Roll no.- 1929
MBA Hospital and Health Management (HM 29)
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From Cardiac OPD Estimate to IPD Admission: A Conversion Analysis "-Narayana Health City, Bangalore (NICS – Operations Department)

HOSPITAL OVERVIEW

Narayana Health (NH), founded in 2000, is a leading Indian healthcare chain known for its affordable and high-quality care model.

·Its flagship unit, Narayana Institute of cardiac sciences (NICS), is a 606-bedded, JCI & NABH accredited cardiac super-specialty hospital, located at Narayana Health City, Bangalore.

·NH serves ~3 million patients annually across 17 hospitals, 7 cardiac centers and 30 clinics across India and 2 Multi specialty hospitals in Cayman Islands.

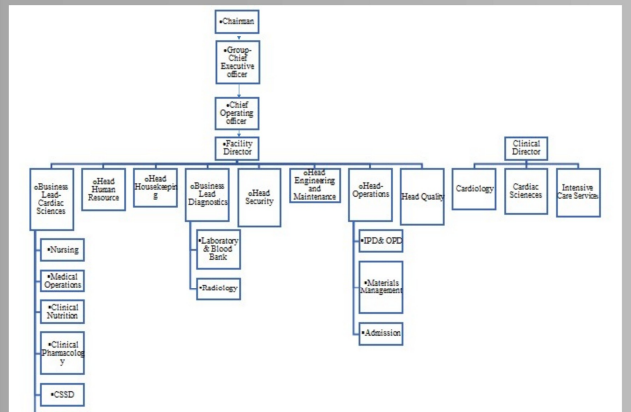
Vision and Mission

Vision – To provide high quality healthcare with care & compassion at an affordable cost on a large scale.

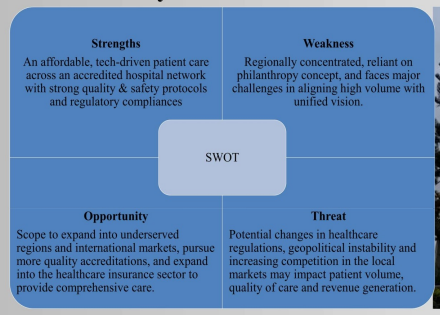
Mission – Dream of making quality healthcare available to the masses worldwide.

Training Session

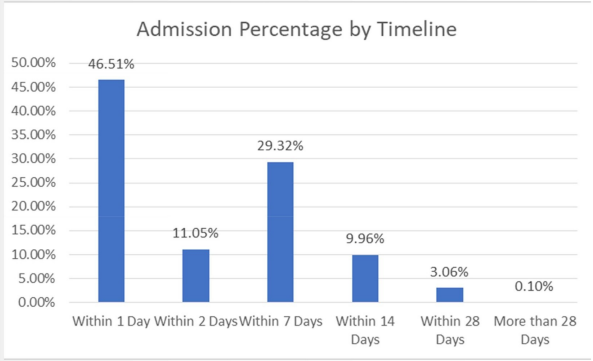
Organizational Structure



SWOT Analysis



Front View of NICS

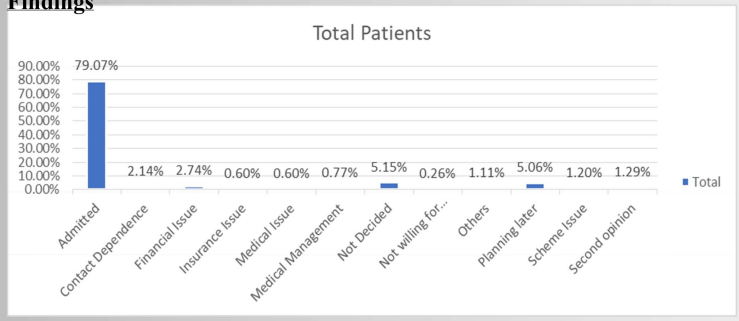


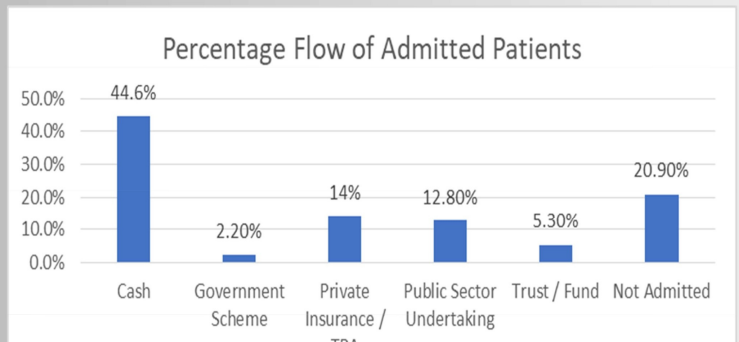
Project Objective

- To analyze conversion pattern of cardiac patients from OPD estimate to admission.
- To identify key factors leading to non-conversion and suggest recommendations to improve conversion rate.

Study Period: May 12 – June 21, 2025
Data Source: Package Department database + HMIS (ATHMA)
Follow-up: Telephonic + Cross-validation of admission status through HMIS.
Sample Size: 1166 patients (Adult + Pediatric | Domestic + International)
Exclusion Criteria: Procedure plan after 6 months/ just to know estimate

Findings





Challenges faced

· Multilingual communication hurdles during follow-up.
· Contact dependence for multiple patients.
· Inter Departmental communication gaps

Recommendations

Arrange Structured & counsellor-led follow-ups for clinical clarity and confidence-building.
· Proactively communicate available financial support at the time of estimate.
· Reduce turnaround time (TAT) in OPD consultations and diagnostics.
· Keep structured feedback at estimation desk for service optimization.
· Collect alternate contact (especially WhatsApp) for each estimate case.
· Improve inter-departmental coordination via shared scheduling tools.
· Implement real-time dashboards to monitor OPD-to-IPD conversion status.

Classroom vs. Practical Exposure

Aspect	Theoretical (Classroom)	Practical (On-site)
Communication	Structured, model-based	Adaptive, emotionally intelligent
SOP Adherence	Assumed universal compliance	Dynamic; influenced by real-time constraints
Patient Flow	Linear and systematic	Dependent on externalities (doctor timing, diagnostics delay)

Key Learnings from Internship

1.Learned differences in General vs Executive OPD pathways, packages, and payment models (cash/insurance/scheme).
2.Importance of TAT in OPD/IPD for operational efficiency & patient experience.
3.Realized how OPD footfall and estimation accuracy drive IPD conversion, bed occupancy and revenue generation.

Usefulness of Internship

·Bridged clinical exposure with strategic hospital operations.
·Improved multitasking & interdepartmental coordination (OPD, billing, pharmacy).
·Sharpened skills in revenue cycle management, cost estimation and patient flow optimization.