SUMMER INTERNSHIP PROGRAM

at

SPARSH HOSPITAL, BANGALORE

From 16th May 2025 To 24th July 2025

A REPORT BY

D Drishika

Master of Business Administration

Hospital and Health Management

IIHMR-U/01/2024-26/1934

2024-26

Under the Mentorship of

S.P. Chattopadhyay – Assistant Professor

SPARSH HOSPITAL
THE TOUCH OF LIFE

FAITH HOPE LOVE

PATIENT SAFETY & QUALITY OF CARE
NABH
PRE ACCREDITED

24-Jul-2025

TO WHOM SO EVER IT MAY CONCERN

This is to certify that **Ms. D Drishika** , student of **IIHMR University** had undertaken an Internship at our organization in the department of **Operations** from **16-May-2025 to 24-Jul-2025.** During this period she involved in the assigned project **is "Impact of Discharge Billing Process on Discharge TAT".**

We found her very enthusiastic & zealous to learn. Her character and conduct was good during this period.

We wish her all the best for her future endeavors.

SHIVA & SHIVA ORTHOPAEDIC HOSPITAL PVT. LTD.
Infantry Road, Bengaluru 560 001.

Revathi S
Assistant Manager - Human Resources

IIHMR UNIVERSITY

IIHMR University Faculty Mentor Approval

This is to certify that **Ms. D DRISHIKA** of academic year 2024-26 of the **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

Mr.S.P.Chattopadhyay

Assistant Professor

IMPACT OF DISCHARGE BILLING PROCESS ON DISCHARGE TURNAROUND TIME

Name of the organization : SPARSH HOSPITAL
Student Name : D DRISHIKA
Stream : HOSPITAL AND HEALTH MANAGEMENT
Roll Number : 1934
University Mentor : S.P. CHATTOPADHYAY
Organization Mentor : Mr. SAMUEL

ABOUT THE ORGANIZATION

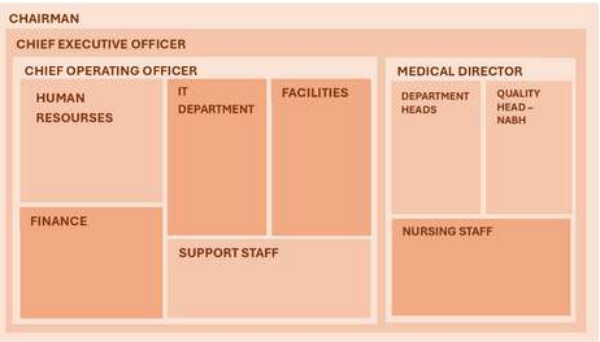
SPARSH Hospital, founded in 2006 in Bangalore, has surfaced as one of South India's prominent multi-specialty healthcare contributors. Well-known for its expertise in orthopedics, complicated trauma, and joint replacement, it has spread out to incorporate a complete array of specialties, including cardiac sciences, gastroenterology, oncology, and critical care. With state-of-the-art facilities on Infantry Road and other locations, SPARSH is committed to delivering high-quality, patient-centered care and pioneering innovations in medical practice.

VISION AND MISSION

Vision:
To be the most trusted healthcare provider, delivering compassionate, innovative, and affordable care.

Mission:
- Provide world-class healthcare services with empathy and integrity.
- Foster transparent, patient-first service with ethical clinical practices.
- Continuously invest in medical innovation and staff development.

ORGANIZATION STUCTURE



THEORETICAL UNDERSTANDING VS PRACTICAL EXPOSURE

Aspect	Theoretical Understanding	Practical Exposure
Nature of Learning	Systematic, syllabus-oriented learning using lectures, models, and case studies.	Gaining knowledge by direct observation, contact, and problem-solving within the hospital setting.
Patient Feedback System	There is feedback in NABH-compatible structured QA programs such as analysis and action plans.	Slow or delayed feedback; not consistently followed up and communicated to frontline staff.
Role Clarity and Staff Coordination	Work is assumed to be professionally demarcated with appropriately defined responsibilities and coordination.	In reality, the roles overlap, especially at discharge, and create confusion and inefficiencies.
Problem Solving	Resolved through tools such as Fishbone Diagram, Lean, SWOT in structured case settings.	Needed to contend with unstable behavior, slowness, resistance by staff, and minimal control over systems
Application of Theory	Directed towards model practices and ideals of hospital administration.	Practical experience required adaptation of theory in practice and stressed the importance of realities at ground level.

OBJECTIVE

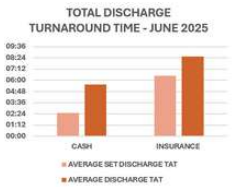
To understand and examine the effect of billing completion on Patient Discharge Turnaround Time (TAT) in both Cash and Insurance patients, determine process inefficiencies, investigate causes of delay, and suggest practical improvements to enhance the discharge process within a hospital setting.

AIM

In order to minimize overall discharge turnaround time by mapping out bottlenecks and billing delays, comparing cash vs insurance process performance, and streamlining workflows in order to meet the hospital's benchmark TAT goals of:

2.5 hours for discharge completion (Cash)
6.5 hours for discharge completion (Insurance)

DATA ANALYSIS



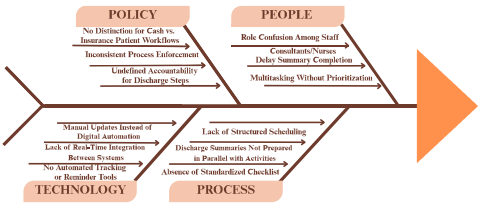
DISCHARGE TURNAROUND TIME	CASH	INSURANCE
AVERAGE SET DISCHARGE TAT	02:30	06:30
AVERAGE DISCHARGE TAT	05:33	08:34

DISCHARGE BILLING TURNAROUND TIME	CASH	INSURANCE
AVERAGE SET BILLING TAT	01:00	04:00
AVERAGE BILLING TAT	02:08	05:23

SWOT ANALYSIS

S	**Strengths** • Process of systematic discharge and presence of TAT benchmarks. • Detailed process data for the detection of bottlenecks. • Ongoing measurement of billing and discharge performance measures. • Available infrastructure to monitor cash and insurance procedures.	W	**Weaknesses** • Discharge summaries usually done late, leading to delays. • Discharge and summary updates are not coordinated. • Unclear role assignment results in overlapping and lost timelines. • No prioritization or segregation according to patient types (insurance/cash). • No uniform checklist or clocking, so it is difficult to spot and control delays.
O	**Opportunities** • Implement real-time dashboards for TAT and process monitoring • Use digital discharge checklists and time tracking automation • Specify roles clearly and emphasize task ordering through sequential workflow policies • Start parallel processing of discharge activities and summary preparation	T	**Threats** • Insurance (TPA) approval delays are still largely beyond the control of hospitals. • Prolonged hand processing increases risk of human error and variable performance. • Failure to distinguish cash and insurance patients leads to risk of persistent confusion and inefficiency. • Resistance of staff to change or implementation of new tracking systems

FISHBONE ANALYSIS



CHALLENGES FACED

- Obtaining accurate timestamps, since summaries and activity were recorded at varying times
- Resistance to staff in terms of accepting new work patterns and specified roles
- Determining the cause in a multi-factor, non-standardized procedure environment
- Inability to have a real-time checklist or automated tracking mechanism

SUGGESTIONS

- Synchronize discharge summaries with clinical discharge processes to prevent last-minute delays.
- Implement a uniform discharge checklist and electronic time-tracking system to track every step effectively.
- Precisely designate task ownership and assign roles per process step to eliminate overlap and confusion.
- Set distinct workflows for cash and insurance patients to minimize process friction.
- Use automated alerts and real-time dashboards to monitor discharge progress.
- Develop a prioritization system (e.g., first-come-first-served) for billing and discharge processes.

LEARNINGS

- Synchronization of discharge activity and summarizing writing is important to reduce delays
- Standardization and role clarity can profoundly affect process efficiency
- Lack of time-tracking and checklists enabled variability and bottlenecks in the process to go undetected
- Segregation of patient types and task ownership definition can eliminate confusion and increase throughput directly
- First-come, first-served and other structured prioritization approaches can enhance discharge and billing processes

CONCLUSION

This project brings into focus that delayed discharge billing, unsynchronized processes, and absence of standardized processes have a significant impact in augmenting the Discharge Turnaround Time (TAT) in Sparsh Hospital. The important issues are:

- Late discharge summary completion
- No real-time monitoring or automated notifications
- Undefined roles and multitasking with no prioritization
- No separation of cash and insurance patient workflows
- Delay in TPA approvals in insurance discharges

Weekly Report

Name of the Organization: SPARSH HOSPITAL
Department of Summer Internship Program: Operations
Name of the Student: D Drishika
Roll no: 1934
Stream: MBA -Hospital and Health Management
Week no: 1 From: 19th May to 23rd May

Activity Done	• Finished all HR and onboarding tasks. • Met the Operations Manager, Samuel, and started working in the In-Patient billing and Insurance Department. • Prakash, the billing head, gave me a talk on the entire insurance procedure, from admission to discharge. • Learned the pre-authorization steps and how the hospital handles payments from both cash and insurance patients. • Looked at the software the hospital uses for TPA billing and insurance tasks. • Saw how the hospital gives financial info to patients before they are admitted. • Watched as staff gathered documents like Aadhar cards, PAN cards, insurance cards, photos, and policy copies during pre-authorization. • Started to learn the cash discharge procedure: Discharge starts → Nursing checks → Pharmacy checks → Billing starts → Billing is checked → Billing discharge → Bill is made → Bill is cleared → Patient discharge. • Watched the discharge process: Discharge summary comes in → Bill is prepared → Bill is paid (by the patient) → Patient is discharged. • Given the job of spotting problems in the discharge process and suggesting fixes to make it faster, mostly for TPA billing.
Linking theory (Classroom learning) with practice at your organisation	• Observing discharge planning showed how delays in one department, such as pharmacy or billing, can change patient satisfaction. • Applying what I learned in quality management and healthcare finance, I began to see the departmental connections needed for smooth discharges and financial processes.
Gaps identified on the working area.	• The TPA billing system and discharge processes lacked initial training or documentation. • Manual follow-ups between departments during discharge were lengthy. • Real-time coordination tools for discharge clearance were absent.
Suggestions for improvement	-
Plan for the next week	• Thoroughly examine and document the discharge procedure for patients receiving tissue plasminogen activator (TPA). • Determine the main reasons for discharge delays. • Begin writing a plan or report with ideas for speeding up the time it takes to complete billing and discharge.

Signature of the Student
D Drishika
Approved by the IIHMR University's Mentor

Week no: 2 From: 26th May to 31st May

Activity Done	• The inpatient billing discharge process was improved. • A key cause of delay was found to be the frequent arrival of the discharge activity form without the discharge summary, causing delays after the doctor's discharge notice. • It was advised to keep the discharge summary updated as the patient stays in the hospital. This way, it can be quickly completed and sent with the activity form when discharge is announced. • It was advised to separate discharge duties and assign staff specifically to them. • It was seen that before, many staff were trying to do everything, which caused confusion, overlap, and wasted time. • A system was proposed to clearly assign roles in the discharge process to prevent bottlenecks and shorten turnaround time.
Linking theory (Classroom learning) with practice at your organization	• I used my understanding of hospital operations and workflow design to study and suggest ways to improve actual hospital billing. • I connected ideas about efficiency, patient flow, and lean management to find bottlenecks and suggest practical fixes. • I learned how coordination between departments and staffing plans affects administrative performance.
Gaps identified on the working area.	• Disagreement between the care team and billing workers about discharge paperwork. • No one is specifically in charge of patient release, which makes things less efficient and causes delays. • There's no set way to share updates on when patients are ready to leave.

Suggestions for improvement	• Update the discharge summary in real time during the patient's stay, especially after key events or decisions.
	• Use a structured discharge checklist that includes required fields, such as summary status, before billing submission.
	• Assign specific staff to manage discharge workflow tasks. These roles should focus on:
	  ◦ Document preparation
	  ◦ Clearance tracking
	• Have brief daily meetings with relevant departments to confirm readiness for planned discharges.

Plan for the next week	• Track how these changes impact discharge turnaround time of in patients (TAT). • Work with nursing and medical records to make sure discharge summaries are ready without problems. • Create a first draft of standard operating procedures (SOP) for discharge, including new summary practices and staff roles. • Put together a short presentation or report on what's slowing things down and how the new workflow could help, to get feedback from the team.

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Week no: 3 From: 2nd June – 7th June

Activity Done	• I finished and turned in a detailed report, Discharge Process Review, after watching the IP billing team and discharge staff.
	• I talked about the report's problems and ideas with the Operations Manager, IP Billing Coordinator, and Sparsh Hospital's COO.
	• My suggestions were about:
	  • Late discharge summaries
	  • Keeping discharge actions and paperwork in sync
	  • Giving staff roles
	  • Putting discharge requests in order of importance
	• Segregating between the cash and insurance patients to help the discharge process go faster
	• The people I spoke with thought my ideas could work, and they started planning a test run.

Linking theory (Classroom learning) with practice at your organization	• I got hands-on experience with workflow analysis and ways to improve operations, which I learned about in my hospital operations and quality assurance classes. • I used what I learned in class, like process mapping and lean discharge planning, to spot issues in real time. • Talking with senior managers gave me insight into how hospital administration makes choices and assesses new ideas.
Gaps identified on the working area.	• During report creation, it became clear that the present IP discharge software lacks good real-time data tracking and audit trails. • Poor digital records also slow coordination between billing, pharmacy, and clinical staff. • While staff are ready to work together, unclear standard operating procedures cause inconsistent work.
Suggestions for improvement	• Create a central dashboard so all departments can check a patient's readiness to leave. • Use checklists linked to the EHR to keep discharge paperwork (summaries, drug info, billing) on track. • Hold regular training or refreshers on standard discharge procedures for staff.

Plan for the next week	• Next week, I'll be in the Outpatient Department (OPD) to look at how the front desk handles registration, appointment setting, and billing.
	• My goals are:
	  • To learn how patients move through the OPD and how time is handled.
	  • To find any problems in busy outpatient settings.
	  • To examine how OPD administration, consultation schedules, and pharmacy billing work together.
	• I plan to watch the front office staff and gather info to write a report on how well the OPD processes work.

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Week no: 4 From: 8th – 14th June 2025

Activity Done	• During the initial two days of the week, I was at the Outpatient Department's billing and registration area, focusing on observations of:
	  • The registration process for new patients.
	  • The system for giving out tokens and arranging doctor schedules.
	  • The billing procedures for check-ups, treatments, and tests.
	  • How billing is synced between diagnostics and the pharmacy.
	• I learned how front-desk workers deal with many patients, control wait times, and keep patient info up-to-date using the hospital's system.
	• Later in the week, I worked with the OPD Manager and Floor Manager to get a sense of:
	  • How info is passed between departments like the pharmacy, diagnostics, consultation rooms, and billing.
	  • The part floor staff play in guiding patients to the right services quickly.
	  • Ways to address complaints and resolve issues as they come up in a busy outpatient space.

Linking theory (Classroom learning) with practice at your organization	• Used what I learned about healthcare to see how patient-centered care works in a busy OPD. • Watched how the department handled queues, coordination, and patient flow, which are important for running a hospital well and keeping quality high. • Noticed that soft skills and good communication are key to keeping patients happy, tying back to what I studied about HR and how hospitals work.
Gaps identified on the working area.	• The coordination between registration and consulting can be difficult during busy times because updates are not immediate, and the token system is obscure. • Patients have difficulties locating departments, showing that there is a need for clearer signs or floor plans. • Scheduling and communication issues arise when meetings and tests overlap, causing delays.
Suggestions for improvement	• To enhance patient experience and operational, a few changes can be made. • First, digital display boards will be put in the outpatient department (OPD) to show current token statuses and directions to different departments. • Second, a patient flow coordinator will be assigned during times when there are many patients to guide them. • Third, an integrated scheduling system will be set up to notify registration and diagnostics staff about possible scheduling conflicts.

Plan for the next week	• Areas of concentration:
	  • Understanding admission guidelines, bed distribution, and patient transfer procedures.
	  • Watching the path of paperwork among departments like nursing, pharmacies, and billing, is important to maintain organized records.
	  • Looking at how floor managers, housekeeping, nursing stations, and admission counters organize their work in the Inpatient Department.

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Week no: 5 From: 15th – 21st June 2025

Activity Done	• I developed a strong understanding of the inpatient department workflow by observing the entire process, from admission to discharge.
	• I coordinated with the admissions team to learn:
	  • The admission protocol, which includes paperwork, room and bed assignment, and insurance approval when needed.
	  • How they coordinate with nursing stations and the floor manager to ensure patients are transferred and settled smoothly.
	• I learned the bed management system, including:
	  • How wards are classified (three sharing, twin sharing, private, ICU, etc.).
	  • How the hospital software is used to check which beds are open and assign them.
	• I saw how inpatient feedback is gathered using Diago:
	• I observed when and how feedback is collected (before release).
	• I explored how the data is stored and sorted by category (nursing, food, hygiene, doctor interaction, etc.). I also learned how the data is used to make reports for improving service.

Linking theory (Classroom learning) with practice at your organization	• Bed management, tracking occupancy, and coordinating between departments gave practical insights into hospital infrastructure and patient flow, backing up what we learned in theory. • I saw how feedback helps improve quality and patient experience, tying into our talks on NABH standards and hospital quality measures. • Training on Diago software connected what we studied about Health IT systems and hospital MIS to real-world use in a clinic.
Gaps identified on the working area.	• Inconsistencies in bed turnaround time, from when a patient leaves to when a new one arrives, can happen because of slow housekeeping and communication about when rooms are ready. • Diago has good tools for getting feedback, but some patients need assistance to understand or complete the forms, which might change how good the response is. • Discharge planning often responds to situations instead of planning ahead, leading to times when beds are not freed up when expected.
Suggestions for improvement	• Set up a system that sends alerts about bed availability in real time to speed up room turnover and improve occupancy plans. • Have a staff member or volunteer assist patients, especially older adults or those unfamiliar with tech, with software feedback before they go home. • Start daily discharge planning meetings for patients who are expected to leave the next day so that billing, pharmacy, and housekeeping can coordinate better.
Plan for the next week	• In the Inpatient Department, the aim is to study discharge turnaround time (TAT). • Follow the discharge path from when the doctor says so to when the patient leaves. • Find main slowdowns such as paperwork, prescriptions, and payments. • Work with departments to time each stage. • Start creating advice for speeding up discharges and cutting delays.

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Week no: 6 From: 22nd June – 28th June 2025

Activity Done	• I gained insight into the processes and timelines associated with patient discharges in the Inpatient Department. • Each step of the discharge was observed after the doctor's notification, including nursing clearance, pharmacy clearance, billing, and coordination with the patient for settlement and departure. • Variations in discharge TAT were noted based on patient type (insurance or cash), bed type, and discharge start time. • The nursing staff, billing section, and floor managers were consulted to keep track of discharge timestamps and gain some insight on communication issues inside the hospital.
Linking theory (Classroom learning) with practice at your organization	• Applied hospital operations and quality improvement knowledge to analyses discharge workflows. • Confirmed classroom instruction on turnaround time as a quality indicator by collecting data and finding measurable areas for improvement. • Gained an understanding of how important coordinated discharge planning and interdepartmental accountability are to patient satisfaction and bed turnover.
Gaps identified on the working area.	• A tool to track discharge turnaround time (TAT) is needed so we can measure average TAT over time and compare results across floors. • Discharge processes tend to be reactive instead of planned, especially when occupancy is high. • Gaps in how departments communicate, especially between pharmacy and billing, cause delays that could be prevented.
Suggestions for improvement	• Create a discharge plan for patients who are expected to leave the next day. Make sure all departments agree on the plan 12–24 hours before discharge. • Think about having a discharge coordinator available during busy times to improve communication between departments and speed up the discharge process.

Plan for the next week	• The project will target gathering and studying inpatient input using the hospital's Diago software.
	• The goals are:
	  • To learn about the current methods for collecting input, with focus on timing, responsibility, and response rates.
	  • To sort input into themes like staff behavior, food, cleanliness, and treatment.
	  • To judge how management handles input and uses it to improve quality.
	  • To find trends, common issues, and positive areas from recent patient replies.

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Week no: 7 From: 29th June – 5th July 2025

Activity Done	• Patient feedback was gathered and studied using Diago, the hospital's software. Data collection times and methods showed floor coordinators or nurses mostly get responses right before patients leave.
	• The feedback form covers:
	  • How patients feel about doctor and nurse care
	  • Food service
	  • Cleanliness
	  • Billing and discharge
	  • Overall happiness and if they would suggest the hospital
	• Many feedback entries from different areas were looked at to find:
	  • What patients often worry about
	  • Departments or staff that get good ratings
	  • If room type changes how people feel.
	• Response patterns were checked, looking at happiness trends over two weeks and areas that always could be better.

Linking theory (Classroom learning) with practice at your organization	• Applied hospital quality management and patient-centered care ideas, along with NABH standards, to manage feedback and complaint resolution. • Understood that well-organized feedback is a quality measure important for judging performance and improving services. • Recognized that regular patient feedback can directly shape a hospital's image, keep patients returning, and meet accreditation rules.
Gaps identified on the working area.	• Feedback collection is uneven because some patients leave before we can get their input, mostly when things are busy or they are discharged unexpectedly. • There's no set process for following up on negative comments, so problems may not be fixed quickly. • Staff often don't know what happens with the feedback they receive, whether it's good or bad.
Suggestions for improvement	• During times of high activity, assign a specific person to each ward or floor to gather feedback quickly and thoroughly. • Create a feedback review group that meets each week to look at negative feedback and find fixes. • Tell staff about good feedback and repeated praise in briefings to improve morale and encourage good work.
Plan for the next week	• Revisit the discharge procedure to analyze discharge turnaround time (TAT), using both quantitative and qualitative approaches. • Gather data from real discharge cases. • Main focus is to find typical bottlenecks and where time could be saved to speed up the discharge process. • Start writing a report comparing planned and actual TAT, using case examples to support the findings.

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Week no: 8 From: 6th July – 12th July 2025

Activity Done	• This week, I focused on the project Impact of Discharge Billing Process on Discharge TAT in the inpatient wards. This excluded the ICU, daycare, and other special units. • I watched the discharge process as it happened on different wards to: • Map the process from when the doctor says the patient can leave to when they actually leave. • Record the time for each step like nursing, pharmacy, billing, and final discharge. • Talk to floor coordinators, nurses, and billing staff to learn about: • Internal communication problems • Repetitive steps and delayed paperwork or approvals • Differences in how insurance and cash patients are discharged • Track differences in TAT based on: • Shift times (morning compared to evening) • How the patient pays • Bed type (general, semi-private, private) • I made a basic data log to record my observations in a structured way.
Linking theory (Classroom learning) with practice at your organization	• I used hospital process improvement concepts, workflow mapping, and turnaround time as a quality measure from hospital operations modules. • I connected practical experiences with classroom learning about healthcare delays, process bottlenecks, and interdepartmental handoffs.
Gaps identified on the working area.	• The absence of standardized discharge protocols and time tracking in hospital wards complicates later reviews. • Simultaneous processing of pharmacy and billing clearances, done without a set order, commonly leads to delays. • Following billing, patients and their families are often unsure of the next steps, which delays the discharge process.
Suggestions for improvement	• For better discharges, I advise using a checklist with timestamps to follow turnaround and ensure responsibility. • It's also a good idea to train floor staff to keep patients informed about each step in the discharge process. This should cut down on the time patients spend waiting. • Another option is to test a Discharge Ready status board. This would let billing and pharmacy know when a patient is cleared for discharge by nursing.
Plan for the next week	• Keep gathering discharge TAT data from more patients. Make sure we get a large enough sample to analyze. • Also, start pinpointing and grouping common bottlenecks based on what we saw this week. • Let's begin writing the project analysis plan and get visual aids ready, like fishbone diagrams and flowcharts.

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Week no: 9 From: 13th July – 19th July 2025

Activity Done	• The project Impact of Discharge Billing Process on Discharge TAT is ongoing, with the study focused on IPD wards. • To improve the data, a larger sample of patient discharges was gathered. • Discharge times were recorded, and delays and interactions between departments were documented. • Data was gathered on insurance or cash payments, summary readiness, and the time it took to clear pharmacy and billing. • Process consistency and floor differences were looked at. • When discharges started late, billing staff and ward teams did not coordinate well. • A draft flowchart comparing the ideal discharge billing process with the one now in place has started to be created. • Informal talks with nurses and billing clerks were held to learn about their concerns and ideas.
Linking theory (Classroom learning) with practice at your organization	• This week's observations were closely related to concepts we discussed in class, such as Operations Research, Lean Management, and Quality Improvement Tools. • I used methods like bottleneck analysis, process audit, and voice of customer (VOC) to see how delays impact both the patient experience and bed turnover.
Gaps identified on the working area.	• The turnover of staff and changes in shifts can cause information to be lost, which then influences the billing and discharge process. • The slow completion of discharge summaries keeps being a main cause for billing delays.
Suggestions for improvement	• I suggest we build a real-time discharge dashboard that nursing, billing, and pharmacy staff can use for current cases. • I also suggest we add turnaround time (TAT) as a key performance indicator on ward display boards to make it more visible and improve accountability. • I propose we hold regular meetings between ward in-charges and billing heads to talk about TAT trends and work out ways to fix any repeating delays.
Plan for the next week	• Complete the data logging and start statistical analysis of TAT based on variables like payment type, time, and floor. • Create the final visuals for the project, including flowcharts, fishbone diagrams, and bar graphs. • Start drafting the project report and poster content to sum up key insights, findings, and recommendations.

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Week no: 10 From: 21st – 25th July 2025

Activity Done	• The internship wrapped up with the completion of a project examining the impact of the discharge billing process on discharge turnaround time (TAT) within the Inpatient Department.
	• A project poster was created, outlining:
	  • Main research results and their analysis.
	  • Workflow issues in discharge billing.
	  • Factors slowing down TAT.
	  • Suggestions for process enhancements included standard operating procedures (SOPs), clearer staff roles, dashboards, and feedback mechanisms.
	• The completed poster was then presented to the Operations Manager (who served as the project mentor), the Inpatient Manager, and the IP Billing Manager.
	• Positive feedback was received regarding the organized research, observations, and useful suggestions offered during the internship.
	• All HR tasks were finished, to include:
	  • Completing exit paperwork.
	  • Returning ID
	  • Receiving the Internship Completion Letter.

Linking theory (Classroom learning) with practice at your organization	• The creation of presentations and posters tied classroom learning about healthcare operations, project communication, and quality measures to real-world hospital process analysis. • I grasped how internship reporting and project defenses mirror job standards in hospital management and quality enhancement positions. • I came to see how professional closure—from getting reviews to finishing formal paperwork and HR steps—matters.
Gaps identified on the working area.	• Mentioned in the Poster - impact of the discharge billing process on discharge turnaround time (TAT) within the Inpatient Department.
Suggestions for improvement	• Mentioned in the Poster - impact of the discharge billing process on discharge turnaround time (TAT) within the Inpatient Department.
Plan for the next week	-

Signature of the Student
D Drishika
Approved by the IIHMR University's Mentor

Compiled Report

Name of the Organization: SPARSH HOSPITAL
Department of Summer Internship Program: Operations
Name of the Student: D Drishika
Roll no: 1934
Stream: MBA -Hospital and Health Management

Activity Done	• Weeks 1–2: I finished HR paperwork, went to the hospital welcome event, toured the different units, and was taught about inpatient billing and release procedures. • Week 3: I watched how third-party administrators and cash payments were handled during release, drew up a basic release plan, and found that delays happened because release summaries weren't ready and staff duties overlapped. • Week 4: I made the release process faster by suggesting that release summaries be updated right away and that certain staff be assigned to releases. • Week 5: I put together a report that showed the problems with the process and gave it to the Chief Operating Officer, Operations Manager, and Inpatient Billing Coordinator. • Week 6: I switched to outpatient services and watched how billing, registration, and teamwork between units worked. • Week 7: I worked in inpatient care and learned how beds are handled using Diago software, how patients move from admission to release, and how feedback is gathered. • Week 8: I used Diago to get feedback from inpatients, examined trends and how good the replies were, and found that follow-up and staff knowledge were missing. • Week 9: I spent the whole-time collecting data for the release turnaround time research in inpatient units (not including the ICU or Daycare), noting times and problems. • Week 10: I finished and gave the Operations Manager, Inpatient Manager, and Billing Coordinator the final project poster. I finished HR work and picked up the Internship Completion Letter.
Linking theory (Classroom learning) with practice at your organization	• Theoretical models stressed structured discharge planning and clear roles, but the actual workflows were more flexible and less structured. • Turnaround Time was taught as a measurable way to check quality. Delays often came from coordination problems and how ready the summaries were. • Classroom learning pushed using integrated hospital software, but manual follow-ups were needed even when using Diago. • HR and operations modules emphasized distinct roles, but in practice, duties overlapped, and multitasking was common. • The internship confirmed that good hospital management needs systems, plus adaptability and communication between departments.

Gaps identified on the working area.	• The delay in completing discharge summaries after a patient's clinical departure stems from a number of factors.
	  • First, there is a lack of a standard checklist or timestamp system for discharges.
	  • Second, inpatient staff often have overlapping duties, especially when patient volume is high.
	  • Third, the processes for cash-paying patients and those with insurance are not separated.

Suggestions for improvement	• Put in place a checklist for coordinated departures, with time stamps to keep track. • Have specific staff take care of billing and keep summaries of departures. • Set up separate processes for patients paying directly and those using insurance to keep things clear. • Use current displays and automatic messages to keep track of departure status. • Hold short weekly meetings with ward staff to talk about departure feedback and make changes. • Use a first-in, first-out system for the last steps in billing.
Key Learnings	• In practice, real-world operations tend to be more fluid and less orderly than what's taught in classrooms. • Good communication, not just having certain systems, greatly impacts how well things run. • When everyone knows their job and is responsible for it, patient discharge delays can be cut down. • Feedback is only helpful if someone looks at the data, shares it, and then does something with it. • Having a theory gives you a place, while being able to change, watch, and work with those involved makes processes better. • Having a plan for discharge can lower turnaround time and make patients happier.

Signature of the Student
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