# SUMMER INTERNSHIP PROGRAM

**at**

# CK Birla Hospital, RBH, Jaipur

From 12/05/2025 to 21/07/2025

A REPORT BY

Aprajita Bhardwaj

Master of Business Administration

MBA Hospital & Health Management

Roll no. – 1911

**2024-26**

under the Mentorship of
**Dr. Sanjay Gupta**
**Professor and Dean**

IIHMR UNIVERSITY

CK Birla Hospitals
RUKMANI BIRLA HOSPITAL

RBH/2025/Jul/HRD/6860

Date: 21 Jul 2025

# TO WHOM SO EVER IT MAY CONCERN

This is to certify that **Aprajita Bhardwaj** has successfully completed her internship in the **Medical Services** Department from 12 May 2025 to 21 Jul 2025.

Her behavior was respectful, punctual, and in alignment with hospital policies. She showed enthusiasm to learn, adapt, and communicate effectively with staff members, while maintaining a professional attitude throughout the program.

We commend her dedication and discipline during the tenure and believe she has gained valuable exposure to the work culture and expectations of a healthcare environment. We wish a continued success in all future academic and professional pursuits.

For **CK Birla Hospital – RBH**

**Ravi Kumar**
**Unit Head | Human Resources**

IIHMR UNIVERSITY

# IIHMR University Faculty Mentor Approval

This is to certify that **Dr. Aprajita Bhardwaj,** 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:** 25/07/2025

**(Signature of Faculty Mentor)**

**Name:** Dr. Sanjay Gupta

**Designation:** Professor and Dean

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Summer Internship Program 2025

# Time Gap Analysis in Emergency Admissions

Presented By- Aprajita Bhardwaj (1911, MBA-HM) Faculty Mentor- Dr. Sanjay Gupta
Organization Mentor- Dr. Nimi Thadeshwar

## Brief history and Description of Organization

CK Birla Hospital RBH, is a multi-specialty hospital in Jaipur with a world-class infrastructure which offers comprehensive in-patient and out-patient services.

The CK Birla Group forayed into healthcare with CMRI, Kolkata in 1969.
It launched its most progressive center of clinical care in Jaipur in the year 2016-The Rukmani Birla Hospital.

It is a **230** bedded center having state-of-the-art facilities with strong focus on quality and patient-centricity.

## Organization's Vision and Mission

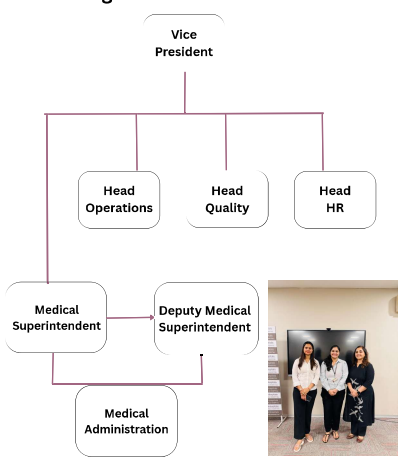
**Vision**

To provide best of Patient Service & Clinical Excellence.

**Mission**

To create Clinical Centres of Excellence on a strong backbone of research, academics and evidence-based medicine for best clinical and patient outcome.

## Organization Structure





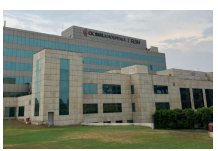

## Objectives

- To measure the time taken between the admission advice by the Consultant and the actual completion of the admission process by the front-desk.
- To identify the bottlenecks leading to delays, if any.
- To suggest the measures for process improvement to reduce TAT for admission in the Emergency Department.

## Methodology

- **Study Type-** Observational Time-Motion Study
- **Sampling Method-** Convenience Sampling
- **Sample Size-** 100 patients advised for admission from ER
- **Duration of Study-** 2nd June to 6th July, 2025 (35 Days)

**No pre-defined TAT existed for this step in the ER Workflow, so after consultation with the mentors, a benchmark of 45 minutes was established as an acceptable TAT, keeping in mind its operational feasibility.**



## SWOT Analysis- Emergency Department

**S**

- Prompt Triage
- Experienced staff
- Advanced Infrastructure & Technology
- Standardized Care-pathways

**W**

- HIS System Constraints
- Bed update miscommunication
- Shift handover delays
- Government scheme bed limit

**O**

- Strengthen inter-departmental sync
- Leverage tech for real-time bed tracking
- Expand capacity for Govt. schemes to attract wider patient base

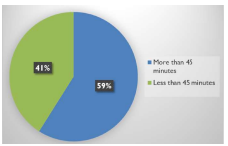
**T**

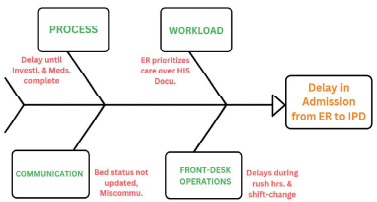
- Patient loss to competitors due to Operational delays
- Govt. scheme denials harm trust of patients
- Delays affect patient experience

## Results and Key Findings

•Average time taken for admission= 72.8 minutes

•Percentage of admissions delayed >45 minutes = 59%



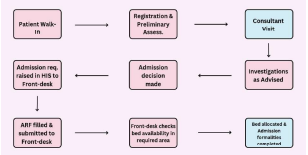




| ROOT CAUSE | COUNT | % OF DELAYS |
|---|---|---|
| DELAYED REQUEST FROM ER | 36 | 61.02% |
| LACK OF INTER-DEPARTMENTAL COORDINATION | 7 | 11.86% |
| ATTENDANT SIDE DELAY | 6 | 10.17% |
| BED UNAVAILABILITY | 4 | 6.78% |

## Suggestions

- Allow post-request Medication & Investigation Indents on HIS.
- Enable HIS alerts for pending admissions
- Assign dedicated HIS operator during peak hours
- Improve front-desk shift handovers

## ER WORKFLOW




## Key Learnings

- Gained insight into real-time hospital operations and administrative workflows.
- Understood inter-departmental coordination across ER, ICUs, IPD and infection-control.
- Learned the significance of audits in maintaining clinical quality and safety.
- Identified operational gaps and process improvement opportunities.
- Strengthened communication and decision-making abilities in a hospital setting.

## Challenges Faced

- Initial difficulty in understanding inter-departmental workflows.
- Identifying minor process gaps took time and deep observation.
- Staff was hesitant in sharing reasons for delay and challenges due to fear of repercussions.
- Collecting primary data in a high-pressure ER environment.
- Difficulty in tracing multi-factorial causes for a single delay.

## Theoretical Knowledge V/S Practical Exposure

**Theoretical**

- Conceptual understanding of hospital operations and ideal workflows.
- Theoretical understanding lacks the unpredictability and urgency of real-time situations.
- Limited exposure to real-time challenges

**Practical Exposure**

- Real-time process observation and understanding the complexity of situations.
- Importance of adaptability in a dynamic environment and how to think on your feet and come up with feasible solutions of problems.
- Facilitated interaction with people of diverse knowledge and skill-set as well as enabled understanding of patient's point of view and their expectations.

# Weekly Report- Week 1

***Name of the Organization-*** CK Birla Hospital (RBH), Jaipur

***Department of Summer Internship Program-*** Medical Services

***Name of the Student-*** Dr. Aprajita Bhardwaj

***Roll No.-*** 1911 ***Stream-*** MBA (Hospital & Health)

***Week No.-*** 1 **From-** 12th May to 17th May 2025

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|---|---|
| Activity Done | ○ Explored the IPD floor and learnt about the patient admission and discharge process.<br>○ Assisted the floor manager in the room orientation of the patient.<br>○ Visited various departments of the hospital such as Blood bank, Laboratory, Radiology, OPD, Emergency, Medical records and CSSD and understood their work process and KPIs as well as noted the TATs of each department.<br>○ Attended a session on Quality assurance and operational KPIs of the hospital.<br>○ Attended a session on BLS and infection control where we learnt about the basics of CPR and all the infection control measures taken in the hospital.<br>○ Got a briefing from the Pharmacy department about their work flow including the procurement, storage and dispensing of medicines.<br>○ Attended a session on OT operations and understood its functioning and surgery scheduling process.<br>○ Attended a session taken by the IT department explaining the HIS system of the hospital and its features.<br>○ Visited the TPA department and understood the claim approval process, reasons for claim rejection as well as learning about the basics of health insurance.<br>○ Attended a session by the Patient Experience department and learnt about the complete feedback loop and patient satisfaction measures.<br>○ Attended a session on Fire and safety training. |

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| | ○ Attended an orientation session by the Marketing department and learnt about the marketing strategies of the organization. |
| Linking theory (Classroom learning) with practice at your organization | ○ Observed various departments and their major functions as taught in class.<br>○ Observed different zones in the department of CSSD and OT as taught.<br>○ Correlated the infection control measures in the hospital with the classroom learning. |
| Gaps identified on the working area | ○ Slight delay in bed allotment to the patient due to delay in discharge process of the earlier patient.<br>○ Few staff members are struggling with HIS system and are unaware of some features provided by the software.<br>○ Lack of manpower in few departments such as MRD and Laboratory.<br>○ Decreased patient footfall in OPD due to unavailability of RGHS scheme in the hospital. |
| Suggestions for improvement | ○ Increase staff in high workload departments such as Laboratory and Radiology.<br>○ Extensive training program of the Nursing staff for operating HIS smoothly.<br>○ Improving the TAT for bed allocation by streamlining the discharge process. |
| Plan for the next week | ○ Finalizing the project topic under the guidance of Faculty and organization mentor.<br>○ Observing the functioning of various departments in the hospital and developing a better understanding of their workflow and procedures. |

# Weekly Report-Week 2

***Name of the Organization-*** CK Birla Hospital (RBH), Jaipur

***Department of Summer Internship Program-*** Medical Services

***Name of the Student-*** Dr. Aprajita Bhardwaj

***Roll No.-*** 1911 ***Stream-*** MBA (Hospital & Health)

***Week No.-*** 2 **From-** 19th May to 24th May 2025

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| Activity Done | ○ Visited MICU, ICCU, Neuro ICU and IPD department and checked patient's files regarding the initial assessment, medication charts and medication reconciliation.<br>○ Understood the process of indentation of patient's medications by nursing staff.<br>○ Conducted prescription audit of 15 patient files and tried to find the errors in the prescription; the most common of which were unmentioned frequency and prescription of branded drugs instead of generic ones.<br>○ Visited the Emergency department and observed patient triage and stabilization process.<br>○ Observed the TAT of shifting patients from Emergency to IPD.<br>○ Monitored the cost saving measures taken by the hospital in the treatment of the ECHS and Railway empaneled patients.<br>○ Observed the Emergency code announcement and response time including Code Blue for Cardiac arrest, Code FAST for Stroke and Code RRT for medical emergency.<br>○ Conducted nursing audit on IPD floors where I asked the patients about nursing staff behavior and response time and whether patient vitals are taken 4 times a day as well as the call bell response time.<br>○ Observed CPR and Code blue mock drill. |

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| Linking theory (Classroom learning) with practice at your organization | ○ Observed patient triage process as taught in class.<br>○ Linked finance concepts taught in class with the cost saving measures taken by the hospital in patients benefitting from government health schemes. |
| Gaps identified on the working area | ○ Prescriptions had errors in terms of unmentioned dose, frequency and use of brand names of medicines.<br>○ Emergency department TAT (4 hours) of shifting patients to IPD was delayed due to delay in bed allocation.<br>○ Nursing staff did not take vitals 4 times a day.<br>○ Patients complained of cold food being served as well as slight delay in response by nursing staff. |
| Suggestions for improvement | ○ Emergency TAT must be followed and triage bed should be cleared rapidly to ensure availability for new admissions.<br>○ Doctors and nursing staff must be briefed about the correct way of writing prescriptions following all protocols.<br>○ Nursing staff must be trained for quick response to the patients.<br>○ F&B department must be inspected from time to time for quality and taste of food. |
| Plan for the next week | ○ Researching more on the project topic and come up with a final study design.<br>○ Observing various hospital processes and increase the overall understanding of hospital operations. |

# Weekly Report-Week 3

***Name of the Organization-*** CK Birla Hospital (RBH), Jaipur

***Department of Summer Internship Program-*** Medical Services

***Name of the Student-*** Dr. Aprajita Bhardwaj

***Roll No.-*** 1911 ***Stream-*** MBA (Hospital & Health)

***Week No.-*** 3 **From-** 26th May to 31st May 2025

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| Activity Done | ○ Learnt and observed the SOPs for the ECHS and NWR empaneled patients in the hospital.<br>○ Conducted Audit rounds for these empaneled patients in the general ward and ICUs to check the compliance of protocols as well as completeness of documentation.<br>○ Observed the rapid management of patients in the Emergency department and how the staff stabilizes the patient and works towards their prompt shifting to the ICU or ward as per the need.<br>○ Experienced how different teams act swiftly during an IRT code announcement in the hospital. |
| Linking theory (Classroom learning) with practice at your organization | ○ Witnessed how the hospital follows a Systems Approach as taught in class in addressing any issue or crisis and how the coordination between several departments is required to ensure complete patient care.<br>○ Learnt the importance of periodic Quality checks and audits to ensure the optimum functioning of the hospital and in providing remarkable patient care. |
| Gaps identified on the working area | ○ The ECHS patients and their families are not properly counselled by the Finance department regarding the covered and uncovered procedures and consumables which creates confusion later on during final billing and discharge.<br>○ The nursing and other ancillary staff is not completely aware and trained regarding the |

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| | ECHS guidelines and SOPs which creates confusion on floors.<br>o The bed allocation to patients takes undue amount of time due to lack of adequate communication between the floor staff and bed manager. |
| Suggestions for improvement | o Adequate financial counselling of the patients and their families must be done regarding the costs and covered-uncovered items in their package or scheme.<br>o The nursing staff must be given a detailed list of SOPs to care for ECHS patients and they must be trained to follow the guidelines to prevent any chaos.<br>o The bed allocation process must be streamlined by enhancing coordination between the bed manager, floor manager and housekeeping staff.<br>o Better and prompt patient shifting practices in Emergency to ensure the triage beds are quickly made vacant for medical emergency patients. |
| Plan for the next week | o Start working on the Project topic and begin data collection.<br>o Observe and learn the hospital processes in greater depth especially in Emergency department to give practical and feasible solutions to the management. |

# Weekly Report-Week 4

***Name of the Organization-*** CK Birla Hospital (RBH), Jaipur

***Department of Summer Internship Program-*** Medical Services

***Name of the Student-*** Dr. Aprajita Bhardwaj

***Roll No.-*** 1911 ***Stream-*** MBA (Hospital & Health)

***Week No.-*** 4 **From-** 2nd June to 7th June, 2025

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| Activity Done | ○ Collected data for my Project- Time Analysis of Admission Process in Emergency Department: From Doctor's Advice to Admission Completion.'<br>○ Observed the entire process from wheeling-in of patients into Emergency to the consultant advice and the admission/discharge of the patient.<br>○ Tried to identify the bottlenecks in the admission process of the patients and their possible solutions. |
| Linking theory (Classroom learning) with practice at your organization | ○ Observed the inter-departmental efforts to reduce TAT in the Emergency department reflecting the concepts of Operations management.<br>○ Correlated the implementation of infection-control measures in the department with the concepts taught in class. |
| Gaps identified on the working area | ○ Delay in the admission process of the patients is mainly because of delay in bed allocation or delay in the cleaning process of the room.<br>○ Limited feedback loop between the staff of Emergency and Floor managers which causes miscommunication and further delay in admission process.<br>○ Shortage of Female nursing and GDA staff in Emergency and their frequent rotation leads to inefficiency as the new staff often lack the competence to manage critical patients effectively. |

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| Suggestions for improvement | ○ A real-time HIS based alert system must be there to indicate the front desk that the admission has been advised to prevent delay in admission initiation process.<br>○ A weekly inter-departmental meeting must be held with the representation from each stakeholder to discuss the bottlenecks and their probable solutions.<br>○ Manual documentation can be further reduced and the admission process could be made completely digital.<br>○ More trained female nursing and GDA staff must be provided to the Emergency department and frequent shuffling of them with other departments must be avoided. |
| Plan for the next week | ○ Continue the data collection for my project in the Emergency department and will try to identify the bottlenecks and how they can be effectively managed to ensure effective patient care. |

# Weekly Report-Week 5

***Name of the Organization-*** CK Birla Hospital (RBH), Jaipur

***Department of Summer Internship Program-*** Medical Services

***Name of the Student-*** Dr. Aprajita Bhardwaj

***Roll No.-*** 1911 ***Stream-*** MBA (Hospital & Health)

***Week No.-*** 5 **From-** 9th June to 14th June, 2025

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| Activity Done | ○ Collected data for my Project- Time Analysis of Admission Process in Emergency Department: From Doctor's Advice to Admission Completion.'<br>○ Attended a training session of the nursing staff where new and advanced cannulation techniques were introduced in the department on pilot basis and understood the importance of these methods in patient safety.<br>○ Identified the bottlenecks in the admission process in Emergency and the most common reasons of delay. |
| Linking theory (Classroom learning) with practice at your organization | ○ Identified communication gaps between the clinical and administrative staff reflecting the importance of teamwork and collaboration as taught in class.<br>○ Witnessed the use of Hospital information system (HIS) and linked it with the concepts of digital health and its importance in the modern times. |
| Gaps identified on the working area | ○ Lack of communication and information flow from the clinical staff to the administration and front-desk and vice versa which adversely affects the patient care and timely admissions.<br>○ The shortage of GDA staff causes overwork for the remaining, which leads to chaos in the Emergency department.<br>○ Nursing staff has immense workload of the documentation which affects patient care. |

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| Suggestions for improvement | ○ The nursing staff must be relieved from the excess documentation work either by assigning a dedicated Computer operator in the Emergency or the manual documentation must be lessened up to a significant extent.<br>○ The information flow across all the stakeholders such as doctors, front-desk and nursing-staff must be streamlined which prevents confusion.<br>○ There must be more GDA staff appointed specifically for the Emergency department to prevent delay in work. |
| Plan for the next week | ○ Continue the data collection for my project in the Emergency department.<br>○ Finalize the topic for another minor project and its study design.<br>○ Come up with real and practical solutions for the identified bottlenecks in the Emergency department. |

# Weekly Report-Week 6

***Name of the Organization-*** CK Birla Hospital (RBH), Jaipur

***Department of Summer Internship Program-*** Medical Services

***Name of the Student-*** Dr. Aprajita Bhardwaj

***Roll No.-*** 1911 ***Stream-*** MBA (Hospital & Health)

***Week No.-*** 6 **From-** 16th to 21st June, 2025

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| Activity Done | ○ Collected data for my Project- 'Time Analysis of Admission Process in Emergency Department: From Doctor's Advice to Admission Completion.'<br><br>○ Interacted with the Nursing In charge of the Department and understood his role and challenges faced by him in handling the department. |
| Linking theory (Classroom learning) with practice at your organization | ○ Related the need for continuous training and capacity building of the staff with the concepts of Workforce planning and training modules of human resource management.<br><br>○ Saw real-time decision making and pressure handling by the doctors and nursing staff of the Emergency department under the pressure situations and co-related it to the theories of leadership and crisis management. |
| Gaps identified on the working area | ○ The information about patient shifting or discharge from the wards and therefore vacancy of the beds does not reach the front-desk on time and often manual calls have to be made to check the availability of beds for admissions.<br><br>○ The nursing staff can raise the admission request for the patient only after indenting all the medicines, investigations, test samples, |

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| | consumables, etc. which delays the process of admission and increases the TAT. |
| Suggestions for improvement | ○ The software must be updated to allow the admission request being raised as soon as the patient walks in and admission is advised to prevent delays due to investigations and tests.<br><br>○ An automatic alert system must be there in the HIS which informs the front-desk about the discharges and patient step-downs and subsequent bed vacancy. |
| Plan for the next week | ○ Continue the data collection for my project in the Emergency department.<br><br>○ Finalize the topic for another minor project and its study design and start working on it. |

# Weekly Report-Week 7

***Name of the Organization-*** CK Birla Hospital (RBH), Jaipur

***Department of Summer Internship Program-*** Medical Services

***Name of the Student-*** Dr. Aprajita Bhardwaj

***Roll No.-*** 1911 ***Stream-*** MBA (Hospital & Health)

***Week No.-*** 7 **From-** 23rd to 28th June, 2025

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| Activity Done | ○ Collected data for my Project- Time Analysis of Admission Process in Emergency Department: From Doctor's Advice to Admission Completion.'<br>○ Explored the OPD area of the hospital and tried to understand the process of token system, waiting time, etc. in the area.<br>○ Understood the shift handover process among the doctors and nurses in the Emergency department. |
| Linking theory (Classroom learning) with practice at your organization | ○ Understood the importance of good communication practices as taught in class during the efficient shift handover process.<br>○ Observed how non-clinical factors such as insurance, billing, etc. affect the admission process of the patients and how affording healthcare can still be difficult for the people as taught in Health Economics. |
| Gaps identified on the working area | ○ Hand hygiene practices are not followed religiously by all the staff members.<br>○ Patient waiting time increases during peak rush hours and many remain unattended by the nursing staff.<br>○ The empaneled patients under government schemes have longer and more tedious |

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| | admission process due to excessive documentation. |
| Suggestions for improvement | ○ The hand hygiene protocols must be followed more strictly especially in the Emergency.<br>○ There must be a dedicated staff member to counsel the RGHS and other health scheme beneficiaries to reduce confusion and shorten their waiting time.<br>○ More staff must be assigned in the Emergency during rush hours to prevent chaos and ensuring timely admission of the patients. |
| Plan for the next week | ○ Continue the data collection for my project in the Emergency department.<br>○ Finalize the topic for another minor project and its study design and start working on it. |

# Weekly Report-Week 8

***Name of the Organization-*** CK Birla Hospital (RBH), Jaipur

***Department of Summer Internship Program-*** Medical Services

***Name of the Student-*** Dr. Aprajita Bhardwaj

***Roll No.-*** 1911 ***Stream-*** MBA (Hospital & Health)

***Week No.-*** 8 **From-** 30th June to 5th July, 2025

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| Activity Done | ○ Completed the data collection for my major Project- Time Analysis of Admission Process in Emergency Department: From Doctor's Advice to Admission Completion.'<br><br>○ Compiled and analyzed the findings of the project in an Excel sheet and prepared a PowerPoint presentation for internal review at the hospital. |
| Linking theory (Classroom learning) with practice at your organization | ○ Observed that patient satisfaction and service quality in the ER directly impact the hospital's reputation and patient trust and retention and correlated it with the concepts of marketing in healthcare and importance of customer delight as taught in the module. |
| Gaps identified on the working area | ○ Limited bed availability for patients empaneled under government health schemes such as RGHS, which leads to an increased number of admission refusals for these patients and creates a situation of chaos and delayed care for them. |

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| Suggestions for improvement | ○ Introduce a dynamic bed allocation buffer for govt. scheme beneficiaries, where 5-10% general beds are kept flexible and can be assigned to critically-ill empaneled patients when scheme-designated beds become full. This can be mutually beneficial for the patients and the hospital and will not compromise the patient care as well as hospital revenue targets. |
| Plan for the next week | ○ Start observation and data collection for my minor project 'Evaluating Protocol Compliance in Central line Handling for CLABSI Prevention: An Observational Audit.' |

# Weekly Report-Week 9

***Name of the Organization-*** CK Birla Hospital (RBH), Jaipur

***Department of Summer Internship Program-*** Medical Services

***Name of the Student-*** Dr. Aprajita Bhardwaj

***Roll No.-*** 1911 ***Stream-*** MBA (Hospital & Health)

***Week No.-*** 9 **From-** 7th July to 12th July, 2025

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| Activity Done | ○ Collected data for my minor project- 'Evaluating Protocol Compliance in Central line Handling for CLABSI Prevention: An Observational Audit' in MICU, Neuro ICU, ICCU and IPD units.<br>○ Observed the infection control practices followed by the nursing staff in critical care units such as hourly hand washing by all the ICU staff, following hand hygiene protocols before going to patient bed side, etc. |
| Linking theory (Classroom learning) with practice at your organization | ○ Observed the real-time application of infection-control practices through adherence to central line insertion and maintenance protocols, reflecting classroom learning on Hospital-Acquired Infection prevention strategies in the Module- Essentials of Hospital Services. |
| Gaps identified on the working area | ○ In some patients, bleeding was observed at the central line insertion site, indicating lapses in timely dressing change and site monitoring, which may increase the risk of CLABSI. |

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| Suggestions for improvement | ○ Conduct daily huddles and shift-wise reminders to reinforce the importance of dressing site checks and assign responsibility to specific nursing staff per shift or the supervisor to ensure accountability in central line care. |
| Plan for the next week | ○ Continue observation and data collection for my minor project 'Evaluating Protocol Compliance in Central line Handling for CLABSI Prevention: An Observational Audit.'<br>○ Come up with practical and real-time solutions for stricter compliance of the infection-control protocols in the ICUs. |

# Weekly Report-10

***Name of the Organization-*** CK Birla Hospital (RBH), Jaipur

***Department of Summer Internship Program-*** Medical Services

***Name of the Student-*** Dr. Aprajita Bhardwaj

***Roll No.-*** 1911 ***Stream-*** MBA (Hospital & Health)

***Week No.-*** 10 **From-** 14th July to 21st July, 2025

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| Activity Done | ○ Completed data collection for my minor project- 'Evaluating Protocol Compliance in Central line Handling for CLABSI Prevention: An Observational Audit.'<br>○ Compiled and analyzed the data in Excel and prepared a PowerPoint presentation for the same for internal review at the hospital.<br>○ Presented both my major and minor projects in front of Organization mentors for their review and feedback.<br>○ Collected Completion Certificate from the Organization. |
| Linking theory (Classroom learning) with practice at your organization | ○ Applied knowledge of Data analysis, Excel and Presentation skills gained through practice during classroom modules while preparing final project presentation of the internship. |
| Gaps identified on the working area | ○ Delay in patient admissions due to communication gaps and lack of inter-departmental coordination.<br>○ Frequent rotation and shortage of GDA staff across all departments of the hospital.<br>○ Limited availability of beds for Govt. scheme beneficiaries.<br>○ Excessive documentation load on Nursing-staff. |

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| Suggestions for improvement | ○ Implement a real-time alert system in HIS for pending admissions.<br>○ Reduce frequent Department shuffling of the GDA staff and deploy more staff in Emergency department.<br>○ Allocate a flexible buffer of beds for empaneled patients to reduce admission refusals of critical patients.<br>○ Improve shift handover protocols especially at the front-desk.<br>○ Reduce the manual documentation in the hospital and digitalize it as much as possible. |

# Compiled Report

**Name of the Organization**: CK Birla Hospital (RBH), Jaipur

**Area/Department of Summer Internship Program:** Medical Services

**Name of the Student:** Dr. Aprajita Bhardwaj

**Roll No.-** 1911 **Stream:** MBA (Hospital & Health)

| **Activity Done** | **Induction-**<br>• Attended the orientation session by HR Manager and Organization mentors.<br><br>**Departmental Briefings and Workflow Understanding-** Across:<br>• Emergency-<br>o Patient triage<br>o ALOS and Patient shift-out TAT<br>• OPD and IPD-<br>o Role and responsibilities of the Floor Manager<br>o Token system in OPD<br>o Role of 'Saarthi' of the Consultants<br>• Laboratory and Radiology<br>• Pharmacy and OTs<br>• MRD and TPA-<br>o Basics of Medico-Legal cases<br>o Insurance claim approval process<br>o Reasons of claim rejection<br>• Blood Bank<br>• CSSD<br>• Observed shift-handover process of the Nursing staff and Front-desk executives.<br><br>**Awareness Sessions and Seminars-**<br>• Quality Department- NABH guidelines, Operational KPIs of the hospital and importance of routine audits.<br>• Patient Experience Department- patient satisfaction indicators, feedback loop, grievance redressal process.<br>• IT Department- HIS and its features |
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| | • Marketing Department- Marketing strategies of the hospital<br>• Fire and Safety training<br>• Basic Life Support, CPR and Infection Control<br><br>**Quality Audits Conducted-**<br>• Prescription Audit in patient files<br>• Nursing Audit on IPD floors<br>• CLABSI Prevention Protocol Compliance<br>• Hand-hygiene in ER and Critical care units<br>• SOPs for ECHS beneficiaries in IPD units<br><br>**Project Work-**<br>• Data collection for major project- 'Time Analysis of Admission Process in Emergency Department: From Doctor's Advice to Admission Completion.'<br>o Root cause analysis of delays in Admission from ER<br>o Interacted with Nursing In-charge of ER to understand his role and challenges faced.<br>• Data collection for minor project- 'Evaluating Protocol Compliance in Central line Handling for CLABSI Prevention: An Observational Audit.'<br>o Observation of Central line insertion and maintenance in patients across critical care units to check for compliance of infection-control practices.<br>o Noted gaps in protocol compliance during medicine administration to patients.<br><br>**Scheme and Policy Understanding-**<br>• Learnt about admission rules and SOPs for Government scheme beneficiaries such as ECHS and RGHS.<br><br>**Presentation and Reporting-**<br>• Compiled the data and created PowerPoint presentations for both the projects and presented them to Organization mentor for review and feedback. |

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| **Linking theory (Classroom learning) with practice at your organization** | • Importance of good communication among people and departments to avoid delays and confusion.<br>• Crisis Management- Importance of quick decision-making and pressure handling by doctors and nurses during tense situations.<br>• Importance of teamwork and inter-departmental collaboration in smooth functioning of the hospital.<br>• Application of Systems Approach in the hospital to address issues and crisis.<br>• Finance- Cost saving measures taken by the hospital during the stay of Govt. scheme beneficiaries.<br>• Importance of regular audits and quality-checks to ensure patient safety and compliance with industry norms.<br>• Digital Health- Difference created by HIS system in streamlining various processes and reducing delays.<br>• Health Economics- Burden of out-of-pocket expenditure on patients without insurance plans and adequate financial backing.<br>• Marketing- Impact of service quality on patient satisfaction, trust and retention and correlated it with the importance of customer delight. |
| **Gaps identified on the working area** | • Lack of inter-departmental coordination which leads to delays in admission.<br>• Status of bed occupancy does not get updated promptly to the front-desk due to lack of willingness of nursing-staff on floors.<br>• Shortage of skilled GDA staff across all the departments.<br>• Excessive documentation load on Nursing staff especially in ER which compromises patient care to a certain extent.<br>• Frequent admission refusal to Govt. scheme beneficiaries due to fixed bed quota for them.<br>• Improper shift-handover practice among nursing staff in critical care units and the front-desk executives.<br>• HIS software shows frequent glitches and has some task constraints which delays admissions from ER.<br>• Gaps in Infection-control practices in context of hand hygiene by nursing staff and medication administration protocols. |

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| **Suggestions for improvement** | • HIS Software must be updated with the provision of indentation of medicines, consumables and investigations even after raising the admission request to prevent unnecessary delays.<br>• The nursing staff and the front-desk executives must be re-trained to follow appropriate shift-handover practices.<br>• Create a buffer of beds for empaneled patients to prevent admission refusal of critical cases.<br>• Increase the number of GDA staff in Emergency department and avoid their shuffling with other areas.<br>• Introduce a dedicated computer operator in the Emergency to lighten workload of nursing staff.<br>• Reduce dependency on manual documentation as much as possible.<br>• Streamline communication between the ER, front-desk, bed manager and the house-keeping staff to ensure prompt updates of bed vacancy through patient discharges or step-downs.<br>• Nursing staff must be re-trained and regularly audited for compliance of infection-control practices.<br>• All the staff members including the doctors, nurses and front-desk executives must be made aware of guidelines for Govt. scheme beneficiaries to prevent confusion and delay in care of such patients. |
| **Key Learnings** | • Received a first-hand experience of hospital operations and administrative workflows.<br>• Observed the similarities and differences between theoretical concepts and ground reality in a hospital set-up.<br>• Interaction with multiple people having diverse responsibilities helped in understanding the different processes involved in smooth functioning of the hospital and the roles of people behind those processes.<br>• Understood the patient behavior and their expectations from a hospital and its staff.<br>• Got a chance to do primary data collection for the projects and subsequent Root cause analysis of problems which facilitated deep observation, finding gaps and thinking of practical solutions. |

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| | • Learnt crisis management, how to work in pressure situations and quick decision-making through the project based in Emergency department.<br>• Understood the process of audits and quality-control measures in the hospital by conducting audits on CLABSI prevention protocols, prescription audit and nursing audit.<br>• Learnt the importance of clear chain of command and good communication by observing the inter-departmental efforts in reducing TATs and preventing delays in admission.<br>• Understood the importance of having Empathy in patient care which is essential not only for doctors but also for the people in administration to understand the mindset of patients and their families and their expectations. |