SUMMER INTERNSHIP PROGRAM
at
FORTIS HOSPITAL, MANESAR

From 12/05/2025 to 19/07/2025

A REPORT BY

ANIRBAN BHATTACHARJEE

Master of Business Administration

Hospital & Health Management

Roll no: **1903**

2024-26

under the Mentorship of

Dr. Goutam Sadhu (Prof.)

IIHMR UNIVERSITY, JAIPUR

Fortis
HOSPITAL
Manesar, Gurugram

FORTIS HOSPITAL
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Tel : +91 124 433 1331
Emergency : 9009001050
Email : contactus.manesar@fortishealthcare.com
Website : www.fortishealthcare.com

July 19, 2025

TO WHOMSOEVER IT MAY CONCERN

This is to certify that **Mr. Anirban Bhattacharjee** S/o **Mr. Pranab Chandra Bhattacharjee** has completed his Internship in the department of **Patient Care Service** at Fortis Hospital, Manesar, Gurugram from **May 12, 2025** to **July 19, 2025.**

We wish him all the best in his future endeavors.

For **Fortis Hospital,Manesar,Gurugram,**

Rahul Khandelwal
Head Human Resources

IIHMR UNIVERSITY

IIHMR University Faculty Mentor Approval

This is to certify that Mr. Anirban Bhattacharjee of the academic year 2024-26 of Institute of Health Management Research has prepared a poster with respect to his summer internship held during May-July 2025.

He has carried out work as per the guidelines. His poster is approved for presentation.

(Signature of Faculty Mentor)

Name: Dr. Goutam Sadhu

Designation: Professor, IIHMR University, Jaipur

Date: 28/07/2025

SURGICAL MANAGEMENT COST VARIANCE: ANALYZING ESTIMATE VS ACTUAL BILLING IN A TERTIARY CARE HOSPITAL

Presented By: Anirban Bhattacharjee
Stream: MBA HM 29 Roll No: 1903

Org. Mentor: Ms. Minakshi Chopra
University Mentor: Dr. Goutam Sadhu (Prof.)

HISTORY

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ABOUT

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VISION

To create a world-class integrated healthcare delivery system in India, entailing the finest medical skills combined with compassionate patient care.

MISSION

To be a globally respected healthcare organisation known for Clinical Excellence and Distinctive Patient Care.

ORGANISATION STRUCTURE

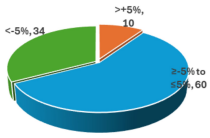
OBJECTIVE

- To evaluate the variance between estimated and actual surgical billing amounts for different types of surgeries.
- To identify the key factors contributing to deviations such as ICU requirements, post-operative complications, unplanned consumables, and extended stays.
- To analyze departmental trends in estimate accuracy across surgical specialties (e.g., Gastro, Oncology, Gynae, Ortho).

METHODOLOGY

This observational study uses a retrospective cross-sectional design to analyze estimate vs actual billing for surgical patients at Fortis Hospital Manesar.

Fig 1: Surgical Bill Deviation(%)



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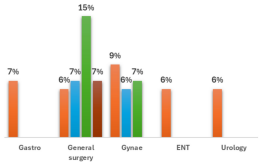

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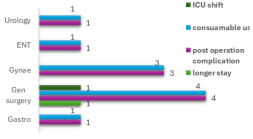

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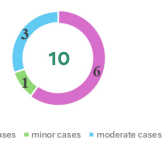


INTRPRETATION

- 10 surgical cases showed billing deviation over 5%, mostly in major surgeries.
- Major deviations were highest in General Surgery and Gynaecology.
- ICU stay, complications, and longer hospital stay affected billing.
- Accurate estimation needed for high-cost surgeries.
- Overestimation trend suggests need for better pre-surgical billing tools

SUGGESTIONS

- Optimizing consultants schedules to minimize delays.
- Streamlining discharge procedures, particularly with expedited Third-Party Administrator (TPA) approval.
- Organize Monthly Training for PCS Teams on common deviation causes, insurance clauses, and communication skills.
- Utilizing AI-driven systems for scheduling.

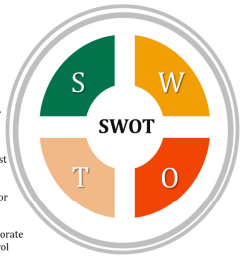
SWOT ANALYSIS

STRENGTH

- Structured pre-surgical estimation process for most surgical procedures.
- Skilled PCS and billing teams familiar with multiple billing types (cash, TPA, corporate).
- Use of an integrated Hospital Information System (HIS) for streamlined data access.

THREAT

- Risk of declining patient trust due to unexpected billing deviations.
- Potential financial disputes or negative reviews affecting hospital's reputation.
- Pressure from TPA and corporate clients for stricter cost control and more accurate estimates.



WEAKNESS

- Inconsistencies in billing estimates due to lack of clinical input during estimation.
- Poor interdepartmental coordination leading to gaps between estimation and final billing.
- Absence of post-procedure estimation update during patient stay.

OPPORTUNITY

- Adoption of dynamic billing dashboards for real-time deviation tracking.
- Developing predictive models using historical data to improve estimation accuracy.
- Enhancing patient education around possible cost variations and billing transparency.

TOWS ANALYSIS

	Strengths (S)	Weakness (W)
Opportunities (O)	**S-O strategies** • Integrate HIS with dynamic dashboards to track estimate vs actual billing in real-time. • Use skilled staff to educate patients on possible billing variations.	**W-O strategies** • Implement auto-alerts in dashboards for post-procedure estimate updates. • Use analytics to adjust estimates mid-treatment when complications arise.
Threats (T)	**S-T strategies** • Use structured estimation process to reduce surprises and build patient trust. • Use HIS data access to provide transparent breakdowns to TPA/corporate clients.	**W-T strategies** • Involve clinicians directly during estimation to improve accuracy. • Improve interdepartmental communication through scheduled billing review meetings.

PRACTICAL EXPOSURE VS THEORETICAL LEARNING

Observed real-time coordination between PCS, billing, TPA desk, financial counselling, OT, and wards for surgical admissions.	Gained insight into hospital workflow models, especially admission-to-discharge clinical pathways.
Learned how pre-surgical estimates are prepared, approved, and communicated for cash, insurance, and corporate	Applied concepts of healthcare financial management, variance analysis.

CHALLENGES FACED DURING INTERNSHIP

- Applying theoretical knowledge to real-world tasks and challenges.
- facing difficulties with coordination with the people.
- Adjusting to and integrating within the specific culture of a workplace.

MAJOR LEARNING DURING INTERNSHIP

- Strengthened conflict resolution and interdepartmental communication.
- Understood patient-centric service delivery and process optimization
- Learned patient handling, billing, and coordination tasks.

Table of Contents:

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Fortis HOSPITAL
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Name: Dr. Goutam Sadhu
Designation: Professor, IIHMR University, Jaipur
Date: 28/07/2025

1, Prabhu Dayal Marg, Near Sanganer Airport, Jaipur- 302029, Rajasthan, India.
Ph.: 0141-3924700, 2791431- 32, E-mail: iihmr@iihmr.edu.in, Web.: www.iihmr.edu.in

3. Approved Poster

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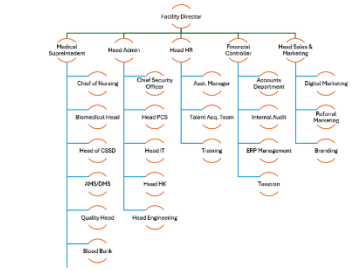

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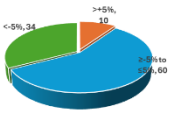

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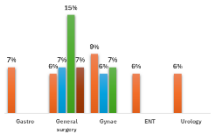

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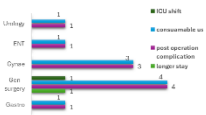

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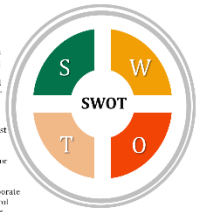

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4. COMPILED WEEKLY REPORT

Name of the Organisation: Fortis Hospital, Manesar

Area/ Department/ Project of Summer Internship Program: Patient Care Service Dept.

Name of the Student: Anirban Bhattacharjee

Roll no: 1903

Stream: MBA In Hospital & Health Management

From: 19th May 2025 to 24th May 2025

4.1. Activities Done:

Orientation & Departmental Exposure:
The internship commenced with structured orientation sessions conducted by PCS and administrative teams. These sessions covered hospital protocols, patient rights, documentation workflows, and safety norms. A comprehensive walkthrough of hospital floors and departments—OPD, IPD, ICU, emergency, radiology, and diagnostics—was undertaken, with schematic diagrams created to map service layout. This helped in understanding patient navigation issues and areas of service overlap.

Emergency & HIS Training:
Operational exposure to the Emergency Department offered insights into triage levels, emergency alert protocols, and the need for prompt interdepartmental coordination. Training was provided on the Hospital Information System (HIS), with practical exposure to patient registration, admission, transfer, and discharge processes. Electronic Medical Records (EMR) modules were also explored to understand care documentation by clinical and support teams.

Turnaround Time & Process Observation:
Patient Turnaround Time (TAT) was monitored across high-volume areas such as OPD, radiology, laboratory, billing, and pharmacy. Logs and manual tracking sheets were used, and time-motion studies were conducted during peak OPD hours. This enabled the identification of delay-prone steps. Staff behaviour and adherence to soft skill protocols were reviewed through direct audits.

Supervision & Operational Audits:
During OPD supervision duties, efforts were made to manage patient flow, address token system issues, and handle crowding bottlenecks. Root cause analyses were conducted for issues like miscommunication and routing errors, followed by Corrective and Preventive Action (KAPA) planning. OPD prescriptions were examined to evaluate conversion rates into IPD, pharmacy, diagnostics, and radiology for service linkage assessment.

Interdepartmental Coordination:
Coordination was maintained with doctors, nurses, call centre teams, and PCS staff to streamline communication and reduce OPD appointment no-shows. Participation in emergency escalations and bed allocation decisions helped assess real-time case management. Communication workflows between radiology and OPD were monitored for improvement.

Financial Counselling & Billing Support:
Support was extended to financial counselling teams to make surgical estimates more comprehensible through multilingual tools. Billing categories, including cash, TPA, and corporate, were analyzed for common cost deviation points. Package inclusions and exclusions were reviewed, and process gaps in estimate accuracy were addressed.

Discharge & Documentation:
Assistance was provided during discharge planning and the resolution of billing-related queries. Exposure to LAMA (Leave Against Medical Advice) cases allowed observation of legal documentation and emotional counselling practices. Discharge summaries were reviewed for completeness and alignment with documentation norms.

Special Projects & Data Management:
A focused study was conducted on surgical billing variance by comparing estimated and actual billing across departments. Data was extracted from HIS and statistically analyzed to identify gap causes. A standard format for TAT reporting was developed, and alert mechanisms were proposed to flag high deviations. A feedback tool was designed to gather patient responses on estimate accuracy and billing clarity.

Health Check-ups & Corporate Programs:
The Preventive Health Check-up (PHC) lounge was managed by ensuring documentation readiness, controlled flow, and consultation handovers. Corporate camp coordination involved scheduling, logistics, and report handling. Follow-up and engagement measures were implemented post-check-up.

Systems Review & Management Interaction:
A functional audit of HIS modules was carried out to identify usability issues affecting discharge and billing timelines. Participation in management and interdepartmental review meetings helped present observations on billing gaps and system errors, with implementation plans based on findings.

Communication & Patient Experience:
Patient feedback was collected on parameters like waiting time, staff behavior, and billing clarity. Recommendations included improvements in token systems, floor signage, and communication materials in regional languages. Patient-friendly visuals were also proposed to explain costs and timelines.

Leadership, Teamwork & Exposure:
Experience was gained in leading patient flow operations and resolving service conflicts. Close collaboration with clinical and administrative teams enhanced understanding of hospital workflows and decision-making processes essential for positive patient outcomes.

SOP Evaluation & Compliance Monitoring:
Standard Operating Procedures (SOPs) were reviewed for billing, discharge, and referrals to assess compliance. Gaps were identified in outdated or inconsistently followed SOPs. Documentation across shifts was also verified to check uniformity.

Consent Form and Package Explanation Audits:
Consent documentation was observed before procedures to assess explanation of clinical and financial aspects. Variations were noted in how package details were shared across payment categories. Audits checked form completeness and compliance with medico-legal norms.

Observational Benchmarking with Other Facilities:
Benchmarks from other Fortis branches were reviewed to compare service performance metrics. Participation in webinars and inter-hospital discussions enriched insights into surgical cost-efficiency and conversion trends. Workflow differences between high-volume and specialty units were documented.

Environmental Safety & Infection Control Practices:
Infection control rounds covered protocols on isolation, waste handling, and PPE compliance. Areas lacking infection signage were identified and flagged for correction. Staff compliance on hand hygiene was also reviewed.

Observation of Specialized Units:
High-dependency areas like ICU, oncology, dialysis, and NICU were observed to understand counselling and cost structures. Special focus was placed on complexity-driven costs, implant-related deviations, and sensitive communication strategies for critical cases.

4.2 Linking theory (Classroom learning) with practice at your organisation:

Operations Management:
we have learned applied principles of operations management from the organization to monitor patient turnaround time (TAT), reduce OPD congestion, and streamline departmental workflows. The concept of time-motion studies was implemented in analyzing peak hours and optimizing resource allocation.

Lean Management & Six Sigma:
Used lean principles to identify non-value-added steps in patient movement (especially in OPD and radiology). Six Sigma's DMAIC model helped in improving consistency in TAT and minimizing wait-time variability.

Health Belief Model (HBM):
Applied during preventive health check-up coordination to understand patient hesitation toward optional screenings or follow-ups. The model helped frame strategies for better counselling and patient compliance.

Systems Theory:
Recognized the hospital as an interconnected system where inefficiency in one department (like billing or radiology) impacts overall patient satisfaction. This view guided interdepartmental coordination efforts.

Contingency Theory:
Applied during crowd management scenarios—adjusted staffing and opened extra counters based on real-time patient volume, showcasing adaptive decision-making.

Evidence-Based Management (EBM):
Used factual data such as TAT logs, patient feedback, and conversion ratios to drive operational improvements, submit RCA/KAPA reports, and validate performance outcomes.

Financial Management & Cost Accounting:
The comparison of estimated vs actual billing was grounded in budgeting and variance analysis. Concepts like direct vs indirect cost and break-even estimation were practically applied.

Hospital Marketing & Patient Experience:
Managed corporate clients, PHC patients, and routine OPD visitors using service marketing principles. Understanding of patient touchpoints and experience-based design helped in improving satisfaction levels.

Health Information Systems (HIS):
Gained practical exposure to EMR, billing, and admission modules of HIS. Theoretical knowledge of digital record-keeping and system integration aligned with real challenges faced during documentation and coordination.

Strategic Human Resource Management:
Observed skill gaps among GDA, front desk, and nursing staff. Applied training need assessment frameworks and helped in proposing solutions for workforce development and motivation.

Queue Theory & Time Series Analysis:
Applied queue theory informally to suggest improvements in OPD scheduling and waiting area design. Noted predictable patterns in patient flow to suggest operational shifts during peak hours.

Patient-Centered Care Models:
The concept of delivering care that respects individual patient preferences and language needs was implemented during counselling for rural and non-Hindi speaking patients.

Quality Assurance & NABH Accreditation Learning:
Ensured adherence to SOPs, consent form compliance, and infection control practices in line with quality management teachings and accreditation standards.

4.3 Gaps identified on the working area:

Outdated Hospital Information System (HIS):
The HIS used was not integrated across all departments, causing delays in admission, registration, billing, and real-time patient status updates. The absence of auto-sync between departments led to multiple data entry redundancies.

Lack of Interdepartmental Coordination:
Poor communication between OPD, radiology, billing, and the call center often resulted in scheduling conflicts, long wait times, and misinformed patients. Patients frequently had to move between departments without proper guidance.

Inconsistent Turnaround Time (TAT):
TAT varied significantly across departments, particularly during peak hours. Lack of standard operating procedures for handling surge volumes led to long queues and delayed service delivery.

Understaffing During Peak Hours:
Insufficient frontline staff (especially GDAs, nursing assistants, and helpdesk personnel) during high patient inflow times impacted crowd control, patient guidance, and service quality.

Lack of Staff Training and Competency:
Many support staff, including GDAs and receptionists, lacked training in soft skills, HIS usage, and SOP adherence, leading to patient dissatisfaction and documentation errors.

Absence of Centralized Appointment Management System:
Call center data was not always in sync with the doctor's live OPD schedule, resulting in overbooking, appointment mismatches, and overcrowding.

Billing Variance and Transparency Issues:
Significant differences were observed between estimated and actual bills, particularly for surgical and prolonged treatment cases. Estimates were not updated in real time when the treatment plan changed.

Lack of Real-Time Billing Integration with EMR:
When medication, tests, or procedures were added, these were not reflected automatically in the final bill unless manually updated, leading to billing disputes and confusion for patients.

Limited Multilingual Support in Financial Counselling:
Patients from rural backgrounds or non-Hindi/English speaking regions often had difficulty understanding the counselling related to estimates, insurance coverage, and billing breakdowns.

Poor Queue and Token Management System in OPD:
Patients frequently entered the consultation room without following the serial number or waiting protocols. There was no clear system to manage walk-ins versus appointments, causing frustration and chaos.

Inadequate Post-Discharge Billing Feedback Mechanism:
There was no structured system for collecting patient feedback specifically on billing clarity and counselling effectiveness post-discharge.

Unclear Responsibilities During Patient Hand-offs:
Lack of well-defined roles during patient transitions from OPD to radiology or IPD resulted in confusion and patients getting lost or delayed in the process.

Inefficient Record Maintenance:
Some departments were not updating patient records daily, and documentation standards varied across units. This created gaps in data consistency and delayed discharge or follow-up planning.

Delayed Consent Form Processing:
Consent forms for diagnostic or surgical procedures were not always completed before initiating the services, risking compliance and patient legal safety.

Lack of Motivational Environment for Staff:
Low engagement and lack of appreciation or incentive programs led to visible demotivation among some support staff, affecting their behaviour and performance.

4.4 Suggestions for improvement:

Upgrade the Hospital Information System (HIS):
Implement a centralized and updated HIS that ensures seamless communication between departments and reduces delays in registration and billing.

Introduce a Digital Queue and Appointment Management System:
Integrate a real-time appointment scheduler and digital token display to reduce crowding, manage OPD flow, and enhance patient experience.

Train and Upskill Support Staff:
Conduct regular training for GDAs, front-desk, and nursing staff in communication, HIS usage, and SOP compliance to improve service quality.

Strengthen Financial Counselling:
Provide multilingual support and use visual aids to help patients understand billing estimates, especially those from rural backgrounds.

Automate Real-Time Billing Updates:
Link EMR with billing so that any changes in treatment plans are reflected instantly in the patient's bill, reducing errors and disputes.

Improve Interdepartmental Coordination:
Facilitate better communication between OPD, radiology, billing, and the call center through daily huddles or internal messaging platforms.

Develop a Post-Discharge Feedback Mechanism:
Create simple forms to capture patient feedback on billing clarity and counselling, and use it to improve processes.

Ensure Adequate Staffing During Peak Hours:
Allocate additional staff in high-traffic departments like OPD and radiology to manage crowd flow and reduce patient wait times.

Standardize Patient Flow Protocols:
Define and implement clear SOPs for transitioning patients between departments to avoid confusion and service delays.

Recognize and Motivate Staff:
Introduce basic reward programs or recognition systems to encourage staff engagement and improve morale.

4.5 Key Learning:

Hospital Orientation & Structural Understanding:

Structured orientation sessions and departmental walkthroughs provided a foundational understanding of hospital workflows, spatial layouts, and interdepartmental functions. Mapping of service areas enabled identification of navigation inefficiencies and overlapping functions, contributing to improved patient flow and service delivery.

Emergency Operations & HIS Proficiency:

Operational exposure in the Emergency Department facilitated comprehension of triage protocols, alert systems, and the necessity of rapid interdepartmental coordination. Training on the Hospital Information System (HIS) enhanced familiarity with registration, admission, transfer, discharge, and Electronic Medical Records (EMR) modules—core components of digital hospital operations.

Turnaround Time & Process Evaluation:

Monitoring of Turnaround Time (TAT) across departments such as OPD, radiology, pharmacy, and laboratory enabled identification of high-delay nodes. Time-motion studies and process audits highlighted workflow inefficiencies and provided insight into operational optimization opportunities.

Operational Supervision & Quality Audits:

Engagement in OPD supervision included crowd control, token management, and service monitoring. Root Cause Analyses (RCA) and Corrective and Preventive Action (CAPA) planning were conducted to address service delays and improve protocol adherence.

Strengthening Interdepartmental Coordination:

Continuous coordination with clinical and support teams ensured smoother communication, better appointment adherence, and more effective case management. Real-time participation in emergency escalations and service workflow reviews enabled system-wide collaboration insights.

Billing Mechanism & Financial Counselling:

Support in financial counselling and billing provided exposure to various billing categories such as TPA, corporate, and cash. Evaluation of billing estimates versus actual charges revealed critical gaps and process discrepancies, leading to efforts in improving transparency and accuracy.

Discharge Planning & Legal Documentation:

Direct involvement in discharge procedures and observation of LAMA (Leave Against Medical Advice) cases offered insights into documentation standards, legal compliance, and emotional aspects of patient counselling. Evaluation of discharge summaries ensured alignment with hospital documentation norms.

Data Analysis & Special Projects:

Focused studies on surgical billing variance and TAT deviations involved data extraction from HIS and statistical analysis to identify trends and anomalies. Formats for reporting and alert systems were developed to facilitate real-time tracking and error prevention.

Preventive & Corporate Health Check Programs:

Operational support in PHC lounges and corporate health camps covered documentation readiness, appointment flow, consultation handovers, and report logistics. Post-camp engagement strategies were implemented to ensure continuity and patient satisfaction.

Digital Systems Audit & Management Exposure:

Functional audits of HIS modules highlighted usability issues affecting discharge timelines and billing efficiency.

Leadership, Teamwork & Conflict Management:

Experience in managing service conflicts and patient flow reinforced the importance of teamwork and leadership in healthcare environments. Close collaboration between departments demonstrated the impact of unified efforts on patient outcomes and operational success.

SOP Evaluation & Compliance Assurance:

Evaluation of Standard Operating Procedures (SOPs) for billing, discharge, and referral processes identified gaps, outdated protocols, and inconsistencies. Documentation across shifts was reviewed to assess standardization and compliance with institutional guidelines.

Medico-Legal & Consent Process Understanding:

Observation of informed consent procedures before surgeries and diagnostic tests revealed variances in explanation methods. Audits ensured legal and ethical compliance, with emphasis on transparency regarding financial and procedural details.

Specialized Unit Exposure:

Observations in critical care areas—including ICU, NICU, oncology, and dialysis—offered insights into high-dependency service models, implant-related costs, and the sensitivity required in clinical communication. Documentation and counselling protocols were reviewed in light of complexity-driven financial and emotional considerations.

Signature of the Student:

Approved by the IIHMR University's Mentor

5. Reporting Format (Week 01)

Name of the Organisation: Fortis Hospital, Manesar

Area/ Department/ Project of Summer Internship Program: Patient Care Service Dept.

Name of the Student: Anirban Bhattacharjee

Roll no: 1903 **Stream:** MBA In Hospital & Health Management

From: 12th May 2025 to 17th May 2025

Activity Done:

- Report to the hospital and have done documentation and the introduction process with the administration department, the Head of the Patient Care Services, and the Head of TPA.
- Hospital visit, explore floors, identify departments, learn the basics about patient care services.
- Analysed the third floor of the hospital and drew a detailed diagram of the third floor.
- Get a detailed overview of the emergency department and learn about the emergency triage. Learn the basics about the Hospital Information System (HIS).
- Monitor the turnaround time of the patients, monitor the competency of the employee, the discharge process, and observe the documentation procedure for EMR.
- Monitor the patient flow and turnaround time, observation of the admission process, the general consent form of the patient, and patient registration through HIS.
- Manage the patient inflow & outflow for corporate employees, coordinate with the patients, handle the blood collection department, monitor the blood collection process, and manage crowd management.

Linking theory (Classroom learning) with practice at your organisation:

- Manage patient flow, check documentation, make RCA, and KAPA for better implementation.

Gaps identified on the working area:

- Using the old version of the HIS system for handling the registration and admission process. 2. If the payment is cancelled for any reason, it takes 20 minutes to reset the system.
- Protocols are not correctly followed in the phlebotomy department.
- The phlebotomist didn’t apply a bandage after drawing blood from patients, which caused patients to face difficulties.

Suggestions for improvement:

- Training for the GDA staff.
- Updated Hospital Information System for smoother functioning.
- Conduct Proper training for phlebotomists.
- Proper console room for observation

Plan for the next week:

- Make a report on the gap, make RCA and KAPA for better service.
- Follow SOP rules to understand the hospital workflow.
- Coordination in OPD and IPD.

Signature of the Student:

Approved by the IIHMR University's Mentor

6. Reporting Format (Week 02)

Name of the Organisation: Fortis Hospital, Manesar

Area/ Department/ Project of Summer Internship Program: Patient Care Service Dept.

Name of the Student: Anirban Bhattacharjee

Roll no: 1903 **Stream:** MBA In Hospital & Health Management

From: 19th May 2025 to 24th May 2025

Activity Done:

- OPD Coordination and gathering knowledge of POD (patients on desk). Learn about laboratory services and manage the PHC. Learnt about various OPD departments like general procedure room, EEG, urodynamics uroflow, etc.
- I have coordinated OPD and managed the patient flow in OPD.
- Analysed the OPD prescription and learned the process of conversion from OPD to IPD
- Learned the TAT (turnaround time) process and managed the different PODs in the hospital.
- Monitor the turnaround time of the patients, monitor the competency of the employee, the discharge process, and observe the documentation procedure for EMR in OPD.
- Monitor the patient flow and turnaround time in OPD. Made RCA and KAPA report of the Blood collection process, OPD coordination and mismanagement in OPD by nursing staff and GDA staff and submitted that report to the OPD Head of the Fortis Hospital.
- Manage the patient inflow & outflow for corporate employees, coordinate with the patients and make the mad the TAT in OPD.

Linking theory (Classroom learning) with practice at your organisation:

- Manage patient flow, check documentation, make RCA, and KAPA for better implementation.

Gaps identified on the working area:

- The behaviour of nurses and coordinators was arrogant.
- Unskilled GDA staffs.
- Lack of human resources or shortage of nurses in the OPD department.

  Lack of communication between nurses and patients

Suggestions for improvement:

- Training for the GDA staff.
- Conduct the Proper training of nurses.
- Need to improve the coordination between nurses and patients in the OPD.

Plan for the next week:

- Make a report on the gap, make RCA and KAPA for better service.
- Make a proper report of TAT (Turnaround time).
- Coordination in OPD and IPD.

Signature of the Student:

Approved by the IIHMR University's Mentor

7. Reporting Format (Week 03)

Name of the Organisation: Fortis Hospital, Manesar

Area/ Department/ Project of Summer Internship Program: Patient Care Service Dept.

Name of the Student: Anirban Bhattacharjee

Roll no: 1903

Stream: MBA In Hospital & Health Management

From: 26th May 2025 to 31st May 2025

Activity Done:

- Manage patient inflow and outflow for corporate employees, coordinate with patients, and ensure the TAT is met in the OPD.
- Analyse the TAT (turnaround time) process and manage the different PODs in the hospital. Monitor the turnaround time of the patients, monitor the competency of the employee, the discharge process, and observe the documentation procedure for EMR in OPD.
- I have coordinated OPD and managed the patient flow in OPD.
- Analysed the OPD prescription and learned the process of conversion from OPD to IPD, OPD to Laboratory, OPD to Radiology, etc.
- Handling the emergency PCS department, learn the process of LAMA (Leave Against Medical Advice), learn the discharge process of a patient and bed management of the whole hospital.
- Coordinate the PHC (Preventive Health Checkup) lounge and learn the process of preventive health check-ups.

Linking theory (Classroom learning) with practice at your organisation:

- Operations management.
- Turnaround time.
- Lean Management.
- Healthcare marketing.

Gaps identified in the working area:

- Long waiting time in OPD.
- Communication gaps in the OPD.

Suggestions for improvement:

- Need to improve the communication in the OPD.
- Better time management in OPD.
- Recruit more human resources.

Plan for the next week:

- Make a report on the gap, make RCA and KAPA for better service.
- Make a proper report of TAT (Turnaround time).
- Coordination in OPD and IPD.

Signature of the Student:

Approved by the IIHMR University's Mentor

8. Reporting Format (Week 04)

Name of the Organisation: Fortis Hospital, Manesar

Area/ Department/ Project of Summer Internship Program: Patient Care Service Dept.

Name of the Student: Anirban Bhattacharjee

Roll no: 1903

Stream: MBA In Hospital & Health Management

From: 2nd June 2025- 7th June 2025

Activity Done:

Promoted to OPD supervisor

Managed patient flow and crowd control in OPD.

- Minimised patient waiting time.
- Addressed and resolved on-the-spot OPD issues
- Supervise the OPD from 9 AM TO 4 PM.
- Collect the data – patient wait time, number of patients per
- day, and rash timings.
- Analyse prescriptions and follow up conversions.

Task: Revenue & Prescription Analysis

- Reviewed all the prescriptions for May month of Dr. Nisha
- Aggarwal (Gynaecologist)
- Calculated conversion rates (counselling→follow-up actions).
- Estimated revenue generated from his counselling sessions.
- Estimated admission advised for a whole month and calculated the conversion rate of radiology, NIC and blood test.

Role: OPD & Radiology Dept. Supervisor

• Oversaw operations in both the OPD and the radiology Department.

Linking theory (Classroom learning) with practice at your organisation:

- Contingency, Systems theory: To handle a sudden rush, shift more staff or open another OPD counter when overloaded.
- Health Belief Model (HBM): Explains why people do or do not adopt preventive health behaviours.
- Six Sigma & Lean Management: Improving OPD flow, reducing patient wait time, lab turnaround time (TAT), etc.
- Theory of Constraints (TOC): Useful in managing crowded OPD or improving OT scheduling.

Gaps identified in the working area:

- Lack of human resources.
- No centralised HIS system between departments.
- Lack of experienced professionals.
- Lack of management.
- No centralised EMR system for every dept.
- Low competency among the employees.
- Lack of motivation for work.
- No coordination between the call centre and the OPD schedule for the doctor.
- Lack of ground staff.

Suggestions for improvement:

- Recruitment of staff.
- Proper scheduling for OPD.
- Pre-training for staff.
- Motivational programs for staff.
- Coordination between departments.
- management plan.

Plan for the next week:

- . Supervise OPD, investigate TAT, analyse the performance of OPD doctors for June month, conversion of patients and manage the whole OPD and radiology dept.

Signature of the Student:

Approved by the IIHMR University's Mentor

8. Reporting Format (Week 05)

Name of the Organisation: Fortis Hospital, Manesar

Area/ Department/ Project of Summer Internship Program: Patient Care Service Dept.

Name of the Student: Anirban Bhattacharjee

Roll no: 1903 **Stream:** MBA in Hospital & Health Management

From: 9th JUNE 2025 to 14th JUNE 2025

Activity Done:

Role – OPD Supervisor

- Managed patient flow and crowd control in OPD.
- Minimised patient wait times.
- Addressed and resolved on-the-spot OPD issues.
- Supervise the OPD from 9 AM TO 4 PM.
- Collect the data – patient wait time, number of patients of the day,
- rash timings.
- Analyse prescriptions and follow up conversions.

Linking theory (Classroom learning) with practice at your organisation:

- Evidence-Based model – To reduce patient wait time, Measure wait times → identify causes → change staffing or process.
- Contingency, Systems theory- To handle a sudden rush, shift more staff, or open another OPD counter when overloaded.
- Health Belief Model (HBM)-Explains why people do or do not adopt preventive health behaviours.
- Six Sigma & Lean Management- Improving OPD flow, reducing patient wait time, lab turnaround time (TAT), etc.

Gaps identified on the working area:

- No coordination between call centres and doctors for online appointment scheduling.
- Lack of frontline workers.
- Patients are not aware of the serial number for consultation, they enter to doctor's chamber without any orders, which creates problems in the OPD.

Suggestions for improvement:

- Proper stuffing.
- Proper scheduling of doctor appointments by coordinating within departments.
- Training for the staff.
- Proper plan for OPD handling.

Plan for the next week:

- Working on the project.

Signature of the Student:

Approved by the IIHMR University's Mentor

9. Reporting Format (Week 06)

Name of the Organisation: Fortis Hospital, Manesar

Area/ Department/ Project of Summer Internship Program: Patient Care Service Dept.

Name of the Student: Anirban Bhattacharjee

Roll no: 1903, **Stream:** Hospital & Health Management

From: 16th JUNE 2025 to 21st JUNE 2025

Activity Done:

- Collecting data for the SIP project
- Handle the radiology department.
- Handle emergency admission.
- Role – OPD Supervisor
- Managed patient flow and crowd control in OPD.
- Minimized patient wait times.
- Addressed and resolved on-the-spot OPD issues.
- Supervise the OPD from 9 AM TO 4 PM.
- Collect the data – patient wait time, number of patients of the day, rash timings.
- Analyse prescriptions and follow up conversions.

Linking theory (Classroom learning) with practice at your organisation:

- Six Sigma & Lean Management- Improving patient flow, reducing patient wait time, and turnaround time (TAT), etc.
- Evidence-Based model – To reduce patient wait time, Measure wait times → identify causes → change staffing or process.
- Contingency, Systems theory- To handle a sudden rush, shift more staff, or open another counter when overloaded.

Gaps identified on the working area:

- Low staff management.
- High waiting time.
- No coordination between departments.
- No lady doctors available for radiology after 4 pm.

Suggestions for improvement:

- Proper time management between the call centre and the department.
- Time management for managing a crowd.
- A queue system for managing the crowd

Plan for the next week:

- Working on the project.
- Try to improve, reduce the crowd, and manage the workflow.

Signature of the Student:

Approved by the IIHMR University's Mentor

10. Reporting Format (Week 07)

Name of the Organisation: Fortis Hospital, Manesar

Area/ Department/ Project of Summer Internship Program: Patient Care Service Dept.

Name of the Student: Anirban Bhattacharjee

Roll no: 1903 Stream: MBA in Hospital & Health Management

From: 23rd JUNE 2025 to 28th JUNE 2025

Activity Done:

Role – OPD & Radiology Supervisor

- Worked in the radiology department and provided support.
- Coordinate with the staff of the department and connect with patients.
- Monitored and captured turnaround time (TAT) in the radiology department.
- Assisted on OPD to maintain smooth patient flow and also monitored the conversion rate in OPD.
- Collect the data – patient wait time, number of patients per day, and rash timings.
- Analyse estimated bills with actual billed amount for better accuracy.

Linking theory (Classroom learning) with practice at your organisation:

- Evidence-Based model – To reduce patient wait time, Measure wait times → identify causes → change staffing or process.
- Health Belief Model (HBM)-Explains why people do or do not adopt preventive health behaviours.
- Six Sigma & Lean Management- Improving OPD flow, reducing patient wait time, lab turnaround time (TAT), etc.

Gaps identified on the working area:

- Delay in coordination between OPD and radiology staff.
- Huge variance between estimated and actual bills.
- Turnover time variance due to a lack of staff during peak hours.
- Long waiting time for OPD patients who come for radiology tests.

Suggestions for improvement:

- Proper staffing.
- Proper scheduling of doctor appointments by coordinating within departments.
- Training for the staff.
- Proper plan for OPD handling.

Plan for the next week:

- Working on the project.

Signature of the Student:

Approved by the IIHMR University's Mentor

11. Reporting Format (Week 08)

Name of the Organisation: Fortis Hospital, Manesar

Area/ Department/ Project of Summer Internship Program: Patient Care Service Dept.

Name of the Student: Anirban Bhattacharjee

Roll no: 1903 **Stream:** MBA in Hospital & Health Management

From: 30th JUNE 2025 to 05th JULY 2025

Activity Done:

- Assisted in the financial counselling department.
- Collect the data – actual billing time, total number of admissions,
- total number of estimates given by the financial counselling department,
- and number of patients per day.
- Coordinate with department staff and connect with patients.
- Analyse estimated bills with actual billed amount for better accuracy.
- Learnt the difference between surgical management billing and medical management billing.

Linking theory (Classroom learning) with practice at your organisation:

- Budgeting and Cost estimation: The classroom module of financial management and marketing management is directly related to the task of analysing the actual bill with the estimated bills
- Hospital operations management: The concept of patient admission workflow and resource allocation helps to create the actual bills.

Gaps identified on the working area:

- Variance between the estimated bills and the actual bills.
- Estimates are usually not updated when a patient's treatment and medication change midway.
- Some patient and their attendant found the financial counselling difficult to understand, especially for people who are coming from rural areas.

Suggestions for improvement:

- Integration of medical records with the actual billing could help to reflect the real-time changes in billing.
- Providing multilingual language support for better understanding of the patient.

Plan for the next week:

- Deep dive into financial management and billing accuracy.
- Collecting data and structuring for further studies.
- Feedback and review process.

Signature of the Student:

Approved by the IIHMR University's Mentor

12. Reporting Format (Week 09)

Name of the Organisation: Fortis Hospital, Manesar

Area/ Department/ Project of Summer Internship Program: Patient Care Service Dept.

Name of the Student: Anirban Bhattacharjee

Roll no: 1903 Stream: MBA in Hospital & Health Management

From: 7th JULY 2025 to 12th JULY 2025

Activity Done:

- Assisted in the financial counselling department.
- Collection of the data – actual billing time, total number of admissions, total number of estimates given by the financial counselling department.
- Taking feedback from patients and patients' attendants regarding the clarity of estimated bills for better studies.
- Prepared charts for estimated bills with the actual billed amount.
- Provide support to the financial counselling department.

Linking theory (Classroom learning) with practice at your organisation:

- Budgeting and Cost estimation: The classroom module of financial management and marketing management is directly related to the task of analysing the actual bill with the estimated bills
- Hospital operations management: The concept of patient admission workflow and resource allocation helps to create the actual bills.

Gaps identified on the working area:

- Variance between the estimated bills and the actual bills.
- Limited feedback process for post-discharge regarding the clarity of billing.
- Inadequate real-time updating of billing data if changes in the treatment plan occur.

Suggestions for improvement:

- Regular training for updated treatment tariffs.
- Implementation of a feedback mechanism regarding billing and counselling experience.
- Addition of live billing updates in electronic medical records systems.

Plan for the next week:

- Continue working on billing accuracy.
- Identify cases of huge billing variances.
- Suggestion of a prototype feedback form for patient billing satisfaction.

Signature of the Student:

Approved by the IIHMR University's Mentor

13. Reporting Format (Week 10)

Name of the Organisation: Fortis Hospital, Manesar

Area/ Department/ Project of Summer Internship Program: Patient Care Service Dept.

Name of the Student: Anirban Bhattacharjee

Roll no: 1903, **Stream:** MBA in Hospital & Health Management

From: 14th JULY 2025 to 19th JULY 2025

Activity Done:

- Managed patient flow and crowd in the radiology department.
- Addressed and tried to resolve on-the-spot issues.
- Working on project data.
- Compiling the data for the project.

Linking theory (Classroom learning) with practice at your organisation:

- Effective communication skills.
- Understanding patient flow and service time (TAT).
- Conflict resolution and complaint handling.
- Knowledge of Health Information System.

Gaps identified on the working area:

- Insufficient staffs.
- Lack of coordination between employees and patients.
- Delays in maintaining records.
- Records are not maintained daily and its not up to dated.
- Poor queue management.

Suggestions for improvement:

- Proposing a fixed time scheduling for online appointments and walk-in appointments.
- Enough GDA and staff scheduling.
- Daily records maintaining.

Plan for the next week:

- End of internship.

Signature of the Student

Approved by the IIHMR University's Mentor