SUMMER INTERNSHIP PROGRAM

at

JAY PRABHA MEDANTA HOSPITAL,

PATNA

From 12/05/2025 to 26/07/2025

A REPORT BY

ADITYA MEHROTRA

Master of Business Administration

MBA HOSPITAL AND HEALTH MANAGEMENT 2024-26

Roll no. 1896

Under the Mentorship of

DR. NEETU PUROHIT

Professor

IIHMR University, Jaipur

Annexure A

Completion Certification from the Organization

CERTIFICATE

This is to certify that Dr./Mr./ Ms. ADITYA MEHROTRA of 29th (batch) of JAY PRABHA MEDANTA HOSPITAL (Name of the department/institute) has worked with our organization for his/her summer internship from 12-May-25 to 26-July-25 (date). The overall performance shown by him/her during the period was excellent/good/average. This certificate is being issued to meet the requirements of the IIHMR University.

Date: 26th July 2025

(Signature of organization Mentor)

Name: Ashis Kumar Praharaj

Designation: Manager operations

Seal/Stamp of the Organization

Jayprabha Medanta Super Speciality Hospital
Kankarbagh Main Road Kankarbagh Colony
Patna-800020 (Bihar)

Jay Prabha Medanta Super Specialty Hospital
Medanta - Gurugram
Kankarbagh Main Road, Kankarbagh Colony, Patna, Bihar 0612 350 5050
Sector - 38, Gurugram, Haryana, India 0124 4141 414
Regd. Office: Global Health Patliputra Private Limited, E-18, Defence Colony, New Delhi, India Tel: 011 4411 4411
info@medanta.org www.medanta.org Corporate Identity Number - L85110DL2004PLC128319
Gurugram | Delhi | Lucknow | Patna | Indore | Ranchi | Noida*

IIHMR UNIVERSITY

IIHMR University Faculty Mentor Approval

This is to certify that **Mr. Aditya Mehrotra** of academic year 2024-26, **Institute of Health Management Research** has prepared a poster with respect to her summer internship held during May-July 2025.

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

Date: 29/07/2025

Dr. Neetu Purohit

Professor

IIHMR University, Jaipur

Analyzing and Optimizing Turnaround Time (TAT) in Patient Discharge Process

University Mentor- Dr. Neetu Purohit

By- Aditya Mehrotra (MBA HM 29) Roll no. 1896

Organization Mentor- Ashis Kumar Praharaj

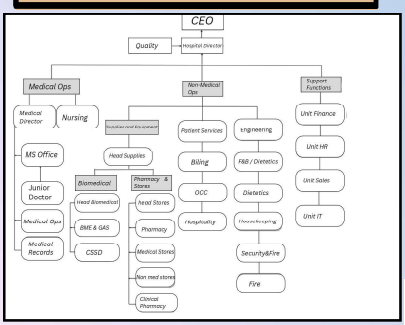
ABOUT THE ORGANIZATION

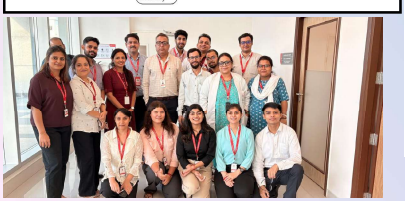
Jay Prabha Medanta Super Specialty Hospital in Patna offers world-class, affordable healthcare with 29 super specialties. Covering 1 million sq. ft., it is equipped with more than 500 beds, over 300 experienced doctors, and 1600+ trained staff. The hospital has significantly transformed healthcare access across Bihar and nearby regions.

MISSION AND VISION

The mission is to deliver world-class health care services by creating an institute of excellence through integrated medical care, teaching, and research. We aspire to create an ethical and safe environment to treat all with respect and dignity. The institute is governed under the guiding principles of providing affordable medical services to patients with care, compassion, and commitment.

ORGANOGRAM





NEED FOR STUDY

Identify the root cause of the delay after clearance so that the necessary interventions can be carried out to optimize delays.

OBJECTIVE

To measure the average discharge turnaround time (TAT) after clearance, identify the key factors causing delays, and implement interventions to improve discharge efficiency.

METHODOLOGY

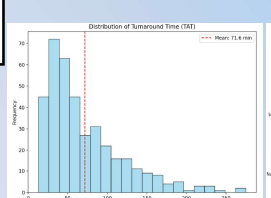
Study Type: Observational and descriptive.
Data collection: 384 samples of discharge.
Duration of data collection: 20 May 2025 to 15 July 2025.
Data analysis: Used MS Excel tools to calculate.

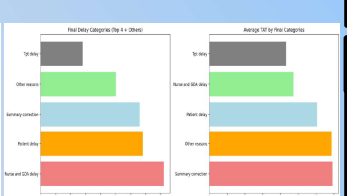
Process Flow

Clearance received at the front desk. → GDA process initiation and dress being changed. → Discharge summary handover and cannula removal by nurse. → Transport booking and patient wheel out.

FINDINGS

- Average TAT: 71.6 minutes (1 hr 11 mins). In 384 sample data taken between May and July out of which 147 cases are delayed more than 1 hour.
- Main reason for delay: nurse and GDA delay (41 cases with 94.5 mins avg TAT).
- The main billing category is cash at 78.4%.
- Summary correction had taken the most waiting time (avg. TAT 138.5 min.)
- A 28.3% reduction is recorded in the 3-month performance trend from May (86.1 min.) to June (66.1 min.) to July (61.8 min.).





- Advanced infrastructure and technology.
- Comprehensive specialty care and expertise.
- Strong government support and community mission.

- New infrastructure is still trying to attain excellence.
- Staff education, especially in nursing, needs to be more elaborate.
- Still facing an affordability gap for middle-class patients.

- Expansion of services and capacity building.
- Community engagement and preventive care.
- Leveraging government health initiatives.

- Reputation and operational risk.
- Economic and demographic constraints.
- Regulatory and concession risk.

THEORY	PRACTICAL
• Discharge happens in a fixed step-by-step process and in a simple sequence. • Read in the OB module about human and employee behavior, coordination, and theories. • Read in various modules about how timeliness can meet the SOP easily.	• It includes efforts of various departments; every case is unique with the patient as well as system-driven variations. • The behavior pattern includes various complexities within a person, and it's difficult to predict one's action. Also, coordination requires a deep understanding and efforts within staff. • In reality, even SOPs are not enough; delays can happen due to various other factors.

MAJOR LEARNINGS

Importance of interdepartmental coordination during the discharge process by each staff member.

Studying and tracking the data can help us find the root cause of delay, which can help to generate actionable insights to make operational improvements.

Daily monitoring and process mapping help to make long-term improvements

SUGGESTIONS FOR IMPROVEMENT

- Requires collaborative efforts of staff and management personnel to make sure things will escalate quickly after the clearance slip is received.
- Advance planning for patient transport by GDA/nurse to prevent delay.
- We can assign one nurse per shift just to focus on discharge-related tasks; no extra hiring, just providing role clarity during peak hours of received clearance.
- If the main doctor of the patient is busy on other tasks, we can find any alternative arrangements to ensure the timeliness.

CHALLENGES FACED

- Absence of a designated nurse sometimes to perform further settings after clearance is received.
- Lack of coordination between the nurse and team leader to book transport when the patient is ready.
- Delay in summary corrections due to the doctor's busy schedule.
- An attendant being busy purchasing medicines or not being present in the ward after post-clearance leads to waiting time.
- Report medications and procedures being left even after clearance is received, leading to delay.

Week 1 Report

Name of the Organisation: Jay Prabha Medanta Hospital, Patna.

Area/ Department/ Project of Summer Internship Program: Medical Administration and operations Trainee.

Name of the Student: Aditya Mehrotra.

Roll no:1896. **Stream:** MBA Hospital and Health Management.

Week no:1 From 12-05-2025 to 17-05-2025.

Activity Done	• Participated in an induction program got briefed with various clinical and non-clinical departments by respected department's expertise. • Reported to the the IPD floor ops Manager from 3rd day and involved in patient interaction activities. • Conducted daily rounds interacted with the patients and attendents in IPD 6th floor ensured their basic comfort. • Collected structured feedback using feedback forms at the time of patient IPD discharge. • Escalated problems and issues related to any patient discomfort to the respected authority.
Linking theory (Classroom learning) with practice at your organisation	• Observed various practical aspects of patient centric care and service excellence with NABH compliance. • Learned department coordination, roles and responsibility and effective communication through the Induction program. • Learned how feedback mechanisms helps in quality improvement, discussed in Essentials of Hospital Services module.
Gaps identified on the working area.	• Delay in response from the utility services and nursing services after the call bell escalation by patients. • Some patients were reluctant or in fear of providing the honest feedbacks in front of staff.
Suggestions for improvement	• **Implementation of Anonymous feedback mechanisms.** • **Monitoring TAT time response and comparing it with the standred time and conduction of audits.** • Use tablet based feedback tools to collect the reponses. • Reward prompt responses of service with monetary and non-monetary incentives and rewards.
Plan for the next week	• Exploration of other various clinical and non-clinical departments and know their operational fuctionalities. • Increase our wavelength of knowledge from theoretical to practical implications. • Learn more about the workflow of hospital and its inter

	departmental coordination.

Signature of the Student-

Approved by the IIHMR University's Mentor-

Week 2 Report

Name of the Organisation: Jay Prabha Medanta Hospital, Patna.

Area/ Department/ Project of Summer Internship Program: Medical Administration and Operations.

Name of the Student: Aditya Mehrotra.

Roll no: 1896.

Stream: MBA Hospital and Health Management.

Week no: 2 **From:** 19-05-2025 to 24-05-2025.

Activity Done	• Conducted daily rounds in my allotted floor and ensured patient's basic comfort in case of service related concerns. • Assigned a task of tracking the discharge process, clearance time and patient out time for further improvement for two weeks of sample collection. • Made observations in various clinical and support departments like radiology, cath-lab, dialysis room, blood centre etc. • Appointed in front desk to take care of patients and attendants regarding their respective concerns.
Linking theory	• Understanding the importance of interdepartmental coordination through hospital workflow and patient workflow management. • Collected knowledge form Medical Transcription personnel, Floor Manager and Team leader regarding the discharge process and time taken in each process in the Hospital and compared the knowledge according to the discharge practices aligned with NABH continuity of care standards.
Gaps identified on the working area.	• Lack of synchronization between the departments involved in the discharge process directly or indirectly. • Lack of proper planned discharge and its proceedings (less planned discharge cases approved, and sometimes they are also on hold).
Suggestions for improvement	• Establishment of a trained discharge champion or discharge coordinator within from the nursing team per floor for streamlined communication between all the departments and assist the discharges, reducing unwanted delays. • Creation of a real time dicharge tracking tool or app accessible to all departments involved to review discharges. • Initiate the discharge planning 24 hours in advance if possible to enable the pre-clearance and also reduce chances of hold delays.

	• Tag each of the cases as semi- planned or urgent to prioritize the workflow process.
Plan for the next week	• To review the support and utility services within the floor and identify the possible shortcomings. • To find the problems using my Discharge track analysis of time between the patient discharge clearance and the patient out delay, if present. (real time).

Signature of the Student

Approved by the IIHMR University's Mentor

Week 3 Report

Name of the Organisation: Jay Prabha Medanta Hospital, Patna.

Area/ Department/ Project of Summer Internship Program: Medical Administration and Operations.

Name of the Student: Aditya Mehrotra.

Roll no: 1896.

Stream: MBA Hospital and Health Management.

Week no: 3 **From:** 26-05-2025 to 31-05-2025.

Activity Done	• Conducted daily rounds in my alloted floor and ensure patient's basic comfort in case of service related concern. • Completed a task of tracking the discharge process, clearance time and patient out time for further improvement for two weeks. • Appointed in front desk to take care of patient and attendents regarding their respective concerns. • Collecting patent feedback using feedback forms.
Linking theory	• Understanding the importance of inter departmental coordination through hospital workflow and patient workflow management. • Collected knowledge form Medical Transcription personnels, Floor Manager and Team leader regarding the discharge process and time taken in each process in Hospital and compare the knowledge according to the discharge practices align with NABH continuity of care standreds.
Gaps identified on the working area.	• Delay in preparing discharge summary and final discharge corrections by doctor. • **Delays in GDA response for cleaning and Transportion of trolleys.** • **Transport staffs are not available on time.**
Suggestions for improvement	• We can assign a GDA supervisor or shift lead during peak times so to ensure quick turnaround. • **Cross-train GDAs or security for transport backup so to prevent the delays of patient out.** • We can leverage the EMR systems to auto-fill patient details and with standard instructions, reducing human manual errors. • Assign 2 transport services facilitator per floor for an immediate action rather than making a single department.

Plan for the next week	• To be instructed further by our Manager and HR.

Signature of the Student

Approved by the IIHMR University's Mentor

Week 4 Report

Name of the Organisation: Jay Prabha Medanta Hospital, Patna.

Area/ Department/ Project of Summer Internship Program: Medical Administration and Operations.

Name of the Student: Aditya Mehrotra.

Roll no: 1896.

Stream: MBA Hospital and Health Management.

Week no: 4 **From:** 02-06-2025 to 07-06-2025.

Activity Done	• Conducted daily rounds in my alloted floor and ensure patient's basic comfort in case of service related concern. • Completed a task of tracking the discharge process, clearance time and patient out time for further improvement for THREE weeks. • Appointed in front desk to take care of patient and attendents regarding their respective concerns. • Collecting patient feedback using feedback forms. • Managing and coordinating with other department managers and the floor staffs.
Linking theory	• Understanding the importance of inter- departmental coordination through hospital workflow and patient workflow management. • Collected knowledge form Medical Transcription personnels, Floor Manager and Team leader regarding the discharge process and time taken in each process in Hospital and compare the knowledge according to the discharge practices align with NABH continuity of care standreds. • Studying how IPD floor works through Internet surfing and manager guidance and identifying key tactics to regulate.
Gaps identified on the working area.	• Delay in internal transfers between IPD wards to other departments for investigations or treatment. (e.g. IPD ward to ICU, OT and diagnostics). • Sometimes discharge confirmations often being given late by doctors causing problematic delays espacially for TPA patients.
Suggestions for improvement	• Encourage the doctors to approve and initiate planned discharges during morning rounds with a goal of discharging by 12 PM so that no delay could happen further.

	• Inform the support teams in advance of planned procedures and book it it advance by Team Leader to reduce waiting time and trolley unavailability.
Plan for the next week	• To be instructed further by our Manager and HR and aim to learn different aspects in hospital. • Continue gathering data of the discharge clearance.

Signature of the Student

Approved by the IIHMR University's Mentor

Week 5 Report

Name of the Organisation: Jay Prabha Medanta Hospital, Patna.

Area/ Department/ Project of Summer Internship Program: Medical Administration and Operations.

Name of the Student: Aditya Mehrotra.

Roll no: 1896.

Stream: MBA Hospital and Health Management.

Week no: 5 **From:** 09-06-2025 to 14-06-2025.

Activity Done	• Conducted daily rounds in my alloted floor and ensure patient's basic comfort in case of service related concern. • Completed a task of tracking the discharge process, clearance time and patient out time for further improvement for THREE weeks. • Appointed in front desk to take care of patient and attendents regarding their respective concerns. • Collecting patient feedback using feedback forms. • Managing and coordinating with other department managers and the floor staffs.
Linking theory	• Understanding the importance of inter- departmental coordination through hospital workflow and patient workflow management. • Collected knowledge form Medical Transcription personnels, Floor Manager and Team leader regarding the discharge process and time taken in each process in Hospital and compare the knowledge according to the discharge practices align with NABH continuity of care standreds. • Studying how IPD floor works through Internet surfing and manager guidance and identifying key tactics to regulate.
Gaps identified on the working area.	• Delay or meal skip in food delivery system, espacially after any surgical or diagnostic procedure. • The call bell use information was not being addressed to the patient by nurse sometimes.
Suggestions for improvement	• Ensure that nurses explain the use of the call bell system during patient admission or initial assessment to make aware and prevent attendent rush in nursing station for issues. • Place simple picture based instructions near beds (in local language) to guide patients/attendants on how and when to use the bell. • The meal should be prepared immediately after the surgical procedures within a TAT time of 45 minutes

	after being ordered. • Designate a single dietary consultant per shift to coordinate special dietary instructions, NPO status updates, and post-procedure meal timing.
Plan for the next week	• To be instructed further by our Manager and HR and aim to learn different aspects in hospital. • Continue gathering data of the discharge clearance.

Signature of the Student

Approved by the IIHMR University's Mentor

Week 6 Report

Name of the Organisation: Jay Prabha Medanta Hospital, Patna.

Area/ Department/ Project of Summer Internship Program: Medical Administration and Operations.

Name of the Student: Aditya Mehrotra.

Roll no: 1896.

Stream: MBA Hospital and Health Management.

Week no: 6 **From:** 16-06-2025 to 21-06-2025.

Activity Done	• Conducted daily rounds in my alloted 6th floor and ensure patient's basic comfort in case of service related concern. • Completed a task of tracking the discharge process, clearance time and patient out time for further improvement for a month. • Appointed in front desk to take care of patient and attendents regarding their respective concerns. • Collecting patient feedback using feedback forms. • Managing and coordinating with other department managers and the floor staffs. • Assigned a task of enriching the google reviews and ratings of hospital target from 4.3 stars to 4.4 stars.
Linking theory	• Understanding the importance of inter- departmental coordination through hospital workflow and patient workflow management. • Collected knowledge form Medical Transcription personnels, Floor Manager and Team leader regarding the discharge process and time taken in each process in Hospital and compare the knowledge according to the discharge practices align with NABH continuity of care standreds. • Studying how IPD floor works through Internet surfing and manager guidance and identifying key tactics to regulate.
Gaps identified on the working area.	• Nursing shift Handover, communication between nurses are mostly verbal and improper, leading to missed care details such as patient treatment medications and care plan. • There is a sort of staffs both for nurses and GDA. In my floor of 62 beds the current nurse bed ratio is 1:7 and sometimes 1:8 due to government nurse examinations also only 5 GDAs 2 male and 3 female for 62 beds also makes the situation uncontrolled sometimes.

Suggestions for improvement	• We can choose SBAR (Situation, Background, Assessment, Recommendation) handover method to describe about the plan care needed by duty nurse to shift nurse in order to reduce confusion. • The nurses can prepare a detailed checklist of their respective beds with suggessions and plans in a paper and hand it over to other nurse during shift. • We can hire nursing interns from colleges to fulfil the temporary requirement of shortage. • I can use my discharge tracker sheet and daily ward unit report and calculate patient average to escalate a request for temporary or contract staff to HR during exam periods or like situations.
Plan for the next week	• To be instructed further by our Manager and HR and aim to learn different aspects in hospital. • Continue gathering data of the discharge clearance.

Signature of the Student

Approved by the IIHMR University's Mentor

Week 7 Report

Name of the Organisation: Jay Prabha Medanta Hospital, Patna.

Area/ Department/ Project of Summer Internship Program: Medical Administration and Operations.

Name of the Student: Aditya Mehrotra.

Roll no: 1896.

Stream: MBA Hospital and Health Management.

Week no: 7 **From:** 23-06-2025 to 28-06-2025.

Activity Done	• Conducted daily rounds in my alloted 6th floor and ensure patient's basic comfort in case of service related concern. • Completed a task of tracking the discharge process, clearance time and patient out time for further improvement for a month. • Appointed in front desk to take care of patient and attendents regarding their respective concerns. • Collecting patient feedback using feedback forms. • Managing and coordinating with other department managers and the floor staffs. • Worked with TL and done coordination between the floor and the other support services. • Completed a task of enriching the google reviews and ratings of hospital target from 4.3 stars to 4.4 stars.
Linking theory	• Understanding the importance of inter- departmental coordination through hospital workflow and patient workflow management. • Collected knowledge form Medical Transcription personnels, Floor Manager and Team leader regarding the discharge process and time taken in each process in Hospital and compare the knowledge according to the discharge practices align with NABH continuity of care standreds. • Studying how IPD floor works through Internet surfing and manager guidance and identifying key tactics to regulate.
Gaps identified on the working area.	• Delay by the Team Leader in booking patient appointments for support services in order to do further investigations, such as CBC tests, dialysis, and also in arranging patient transport. This delay is due to workload of TL in handling overall activities of floor bed. • Delay in sending the activity sheet from the 6th floor to the billing centre on the ground floor ,which makes the delay in overall discharge process resulting

	dissatisfaction.
Suggestions for improvement	• To prevent the appointment delay, we can take a note of procedures a patient should undergone that day and we can call the concerned support services department beforehand and ask them for availability and if possible then can make a timed reservations in department for patient, which can prevent at a time rush. • We can digitalize the activity sheet making or submission process through sending on whatsapp or using spandan,instead of taking it manually to prevent delay and time wastage.
Plan for the next week	• To be instructed further by our Manager and HR and aim to learn different aspects in hospital. • Continue working upon the discharge clearance and patient out time and try to improve the TAT time by myself.

Signature of the Student

Approved by the IIHMR University's Mentor

Week 8 Report

Name of the Organisation: Jay Prabha Medanta Hospital, Patna.

Area/ Department/ Project of Summer Internship Program: Medical Administration and Operations.

Name of the Student: Aditya Mehrotra.

Roll no: 1896.

Stream: MBA Hospital and Health Management.

Week no: 8 **From:** 30-06-2025 to 5-07-2025.

Activity Done	• Conducted daily rounds in my alloted 6th floor and ensure patient's basic comfort in case of service related concern. • Appointed in front desk to take care of patient and attendents regarding their respective concerns. • Collecting patient feedback using feedback forms. • Managing and coordinating with other department managers and the floor staffs. • Worked with TL and done coordination between the floor and the other support services. • Elaborating my efforts towards smoothening the discharge process by immediate escalation and actions after the clearance slip being made. • Visited the Food and Beverage department and analyse the process.
Linking theory	• Understanding the importance of inter- departmental coordination through hospital workflow and patient workflow management. • Collected knowledge form Medical Transcription personnels, Floor Manager and Team leader regarding the discharge process and time taken in each process in Hospital and compare the knowledge according to the discharge practices align with NABH continuity of care standreds. • Studying how IPD floor works through Internet surfing and manager guidance and identifying key tactics to regulate.
Gaps identified on the working area.	• Many of the patients and attendents feels frustrated and triggers axiety due to long waiting time with no status update for investigation procedures like OT, diagnosis or dialysis and discharges. • Sometime nurses seemed reluctant and ignore the doctor call for a doctor's visit on floor for follow ups.

Suggestions for improvement	• We can place a white board near patient bed, which consists of all the pending procdures, planned discharge date and medication timings so that there will be no confusion and details can easily be tracked. • Nursing supervisor should be present in foor during rounds to ensure that nurse should be present with doctor for reviewing and taking follow-ups.
Plan for the next week	• To be instructed further by our Manager and HR and aim to learn different aspects in hospital. • Continue working upon the discharge clearance and patient out time and try to improve the TAT time by myself.

Signature of the Student

Approval of University mentor

Week 9 Report

Name of the Organisation: Jay Prabha Medanta Hospital, Patna.

Area/ Department/ Project of Summer Internship Program: Medical Administration and Operations.

Name of the Student: Aditya Mehrotra.

Roll no: 1896.

Stream: MBA Hospital and Health Management.

Week no: 9 **From:** 07-07-2025 to 12-07-2025.

Activity Done	• Conducted daily rounds in my alloted 6th floor and ensure patient's basic comfort in case of service related concern. • Appointed in front desk to take care of patient and attendents regarding their respective concerns. • Collecting patient feedback using feedback forms. • Managing and coordinating with other department managers and the floor staffs. • Worked with TL and done coordination between the floor and the other support services. • Elaborating my efforts towards smoothening the discharge process by immediate escalation and actions after the clearance slip being made. • Visited the Food and Beverage department and analyse the process.
Linking theory	• Understanding the importance of inter- departmental coordination through hospital workflow and patient workflow management. • Collected knowledge form Medical Transcription personnels, Floor Manager and Team leader regarding the discharge process and time taken in each process in Hospital and compare the knowledge according to the discharge practices align with NABH continuity of care standreds. • Studying how IPD floor works through Internet surfing and manager guidance and identifying key tactics to regulate.
Gaps identified on the working area.	• Late discharge advice and medication return indended by medication staff, which restricts the overall discharge process timely process leading to delay. • Unable to meet the goal of early morning discharges before 12 pm.

Suggestions for improvement	• We can build a beforehand discharge summary for those patients whose discharges are planned and confirmed in the early morning. Their medication returns to be processed at night, and the activity sheet iso be processed on priority to meet the goal of early discharge. • We can make immediate rounds of tracking unplanned discharges and make immediate call to medication staffs to make a quick action on medication return and update a discharge advice of bed immediately on portal, so the activity sheet can be send to billing.
Plan for the next week	• To be instructed further by our Manager and HR and aim to learn different aspects in hospital. • Continue working upon the discharge clearance and patient out time and try to improve the TAT time by myself.

Signature of the Student

Approved by the IIHMR University's Mentor

Week 10 Report

Name of the Organisation: Jay Prabha Medanta Hospital, Patna.

Area/ Department/ Project of Summer Internship Program: Medical Administration and Operations.

Name of the Student: Aditya Mehrotra.

Roll no: 1896.

Stream: MBA Hospital and Health Management.

Week no: 10 **From:** 14-07-2025 to 19-07-2025.

Activity Done	• Conducted daily rounds in my alloted 6th floor and ensure patient's basic comfort in case of service related concern. • Appointed in front desk to take care of patient and attendents regarding their respective concerns. • Collecting patient feedback using feedback forms. • Managing and coordinating with other department managers and the floor staffs. • Worked with TL and done coordination between the floor and the other support services. • Elaborated my efforts towards smoothening the discharge process by immediate escalation and actions after the clearance slip being made. • Learned and performed a Patient file audit and enrich my skillset towards quality enrichment and enhancement.
Linking theory	• Understanding the importance of inter- departmental coordination through hospital workflow and patient workflow management. • Collected knowledge form Medical Transcription personnels, Floor Manager and Team leader regarding the discharge process and time taken in each process in Hospital and compare the knowledge according to the discharge practices align with NABH continuity of care standreds. • Studying how IPD floor works through Internet surfing and manager guidance and identifying key tactics to regulate.
Gaps identified on the working area.	• Lack of response from the side of billing department regarding wheather they received activity sheet or not and updates on patient billing settlement to the IPD staff and manager. • As our floor had neuro patients therefore sometimes its difficult to handle their aggressive behaviour by staff and sometimes the nearby patients also have to bear the continuous noises and scream.

Suggestions for improvement	• We can use digital means and mechansims of acknowledgement about the activity sheet received and bill settlement like through whatsapp group updates or HMS systems like spandan. • We can provide extra care to the critical neuro patients and council the nearby patients and attendents about the inconvenience caused and if possible we can shift these patients to the single room or nearby patients to the other vacant beds.
Plan for the next week	• We have an extension of 1 extra week so our target is to focus upon visiting more further departments, know their process and enrich my knowledge towards clinical and non-clincal operations.

Signature of the Student

Approved by the IIHMR University's Mentor

Compiled Report

Name of the Organisation: Jay Prabha Medanta Hospital, Patna.

Area/ Department/ Project of Summer Internship Program: Medical Administration and Operations/ IPD 6th floor/ **Analyzing and Optimizing Turnaround Time (TAT) in Patient Discharge Process.**

Name of the Student: Aditya Mehrotra.

Roll no: 1896.

Stream: MBA Hospital and Health Management.

Week- **1-11**

Activity Done	I was posted on the 6th floor of the hospital, which is a high-activity, multi-specialty inpatient unit comprising a total of 68 beds—including 62 regular inpatient beds and 6 daycare beds. This floor also includes a dedicated neuro unit with 15 beds, specifically allotted for neurological patients requiring specialized monitoring and care.The unit is managed through a centralized nursing station, which serves as the operational hub for patient coordination, communication, and documentation. The staff structure is composed of the following: • 8–9 Nurses rotating in shifts to provide round-the-clock patient care. • 2 Medication Staff responsible for medication administration and double-checking prescriptions • 2 Nurse Incharges overseeing clinical compliance and resource planning. • 2 Team Leaders handling workflow management and shift allocations. • 1 Floor Manager coordinating overall floor functions and managing interdepartmental communications. • 5 GDA Staff (General Duty Assistants) assisting in patient transport, hygiene, and support services. • 2 Dieticians for nutritional assessment and diet planning based on medical conditions. • 1 Physiotherapist catering to mobility and rehabilitation needs, especially in neuro cases. • 3 Duty Doctors on rotation to ensure medical coverage at all times. • 2 Medical Transcriptionists responsible for accurate documentation and processing of medical records.

Day-to-Day Operations:

The daily functioning of the 6th floor involves several coordinated activities that ensure high-quality patient care and timely service delivery:

- **Daily Inspection rounds:**
  Conducted daily morning rounds in my alloted 6th floor and ensure patient's basic comfort in case of service related concern faced by them.The most common feedback issue I have faced is delay in nursing, followed by complains about GDA and food taste. After rounds my work is to escalate the complains (both major and minor) to the concerned authorities and operations manager.
- **Review and collecting feedback:**
  Collecting patient feedback using feedback forms manually and try to access the key issue areas restricting satisfaction.The best ratings generated is about doctor's quality and the ratings we have to work more upon is nursing and discharge.
- **Interdepartmental coordination:**
  Managed and coordinatied with other department managers and the floor staffs.I ensured that the nessessary coordination required for discharge are collaborated and properly being communicated.
- **Ensure floor team coordination:**
  Coordinated with TL, assisted the floor operations, handled patient investigations instructed by doctors, also attend and escalate patient related concerns.
- **Monitoring and smoothening of discharge operations:**
  Elaborated my efforts towards smoothening the discharge process by immediate escalation and actions after the discharge being finalized.

- **Visited and mapped other departments:**
  I had an opportunity to visit various departments (both clinical and non-clinical) like Food and Beverages department, MRD, Marketing department, Dialysis,ICU,OT,HR,Supply chain department,emergency etc to see and gather information about their flow process.
- **Performed audit:**
  Gathered a basic experience of doing a clinical audit of patient file.It gives me an idea of how to read a file and what are their nessessary SOPs.
- **Addressed Patient Concerns:**
  During internship I had listened and addressed patient or attendents concerns and problems related to services in ther front desk of nursing station.

	• **Side Project work:** During my internship, I had the opportunity to work upon a project titled, **Analyzing and Optimizing Turnaround Time (TAT) in Patient Discharge Process**. I had collected a witnessed sample data of 384, between 20 may 2025 to 15 july 2025 where I calculated an average TAT, find out the reason of delay (if any) and concentrated my focus upon improvement of TAT. Key Insights: Average TAT: 71.6 minutes Median TAT: 58.0 minutes Total discharges: 384 Date range: 2025-05-20 to 2025-07-15 Main billing category: CASH (78.4%) The analysis shows 384 discharge records over 2 months with an average turnaround time of 71.6 minutes. CASH patients make up nearly 80% of discharges, and there's variation in both daily volume and TAT performance. Delay Analysis Summary: 147 out of 384 cases (38.3%) have documented delay reasons Most common delay: NURSING AND GDA DELAY Highest TAT delays: Summary corrections and patient-related issues (180+ minutes average) The delay analysis is now complete with the top 4 categories prioritized: **Nurse and GDA delay** - 41 cases (94.5 min avg TAT) **Patient delay** - 34 cases (121.1 min avg TAT) **Summary correction** - 33 cases (138.5 min avg TAT) **Transport delay** - 14 cases (86.2 min avg TAT) **Other reasons** - 25 cases (137.3 min avg TAT) These top 4 categories represent 90.5% of all delay cases. Mean TAT Summary: Overall Mean TAT: 71.6 minutes Target TAT: 60 minutes Performance gap: 11.6 minutes over target Highest delay category: Summary correction (138.5 min) The visualization shows mean TAT across different dimensions. Key findings: Overall mean TAT is 71.6 minutes, exceeding the 60-minute target by 11.6 minutes "Summary correction" delays have the highest mean TAT at 138.5 minutes CASH patients have slightly higher mean TAT than CGHS patients TAT distribution shows most cases cluster around 30-90 minutes.

	3-Month TAT Performance Summary: May 2025: 86.1 minutes (127 cases) June 2025: 66.3 minutes (152 cases) July 2025: 61.8 minutes (105 cases) Total improvement: 24.3 minutes (28.3% reduction) The analysis shows significant improvement over the 3-month period - TAT decreased from 86.1 minutes in May to 61.8 minutes in July, representing a 28.3% reduction. July performance is very close to the 60-minute target, missing by only 1.8 minutes.
Linking theory	During my posting, I gained valuable insights into the internal functioning of hospital systems, particularly focusing on inter-departmental coordination, patient workflow, and discharge processes. These learnings were acquired through direct observation, staff interactions, module-based study, and guided exploration under the supervision of the floor manager and team leaders. **1. Understanding Inter-Departmental Coordination** One of the core areas of learning was the importance of seamless coordination between departments—nursing, pharmacy, billing, physiotherapy, diagnostics, housekeeping, and dietetics—for maintaining smooth patient flow. Every department plays a critical role in completing tasks timely and ensuring patient satisfaction. Any delay in coordination can lead to bottlenecks in care delivery, especially during admissions, transfers, or discharges. **2. Studying Discharge Workflow and NABH Standards** I collected in-depth information from the floor manager, team leaders, and nurses regarding the step-by-step discharge process, including file review, billing clearance, medication return, discharge summary preparation, and patient education. I then compared these observations with the NABH standards under 'Continuity of Care', which emphasize planned discharge, patient involvement, complete documentation, and timely communication. The goal is to ensure that the patient’s

	transition out of the hospital is smooth, safe, and well-documented. **3. Learning IPD Operations through Research and Mentorship** To strengthen my conceptual understanding, I conducted independent research on how Inpatient Departments (IPD) operate in standard hospital settings. In parallel, I received practical guidance from my manager, who helped me connect theory with practice by highlighting how bed management, shift planning, discharge prioritization, and patient tracking are handled on the floor. I also identified key tactics like structured handovers, patient flow monitoring tools, and checklist usage that help regulate day-to-day operations efficiently. **4. Application of Academic Modules** Using the knowledge gained from our academic module, "Essentials of Hospital Services," I viewed the hospital as an interconnected system where every unit must function synchronously to ensure quality care. This systems approach helped me better understand how clinical, administrative, and support services are interdependent and must align to achieve patient-centric goals. **5. Observational Learning from Staff Actions** I closely observed how staff handled real-time problems, such as discharge delays, missing files, or miscommunication. The response strategies—ranging from prompt escalation, coordinated teamwork, timely documentation, and patient counseling—taught me the value of proactive problem-solving and professionalism under pressure.
Gaps identified on the working area.	• **GDA service delays:** In our floor only 5 GDA staffs are available in 62 beds, in discharge hours its difficult to manage the timely tasks like shifting, patient cleaning or addressing patient washroom needs or supporting nursing staff. The delay is also observed in collection and sending of activity sheet and medicine return by GDA staff.

	• **Nursing delays in patient care:** Its been observed nurses sometime failed to attend patients even after pressing call bell on time due to their multitasking or understaffing 1:7 ratio.This leads to delays in providing medication, routine checks, and adequate patient support. • **Inadequate patient and staff education:** Patients are not adequately informed about their ongoing procedures, using call bell, medications and discharge instructions. This leads to dissatisfaction, confusion and frustration. Also there is a lack of staff education, behaviour analysis and training of how to communicate with patients. Some nurses are also being traced by us for unprofessionalism. • **Unplanned discharges and lack of confirmation:** The planned discharges confirmations are very less and not being communicated between the teams. This results in late starting in process. • **Delays in sending activity sheets and medication returns:** Nurses often submit and return unused medications late.This results in delay discharge process. • **Poor interdepartmental staff coordination:** Lack of timely communication between doctors and nurses during rounds or between nurses in handovers, and support staff affects patient care. • **Improper OT scheduling and investigation delay:** Surgeries and diagnostic tests are sometimes face delays or even shifted to other day without providing exact reason to patient and attendent.This leads to extended hospital stays and patient dissatisfaction. • **Delay in timely Medication Administration:** Medications are not always given at the proper prescribed time due to multiple nursing interventions.This can impact heavinily on treatment effectiveness and patient safety. • **TPT Delays:** Its been tracked that Transport service takes above 15 minutes average to come in any floor. • **Delay in discharge corrections by doctors:** Doctors often take a lot time to finalize or correct discharge

	summaries, due to this even after clearance patient have to wait for several time.
Suggestions for improvement	**1. Weekly TAT Monitoring and Benchmarking** Establish a consistent process to track Turnaround Time (TAT) for key activities such as discharge, transfers, procedures, and medication administration on each floor. Weekly data should be reviewed in comparison with predefined benchmarks. Trends and deviations will be identified and escalated for intervention. A visual dashboard can aid this review, helping to identify underperforming units and promote accountability. **2. Implement SBAR Handover for Nursing Shifts** Adopt the **SBAR method** (Situation, Background, Assessment, Recommendation) as the standard format for nursing handovers. This structured communication technique ensures clear and concise transfer of critical information, reducing errors during shift changes. **3. Whiteboard at Bedside for Patient Tracking** Install whiteboards at each patient bedside, listing vital information like pending procedures, discharge plan dates, next medication times, dietary changes, and any special instructions. The nurse and support staff can use this to track tasks. **4. Early Preparation of Discharge Summaries** Create a system to pre-build discharge summaries at night for patients whose discharges are confirmed in the morning. Medication returns, billing clearance, and file closure can be processed during the night shift for priority discharges. **5. Real-Time Discharge Tracker** Develop or integrate a discharge tracking system**,** visible to nurses, doctors, billing staff, and administrative teams. It should include patient names, planned discharge time, pending tasks (e.g., file review, billing, summaries), and real-time updates. **6. 24-Hour Discharge Planning for Elective Cases** For planned surgeries or elective admissions, initiate a full 24-hour discharge planning protocol. Expected discharge dates should be communicated on admission, with patient education, file prep, and return medications aligned accordingly.

	7. Nursing File Review Every Shift Introduce a protocol where nurses review patient files at the end of each shift**, e**nsuring timely documentation, resolving queries, and flagging discharge readiness. **8. Soft-Skills Training for Staff** Implement quarterly soft-skills training for front-line nursing and support staff to improve patient communication, empathy, body language, and conflict resolution. **9. Checklist-Based Process for Discharge** Use standardized checklists for discharge that include medicine return, diet counseling, discharge education, billing check, and final file closure. Nurses and GDAs should follow this strictly. **10. Digitized Activity Sheet Dispatch** Scan and digitally upload activity sheets at the nursing stations, accessible to the billing, pharmacy, and admin teams. Avoids dependency on physical document movement and reduces delays. **11. Prioritization Protocols for GDAs and TPTs** Train GDAs and TPTs on how to prioritize critical tasks, especially during peak discharge times. Clear instructions should be displayed on their boards or mobile apps, if applicable. **12. Weekly Dashboard for Complaints** Introduce a weekly dashboard displaying unresolved patient/family complaints, categorized by type and resolution status. Display it in nursing stations and share it in review meetings. **13. Recognition and Rewards for Support Staff** Establish a monthly or quarterly reward system for top-performing GDAs, TPTs, and housekeeping staff. Recognitions may include certificates, shout-outs in meetings, or small gifts.
Key Learnings	• **IPD Management:** Understood and gained the hands on learning about the IPD workflow and managerial operations. • **Discharge Mapping:** Gained a sustainable knowledge about discharge process, delays and possible interventions. • **Communication Building:** Enriched my professional and semi-formal communication with staff and patients which includes non-verbal actions and

	Emotional Intelligence technique. Understand about the patient centric approach and how to preach a perfect communication while addressing concerns. • **Continuous collaborative team interventions:** Worked upon improving TAT performance through collaborative efforts, achieved the mark of 24.3 minutes (28.3% reduction). • **Patient file screening and audits:** Enriched basic understanding of patient file audits and file contents. Learned how o reasd progress sheet and traacking planned disharges. • **Basic understanding of Hospital functions:** Gained foundational knowledge about the basics of Hospital functionalities and its services. Understand that NABH and SOPs are not just documents but a practical approach and real life implications such as ensuring infection control and patient rights. • **Understanding about digital tools:** Gained knowledge about the spandan software, processed basic things like booking of Transport, tracking ward information report, tracking patient reports and investigations.

Signature of the Student:

Approved by the IIHMR University's Mentor: