bill is prepared after consolidating all services (room charges, investigations, procedures, pharmacy, etc.). Patient/family is informed of the final payable amount, and billing is cleared (cash/insurance as applicable).
Nursing Clearance	Nurse ensures patient's clinical file is complete, all investigations/procedures are documented. Final handover of medications, discharge instructions, and belongings to the patient/family

Main Observations

- Consultants usually announce planned discharges verbally during the morning round (often one day ahead, sometimes same day).
- Nurses send the file to Billing/Insurance at night, but processing restarts only after the doctor reconfirms on the next morning round.
- IP Coordinators meet patients after confirmation and outline the process.
- Discharge summary preparation time varies widely (≈10 min – 4-5 h) depending on the consultant.
- While the summary is pending, billing, pharmacy and insurance clearance start once the doctor reconfirms.
- During final rounds, doctors may order last-minute cross-consults; the summary is completed only after these notes and discharge medications are added.
- After summary finalisation, staff compile reports, arrange follow-up, and collect discharge medicines.
- Billing and pharmacy clearance frequently become bottlenecks, extending total turn-around-time (TAT).

Challenges Faced

- 🕒 Time Constraints: Managing real-time observation across multiple departments without missing steps.
- 📋 Tracking Multiple Cases: Difficulty in accurately monitoring multiple discharges happening at the same time.
- 📉 Unstructured Data: HIS data was not always clear or timestamped properly, requiring manual validation.
- 🗣️ Limited Access to Doctors/Coordinators: Difficulty in getting interviews or clarifications during peak hours.
- 📅 Process Variations: Differences between emergency, same-day, and planned discharges made standard tracking challenging.
- 😓 Pressure During Peak Hours: High-pressure environment made it difficult to ask questions or intervene without interrupting patient care.

Suggetions

Mandate HIS-based discharge flagging	Standardise Discharge Summary Templates	Proactive Handling of Late Cross-Consults	Load-balanced Clearance Counters
No clearance should begin unless the consultant marks the discharge formally in the HIS. Automatic reminders can prompt this action.	Use templated sections with clinician pre-fill options and PA/medical scribe support to reduce preparation time.	HIS to prompt clinicians to confirm "no further consults pending" before allowing discharge flag to be set.	Identify peak discharge times and staff billing/pharmacy accordingly. Consider adding a "Rapid Discharge Desk".

THANK YOU

Reporting Format (Weekly)

Name of the Organisation: ASTER MEDICTY, KOCHI

Area/ Department/ Project of Summer Internship Program: OPERATIONS DEPARTMENT

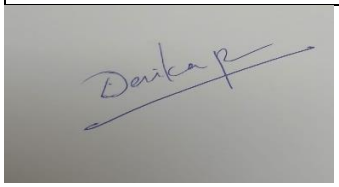
Name of the Student: DEVIKA P

Roll no: 1937 **Stream:** MBA – Hospital and Health Management

Week no: 1 **From:** May15, 2025 to May18, 2025

Activity Done	**Orientation & Induction:** Reported to HR under Abhishek Sir and was introduced to Lydia Ma'am, my mentor. She explained the organizational structure and briefed me on my training schedule. I also met COO Mr. Nawas, who detailed that I would rotate through different departments under Operations every two weeks to gain hands-on experience. I was then posted in the Outpatient Department (OPD). **Department Posting – OPD (May 16–17):** Assigned to **Aster Seniors OPD**, a dedicated unit for elderly patients that streamlines registration, billing, appointments, and medicines in one area. • Observed and assisted under Mr. Eldhose, the supervisor, who gave in-depth training on the department's functioning and the HIS (Hospital Information System). • Learned the workflow for billing, registration, appointment scheduling, and patient interaction protocols. • By the third day, independently handled registrations and billing. • In the afternoon session, I was rotated to the **Central Transport System**, where I learned how wheelchairs and patient transport services are managed and tracked efficiently
Linking theory (Classroom learning) with	**Hospital Operations Management:** Understood how departmental workflows (like OPD and Central Transport) are coordinated to enhance patient experience, echoing classroom concepts of operational efficiency and patient flow management. **Healthcare IT Systems:** Hands-on exposure to HIS aligned with digital health management modules studied in class, particularly in understanding data entry, appointment scheduling, and digital records.

practice at your organisation	**Organizational Behaviour:** Observed structured hierarchy and clear communication channels during induction, reflecting course teachings on leadership and interdepartmental coordination.
Gaps identified on the working area.	**Senior OPD Queue Management:** Despite efforts to streamline services for elderly patients, physical space constraints occasionally lead to minor congestion during peak hours. **Transport Request Communication:** Some manual tracking still exists for transport requests, which may cause minor delays in high demand
Suggestions for improvement	**Enhanced Queue Management:** Introduce token systems or staggered appointment scheduling to better manage patient inflow in the Senior OPD. **Digitized Transport Coordination:** Integrate transport requests into HIS or a real-time tracking dashboard accessible by staff to reduce wait times and manual dependency.
Plan for the next week	**Continue OPD Rotations:** Be posted in General OPD and Paediatric OPD to observe differences in patient handling and administrative flow. **Support Front Desk Operations:** Assist in front desk queries, document collection, and appointment coordination. **Shadow Operations Executive:** Accompany Lydia Ma'am in her daily rounds to understand backend coordination and inter-departmental collaboration. **Compile Learnings:** Start maintaining a reflective journal to document process observations, improvement ideas, and learning outcomes.



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Area/ Department/ Project of Summer Internship Program: OPERATIONS DEPARTMENT

Name of the Student: DEVIKA P

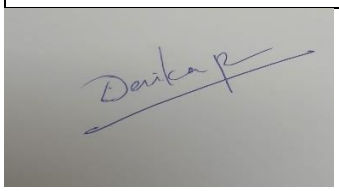
Roll no: 1937 **Stream:** MBA – Hospital and Health Management

Week no: 2 **From:** May19, 2025 to May24, 2025

Activity Done	**Orientation & Induction:** **Department Posting – OPD (May 19–24):** As part of the rotational learning plan under the Operations Department, I was posted across the following departments: • **Paediatrics OPD** • **Orthopaedics OPD** • **Neurology OPD** • **Physical Medicine and Rehabilitation (PMR)** **Key Activities & Learning Outcomes:** • Understood the **daily process flow** in each department, from patient registration to consultation and follow-up. • **Assisted in managing patient flow** and organizing the **assessment room**, ensuring smooth coordination between doctors, nurses, and front-desk staff. • Observed and participated in **patient handling** during peak hours, especially in paediatrics and Ortho, which catered to over 100 patients daily requiring fast-paced coordination. • Spent time with the **Central Transport System** team to study their coordination with OPDs and how wheelchair/bed movements are requested and dispatched. • Visited the **Medical Records Department (MRD)** to learn about the storage, retrieval, and confidentiality protocols for physical and digital patient records. • Observed differences in departmental load: o **paediatrics & Ortho**: Very high patient volume, fast-paced and demanding. o **Neurology**: Moderate load, with emphasis on diagnostics and follow-up.

	○ **PMR**: Lower patient volume, focused on physiotherapy and rehabilitation plans.
Linking theory (Classroom learning) with **Practice at your organisation**	**Hospital Operations Management:** **Hospital Operations Management:** The rotation helped connect classroom concepts of service delivery, scheduling, and patient throughput with real-world department-level functioning. **Healthcare Quality & Efficiency:** Observed how patient flow and wait times are managed, especially in high-load OPDs. Reflected on concepts like lean processes and bottleneck management. **Organizational Behaviour & Communication:** Witnessed the importance of interdepartmental communication, especially between clinical, administrative, and transport staff. **Health Information Systems:** Through interactions with MRD and Central Transport, gained insights into documentation protocols and support system integration. **Organizational Behaviour:** Observed structured hierarchy and clear communication channels during induction, reflecting course teachings on leadership and interdepartmental coordination.
Gaps identified on the working area.	Peak **Hour Congestion:** In high-volume departments like paediatrics and Ortho, there is occasional overcrowding, especially in waiting and assessment areas.
Suggestions for improvement	**Queue Management Tools:** Introduce digital token systems with estimated waiting times to reduce physical crowding and improve patient satisfaction.

Plan for the next week	Continue department rotations with exposure to the following OPDs: • **Gastroenterology** • **Nephrology** • **Cardiology** • **Oncology** Learn their unique patient handling requirements, support services, and process differences. Shadow department managers to understand the role of operational oversight in specialized clinical departments. Continue maintaining observation notes for final internship documentation and improvement proposals



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Name of the Student: DEVIKA P

Roll no: 1937

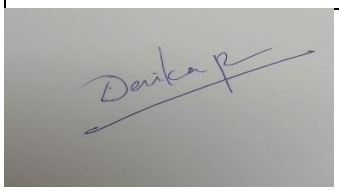
Stream: MBA – Hospital and Health Management

Week no: 3 **From:** May 26, 2025, to May 31, 2025

Activity Done	**Key Activities & Learning Outcomes:**
	
	May 26 – Nephrology & Urology OPD
	
	• Observed **high patient inflow**, requiring active monitoring and intervention in **patient queue management**.
	• Gained **detailed understanding of the Hospital Information System (HIS)** used for appointments, diagnostics, billing, and follow-ups.
	• Learned **OPD coordination** by working closely with the front desk and nurses to manage consultation flow, reduce bottlenecks, and ensure better patient experience.
	
	May 27 – Endocrinology OPD
	
	• Endocrinology had an extremely high footfall. A unique **tri-room consultation system** was followed:
	  ○ The doctor was assisted by **three Physician Assistants (PAs)**, each stationed in separate rooms.
	  ○ PAs conducted **history-taking and preliminary assessments** before the doctor rotated between rooms for final consultation.
	• This **decentralized consultation model** increased efficiency and allowed handling of a high number of patients.
	• Assisted in **overall coordination**, reducing waiting time and ensuring smoother patient flow and satisfaction.
	
	May 28 – Gastroenterology OPD
	
	• The department had **multiple consultants operating in parallel**.
	• Learned how a **multi-doctor OPD setup** functions and how it demands proper **room allocation and flow control**.
	• Helped in **minimizing patient waiting time** through proactive coordination and room assignment support.
	
	May 29 – Pulmonology OPD
	
	• Gained insight into **TB surveillance through the 'Nikshay Portal'**, an initiative aligned with national health programs.

	• Learned about the **"STEPS Room"**, a specialized counseling and registration area for TB patients. • Received an in-depth explanation of the TB program from **Program Educator Don Sir**, including the registration process, contact tracing, and follow-up protocols. **May 30 – Oncology OPD** • Observed the **sensitive and protocol-driven patient flow** in Oncology, where consultation, counseling, diagnostics, and pharmacy coordination are crucial. • Understood how **empathy and time management** are balanced in critical care consultations. • Noted the integration of **support services** like pain management and psycho-oncology into OPD workflow. **May 31 – Cardiology OPD** • Visited the **Cardiology OPD**, a high-acuity unit with integrated diagnostics like **ECG, ECHO, and TMT**. • Learned how **investigations are coordinated with consultation slots** to prevent delays. • Observed how nurses, technicians, and consultants work together to ensure continuity of care and effective handling of emergency walk-ins.
Linking theory (Classroom learning) with	• Healthcare **Operations Management:** Applied principles of patient flow optimization, triaging, and managing wait times in multiple high-volume OPDs. • Digital **Health Systems:** Practically used and understood **HIS and government portals (Nikshay)**—aligned with modules on health informatics. • National **Health Programs:** The TB program learning in Pulmonology ties directly into classroom topics on **public health surveillance and disease control**. • Organizational **Behaviour & Team Dynamics:** Witnessed how **role delegation**, team coordination, and leadership impact day-to-day hospital operations.

Gaps identified on the working area.	• **Lack of Uniform Consultation Models:** Departments use widely varying OPD models; no standardization in assistant support or doctor room rotation. • **Limited Patient Communication at Waiting Areas:** Real-time status of patient queue or expected wait time is often not displayed, especially in busy OPDs like Gastro and Endocrinology.
Suggestions for improvement	• Department-**Specific SOPs:** Create a library of OPD-specific Standard Operating Procedures (SOPs) that outline effective room usage, assistant deployment, and flow protocols. • Digital **Queue Display Systems:** Install screens in waiting areas showing token numbers, consultation room assignments, and estimated wait times to improve transparency.
Plan for the next week	Continue learning in various ops that is left to cover.



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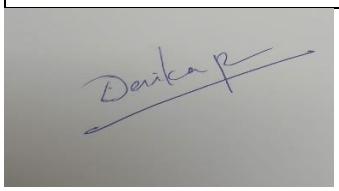
Roll no: 1937

Stream: MBA – Hospital and Health Management

Week no: 4 **From:** June 2, 2025, to June 7, 2025

Activity Done	**Key Activities & Learning Outcomes:** I was aassigned a project by the chief operating officer to track down the processes from the admission to the discharge and then compare it with the IP manual and find out the gaps and bring out my suggestions. The first two days I tracked down real cases from the admission to the discharge and then analysed the process then I compared the process
Linking theory (Classroom learning) with	• Hospital **Administration:** Understood real-time **IPD patient flow**, service coordination, and how guest relations bridges clinical and non-clinical services. • Healthcare **Service Management:** Applied principles of **patient-centered care**, aligning with modules on **quality improvement and feedback mechanisms**. • Organizational **Communication:** Practiced **professional reporting and escalation** pathways, linking frontline feedback to departmental actions.

Gaps identified on the working area.	• Delayed F&B Resolutions • Need more comprehensive way of resolving patient concerns.
Suggestions for improvement	• **• Deploy Real-Time Feedback Devices** (e.g., tablets) in patient rooms or during nurse rounds to capture and track feedback proactively. • **Introduce a Floor-Level Service Dashboard** for nursing stations and guest relations to monitor concerns, pending resolutions, and daily satisfaction summaries.
Plan for the next week	Continue **IPD floor rotations** covering remaining patient blocks and special care units (e.g., ICU/CCU).



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Name of the Student: DEVIKA P

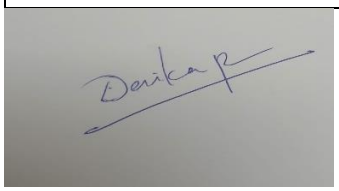
Roll no: 1937 **Stream:** MBA – Hospital and Health Management

Week no: 5 **From:** June 9, 2025, to June 14, 2025

Activity Done	**Department Posting – IPD (June 16–17):** **Department Posting – Inpatient Department (IPD) Coordination:** • Initially posted under the Guest Relations Department, but upon interaction with the COO, Mr. Nawas, was instructed to shift to the IP Coordination team for more focused operational exposure. • Assigned to Tower 1, Fourth Floor for IP coordination duties under the mentorship of Ms. Fida, IP Associate. Key learnings and activities: • Gained hands-on experience in the **discharge process workflow**, including collection of discharge summaries from respective departments and coordination with concerned consultants. • Understood and assisted in the **discharge pharmacy clearance** process—ensuring final medication handover and cross-verification with prescriptions. • Observed the **billing clearance facilitation**, which involves final bill preparation, pending approvals, and patient counselling regarding outstanding dues. • Closely coordinated with nursing staff, consultants, billing, and pharmacy teams to ensure a **smooth and timely discharge process** for patients.

Linking theory (Classroom learning) with practice at your organisation	**Hospital Operations Management:** • Applied the classroom concepts of discharge planning and patient turnover efficiency by learning how different departments coordinate in real-time to avoid discharge delays. **Health Information Systems:** • Exposure to documentation and summary collection processes highlighted the importance of **digital record accuracy** and timely updates in the HIS. **Guest Relations and Service Excellence:** • Transitioning from Guest Relations to IP Coordination helped understand how **patient satisfaction** is maintained through effective backend support during patient discharge—a key focus of hospital service quality management. **Organisational Behaviour:** • Observed real-time coordination among cross-functional teams (billing, pharmacy, nursing), showcasing structured **interdepartmental communication and teamwork**.
Gaps identified on the working area.	**Discharge Process Delays:** • Minor delays observed due to late availability of discharge summaries from departments or consultants, causing waiting time for patients. **Pharmacy Clearance Bottlenecks:** • In a few cases, clearance from pharmacy took longer due to manual tracking or verification backlogs.
Suggestions for improvement	**Standardised Discharge Timelines:** • Implement a standard protocol where discharge summaries are prepared a few hours in advance and shared digitally with the IP coordination team.

	Digital Discharge Dashboard: • Develop a **real-time dashboard** accessible to IP coordinators for tracking billing and pharmacy clearance statuses to reduce patient waiting time.
Plan for the next week	• Continue with the IP Coordination team and assist with more complex discharge cases and escalations. • Observe admission protocols and pre-surgery patient flow. • Shadow operations lead for real-time issue resolution in inpatient services. • Begin drafting a mini-process flowchart of the IP discharge workflow for internal reflection and learning documentation.



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Name of the Student: DEVIKA P

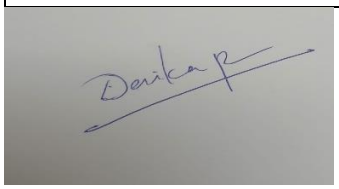
Roll no: 1937 **Stream:** MBA – Hospital and Health Management

Week no: 6 **From:** June 16, 2025, to June 21, 2025

Activity Done	**Department Posting – IPD (June 16–17):** • Continued in the Inpatient Department (IPD) on the instruction of COO Mr. Nawas to carry out a **project-based review** of the discharge process. • Studied the hospital's **Standard Operating Procedure (SOP)** for discharges and compared it with the **actual practice** followed in the wards. • Identified **key operational gaps** and suggested improvements. **Findings:** • **Discharge Summary Delays:** The preparation and approval of discharge summaries took the longest time, directly affecting Turnaround Time (TAT) for patient discharge. • **Delayed Discharge Returns:** Discharge return slips were not submitted to the pharmacy in time, causing a delay in final medication clearance.
	Department Posting – Emergency Department (June 18–21): • Posted in the **Emergency Room (ER)** to understand its functioning and time-sensitive operations. • Tasked with tracking **TAT (Turnaround Time)** for various processes including cross consultations and discharges. **Key Observations:** • **Cross Consultation Delays:** Internal Medicine doctors were the slowest to respond to cross consultation requests, which led to treatment delays. • **Bed Availability Issues:** Insurance patients faced extended wait

	times due to **limited availability of twin-sharing and ward category beds**, increasing overall ER holding time and patient dissatisfaction.
Linking theory (Classroom learning) with practice at your organisation	**Quality and Operations Management:** • Practical application of TAT measurement techniques learned in class, focusing on workflow bottlenecks and patient flow optimisation. • Use of **SOP comparison and gap analysis** as a tool for operational auditing. **Hospital Planning & Administration:** • Realised the importance of **bed management** in ER efficiency, especially for insurance patient admission planning. **Healthcare Service Delivery:** • Exposure to emergency workflows and response coordination aligned with theoretical modules on **emergency care operations and patient triage systems**.
Gaps identified on the working area.	**Gaps identified in the working area** **1. IPD Discharge Process:** • Delay in finalising discharge summaries. • Lag in submitting discharge returns to pharmacy for clearance. **2. ER Processes:** • Internal medicine consultation delays for cross referrals. • Insurance patients face challenges due to unavailability of preferred beds.

Suggestions for improvement	**For IPD:** • Implement a fixed **timeline for discharge summary preparation** and set digital alerts for pending actions. • Mandate **pharmacy intimation as soon as discharge orders are initiated** to reduce lag. **For ER:** • Introduce **TAT benchmarks** for cross consultations and integrate them into doctor performance metrics. • Create a **real-time bed availability dashboard** for ER staff, with prioritisation for insurance cases to reduce wait time.
Plan for the next week	• Assist in preparing a **TAT report** with actionable insights from ER and IPD. • Participate in **bed management meetings** to understand allocation strategies and interdepartmental communication. • Begin outlining a **process improvement proposal** based on the SOP review findings. • Continue documenting learnings, observations, and feedback for reflective learning.



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Name of the Student: DEVIKA P

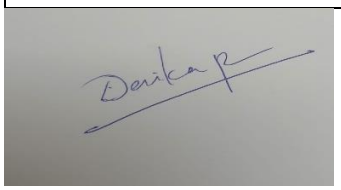
Roll no: 1937 **Stream:** MBA – Hospital and Health Management

Week no: 7 **From:** June 23, 2025, to June 28, 2025

Activity Done	**Department Posting – Pharmacy (OPD & IPD):** • Posted in the **Pharmacy Department** under the guidance of **Pharmacy Manager Ms. Reshmi**. • Initial posting in the **Outpatient Pharmacy (OPD)** to understand the **medication dispensing process** for ambulatory patients. **OPD Pharmacy Observations:** • Learned the **workflow** for prescription verification, medicine billing, inventory tracking, and patient counselling. • Understood the **handling of controlled drugs**, cold storage items, and process for managing prescription errors. **IPD Pharmacy Rotation:** • Later posted in the **Inpatient Pharmacy**, focusing on discharge-related operations. • Observed the **discharge medicine request and approval process**. • Learned about **discharge returns**, how unused medicines are reconciled, and how pharmacy clearance is issued. • Understood interdepartmental communication between pharmacy, nursing stations, and billing teams. • Was briefed on **JCI and NABH standards** relevant to pharmacy operations—especially on **medication safety, storage standards, labelling practices, expiry tracking**, and controlled substance management.

Linking theory (Classroom learning) with practice at your organisation	**Hospital Operations Management:** • Applied concepts of **inventory management and supply chain** in the pharmacy context, seeing real-world use of FIFO (First In, First Out), stock audits, and automated stock update systems. **Quality and Accreditation (JCI/NABH):** • The posting reinforced classroom learning on **accreditation standards**, especially in how pharmacy documentation, safety, and traceability are handled during audits. **Healthcare IT Systems:** • Gained exposure to **HIS modules used in pharmacy** for generating medicine slips, discharge returns, and real-time stock visibility.
Gaps identified on the working area.	**1. Manual Coordination for Discharge Medicines:** • At times, the discharge medicine clearance process depends on **verbal follow-up by nurses**, which can delay final clearance. **2. Discharge Returns Documentation:** • Some inconsistencies in documenting discharge returns, especially during high patient turnover
Suggestions for improvement	**1. Discharge Medicine Tracker:** • Introduce a **digital status update system** within HIS for-discharge medicine clearance to reduce manual communication. **2. Return Documentation SOP Enforcement:**

	• Reinforce adherence to **standard return documentation protocols** and conduct quick re-training for nursing teams if needed.
Plan for the next week	• Visit **the Supply Chain Management Department** to understand the complete **workflow of medical and non-medical material flow**, including procurement, inventory control, vendor coordination, and stock distribution to various departments. • Observe **how demand forecasting, purchase requisitions, indent processing**, and supplier evaluations are handled. • Learn how **HIS and ERP systems** are integrated into the supply chain for real-time tracking and consumption data. • Identify areas of **wastage control and cost optimization** strategies.



Signature of the Student

Approved by the IIHMR University's Mentor

Reporting Format (Weekly)

Name of the Organisation: ASTER MEDICTY, KOCHI

Area/ Department/ Project of Summer Internship Program: OPERATIONS DEPARTMENT

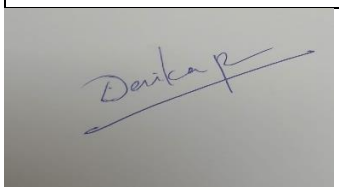
Name of the Student: DEVIKA P

Roll no: 1937 **Stream:** MBA – Hospital and Health Management

Week no: 9 **From:** July 7 to July 12, 2025

Activity Done	**Department Posting – Supply Chain Management (SCM):** • Conducted a study to analyse the rise in material consumption from 20% to 22%. • Collected and reviewed consumption data from the past few months across multiple departments. • Analysed item-wise purchase cost and profit margins to identify contributors to the increased consumption. • Found that high usage of **low-margin, high-value items** was a key driver of overall cost increase. • Recommended promoting usage of items with >50% margin to offset cost impact while ensuring continuity of critical supplies. • Provided insights to optimize procurement strategy and improve cost efficiency.
Linking theory (Classroom learning)	• Observed central inventory management with department-specific distribution supporting operational efficiency.
Gaps identified on the working area.	• There is **no automated alert or escalation mechanism** for PR delays, stockouts, or pending vendor deliveries. As a result, material availability issues are often

	discovered only when critical, affecting patient care and departmental efficiency.
Suggestions for improvement	**Digital Stock Reconciliation:** Introduce a **barcode-based stock checking system** linked to the HIS for real-time inventory validation, reducing manual effort. **2. Streamline PR Approval Workflow:** • Create a **tiered digital escalation system** for PR approvals to avoid stagnation in procurement cycles Introduce a **barcode-based stock checking system** linked to the HIS for real-time inventory validation, reducing manual effort. **2. Streamline PR Approval Workflow:** • Create a **tiered digital escalation system** for PR approvals to avoid stagnation in procurement cycles
Plan for the next week	Change to the quality department.



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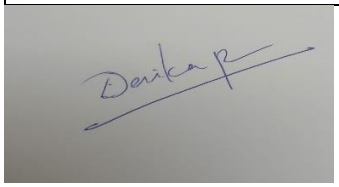
Plan for the next week	Change to the quality department .



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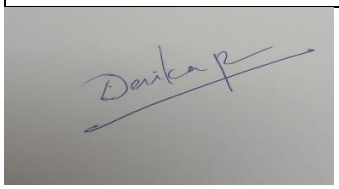
Roll no: 1937 **Stream:** MBA – Hospital and Health Management

Week no: 10 **From:** July 14 to July 19, 2025

Activity Done	**Department Posting – QUALITY** • Posted in the quality department of the hospital the initial days I was asked to learn the IPSG goals and the policies off the hospital regarding the Compliance of IPSG goals of the JCI. As the hospital is NABH and JCI accredited, policies were tailed accordingly. I was asked to be a part of the safe surgery audit which was taking place at the time. Visited the OT and checked if the sign in, timeout and the sign-out were done properly and if there is any noncompliance to the policies of the hospital quality standards.
Linking theory (Classroom learning)	. IPSG GOALS, Quality standards, essential hospital services.
Gaps identified on the working area.	Procedure name should be well informed to the patient, while sign in asking the name of the procedure seemed to be skipped.
Suggestions for improvement	Strict adherence to the quality protocols and the quality policies of the hospital

Plan for the next week	July 21 st, clearance



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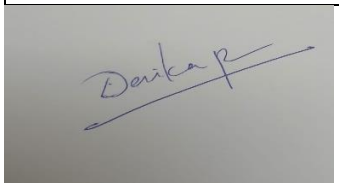
Area/ Department/ Project of Summer Internship Program: OPERATIONS DEPARTMENT

Name of the Student: DEVIKA P

Roll no: 1937 **Stream:** MBA – Hospital and Health Management

Activity Done	• **OPD Rotations:** Seniors, Paediatrics, Ortho, Neuro, PMR, Gastro, Endocrine, Cardio, Pulmo, Oncology – learned patient flow, appointment systems, queue management, multi-consultant coordination, and HIS usage. • **Central Transport & MRD:** Understood patient movement logistics and medical records handling. • **Inpatient Department (IPD):** Mapped admission-to-discharge processes, coordinated billing, pharmacy, and discharge summaries. • **Emergency Department:** Conducted TAT analysis; highlighted consultation delays and bed allocation issues. • **Pharmacy (OPD & IPD):** Learned dispensing, discharge returns, stock audits, and compliance with NABH/JCI standards. • **Supply Chain Management:** Analyzed increased consumption rates, low-margin items, and proposed procurement optimization. • **Quality Department:** Participated in surgery safety audits and reviewed compliance with IPSG goals under JCI.

Linking theory (Classroom learning)	• Hospital **Operations Management:** Applied concepts of patient flow, discharge planning, interdepartmental coordination, bed utilization, and service turnaround. • Healthcare **IT & Information Systems:** Practiced use of HIS, Nikshay Portal, and ERP tools for data entry, diagnostics, pharmacy, and inventory tracking. • Quality **& Accreditation Standards:** Participated in audits aligning with NABH and JCI protocols, focusing on patient safety and compliance. • Healthcare **Finance & Materials Management:** Analyzed material consumption trends and proposed margin-based procurement strategies. • Organizational **Behaviour & Communication:** Observed real-time teamwork across clinical and administrative departments, aligning with leadership and communication frameworks. • Public **Health & National Programs:** Learned about TB surveillance protocols through Nikshay and supported public health documentation processes.
Gaps identified on the working area.	• Peak-time crowding and inconsistent OPD models • Discharge process delays, manual tracking in pharmacy • No real-time bed dashboard in ER • Missing procedure confirmation during OT sign-in • Stockout alerts and PR delays in SCM
Suggestions for improvement	• Digital queue systems, SOPs for OPDs • Discharge summary timelines, dashboard tracking • TAT benchmarks for consultants, real-time ER bed tracking • Barcode-based inventory, escalation matrix for PRs • Reinforce safe surgery checklist adherence



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Signature of the Student

Approved by the IIHMR University's Mentor

On the last day of every week Saturday -) report in the above format should be submitted to the faculty mentor. Submission of total 10 reports in 10 weeks is compulsory. Each report should not be more than 2 pages.