SUMMER INTERNSHIP PROGRAM

at

Fortis Escorts, Jaipur

From 1st May 2023 to 30th June 2023

A REPORT BY

Vishnu Saini

Master of Business Administration

Hospital and healthcare management

2022-24

under the Mentorship of

Dr. Anupam Mehrotra

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6th July, 2023

TO WHOMSOEVER IT MAY CONCERN

This is to certify that Mr. Vishnu Saini worked as a Trainee with us in the Dept. of Medical Admin from 1st May, 2023 to 30th June, 2023.

His performance during the period in the department was good. He comes across as a willing, sincere and intelligent person who has a strong drive and zeal for learning.
We wish him the best for all his future endeavors.

Authorized Signatory

Fortis Escorts Limited JAIPUR

IIHMR UNIVERSITY

IIHMR University Faculty Mentor Approval

This is to certify that **Mr. Vishnu Saini** of academic year 2022-24 of IIHMR University Jaipur, has prepared a poster with respect to his summer internship held during May-June 2023.

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

(Signature of Faculty Mentor)
Dr. Anupam Mehrotra
Assistant Professor
IIHMR University Jaipur

Date: 25 September 2024

Reporting Format

(Weekly)

Name of the Organisation: Fortis Hospital, Jaipur

Area/ Department/ Project of Summer Internship Program: Department of Quality

Name of the Student: Vishnu Saini

Roll no:1654 **Stream:** Hospital and Healthcare management

Week no: 1(1st May-23 to 4th May-23) **From:** 1st May 2023…to…30th June….

Activity Done	- Orientation about the department and hospital - Observed the admission process of a patient to the hospital - Medicine dispensing TAT (turnaround time) - Monitored a mock drill for CODE PINK - Prepared a report for the same. - Did work related to NABH survey in the hospital
Linking theory (Classroom learning) with practice at your organisation	- As studied in the class about the NABH survey, there were many things that were that I was able to execute there - The infection control measures that should be taken in the hospital were also told to us and we were also taking those measures while visiting the departments.
Gaps identified on the working area.	- The red lines that should be present very promptly was distorted at some places making it difficult to maintain the infection control protocols there. - During the drill the announcement was made only twice which ideally should be made at least three times. - Also, the EPBXA team was called twice to make the announcement.
Suggestions for improvement	- There is room for improvement in infection control measures that should be taken. - Staff training programmes to train the staff for difficult situation like the one for which the mock drill was organised (CODE PINK)
Plan for the next week	- Inspection of all the NABH corners and make changes to ensure that they are up to date. - Updating the unit binders of the departments.

Signature of the Student

Approved by the IIHMR University's Mentor

Reporting Format

(Weekly)

Name of the Organisation: Fortis Hospital, Jaipur

Area/ Department/ Project of Summer Internship Program: Department of Quality

Name of the Student: Vishnu Saini

Roll no:1654 **Stream:** Hospital and Healthcare management

Week no: 2 **From:** 1st MAY 2023…to…30th JUNE 2023……

Activity Done	- Learnt about live audit and performed live audit - Gave training sessions on safety codes. - Prepared report of the live audit - Learnt about NABH indicators in hospital - Understood the discharge process - Took discharge TAT
Linking theory (Classroom learning) with practice at your organisation	- As we have studied in the class that learning is a continuous process for all the healthcare workers. I observed and participated in the training sessions on different topic. - The nurse in charge was making sure that the staff that is working under her is also through with the theory. She randomly asked them things which they should know by heart. - This weak I observed that training and development in any institution is an integral part of their working.
Gaps identified on the working area.	- There is no ramp in the hospital. So for everything either people use stairs or elevators that is very time consuming. - If there had been a ramp connecting different floors with one another at least it could have been used for transporting heavy equipment and devices that cannot be carried away.
Suggestions for improvement	- Can increase the number of signage that are easy to interpret. - It is a bit confusing when you are in the OPD section to determine where you are and how can you reach your desired place.
Plan for the next week	- As NABH survey is scheduled in the upcoming week our mentor has asked to double check everything which we have done till date. (ex- Unit binders, NABH corner etc.) and do random audits in the departments.

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Name of the Organisation: Fortis Hospital, Jaipur

Area/ Department/ Project of Summer Internship Program: Department of Quality

Name of the Student: Vishnu Saini

Roll no:1654 **Stream:** Hospital and Healthcare management

Week no: 3 **From:** 1st MAY 2023…to…30th JUNE 2023…….

Activity Done	- Did live audits - Did open file audits - Did closed file audits - Gave training sessions on safety codes used in the hospital to the staff. - Completed different tasks assigned by my mentor in the institution for NABH audit
Linking theory (Classroom learning) with practice at your organisation	- This week NABH audit took place in my organisation and as we have studied, they investigate and check compliance of everything that is related to improving the quality of the hospital. - NABH audit took place in each department of the hospital.
Gaps identified on the working area.	- Every human resource is important in the hospital especially doctors, but it is difficult to deal with some of them. - While doing the file audit I observed that the doctors forget to mention things like time, name, signature which are important for the purpose of documentation and for better assessment in some cases.
Suggestions for improvement	- Training sessions for doctors regarding the importance of filling the patients record completely.
Plan for the next week	- Work on my project. - Learn more about open file audit.

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Reporting Format

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Name of the Student: Vishnu Saini

Roll no:1654 **Stream:** Hospital and Healthcare management

Week no: 4 **From:** 1st MAY 2023…to…30th JUNE 2023…….

Activity Done	- Did open file audits - Did closed file audits - Worked on my project and collected data for the same. - Learnt about non-compliance that comes in NABH audit.
Linking theory (Classroom learning) with practice at your organisation	- In the class we were taught about OPD department works and to minimize the consultation time we even did consultation TAT to find out the issues that are responsible for longer consultation time and ways that it can be reduced.
Gaps identified on the working area.	- Absence of EHR (electronic health record). With the changing world technology is becoming handier but still in my organisation EHR is not used. - Patient feedback system is weak. It should be given more importance and from their feedback services can be made more efficient and effective.
Suggestions for improvement	- EHR should be implemented in the hospital. It can make easy access to the data for the concerned person. - Consultation timing can be maintained by asking more patients to book appointment online through app and come around their designated time
Plan for the next week	- Work on my project. - Help in clearing the non-compliance of NABH.

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Reporting Format

(Weekly)

Name of the Organisation: Fortis Hospital, Jaipur

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Name of the Student: Vishnu Saini

Roll no:1654 **Stream:** Hospital and Healthcare management

Week no: 5 **From**: 1st MAY 2023…to…30th JUNE 2023…….

Activity Done	• Collected primary data for my project. • Open file audit for CCU and SICU • Prepared questionnaire for different safety codes (**PINK**, **BLUE**) • Talked to patients to gain feedback for the services which they availed and prepared a report.
Linking theory (Classroom learning) with practice at your organisation	• Safety codes about which we have learnt in module of Essentials of hospital services • About data analysis about which we have learnt in biostatistics
Gaps identified on the working area.	• There are delays in the dispensing of medicine after the indentation of medication from department. [benchmark- 30 mins (discharge medicine),30 mins (new admission medication), 2 hrs. (routine medication)] • Incomplete and unorganized patient files. • The questionnaires contained some incorrect responses
Suggestions for improvement	• Provide additional training to pharmacy staff to ensure they understand the importance of timely medication dispensing and the impact on patient care. • Develop and enforce standardized documentation procedures to ensure consistency and completeness in patient files.
Plan for the next week	• Open file audit in different departments. • Collecting more primary data for the project. • objective and methodology for quality improvement project in the organization.

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Reporting Format

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Name of the Student: Vishnu Saini

Roll no:1654 **Stream:** Hospital and Healthcare management

Week no: 6 **From:** 1st MAY 2023…to…30th JUNE 2023…….

Activity Done	- Did closed file audits. - Took Discharge TAT. - Did crash cart audit. - Took training of the security staff for CODE PINK and prepared a report for the same. - Collected data for my project.
Linking theory (Classroom learning) with practice at your organisation	- The difference between patient's medicine trolley that is kept near patient's bed and crash cart that is generally kept near the nursing station which contains medicines that are needed in case of emergency that can be observed in the organisation very well. - Primary data collection which I am doing for my project.
Gaps identified on the working area.	- Some prescriptions are not written in capital letters whereas the policy suggests that it should be written in capital letters. - Use of unapproved abbreviations while filling patient records.
Suggestions for improvement	- Regular audits should be done, and report should be submitted and accordingly changes should be done for the above-mentioned issues. - Staff feedback should be taken to know about the issues in the working of the hospital.
Plan for the next week	- Learn about IPSG goals. - Work on quality improvement project on "Compliance of IPSG goals" - Crash cart audits**.**

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Reporting Format

(Weekly)

Name of the Organisation: Fortis Hospital, Jaipur

Area/ Department/ Project of Summer Internship Program: Department of Quality

Name of the Student: Vishnu Saini

Roll no:1654 **Stream:** Hospital and Healthcare management

Week no: 7 **From**: 1st MAY 2023…to…30th JUNE 2023…….

Activity Done	- Started working on the quality improvement project. - Did open file audits. - Did live audits in different wards. - Took trainings of staff for safety codes. - Prepared pre-test and post-test questionnaire on fire safety. - Learnt about CAP (community acquired pneumonia) patients and collected their data and prepared report on their case.
Linking theory (Classroom learning) with practice at your organisation	- While working with my co-interns in the quality improvement project I was able to learn more about team building and division of work by doing it practically. - While doing projects at my organisation I have learnt and collected primary data for the project about which we have already discussed in the classroom.
Gaps identified on the working area.	- Billing counters are chaotic at times, specially at government schemes billing counter. - Patients are clueless at times, and they don't know where to go; as there is no help desk there isn't a designated place where they can ask their questions.
Suggestions for improvement	- Help desk can be installed where staff are designated to help the patients and solve their queries regarding the services. - Human resources can be increased at billing counter as limited staff faces workload and burnout which affects their working capacity.
Plan for the next week	- Work on quality improvement project - Do live audits and open file audits. - Track CAP patients

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Reporting Format

(Weekly)

Name of the Organisation: Fortis Hospital, Jaipur

Area/ Department/ Project of Summer Internship Program: Department of Quality

Name of the Student: Vishnu Saini

Roll no:1654 **Stream:** Hospital and Healthcare management

Week no: 8 **From**: 1st MAY 2023…to…30th JUNE 2023…….

Activity Done	- Collected data for quality improvement project. - Did open file audits. - Did live audits in different wards. - Tracked CAP patients - Did close file audit - Prepared pre-test and post-test questionnaire on CODE YELLOW
Linking theory (Classroom learning) with practice at your organisation	- IPSG goals - Data analysis and representation of data in chart form. - Pharmaceutical management and the errors related to it.
Gaps identified on the working area.	- Consent forms that are in English are filled in Hindi and vice-versa - No defined checklist is followed for medicines that are to be kept on dressing trolleys. - Shoe covers are re-useable due to which sometimes they are mixed with clean shoe covers that can lead to increased risk of infections
Suggestions for improvement	- Introduction of disposable shoe covers to decrease chances of infection and maintain hygiene. - Making sure that the consent form is filled properly by asking the patient beforehand the preferred language and instructing to fill the consent form properly. -
Plan for the next week	- Final submission of project report. - And completion of the quality improvement project. - Open file audit - Closed file audit.

Signature of the Student

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Reporting Format

(Weekly)

Name of the Organisation: Fortis Hospital, Jaipur

Area/ Department/ Project of Summer Internship Program: Department of Quality

Name of the Student: Vishnu Saini

Roll no:1654 **Stream:** Hospital and Healthcare management

Week no: 9 **From**: 1st MAY 2023…to…30th JUNE 2023…….

Activity Done	- Final submission of project report. - And completion of the quality improvement project. - Open file audit - Closed file audit. - Worked towards clearing non-compliance that came up when NABH audit took place in the organization.
Linking theory (Classroom learning) with practice at your organisation	- Report writing which we have read in communication. - Using the classroom knowledge of research methodology, prepared report of the project.
Gaps identified on the working area.	- Toilets for physically handicapped is not present at every floor of the hospital - Management of housekeeping staff is a major issue in the hospital.
Suggestions for improvement	- Making a designated toilet for physically handicapped people. - Orientation and proper training of the housekeeping staff
Plan for the next week	- As this was my last week, there are no plans for the upcoming week.

Signature of the Student

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Compiled Reporting Format

Name of the Organisation: Fortis Hospital, Jaipur

Area/ Department/ Project of Summer Internship Program: Department of Quality

Name of the Student: Vishnu Saini

Roll no:1654 **Stream:** Hospital and Healthcare management

Activity done	During my internship, I engaged in several key activities, with the highlight being the NABH survey. As a part of the quality department, I gained immense and informative experience. I learned about various types of audits, conducted mock drills, and participated in training sessions, both as a trainer and a trainee. **Types of Audits** 1. **Open File Audit**: o **Purpose**: To check the documentation of IPD patients currently undergoing treatment. o **Process**: The audit is conducted based on a checklist that varies from organization to organization. The checklist includes parameters such as patient identification details, treatment records, medication administration, and consent forms. Compliance with these parameters is verified to ensure proper documentation. 2. **Closed File Audit**: o **Purpose**: To review the files of discharged patients in the Medical Records Department (MRD). o **Process**: Files of patients are sent to the MRD 48 hours after discharge, allowing time for the completion of any remaining documentation. The MRD maintains these files for five years. Before destroying documents that are beyond this period, a notice is published in the newspaper. The audit involves checking the completeness and accuracy of the records and ensuring all necessary documentation is included. 3. **Live Audits**:

- **Purpose**: To ensure real-time compliance with documentation and procedures.
- **Process**: Random visits are made to various wards or departments to check the documentation and operations in those areas. Non-compliance issues are documented with photographs as evidence. A report is prepared for each live audit, highlighting the issues found and presenting them to the mentor for corrective action.

4. **Crash Cart Audit**:
   - **Purpose**: To verify the readiness of emergency medicines and equipment in the crash cart.
   - **Process**: The audit involves checking that all necessary medicines are present, not expired, and that the equipment is sterilized and properly packed. The expiry dates of both medicines and equipment are also verified to ensure they are ready for use in emergency situations.

5. **Mock Drills**:
   - **Purpose**: To prepare for disaster scenarios and improve coordination among different departments.
   - **Process**: Mock drills for various emergency codes were conducted, including Code Yellow, Code Blue, Code Red, Code Pink, and Code Orange. Each code corresponds to a specific type of emergency, and the drills simulate the response to these situations to identify potential errors and risks, and to enhance coordination.

Mock Drill Code Explanations

1. **Code Yellow**:
   - **Activation**: Triggered when there are more than 5 casualties reported from the same location.
   - **Response**: Additional space is designated for triage, and corridors in the department can be used to treat more patients. All relevant departments, both clinical and non-clinical, become alert and report to the triage area.

2. **Code Blue**:
   - **Activation**: Triggered when an individual medical emergency occurs, such as cardiac arrest.
   - **Response**: The patient is checked for responsiveness, and if unresponsive, the in-charge is notified who then reports to higher authorities. The code is announced, and concerned authorities

immediately respond to the location. CPR is initiated, and the crash cart is brought to the patient to provide necessary medications or equipment. The code is deactivated once the patient regains consciousness.

3. **Code Red**:
    - **Activation**: Triggered in the event of a fire disaster.
    - **Response**: The in-charge calls the concerned authorities and activates the code. Relevant personnel report to the location and take necessary actions to control the fire. The RACE protocol (Rescue, Alarm, Confine, Extinguish/Evacuate) and PASS technique (Pull the pin, Aim the nozzle, Squeeze the handle, sweep side to side) are followed. The code is deactivated after the fire is extinguished. In extreme cases, the fire brigade is called.

4. **Code Pink**:
    - **Activation**: Triggered when a child goes missing.
    - **Response**: The parent reports the missing child to the staff, who then communicate with authorities to activate the code. Relevant personnel respond to the location and begin searching for the child. Basic details and a description of the child are obtained from the parent. All hospital exits are closed except the emergency gate, and all cars and bags are checked. The code is deactivated once the child is found. If the child is not found within a defined time frame, the police are notified.

5. **Code Orange**:
    - **Activation**: Triggered when hazardous material spills in quantities greater than 30 ml.
    - **Response**: The cleaning team is called to clean the area. For spills less than 30 ml, the housekeeping staff of the affected department is responsible for cleaning. Each department is equipped with a hazmat kit for such incidents.

Training Activities

1. **Training Given**:
    - **Safety Codes Training**: Provided training to staff members on various safety codes, including their meanings, response protocols, and contact

	procedures during incidents. Trained staff on understanding announcements and performing their roles effectively during emergencies. o **Codes Trained**: Code Blue, Red, Yellow, Grey, Orange, Black, Purple, and Pink. o **Compliance Check**: Prepared and administered questionnaires before and after training sessions to assess the effectiveness of the training and compliance. 2. **Training Received**: o **Basic Life Support (BLS)**: Learned to recognize signs of sudden cardiac arrest, heart attack, stroke, and foreign body airway obstruction. Trained in performing CPR and using an automated external defibrillator (AED). o **Hazmed**: Learned the handling and cleaning procedures for hazardous material spills. Trained on using the hazmat kit and the appropriate response for spills of various sizes. **Process and TAT** **1. Consultation Process and TAT** **Description:** The consultation process involves patients seeking medical advice at the hospital's outpatient department (OPD), starting from registration to meeting the doctor. **Steps:** • Registration and UHID Allocation • Token Collection and Waiting • Consultation with Doctor **Benchmark TAT:** 35 minutes **2. Admission Process and TAT** **Description:** Patients admitted to the hospital through the OPD or emergency department undergo formalities and bed allocation. **Steps:** • Admission Desk Procedures • Documentation and ID Verification • Bed Allocation and Patient Counselling **Benchmark TAT:** 30 minutes **3. Initial Assessment Process and TAT** **Description:** Assessment procedures differ between Emergency Department (ED) and ward admissions for triage and initial medical evaluation. **Steps:** • **Emergency Department (ED):** o Triage Assessment

- Doctor Evaluation
- **Ward Admission:**
  - Comprehensive Assessment
  - Diagnostic Tests (if required)

Benchmark TAT: Varies by department and urgency

4. Discharge Process and TAT

Description: The discharge process ensures patients safely transition out of hospital care, including medical summary and financial settlement.

Steps:

- Medical Stability Assessment
- Discharge Instructions and Summary
- Departmental Clearances (Pharmacy, Blood Bank, Radiology)
- Billing and Payment Processing (TPA or Cash)

Benchmark TAT:

- Cash Patients: 90 minutes
- TPA Patients: 240 minutes

Discharge TAT is the difference between the beginning of the discharge process and its end that is physical movement of the patient from the bed.

(5).Medication dispensing process and TAT

- **Prescription Submission**: Physicians submit prescriptions detailing medication, dosage, and frequency.
- **Pharmacy Verification**: Pharmacists verify prescriptions for accuracy and safety.
- **Medication Preparation**: Pharmacy staff prepare and label medications.
- **Dispensing and Delivery**: Medications are dispensed promptly and delivered to patients or nursing stations.
- **Documentation and Patient Education**: Pharmacists document dispensation and educate patients on medication usage.

Turnaround Time (TAT) Benchmark: The process aims for completion within 1-2 hours from prescription submission, ensuring timely access to medications.

PROJECT

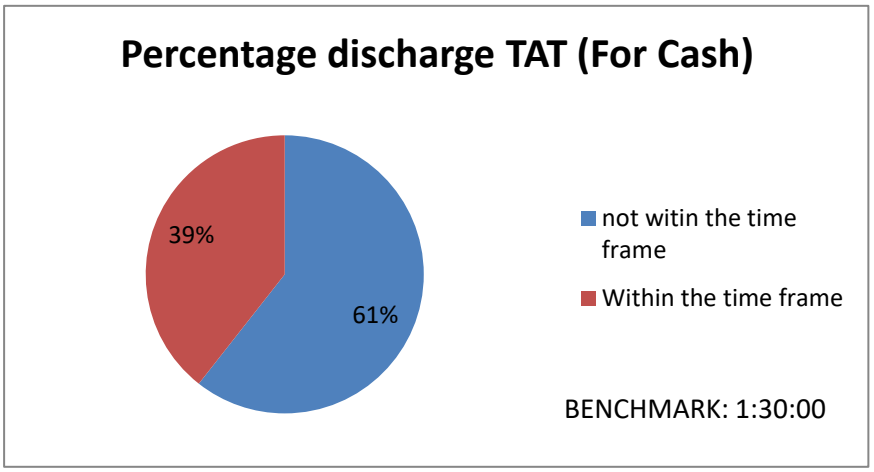
Topic- Discharge turnaround time (TAT)

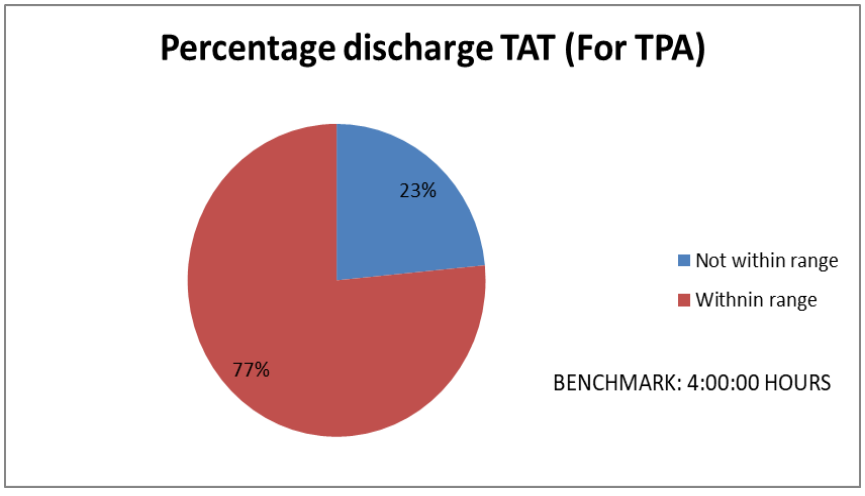
Aim - To analyse and optimize hospital discharge processes to reduce turnaround time, thereby enhancing patient flow, operational efficiency, and potentially increasing revenue through improved bed turnover and resource utilization.

Objective - To analyse discharge Turnaround Time to ensure that patients are discharged efficiently while maintaining high-quality care and aims to minimize the time patients spend in the hospital after they are medically ready to leave, thereby improving bed turnover and reducing costs.

Methodology

- Study Design-Descriptive Study as it aims to describe the current state of discharge TAT within the hospital
- Sample size -For cash patients:106 cases
  For TPA patients:109 cases
- Data Analysis - Cash Payment Mode: The average discharge TAT for cash payments was found to be 2:10:24 hours, with 61% of discharges experiencing delays beyond the standard TAT.
  TPA Payment Mode: The average discharge TAT for TPA payments was significantly higher at 3:29:40 hours, with 23% of discharges facing delays.





Linking theory with practice at your organisation	During my internship, I had the opportunity to apply the knowledge gained from my classroom studies, particularly regarding the NABH survey and various aspects of hospital operations. The integration of theoretical learning with practical experience significantly enhanced my understanding and skills. **(a).NABH Survey and Quality Audits:** As studied in the class about the NABH survey, I was able to execute many tasks during my internship. This included various audits such as open file audits, closed file audits, live audits, and crash cart audits. These activities directly correlated with the quality management principles we learned in class. **(b).Infection Control Measures:** The infection control measures taught in class were also implemented during my internship. We adhered to these measures while visiting different departments, ensuring a safe and hygienic environment. **(c). Continuous Learning and Training:** As we have studied in the class, learning is a continuous process for all healthcare workers. I observed and participated in multiple training sessions on different topics. The nurse in charge ensured that her staff was well-versed in theory by randomly quizzing them on essential knowledge, emphasizing the importance of ongoing education. **(d).Training and Development:** This week, I observed that training and development are integral to the functioning of any institution. My role included training staff on various safety codes, such as blue, red, yellow, grey, orange, black, purple, and pink. This reinforced the concepts learned in the Essentials of Hospital Services module. **(e).Operational Efficiency in OPD:** In class, we were taught about the operations of the Outpatient Department (OPD) and methods to minimize consultation time. During my internship, we conducted a consultation Turnaround Time (TAT) analysis to identify issues prolonging consultation times and to find ways to reduce them.

	(f).Safety Codes: The safety codes we learned in the Essentials of Hospital Services module were crucial during my internship. Training staff on these codes ensured that they were prepared to handle various emergencies effectively. **(g).Data Analysis:** From our Biostatistics class, I applied my knowledge of data analysis in practical settings. This included collecting primary data for projects and analysing it to improve hospital operations. **(h).Medication Management:** We studied the difference between a patient's medicine trolley and a crash cart in class. Observing this in the organization, the crash cart, usually kept near the nursing station, contains emergency medicines, whereas the patient's medicine trolley is kept near the patient's bed. **(i).Primary Data Collection:** As part of my project work, I conducted primary data collection, a skill discussed in our classroom sessions. This hands-on experience was invaluable for my learning. **(j).Team Building and Work Division:** Working with co-interns on quality improvement projects taught me about team building and the division of work. Practically applying these concepts helped me understand their importance in achieving project goals. **(h).International Patient Safety Goals (IPSG):** The IPSG goals we studied were a critical part of our work in ensuring patient safety and quality care during the internship. Overall, my internship experience was a seamless blend of classroom knowledge and practical application. The direct linkage between theoretical learning and real-world practice not only solidified my understanding but also prepared me for future challenges in the healthcare field.
Gaps identified	**(a).Inadequate Announcement Frequency During Drills**: During the drill, announcements were made only twice, whereas they should ideally be made at least three times. Additionally, the EPBXA team had to be called twice to make the announcements. **(b).Lack of Ramps:** • The hospital lacks ramps, resulting in reliance on stairs or elevators, which is time-consuming.

	• A ramp connecting different floors would facilitate the transportation of heavy equipment and devices that are difficult to carry. **(c).Absence of Electronic Health Records (EHR):** Despite advancements in technology, the hospital does not utilize EHR, which hinders efficient patient data management. (e)**Weak Patient Feedback System**: The current patient feedback system is inadequate. Enhancing this system could lead to more efficient and effective services based on patient input. (f). **Delays in Medication Dispensing**: • There are significant delays in dispensing medication after indenting from the department. (g**).Incomplete and Unorganized Patient Files:** Patient files are often incomplete and unorganized, which impacts the quality of care. (h).**Incorrect Responses in Questionnaires**: Some questionnaires contain incorrect responses, indicating a need for review and correction. (i).**Non-compliance with Prescription Policies:** • Prescriptions are not consistently written in capital letters, contrary to policy. • Use of unapproved abbreviations while filling patient records. (j). **Chaotic Billing Counters:** Billing counters, especially those for government schemes, are often chaotic, causing confusion among patients. (k**). Lack of Help Desk**: There is no help desk available, leaving patients clueless and without a designated place to ask questions. (l**).Improperly Filled Consent Forms**: Consent forms that are in English are sometimes filled in Hindi and vice versa, causing confusion and potential legal issues. (j**).No Checklist for Dressing Trolleys**: There is no defined checklist for medicines on dressing trolleys, leading to inconsistencies.

	(k). **Reusable Shoe Covers**: The reuse of shoe covers, which sometimes get mixed with clean ones, increases the risk of infections. (l)**Inaccessible Toilets for Physically Handicapped**: Toilets for physically handicapped individuals are not present on every floor. (m**). Housekeeping Staff Management Issues**: There are significant management issues concerning housekeeping staff, affecting cleanliness and hygiene. (n**). Human Resource Challenges:** • Dealing with some doctors is challenging, despite their crucial role. • During file audits, doctors often forget to mention important details like time, name, and signature, which are essential for documentation and assessment.
Suggestions for improvement	(a). **Enhancing Infection Control Measures:** • Improve infection control protocols to ensure patient and staff safety. (b).**Staff Training Programs:** • Implement training for staff to prepare for challenging situations like mock drills (e.g., CODE PINK). • Provide additional training to pharmacy staff on the importance of timely medication dispensing. (c).**Signage and Navigation:** • Increase the number of easily interpretable signs throughout the hospital. • Improve clarity and placement of signage, especially in the OPD section. (d**). Electronic Health Records (EHR):** • Implement EHR to facilitate easy access to patient data for concerned personnel. (e).**Appointment Management:** • Maintain consultation timings by encouraging online appointment bookings and timely arrivals. (f).**Documentation and Record-Keeping:** • Conduct training sessions for doctors on thorough and accurate patient record-keeping.

	• Develop and enforce standardized documentation procedures. (g**). Regular Audits and Feedback:** • Conduct regular audits and submit reports to address issues, making necessary changes based on findings. • Collect staff feedback to understand and address operational issues. (g).**Help Desk Installation:** • Install a help desk with designated staff to assist patients and address service queries. (h).**Human Resources Management:** • Increase staffing at billing counters to alleviate workload and prevent burnout. • Conduct orientation and training for housekeeping staff. (i). **Infection Control and Hygiene:** • Introduce disposable shoe covers to reduce infection risks. (j).**Consent Form Management:** • Ensure consent forms are filled out correctly by asking patients their preferred language and providing instructions. (h).**Facilities for Physically Handicapped**: • Designate toilets for physically handicapped individuals on each floor. (i).**Expand Tele health Services:** • Increase the availability of telehealth services to provide remote consultations, especially for chronic disease management. • Monitor patient outcomes and satisfaction with telehealth services to continuously improve offerings. **(j).Utilize Patient Flow Analysis:** • Analyse patient flow data to identify bottlenecks and inefficiencies in patient movement from admission to discharge. • Implement Lean Six Sigma methodologies to streamline processes and reduce patient wait times.

Signature of the Student

Approved by the IIHMR University's Mentor