Internship Report

Submitted to

IIHMR University, Jaipur

For the partial fulfillment for the award of the degree of

Master's in business administration (MBA)

In

Hospital and Health Management

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Introduction

MBA internships allow you to work for some of the world's most prestigious companies, acquire experience in a new industry, and put your MBA knowledge and talents to use. Every day you learn something new when you acquire an internship in a company or field that you're interested in. You learn so much more than academics, from meeting new people, learning new skills, and understanding operations to coping with the real-world pressures of corporate deadlines.

An internship helps to establish new long-term business contacts with people in your field of interest. During an internship, you have the chance to show off your abilities, skills, and dedication to a potential employer. Furthermore, many firms prefer to recruit talent that they have invested in, particularly if you participate in training classes during your internship. You get a real-life preview of what to expect in your desired role when you complete your course with an internship. If you don't think you're cut out for it, you have the option to modify your course and reassess your field of interest. If it feels correct, it will help you grow in the future.

Objectives of Internship

- To understand the organization culture and the process flow of various departments within the hospital.
- To become familiar with all the roles and responsibilities associated with the day-to day work of a health care administrator.
- Study on the dissertation and report as specified.
- To observe the work culture in the hospital.
- To familiarize with different departments, staffing and equipment used in the hospital.

Organizational Profile

Bhagwan Mahaveer Cancer Hospital and Research Centre, Jaipur (BMCHRC), a NABH and NABL accredited institution, was established in the year 1997 as a cancer speciality hospital offering cancer prevention, treatment, education and research centre. Started with just 50 beds at the initial stage, it grew into a super-speciality, 300-bedded hospital with leading-edge infrastructure housing several wards, laboratories, utility services and specialities after 25 years. Today, BMCHRC has its own Surgical Oncology, Medical Oncology, Radiation Oncology, Haematology Oncology, Anaesthesiology, Neuro Onco Surgery, Geriatric Oncology, Radiology, Plastic & Reconstructive Surgery, Nuclear Medicine, Pathology departments, and a huge Blood Bank.

From a 50 bedded facility to a 300 bedded super speciality hospital, BMCHRC has come a long way in patient care.

To facilitate more patients, a new IPD block is under construction.

The hospital aims to serve patients not only within Rajasthan but also from neighbouring states where top-notch cancer care facilities and treatments are not available. Besides this, BMCHRC under its objective of lending a hand to the underprivileged, not only treat patients under BPL category for free up to the extent of 25% but also offer subsidized cost of treatment for the patients belonging to the weaker strata. Hospital also recognized by more than 100 institutions including CGHS, ECHS, Railways, ESI, RGHS, Chiranjeevi Yojna & Ayushman Bharat Mahatma Gandhi Rajasthan Swasthya Bima Yojana.

Mission

To provide "Affordable Care with Human Touch" to all sections of the society irrespective of economic considerations.

Vision

To make Bhagwan Mahaveer Cancer Hospital and Research Centre (BMCHRC) a comprehensive world-class cancer treatment facility with cutting edge technology.

Values

1) Clinical Excellence
2) Ethical Practice
3) Patient centric approach
4) Teamwork
5) Integrity
6) Loyalty

Service Standards

- Professionalism
- Communication
- Priority Customer Service
- Respecting Privacy

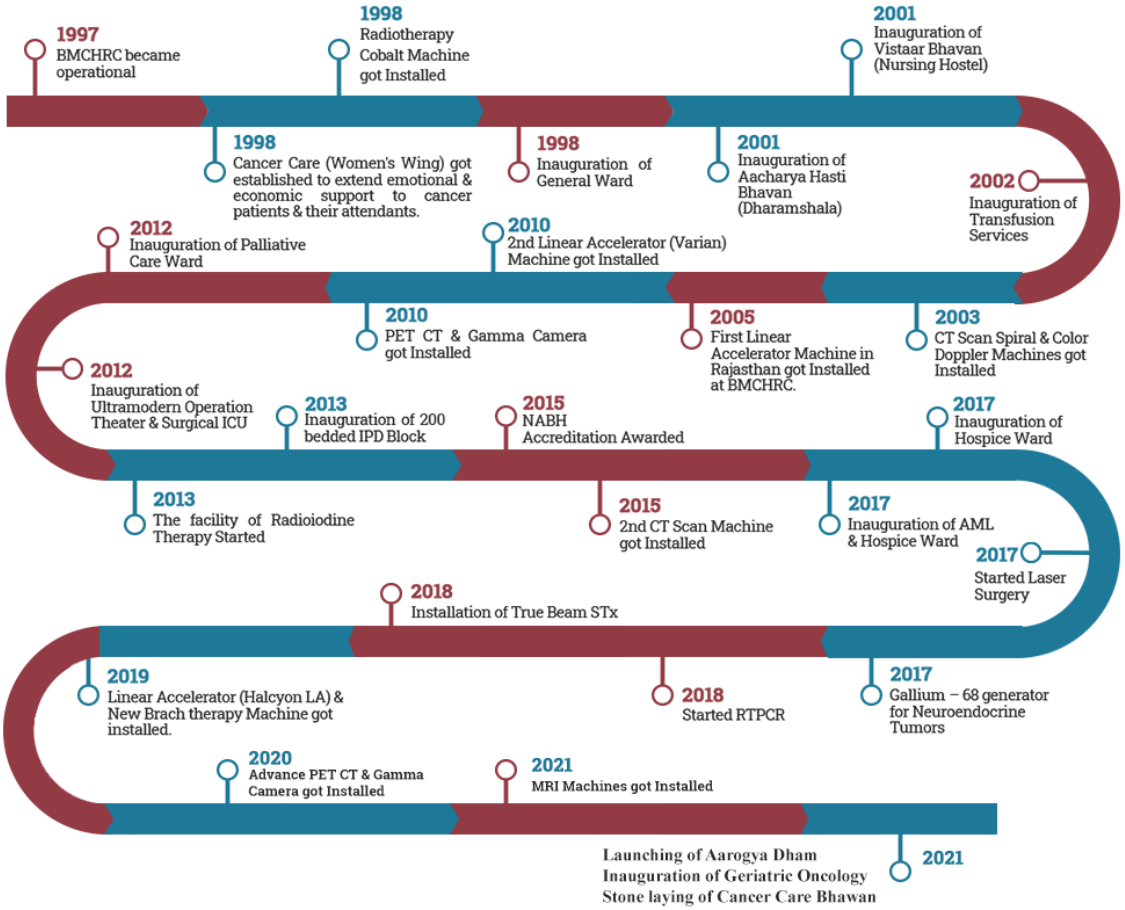

Fig 1. Milestones achieved by BMCHRC

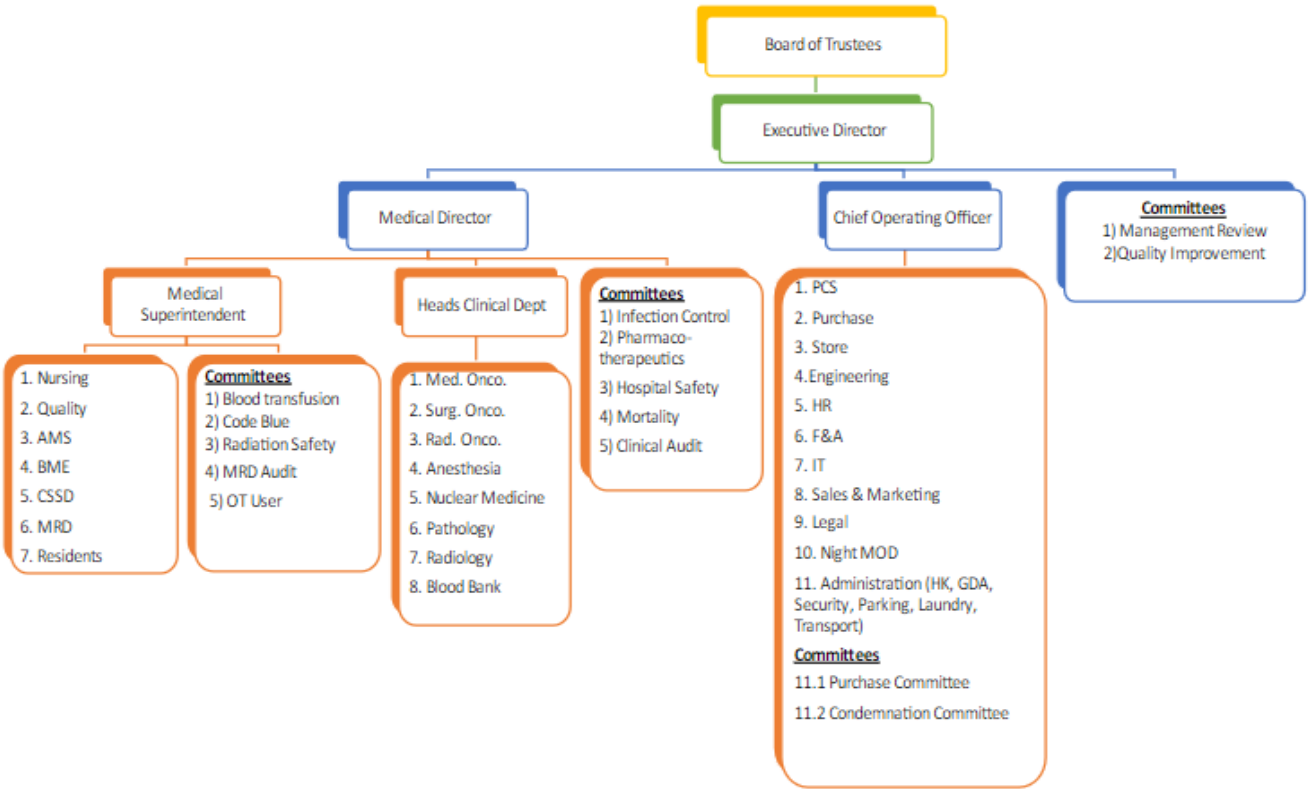

Fig 2. Organogram of BMCHRC

Services Provided by the Organization

Diagnostic Services

Diagnostic services using an array of technologies and pieces of machinery helps in identifying the specific areas of weakness of the individual. At BMCHRC, we have a wide range of diagnostic services, in different departments like Radio diagnosis, Pathology, and Nuclear Medical, catering to the special needs of the patients.

Radio Diagnosis Department

- ✓ 16 Slice CT Scan
- ✓ Digital Mammography
- ✓ Colour Doppler

- ✓ Digital X-Ray
- ✓ OPG

Pathology Department

- ✓ Haematology
- ✓ Biochemistry
- ✓ Histopathology including frozen section
- ✓ Clinical Pathology
- ✓ IHC (Immunohistochemistry)
- ✓ Cytology
- ✓ Serum Marker Studies
- ✓ Microbiology
- ✓ Flow Cytometry

Nuclear Medicine Department

- ✓ PET CT
- ✓ Gamma Camera
- ✓ Radio Iodine Therapy
- ✓ Samarium Therapy for bone Metastasis
- ✓ Gallium- 68 Generator for Neuroendocrine Tumours and Prostate Tumours

Treatment Facilities

Radiation Oncology Department

- ✓ Linear Accelerators(Technology of Rapid Arc, IGRT, IMRT and 3DCRT)
- ✓ PET-based planning
- ✓ Brachytherapy
- ✓ Intraoperative Radiotherapy

Medical Oncology Department

- ✓ Chemotherapy- As per International Protocols
- ✓ Targeted Therapy

- ✓ Immunotherapy
- ✓ Solid Tumour Chemotherapy
- ✓ Hemato Oncology Unit
- ✓ Day Care Ward (60 bedded for Chemotherapy patients)
- ✓ MICU
- ✓ AML Ward
- ✓ Neutropenia Ward

Surgical Oncology Department

- ✓ Integrated Modular Operation Theatres
- ✓ Laser Cancer Surgery
- ✓ Endoscopy Facility
- ✓ Micro Laryngeal Surgery
- ✓ Laser Surgery
- ✓ Operation Theatres
    - 1 Integrated OT
    - 3 Modular OTs
    - 2 Other OTs
    - 1 Endoscopy Theatre
- ✓ 14 Bedded Surgical ICU

Pain and Palliative Care Department

- ✓ Pain and symptom Management
- ✓ Symptom Control: Fatigue, Nausea, Wound Care, Loss of Appetite
- ✓ End of Life or Hospice Care
- ✓ Home based care
- ✓ Psycho Social Support
- ✓ Care Giver Support

Plastic and Reconstruction Department

- ✓ A Comprehensive Reconstruction including both functional and aesthetic aspect.
- ✓ Breast and Genital Reconstruction

- ✓ Management of Facial Nerve Palsy

Anaesthesiology- Fully Equipped Department

Bone and Soft Tissue Oncology and Limb Preservation Surgery

Neuro- Oncology

- ✓ Brain Cancer Surgery
- ✓ Spine Surgery

Intervention Radiology

- ✓ Guided Biopsy/FNAC
- ✓ Trans arterial Chemo Embolization
- ✓ Radio Frequency Ablation

Well Equipped Intensive Care

Includes Advance monitoring, ventilation, diathesis, and consultation by super specialists.

- ✓ Pharmacy
- ✓ Blood Bank
- ✓ Clinical Research Department

Key Activities/ Projects undertaken other than dissertation

Patient Care Services Department

1. A total of 18 days were spent working with the patient care services department.
2. A significant amount of time was spent studying the entire admission process of all kinds of patients including cash, empaneled, TPA and patients covered by various schemes such as MMCSBY, RGHS and BSBY.

3. A few days were spent within side the medical and surgical OPD learning about the process as well as various difficulties the patients and staff faced.
4. The feedback mechanism of patient satisfaction in both OPD and IPD was also observed and understood.

Medical Records Department

1. A minimum of three days were spent in the Medical Records Department.
2. An overview of the full procedure was given, from creating a new patient file to closing and storing the files in the MRD.
3. The process of open file and close file audit was explained.
4. A review of the various forms utilized at the hospital for diverse categories of patients was conducted.
5. The process of ICD coding was also explained.

BSBY Department

1. An entire day was spent in the Bhamashah Swasthya Bima Yojana department of the hospital.
2. The workflow and the steps involved in the admission and discharge of the patients were observed.
3. Errors and reasons for delays in the care of patients under the BSBY system were identified and reported.

Department of Medical Administration

1. A week was spent under the guidance of the Medical superintendent.
2. The discharge process was subjected to an audit.
3. The length of time it took for 10 different patients to be discharged was noted.
4. Observations were made on the various steps involved as well as the reasons for the delays.
5. A presentation of the findings and suggestions was given.
6. A Root Cause Analysis was prepared and presented to the Medical Superintendent.

Multiple Projects were undertaken during the two months spent in the Department of Quality Assurance:

1. Prescription Audit

a. Over the course of two days, 125 files were reviewed for the prescription audit.
b. Basic information such as the patient's name, the doctor's name, the doctor's signature, and the dates were verified on the prescriptions from both IPD and OPD.
c. In addition, it was checked for legibility and clarity as well as accurate description of the frequency, dose, and route of the medications.
d. After that, the evaluation was documented and submitted to the quality manager.

2. Quality Assurance Program:
    a. A quality standards compliance check of SICU, OT, MICU, Emergency and HDU was done.
    b. The inspection included verifying the working condition of all the machines and equipment of these departments.
    c. It was also verified whether the records as per the standards of the hospital are being correctly maintained or not.
3. Patient Safety Facility Inspection
    a. All departments, including the IPD, OPD, Engineering sub-station, Chiller plant, STP, and Fire safety department, were inspected as part of the facility inspection for patient safety.
    b. To further notify the designated personnel for the necessary changes and repairs, the necessary photographs were captured and documented in the MS Excel spreadsheet.
    c. Additional assessment was conducted to validate if the repairs had indeed been made or not, and the photographs were saved in the same file.
4. Audit of all the Forms, Registers, Files and Checklists within the hospital.
    a. A total of two weeks were spent auditing the records maintained in every department of the hospital in the form of Files and Registers.
    b. All the Checklists and Forms maintained were also collected.
    c. The Quality Manager was then given a copy of the hyperlinked M. S. Excel file including the inputs that had been gathered.
5. Discharge Card Audit
    a. An audit of files from both day care and the wards were done to verify the legitimacy of the discharge card or summary.

b. The findings such as discrepancy in the treatment plan and/or diagnosis were documented and reported.
c. The findings were reviewed by the Quality manager and appropriate measures were taken.

Considerable amount of time was spent in various other departments to gain a better understanding of the workflow:

- Human Resources
- Department of Radiation Therapy
- CSSD
- Pharmacy
- Palliative Department
- RGHS and OPD Billing department
- Radiation Therapy
- SICU/OT
- MICU/Emergency
- Blood Bank
- Engineering Sub-station
- Bio-medical Engineering department
- Fire Safety Department and Oxygen Supply department

Recommendations to the Hospital

1. The hospital should definitely go digital, as of right now. In the following ways, the process would be enhanced:
    a. A lot of paper is wasted in practically all medical departments since many tasks that may be completed on computers are still completed on paper, such as ID copies and feedback forms.
    b. A fully operational HMIS system would also lessen the need for medical records files, reducing the amount of time needed to move files between departments.
2. It was observed that many patients found it difficult to comprehend on how to benefit from the RGHS and BSBY. A staff member should be assigned for the same to assist them throughout the entire process from enrolling to discharge.
3. The employees at the BMCHRC needs more intensive training and there needs to be increased accountability because it has been witnessed on several occasions that they have misplaced patient files owing to a lack of understanding of the organizational structure, which further causes patient inconvenience.
4. The waiting time was one of the main areas that needed improvement. It was observed that essentially all procedures, including the first doctor visit, getting test results, and discharge procedures, took longer than they should have. Use of the EPBAX's online appointment service should be widespread. For patients who need follow-up or ongoing care, teleconsultation should also be an option.
5. 5. The necessity for electronic prescribing was noted during the prescription audit since the drug ambiguity in many prescriptions might potentially lead to a lot of medication and prescribing errors.
6. There were certain recommendations made during the discharge audit as well:
    a. Thorough briefing of ward lady and ward boys on their work task needs to be taken to reduce job task ambiguity. There is need to increase accountability among them, so that they take responsibility rather than just following instructions.
    b. Certain operators require appropriate training on their work as mistakes on the discharge card can cause a liability.

c. There can be a designated counter only for discharge medicines at pharmacy to fast-track discharge process.
d. Due to lack of operators the files are sent to other floors that causes.
e. Burden on operators and hence delay in the work.
f. The files to be lying around unattended on other floors.
g. Discharge process could be overlooked by designated staff to FastTrack the process as the nursing staff was seen to have multiple clinical tasks. (PREs)
h. The patients and attendants should be briefed about all the steps related to discharge before initiating the process and should be counselled on the consequences of delaying their discharge process.