SUMMER INTERNSHIP PROGRAM

at

VASUNDHARA HOSPITAL, JODHPUR

From 19th May, 2025 to 19th July, 2025

A REPORT BY

Chelsi Chobisa

Master of Business Administration

Hospital and Health Management

Roll No- 1931

2024-26

Under the Mentorship of

Dr. Susmit Jain

IIHMR UNIVERSITY

VASUNDHARA HOSPITAL LIMITED

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VHL/INTERN/CER. /2025-26/07/11 Date: July 19, 2025

TO WHOM IT MAY CONCERN

This is to certify that **Dr. Chelsi Chobisa** student of **MBA Batch-29** from IIHMR University, Jaipur has successfully completed her Internship under the curriculum of **Healthcare Management** at **Vasundhara Hospital Limited, Jodhpur.**

The duration of Internship was **from May 19, 2025 to July 19, 2025**. During her internship she successfully complete the project "Digitization of OPD Department'. We found her sincere, hardworking, technically sound and result oriented.

Wishing her the very best in her future endeavors.

Shalu Panwar
Director- Human Resources

Dr. Reetika Kalla
Chief Strategy Officer
Project Guide

IIHMR UNIVERSITY

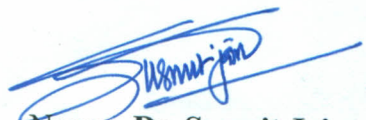
IIHMR University Faculty Mentor Approval

This is to certify that Dr Chelsi Chobisa of academic year 2024-26 of Institute of Health Management Research has prepared a poster with respect to her summer internship held during May-July 2025.

She has carried out work as per the guidelines. Her poster is approved for presentation.

Date: 25.07.2025

(Signature of Faculty Mentor)



Name: **Dr. Susmit Jain**

Designation: Associate Professor,
IIHMR University, Jaipur.

Digitization of OPD

Presented by- Dr. Chelsi Chobisa (1931) MBA-HM29

Faculty Mentor- Dr. Susmit Jain Org. Mentor- Dr. Reeteka Kalla

History & Description

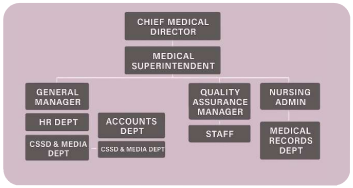
Here's a concise version:
Vasundhara Hospital, established in 1996 as a 10-bed IVF center, expanded to 50 beds with heart care, and now operates as a 100-bed multispecialty hospital.

Vision & Misson

Vision: A compassionate healthcare for Enriching lives with Consistent qualitative services.

Mission: Restore Health! Providing healing touch by caring, compassionate, committed and competent team. With the aid of state-of-art leading edge facilities for ensuring effective delivery at affordable and sustainable cost for the collective community welfare.

Organisational Structure



Learnings

Theoretical Learning	Practical Exposure
Focus on ideal digital workflows	Semi-digital systems with gaps
Clean implementation models	Old software
Seamless collaboration	Needed coordination with other department
Documentation structure	Ambiguous prescriptions/test codes

Objective

Establish an **efficient, standardized digital prescription system integrated with comprehensive patient data. Reduce Turnaround time by identifying workflow efficiencies.** Improve patient experience through **automation, streamlined processes and error minimization.**

Methodology

Type of Research- Descriptive Cross-Sectional
Duration- May-June
Sample Size- 237 patients
Sampling Technique- Purposive Sampling
Assessment of Current Workflow

- **Mapping the patient journey from registration to consultation.**
- **Conducting TAT analysis for the general OPD patients.**

Identified Gaps

- Delayed online transactions
- Incomplete patient detail updates across departments
- Missing system-generated remarks in prescriptions
- Prescription printouts lack hospital logo
- No integration between lab and OPD modules
- Outdated software (using Version 23 instead of 25)

Solution Implemented

- **Introduced QR code payments**
- **Identified workflow delays for digitilisation**
- **Managed hardware installation**
- **Trained clinicians on digital tools**
- **Rolled out digital prescriptions in 3 departments**
- **Standardized clinical inputs**

SWOT Analysis

STRENGTHS
- Admin support.
- Semi-Digital Setup.
- Clinical Cooperation.

WEAKNESSES
- Outdated Software.
- Low Staff Training.
- Poor Module Communication.

OPPORTUNITIES
- Full digitization improves flow.
- Model for other hospitals.
- Added analytics and mobile health.

THREATS
- Staff Resistance.
- Software glitches
- Data security and privacy risks.

TOWS Analysis

STRENGTHS OPPS.
- Use support to digitize OPD.
- Collaborate with clinicians.
- Use analytics for better flow.

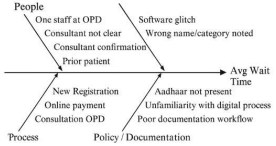
STRENGHTS THREATS
- Overcome staff resistance.
- Secure data with teamwork.
- Audit to avoid downtime.

WEAKNESS OPPS.
- Upgrade software.
- Train staff.
- Integrate all modules.

WEAKNESS THREATS
- Strengthen data security.
- Plan for downtime.
- Regular reviews.

Challenges During Internship

- Outdated software
- Fragmented data entry
- Resistance to digital adoption
- Lab and OPD not integrated
- Software lacks key functions



Learnings During Internship

- **Data-driven decision-making in hospital operations.**
- **Real-time coordination between clinical and admin teams.**
- **Hands-on with HIS, EMR & TAT analysis.**
- **Gained experience in healthcare software optimization.**
- **Improved understanding of patient-centric hospital workflows.**
- **Enhanced collaboration with multi-disciplinary teams.**

Suggestions

- Upgrade all departments to the latest software
- Provide regular clinician training
- Fully integrate lab and pharmacy with OPD
- Conduct periodic reviews and audits

Week 1

Name of the Organization- Vasundhara Hospital

Area/Department/Project of Summer Internship- Digitization of OPD

Name of Student- Chelsi Chobisa

Roll No- 1931

Stream- MBA-HM 29

Week no.- 1

From- 19th May 2025

To- 24th May 2025

Activity done	• Observed the patient's average waiting time at the OPD reception. • Identified certain gaps in the regular operating processes at the OPD. • Discussed the addition of staff at the OPD reception. • Took rounds in the departments to find out about the OPD timings of the consultants/doctors, got approval to put up a chart displaying the timings at the OPD. • Found out about the most common diagnostic investigations prescribed and put up their codes at the OPD front desk. • Took up a basic understanding of the operation of the software.
Linking Theory (Classroom learning) with practice at your organization	• Conducted root cause analysis to identify delays and gaps in OPD processes. • Evaluated existing digital tools utilised at the hospital and manual steps in the OPD process. • Collaborated with IT department, and admins to take feedback • Obtained data from OPD counters to determine real-time workflow and service deficits.

	• Wrote a weekly plan, progress review, and task prioritization for the program. • Started small process changes and attempted to gain agreement from staff.
Gaps Identified at the working area	• Crowding of the entire OPD area at peak hours. • Glitches in software. • Issues in the processing of online transactions. • Software doesn't generate a receipt if payment is made directly to the bank. • Difficulty in the differentiation of tests prescribed which may lead to the generation of the wrong receipt. • No mention of consultation timings of doctors anywhere near the OPD and waiting area.
Suggestions for improvement	• Additional staff for peak hours. • Pre-registration of patients with prior appointments. • Token system. • Allow OPD staff to report glitches directly to the IT dept. • Write specific test codes on prescriptions. • Approach the IT to discuss about the upgradation of the online transaction machine.
Plan for next week	• Collect Data for patients' waiting time for general and RGHS categories. • Discuss setting up a QR code at the OPD reception for ease of payment. • Prepare a list of changes proposed in the software and discuss on implementation with IT dept. • Resource allocation in paediatric, Pulmonology and dental departments.

Signature of the Student

Approved by the IIHMR University's Mentor

Week 2

Name of the Organization- Vasundhara Hospital

Area/Department/Project of Summer Internship- Digitization of OPD

Name of Student- Chelsi Chobisa

Roll No- 1931

Stream- MBA-HM 29

Week no.- 2

From- 26th May 2025

To- 31st May 2025

Activity done	• Completed Data Collection for General category patients. • Prepared a TAT Analysis for general category OPD. • Identified the major causes of delays • Took Initiatives to improve the major cause of delays by coordinating with the respective staff. • Initiated Data Collection for category patients (RGHS, CGHS). • Undertook another project- TAT Analysis of Emergency Department. • Initiated data collection to identify gaps in the Emergency department. • Aided in the Antibiotic Audit of files. • Conducted an Electrical Safety Audit according to a checklist provided. • Conducted an Audit of Discharge files. • Worked on the software to understand major gaps. • Came up with solutions to improve the existing software. • Coordinated with the IT Dept. to inform them about the existing gaps

	and contacted the Software company to make changes.
Linking Theory (Classroom learning) with practice at your organization	• Used tools and checklists to conduct audits and ensure that proper protocols are being followed. • Ensured effective coordination and communication between departments to implement operational changes. • Collected and analysed data for patients to ensure data-driven decision-making. • Applied knowledge of NABH standards and requirements while auditing patient files.
Gaps Identified at the working area	• System responsiveness issues while working. • Software doesn't show proper options for Chief Complaints, Symptoms, Clinical Findings, Investigations and Diagnosis in the Clinician's Module. • No resources present (PC System, LAN) at the Consultant Chamber for ease of use of Software. • No logo of the Hospital is present on the print receipt when the clinician gives a 'print' command from the Clinician's Module in the software. • No Patient ID is present in the discharge files. • No use of Plastic safety floor mats in the electric room. • Some files missed the signatures of either the Anaesthetist, the Assisting Nursing Staff, or the Doctor.
Suggestions for improvement	• Ensuring proper internet connectivity for the computer systems and regular maintenance. • Installation of a system for the clinician in the clinician's chamber. • Changes to be made in the Software for a proper list of Chief Complaints, Symptoms, Clinical Findings, Investigations and Diagnosis in the Clinician's Module. • Integration of Logo on the print receipt.

	• Regular monitoring of the files to be completed according to a checklist. • Patient ID to be put into the admission files while preparing a file for admission.
Plan for next week	• Complete the data collection for category OPD patients. • Provide a proper list of Chief Complaints, Symptoms, Clinical Findings, Investigations and Diagnosis to be integrated into the software. • Observe the Emergency TAT according to a given checklist. • Ensure that proper procedures and protocols are being followed while treating a patient in the Emergency Department. • Ensure that all the changes are made in the software according to the given changes. • Installation of computer system and LAN in the paediatric and pulmonology dept. • Coordinate with Doctors to advocate use of a computer prescription over a hardcopy prescription to standardize procedures. • Ensure that no delays are made at the hospital level for treatment of a patient who comes in the emergency dept. and seamless shifting to the respective ward/room.

Signature of the Student

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Week 3

Name of the Organization- Vasundhara Hospital

Area/Department/Project of Summer Internship- Digitization of OPD

Name of Student- Chelsi Chobisa

Roll No- 1931

Stream- MBA-HM 29

Week no.- 3

From- 2nd June 2025

To- 7th June 2025

Activity done	• Completed Data Collection for Category patients. • Prepared a TAT for category OPD patients. • Conducted Audits on the various Hospital floors. • Coordinated with the IT Department and the software company to improve the existing software. • Prepared a plan to initiate the digital prescription in the paediatrics department. • Supervised the installation of a PC system and Printer in the paediatrics department. • Coordinated with Senior Pediatrician to initiate digital prescription from Monday. • Collected Data for EMR TAT.
Linking Theory (Classroom learning) with practice at your organization	• Used Operations Management for data collection of Category OPD patients. • Implemented NABH quality standards to conduct Audits. • Implemented HIS by coordinating OT and software upgrades.

Gaps Identified at the working area	• Quality Checklist is not Filled in regularly in the emergency Department. • No LAN in the consultant's working area for Wi-Fi connection. • Wrong timings were noted in the EMR TAT register. • No copy of treatment done in the EMR dept. present with the patient.
Suggestions for improvement	• Quality Checklist to be filled daily at the end of the day. • Entry and discharge of patients from the EMR department should be noted at the point of entry and exit. • A standardized prescription format for digital prescription. • A copy of treatment performed in the EMR room should be present with the patient to ensure smooth treatment from other consultants at time of discharge.
Plan for next week	• Initiate digital prescription in the paediatrics department. • Analyse gaps in the implementation of the digital prescription. • Implement solutions to eliminate the gaps. • Ensure regular entries in the quality assurance checklist. • Implement digital prescriptions in other departments.

Signature of the Student

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Week 4

Name of the Organization- Vasundhara Hospital

Area/Department/Project of Summer Internship- Digitization of OPD

Name of Student- Chelsi Chobisa

Roll No- 1931

Stream- MBA-HM 29

Week no.- 4

From- 9th June 2025

To- 14th June 2025

Activity done	• Collected Data for EMR TAT. • Conducted complete analysis of OPD TAT for RGHS Category. Patients and prepared an Excel sheet or the same. • Created an entirely new format for the OPD prescription that is compliant with the current update of the software. • Coordinated with the Software Company to make changes in the existing prescription, and ensured successful completion of the update. • Conducted a calibration audit for the medical equipment present in the hospital. • Conducted an electrical safety audit for the entire hospital. • Approached the Financial Director for the provision of a printer for the pediatrics department.
Linking Theory (Classroom learning) with practice at your organization	• Developed Communication and Coordination Skills through interaction with Software vendors, clinicians and administrative stakeholders reinforcing Stakeholder

	Management. • Used Strategic Healthcare Planning to suggest improvements in OPD documentation and EMR workflow, ensuring patient satisfaction and clinician efficiency. • Applied Financial Management knowledge in resource allocation by coordinating with the Financial Director for procurement of essential equipment. • Gained practical exposure in working with EMR and Software Modules.
Gaps Identified at the working area	• The patients who are treated on a day-care basis in the EMR department, or the patients who are given Emergency treatment only and not admitted to the hospital are not provided of any information about the procedure and the treatment administered in the EMR. • The Laboratory Module is not integrated with the OPD Module. • Some important information such as Chief Complaint and Remark of Systemic Examination is not transferred onto the digital Prescription
Suggestions for improvement	• Suggested the initiation of a 'Discharge Summary' for the EMR patients who are treated on a day- care basis. • Update the OPD Prescription to incorporate the important information related to the appointment. • Update the software to meet the needs of the clinicians.
Plan for next week	• Review the software for further improvements and corrections. • Ensure that the corrections are made timely. • Ensure the availability of a Printer by the end of the week to

	initiate the implementation of the digital prescription. • Complete the calibration audit for medical equipment present in the hospital.

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Week 5

Name of the Organization- Vasundhara Hospital

Area/Department/Project of Summer Internship- Digitization of OPD

Name of Student- Chelsi Chobisa

Roll No- 1931

Stream- MBA-HM 29

Week no.- 5

From- 16th June 2025

To- 22nd June 2025

Activity done	• Collected Data for Emergency Department TAT. • Coordinated with Software team to make changes in the Clinician Module. • Prepared a Discharge Form for the Emergency Department. • Assisted in the Calibration of Medical Equipment. • Ensured that the Printer to be Installed for the digital Prescription.
Linking Theory (Classroom learning) with practice at your organization	• Utilized principles like Turnaround Time (TAT) analysis to measure and improve patient flow in the Emergency Department, enhancing efficiency. • Understood and applied quality control measures during the medical equipment calibration activity, reinforcing the importance of standard operating procedures (SOPs). • Observed real-time coordination between administrative and clinical teams, bridging classroom understanding of hospital

	workflow and inter-departmental communication
Gaps Identified at the working area	• The Laboratory Module is not integrated with the OPD Module. • The patients who are treated on a day-care basis in the EMR department, or the patients who are given Emergency treatment only and not admitted to the hospital are not provided of any information about the procedure and the treatment administered in the EMR.
Suggestions for improvement	• Suggested the initiation of a 'Discharge Summary' for the EMR patients who are treated on a day care basis. • Integration of Laboratory Module with the OPD Module for seamless transfer of information and ease of appointment.
Plan for next week	• Ensure all the necessary updates to be made to the software before Implementation of the digital prescription. • Get the Discharge Summary approved. • Plan implementation of the Discharge Summary. • Ensure that all the protocols are being followed in the Emergency Department.

Signature of the Student

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Week 6

Name of the Organization- Vasundhara Hospital

Area/Department/Project of Summer Internship- Digitization of OPD

Name of Student- Chelsi Chobisa

Roll No- 1931

Stream- MBA-HM 29

Week no.- 6

From- 23rd June 2025

To- 28th June 2025

Activity done	• Collected Data for Emergency Department TAT. • Coordinated with the Software team to make changes in the Clinician Module. • Ensured that the Printer is connected to both the Computer System of Paediatrics and the Pulmonology Department. • Ensured that a QR code is available at the OPD Registration Counter for ease of Online Transactions.
Linking Theory (Classroom learning) with practice at your organization	• Utilized principles like Turnaround Time (TAT) analysis to measure and improve patien flow in the Emergency Department, enhancing efficiency. • Understood and applied quality control measures during the medical equipment calibration activity, reinforcing the importance of standard operating procedures (SOPs). • Observed real-time coordination between administrative and clinical teams, bridging classroom

	understanding of hospital workflow and inter-departmental communication.
Gaps Identified at the working area	• The PC and the Printer in various departments are not in satisfactory working conditions. • The patients who are treated on a day-care basis in the EMR department, or the patients who are given Emergency treatment only and not admitted to the hospital are not provided of any information about the procedure and the treatment administered in the EMR.
Suggestions for improvement	• Suggested the initiation of a 'Discharge Summary' for the EMR patients who are treated on a day care basis. • Integration of Laboratory Module with the OPD Module for seamless transfer of information and ease of appointment. • Regular Maintenance of the equipment.
Plan for next week	• Implement the digital prescription in Paediatric and Pulmonology Department. • Get the Discharge Summary approved. • Plan implementation of the Discharge Summary. • Ensure that all the protocols are being followed in the Emergency Department.

Signature of the Student

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Week 7

Name of the Organization- Vasundhara Hospital

Area/Department/Project of Summer Internship- Digitization of OPD

Name of Student- Chelsi Chobisa

Roll No- 1931

Stream- MBA-HM 29

Week no.- 7

From- 30th June 2025

To- 5th July 2025

Activity done	• Ensured that the changes are made in the software for implementation of the digital prescription. • Ensured the implementation of Digital Prescription in the Paediatric and Pulmonology Department. • Collected data for Emergency TAT. • Discussed the implementation of Discharge Summary in the Emergency Department. • Discussed the implementation of Digital Prescription in the Dental department.
Linking Theory (Classroom learning) with practice at your organization	• Utilized principles like Turnaround Time (TAT) analysis to measure and improve patient flow in the Emergency Department, enhancing efficiency. • Understood and applied quality control measures during the medical equipment calibration activity, reinforcing the importance of standard operating procedures (SOPs). • Observed real-time coordination between administrative and clinical teams, bridging classroom understanding of hospital workflow

	and inter-departmental communication.
Gaps Identified at the working area	• The PC and the Printer in various departments are not in satisfactory working conditions. • Some important information such as Chief Complaint and Remark of Systemic Examination is not transferred onto the digital Prescription. • The patients who are treated on a day-care basis in the EMR department, or the patients who are given Emergency treatment only and not admitted to the hospital are not provided of any information about the procedure and the treatment administered in the EMR. • Previous Prescription is not stored after 24 hours.
Suggestions for improvement	• Regular Maintenance of the equipment. • Suggested the initiation of a 'Discharge Summary' for the EMR patients who are treated on a day care basis. • Integration of a Cloud-based storage within the software.
Plan for next week	• Analysis of Digital Prescription Model. • Integration of a Storage System within the Software. • Complete Data Collection for Emergency TAT. • Implementation of Discharge Summary in Emergency Department.

Signature of the Student

Approved by the IIHMR University's Mentor

Week 8

Name of the Organization- Vasundhara Hospital

Area/Department/Project of Summer Internship- Digitization of OPD

Name of Student- Chelsi Chobisa

Roll No- 1931

Stream- MBA-HM 29

Week no.- 8

From- 7th July 2025

To- 12th July 2025

Activity done	• Prepared an analysis of Emergency TAT. • Discussed implementation of digital prescription in IVF department. • Conducted an analysis of Code Blue cases (cardiac arrest) over three year period (2023-2025). • Finalized Discharge Summary and proceed for printing. • Discussed the upgradation of the software version from 23rd to 25th version.
Linking Theory (Classroom learning) with practice at your organization	• Utilized principles like Turnaround Time (TAT) analysis to measure and improve patient flow in the Emergency Department, enhancing efficiency. • Understood and applied quality control measures during the medical equipment calibration activity, reinforcing the importance of standard operating procedures (SOPs). • Observed real-time coordination between administrative and clinical teams, bridging classroom understanding of hospital workflow

	and inter-departmental communication.
Gaps Identified at the working area	• The patients who are treated on a day-care basis in the EMR department, or the patients who are given Emergency treatment only and not admitted to the hospital are not provided with any information about the procedure and the treatment administered in the EMR. • Previous Prescription is not stored after 24 hours. • Outdated version of software being used (23rd version instead of 25th used at the software company).
Suggestions for improvement	• Suggested the initiation of a 'Discharge Summary' for the EMR patients who are treated on a day care basis. • Upgradation of the software to latest version
Plan for next week	• Analysis of Digital Prescription Model. • Implementation of Discharge Summary in Emergency Department. • Implement digital prescription in IVF department.S

Signature of the Student

Approved by the IIHMR University's Mentor

Week 9

Name of the Organization- Vasundhara Hospital

Area/Department/Project of Summer Internship- Digitization of OPD

Name of Student- Chelsi Chobisa

Roll No- 1931

Stream- MBA-HM 29

Week no.- 9

From- 14th July 2025

To- 19th July 2025

Activity done	• Updated software entries (chief complaints, symptoms, findings, and diagnosis) for IVF department. • Collaborated with the staff of IVF department to give an understanding about the operation of the digital prescription. • Implemented the digital prescription in the IVF department. • Ensured that the Token generating machine at the RGHS OPD is connected to a UPS system.
Linking Theory (Classroom learning) with practice at your organization	• Utilized principles like Turnaround Time (TAT) analysis to measure and improve patient flow in the Emergency Department, enhancing efficiency. • Understood and applied quality control measures during the medical equipment calibration activity, reinforcing the importance of standard operating procedures (SOPs). • Observed real-time coordination between administrative and clinical teams, bridging classroom understanding of hospital workflow

	and inter-departmental communication.
Gaps Identified at the working area	• Software does not contain specific department-related entries for chief complaints, symptoms, findings, and diagnosis. • The token machine at the RGHS OPD is not connected to a UPS (leads to multiple tokens of same number).
Suggestions for improvement	• Update software tailored to specific departments. • Connect the RGHS OPD token machine to a UPS system .
Plan for next week	

Signature of the Student

Approved by the IIHMR University's Mentor

Compiled Report

Name of the Organization- Vasundhara Hospital

Area/Department/Project of Summer Internship- Digitization of OPD

Name of Student- Chelsi Chobisa

Roll No- 1931

Stream- MBA-HM 29

Activity done	1. Digitization of OPD • Initiated QR Code payment system. • Collected and analysed OPD turnaround time to assess average patient wait periods. • Identified workflow inefficiencies where digitization can mitigate delays. • Gained functional familiarity with the software. • Collaborated with clinicians to finalize lists of symptoms and diagnosis (in consultation with Dr. Kapil Raheja, Dr. Ashish Tyagi, and Dr. Sanjay Makwana Sir). • Updated software entries tailored to respective specialties. • Drafted a standardized prescription format. • Trained clinicians in using digital prescription tools. • Enabled digital prescriptions for general category patients. • Oversaw installation of PC, Printer and other hardware in Paediatrics, Pulmonology, and IVF departments.

	2. Turnaround Time Analysis (General Category) • Monitored patient waiting periods at OPD reception. • Documented gaps in daily operational practices. • Created a TAT analysis report. • Proposed additional staffing during busy hours. • Initiated QR Code-based payment system. • Listed commonly prescribed investigations and corresponding codes at reception. • Guided patients to pre-book via the Vasundhara App/Website. 3. Turnaround Time Analysis (RGHS Category) • Connected the token machine to a UPS to maintain continuity during power outages. 4. Turnaround Time Analysis (Emergency Department) • Coordinated with the floor coordinator to keep rooms pre-prepared for emergencies. • Ensured timely preparation of IPD files without delays. • Drafted a format for Emergency Discharge summary. • Ensured the implementation of the discharge summary. 5. Discharge files Audit • Ensure daily completion of quality checklists. • Accurately monitor patient entry and exit timings. • Provide discharge summaries to patients treated in the

	emergency department but not admitted. 6. <u>Medical Equipment Calibration Audit</u> • Affix calibration stickers appropriately. • Verify and correct serial number labels. • Position stickers on the reverse side of equipment to avoid damage. 7. <u>Facility Hospital Rounds</u> • Implemented cordon placement in affected zones to prevent slips and maintain safety during periods of water leakage caused by heavy rain. • Loose wires closed. • Mandate labelling of chemical containers upon preparation. • Prepared and printed 'danger' labels for chemical containers as well on the electrical panel boards. 8. <u>Code Blue Incidence Analysis</u> • Conducted an analysis of Code Blue (cardiac arrest) cases over a three-year period — 2023, 2024, and till July 2025 and prepared an analysis for the same.
Linking Theory (Classroom learning) with practice at your organization	• Conducted root cause analysis to identify delays and gaps in OPD processes. • Evaluated existing digital tools utilised at the hospital and manual steps in the OPD process. • Collaborated with IT department, and admins to take feedback. • Obtained data from OPD counters to determine real-

	time workflow and service deficits. • Wrote a weekly plan, progress review, and task prioritization for the program. • Started small process changes and attempted to gain agreement from staff. • Used tools and checklists to conduct audits and ensure that proper protocols are being followed. • Ensured effective coordination and communication between departments to implement operational changes. • Collected and analysed data for patients to ensure data-driven decision-making. • Applied knowledge of NABH standards and requirements while auditing patient files. • Used Operations Management for data collection of Category OPD patients. • Implemented NABH quality standards to conduct Audits. • Implemented HIS by coordinating OT and software upgrades. • Developed Communication and Coordination Skills through interaction with Software vendors, clinicians and administrative stakeholders, reinforcing Stakeholder Management. • Used Strategic Healthcare Planning to suggest improvements in OPD documentation and EMR workflow, ensuring patient satisfaction and clinician efficiency.

	• Applied Financial Management knowledge in resource allocation by coordinating with the Financial Director for procurement of essential equipment. • Gained practical exposure in working with EMR and Software Modules. • Utilized principles like Turnaround Time (TAT) analysis to measure and improve patient flow in the Emergency Department, enhancing efficiency. • Understood and applied quality control measures during the medical equipment calibration activity, reinforcing the importance of standard operating procedures (SOPs). • Observed real-time coordination between administrative and clinical teams, bridging classroom understanding of hospital workflow and inter-departmental communication
Gaps Identified at the working area	1. <u>Digitization of OPD</u> • Online Transaction Delays. • Incomplete updating of patient details such as chief complaints, symptoms, findings, investigations and diagnosis across departments. • Missing system-generated remarks of systemic examination in the final prescription. • Absence of the Hospital's logo on prescription printouts. • Lack of integration between laboratory and OPD modules.

	• Use of old software version (Version 23 instead of the updated version 25). 2. <u>Turnaround Time Analysis (General Category)</u> • Overcrowding during peak hours. • Delays in online transactions due to limited device availability. • Ambiguity in prescribed test details causing billing discrepancies. 3. <u>Turnaround Time Analysis (RGHS Category)</u> • Token Machine resets and restarts numbering from 1 after power cut due to lack of UPS backup. 4. <u>Turnaround Time Analysis (Emergency Department)</u> • Long wait time before the consultant's arrival. • Delay in room preparation for patient admissions. • Time lost in physical file creation and movement. • Delay in test report availability is slowing treatment decisions. • Inconsistent completion of quality checklists. • Erroneous documentation of patient timing in TAT registers. • Absence of treatment records provided to patients of the emergency department. 5. <u>Discharge Files Audit</u> • Missing signatures from OT Staff. • Absence or illegibility of post-operative notes. • No patient ID in discharge files.

	6. <u>Medical Equipment Calibration Audit</u> • Calibration stickers missing on some equipment; only preventive maintenance stickers present. • Mismatched serial numbers marked on equipment. • Placement of stickers in vulnerable locations of the equipment. 7. <u>Facility Hospital Rounds</u> • Multiple water leakages (ground floor, third floor) during heavy rainfall. • Loose wires (basement). • Hypochlorite solution not labelled (CSSD). • Dampness of walls (fourth floor). 8. <u>Code Blue Incidence Analysis</u> • The analysis highlighted not only the reduction in the number of cardiac arrest cases but also reflected the improved efficiency and timely response of the clinical team in managing such critical situations.
Suggestions for improvement	1. <u>Digitization of OPD</u> • Implement a QR Code-enabled payment gateway. • Enhance software to incorporate comprehensive lists of clinical parameters. • Customize software features based on clinical feedback. • Integrate hospital branding into prescription templates. • Standardize prescription formats for digital use. • Update appointment-related information within the OPD prescription (website and app

	link incorporated into prescription). • Conduct periodic software reviews for enhancements. • Install systems (PC and Printer) in the clinician's chamber. 2. <u>Turnaround Time Analysis (General Category)</u> • Deploy additional staff during peak hours. • Initiate QR Code-based transaction system. • Initiate pre-registration for patients with prior appointments. 3. <u>Turnaround Time Analysis (RGHS Category)</u> • Connect the token machine to a UPS support. 4. <u>Turnaround Time Analysis (Emergency Department)</u> • Ensure daily completion of quality checklists. • Accurately monitor patient entry and exit timings. • Provide discharge summaries to patients treated in the emergency department but not admitted.
Key Learnings	• Data-driven decision-making in hospital operations. • Real-time coordination between clinical and admin teams. • Hands-on with HIS, EMR & TAT analysis. • Exposure to NABH documentation & auditing. • Problem-solving through stakeholder engagement. • Gained experience in healthcare software optimization. • Improved Understanding of patient-centric hospital workflows. • Enhanced collaboration with multi-disciplinary teams.

	• Exposure to the Corporate work ethic. • Skill development.

Signature of the Student

Approved by the IIHMR University's Mentor