

Summer Internship Report

At

CK Birla Hospital

(April 22nd to June 17th, 2024)

Differentiated care delivery program for Oncology- (Service Excellence)

A Report

By

Md Zaid Sultan

PGDM (Hospital and Health Management)

2023-2025



International Institute Of Health Management Research, New Delhi

Acknowledgement

I would like to express my sincere gratitude to **CK Birla hospital** for providing me with the invaluable opportunity to participate in their summer internship programme in the Service Excellence department.

I am particularly grateful to my mentor **Ms. Disha Arora (GM-Service Excellence)** and **Mr. Prateek Bhasin (Manager - Service Excellence)** for his invaluable guidance, mentorship and support throughout my internship . Their insights, constructive criticism and encouragement were instrumental in helping me learn and grow in my field .

I would also like to thank to **Ms. Deepika Sethi (Deputy Manager-Patient experience)** of patient experience department and **Ms. Shriya Jain (Deputy Manager-Front Office Operations)** for assisting whenever required. Their expertise and insights were extremely invaluable during my short tenure at the hospital .

My sincere appreciation to my renowned mentor (**Associate Dean**) **Dr. Divya Aggarwal** t

For guiding in my entire internship journey, Furthermore, I would like to thank **INTERNATIONAL INSTITUTE OF HEALTH HEALTHCARE AND HOSPITAL MANAGEMENT** for giving me the opportunity.

This Internship has been an enriching and valuable learning experience that had solidified my desire to pursue a career in **Service Excellence**.

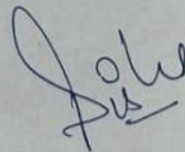
I am grateful for the opportunity to have been associated with the team at **CK Birla Hospital** and **CK Birla Corporate Office**.

COMPLETION CERTIFICATION

This is to certify that Dr./Mr./Ms. Zaid of
(batch) of IIHMR - Delhi (Name of the
department/institute) has worked with our organization for
his/her summer training from April 21, 2024 to June 21, 24 (Date).

The work carried out by him/her and performance shown by
him/her during the period was found excellent/very
good/good/average. This certificate is being issued to meet the
requirement of the University.

Date: 2nd Sep '24



(Signature of Supervisor)

Disha Anora
GM Senior Enroller

Name and Designation of Signatory



Seal/stamp of the Organization



CKBH/TC/2024/07

June 21, 2024

TO WHOMSOEVER IT MAY CONCERN

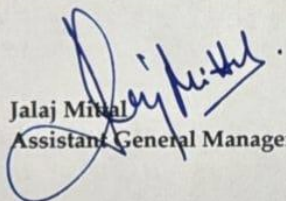
This is to certify that Md. Zaid Sultan has successfully completed his training from April 21, 2024, to June 21, 2024, in Service Excellence department of CK Birla Healthcare, Corporate Office.

During the period of his training with us, his performance was good and he was found punctual, hardworking, and inquisitive. He was present every day during his training in Corporate Office.

Any information used to complete the project is the intellectual property of CK Birla Healthcare Pvt. Ltd. and hence should not be used for any other purpose.

We wish him all the very best for his future endeavors.

For, CK Birla Healthcare Pvt. Ltd.


Jalaj Mittal
Assistant General Manager - Human Resources

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FEEDBACK FORM

(IIHMR MENTOR)

Name of the Student: Md. Zaid Sultan

Summer Internship Institution: CK Birla hospital

Area of Summer Internship: Service excellence initiatives of Onco care Program.

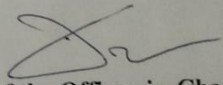
Attendance: 100%

Objectives met: Identified bottlenecks
Improve Process mapping
Planned effective strategies

Deliverables: Patient satisfaction improved
Reduced Turnaround time

Strengths: Good communication skills
Good understanding of hospital process.

Suggestions for Improvement: Financial skill can be worked upon.

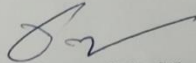

Signature of the Officer-in-Charge (Internship)

Date: 10th December 2024

Place: New Delhi

Certificate of Approval

The Summer Internship Project of titled **"Differentiated care delivery program for oncology"** at **"CK Birla Hospital"** is hereby approved as a certified study in management carried out and presented in a manner satisfactorily to warrant its acceptance as a prerequisite for the award of **Post Graduate Diploma in Health and Hospital Management** for which it has been submitted. It is understood that by this approval the undersigned do not necessarily endorse or approve any statement made, opinion expressed, or conclusion drawn therein but approve the report only for the purpose it is submitted.



Name of the Mentor

Designation

Associate Professor

IIHMR, Delhi

Zaid Sultan ST

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The CK Birla Hospital is a NABH accredited, multi-specialty hospital located in Gurgaon. It is a proud part of the \$2.8 billion diversified CK Birla Group that has also been serving India's healthcare needs for over 50 years.

The Gurgaon hospital is led by an experienced team of over 100 specialists. We are a proud partner to thousands of happy families & patients and continue to offer international standards of clinical care with a robust focus on safety, integrity and compassion. We rely on both international and national guidelines & protocols of healthcare delivery and bring world-class care closer to home.

VISION AND MISSION OF CK BIRLA: -

VISION

To transform the future of healthcare through outstanding clinical outcomes, research, education and compassionate care

MISSION

To bring global standard of clinical expertise and care to patient and families.

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Acronyms / Abbreviations

This report avoid unnecessary acronyms and abbreviations, some of the acronyms and abbreviations are:

1. CK Birla : CKB
2. ONCO : ONCOLOGY
3. CHEMO: CHEMOTHERAPY
4. MFD: MARK FOR DISCHARGE
5. TAT: TURNAROUND TIME

Differentiated Care Delivery Program for Oncology – (Service Excellence)

Observational learning:

Introduction

A cancer diagnosis and treatment journey can be overwhelming for patients. Long waits, unfamiliar procedures, and navigating a complex healthcare system adds stress. CK Birla Hospital's oncology program is dedicated to exceptional care while minimizing these burdens.

This report proposes a patient experience initiative to streamline admission, discharge, and feedback processes for our oncology patients. Our goal is to create a more efficient, comfortable, and compassionate environment throughout their treatment.

Objectives:

- Reduce patient **wait times** during admission and discharge.
- Enhance **comfort and privacy** during admission (in-room admissions).
- Expedite **discharge processes** to minimize post-treatment delays.
- Gather **real-time feedback** on patient experience across departments.
- Utilize **feedback** for continuous improvement of the oncology care program.

Background:

Patients entering oncology care often experience **anxiety** and **uncertainty**. Lengthy **admission procedures** and **crowded discharge areas** can worsen these feelings. This initiative addresses these challenges by offering:

- **Pre-admission document collection:** Patients can submit essential documents (dockets, Aadhaar card) by mail before their appointment or through a dedicated folder system for chemo patients. This reduces wait times in the admission area.
- **Streamlined in-room admission process:** A dedicated staff member will handle admissions directly in patients' rooms, minimizing the need for them to navigate unfamiliar hallways. Alternatively, patients can be escorted to the chemo lounge first to begin treatment, with attendants then completing admissions. Mobile tablets can be used for faster registration and data collection.
- **Expedited discharge procedures:** Discharge documents (prescriptions, follow-up appointments) will be prepared well in advance and delivered directly to patients' rooms. Staff will be trained to address any last-minute concerns or questions efficiently. For cash patients, discharge paperwork and payment can be completed in their rooms. For TPA or insurance patients, bills will be sent to the insurance company as soon as discharge is marked, facilitating faster approval.

- In-room patient feedback collection: Gathering real-time feedback on admission, nursing care, amenities, and overall experience is crucial. Patient-friendly surveys (paper or electronic tablets) offered in rooms will encourage higher participation and provide valuable insights.

Methodology:

- **For Pre-Admission Document Collection:**
 - Develop a system for electronic or mail document submission.
 - Contact patients beforehand to confirm receipt and address any missing information.
- **For Streamlined In-Room Admission Process:**
 - Train dedicated staff to handle in-room admissions.
 - Utilize mobile tablets for faster registration and data collection.
 - Provide a clear communication plan outlining the admission process and expected duration.
- **For Escorted patient to chemo lounge :**
 - As soon as patients arrive, escort them to the lounge to begin treatment, minimizing wait times in admissions.
- **For Expedited Discharge Procedures:**
 - Implement a system for preparing discharge documents well in advance.
 - Deliver finalized discharge slips directly to patients' rooms.
 - Train staff to efficiently address last-minute concerns.
- **For In-Room Patient Feedback Collection:**
 - Develop brief, patient-friendly surveys on admission, care, amenities, and overall experience.
 - Offer surveys while patients are still in their rooms.
 - Train staff on the importance of feedback collection and patient privacy.

Action Planning:

To achieve these goals, a clear action plan is needed:

- **Define timelines:** Establish realistic timelines for implementing each aspect of the initiative.

- **Roles and responsibilities:** Assign clear roles and responsibilities for staff involved (document collection, in-room admissions, staff training).
- **Feedback data tracking:** Develop a system for tracking and analyzing patient feedback data to identify trends and areas for improvement.

Implementation:

- **Staff Training and Communication:**
 - Conduct comprehensive training sessions for staff involved in the initiative, including communication skills and patient empathy.
 - Develop open communication channels between staff and patients to address concerns and ensure a smooth experience.
- **Technology Integration (Optional):**
 - Explore online portals or mobile applications for secure document submission and real-time updates for patients.
- **Feedback Analysis and Action:**
 - Regularly analyze patient feedback data to identify strengths and weaknesses of the program.
 - Develop and implement action plans based on feedback, focusing on areas for improvement.
 - Communicate any changes or improvements implemented based on patient feedback.

By implementing this patient experience initiative, CK Birla Hospital can demonstrate its commitment to compassionate and efficient care for cancer patients. This will not only improve the patient's experience but also contribute to the hospital's reputation for excellence in oncology care.

Sampling Technique

The sampling technique used in this case study is **convenience sampling**. It means that in this program we chose patients who were **readily available** and **willing to participate**, without a systematic selection process.

This sampling technique is often used in exploratory research or when it's difficult to access a large population. However, it can introduce bias because it doesn't guarantee a representative sample of the entire population.

Methodology

This Programme describes the implementation of a patient experience initiative at CK Birla Hospital's oncology department. To evaluate the program's effectiveness, a mixed-methods approach can be employed, combining **quantitative** and **qualitative** data collection methods.

- **Quantitative Data Collection:**

Pre- and Post-intervention Patient Wait Times:

- Collect data on patient wait times for admission and discharge processes before and after the program implementation. This could involve reviewing hospital records or conducting surveys among patients. Sample size (n) for wait times is already provided (n=117).

Turnaround Time (TAT) Analysis:

- Measure the average time it takes for patients to complete the entire admission-to-discharge process before and after the program. This can be categorized further for cash patients (n=47) and TPA patients (n=70).

Patient Feedback Surveys:

- Implement standardized surveys to gather patient feedback on their experience with the oncology department, both before and after the program. Surveys can be administered electronically or from in patient rooms.

- **Qualitative Data Collection:**

Semi-structured Interviews:

- Conduct interviews with a representative sample of patients, staff members involved in the program (e.g., nurses, admissions staff), and potentially hospital administrators. Interviews can explore participants' perceptions of the program's impact on wait times, patient comfort, communication, and overall satisfaction.

Focus Groups:

- Organize focus groups with patients who have undergone treatment in the oncology department to discuss their experiences and suggestions for improvement.

- **Data Analysis:**

Quantitative Data:

- Analyse wait times and TAT data using descriptive statistics (e.g., means, medians) to compare pre- and post-intervention periods. Statistical tests can be conducted to determine if the observed changes are significant.
- Analyse patient feedback survey data using appropriate statistical methods depending on the type of data collected (e.g., frequency tables for categorical data, means for Likert scale responses).

Qualitative Data:

- Thematically analyse interview and focus group transcripts to identify recurring themes and patterns related to patient experiences, staff perspectives, and program effectiveness.

Integration of Findings:

- Combine the quantitative and qualitative results to gain a comprehensive understanding of the program's impact. For example, quantitative data can show the extent of wait time reduction, while qualitative data can provide insights into patients' and staff perceptions of this improvement.

Expected Outcomes and Benefits after Onco Care program Launch

During 1st month when this program was started in ck birla hospital I have to go through many research paper and articles, also had to visit many big hospitals and observe their services provided to the onco patient and find out the gaps in oncology department where our hospital lag in providing services to the patient a crucial gap identified is the lack of a structured follow-up call program for patients. This project proposes the implementation of such a program to enhance patient care, improve communication, and ultimately, patient satisfaction.

Cancer treatment can be complex and often involves multiple appointments, medications, and potential side effects. Inside hospital care is important while ongoing support after discharge is equally important. Follow-up calls provide an opportunity to:

- **Address patient concerns:** Patients may have questions or concerns about medications, side effects, or recovery progress. Follow-up calls allow them to directly connect with healthcare professionals for clarification and support.
- **Monitor treatment adherence:** Regularly checking in helps identify potential issues with medication adherence or symptom management.

- **Provide emotional support:** Cancer treatment can be emotionally challenging. Follow-up calls offer an opportunity to assess patients' emotional well-being and offer support resources.

Objective of follow up call are:

- Implement a **structured follow-up call** program for oncology patients at CK Birla Hospital.
- Improve patient **communication** and **address post-discharge** concerns.
- Monitor **treatment adherence** and identify potential complications early.
- Enhance **patient satisfaction** and overall **experience** with the oncology care program.

In this program we also prepared a script of onco well being call below are the script of call:

Onco Well-being calls: Script

Objective: Objective of post discharge calling to patients is to ensure that they are recovering well and to address any questions they may have.

Purpose of Script: Script acts as a guide for staff to provide Quality responses to patients and aims to provide the unified patient experience across.

Scope: Below is detailed list of patients who should be called.

1st call.

- Calls to be made between 9-6 AM
- **In scope**
 - Discharged Chemo patients within 72 hrs.
- **Call Ownership**
 - Onco Lounge- Nursing Lead/Incharge.
- **Patient details will be captured in designed tracker and will be captured feedback/input in the tracker only.**
- Tracker will be accessible to certain stakeholders to have closure status- Unit PE Lead, Ops Head, Onco Lounge Nursing Incharge, Central SE Team,

Step 1 – Nurse calls the patient and share greetings of the day.

Note: As a reference, you may use the greeting according to the time stated below:

- Good morning: 12:00 AM to 11:59 AM
- Good afternoon: 12:00 PM to 04:00 PM
- Good evening: 04:00 PM to 08:00PM-

Nurse: *“Good Morning Sir/Mam, my name is Aman & I am calling from CK Birla Hospital. This is a Well-being call.....is this the right time to speak with you?”-*

SCENARIO 1 – Patient is occupied and cannot give time

Patient: *“Good morning, Aman. I’m currently occupied and cannot take this call forward.”*

Nurse: *“No issues sir. Kindly let me know your preferred time to connect with you.”*

Patient: *“Sure! You can call me after 4pm.”*

Nurse: *“Noted. Your health and well-being are our top priorities, and we are committed to supporting you every step of the way. If you have any questions, concerns, or need assistance at any time, please do not hesitate to reach out to us. Thank you for choosing CK Birla Hospital”:*

SCENARIO 2 – Patient is continuing the call

Patient: *“Good morning, Aman. Yes. Please continue.”*

Nurse: *“I hope you’re recovering well or how have you been feeling lately?*

I trust you were admitted under Dr Pooja Babbar (Dr Name) and got discharged on 8th April (Date of Discharge).

“This was a well-being call & as you transition back to your daily routine after your recent discharge from our care, we want to provide you with some important guidelines to support your ongoing recovery and well-being.”

These are some points which the nurse have to discuss with the patient.

1. Medications:

Dear sir, have you faced any difficulties in managing medications is their any side effects of medications, or is their any difficulties in understanding of prescription.

2. Wound care (if applicable):

- (if the patient has wound) dear sir please describe its appearance or is there any drainage.
- Do you understand how to clean and dress the wound as instructed.
- Have you experienced any pain or redness around the wound.

3. Activity and rest:

- What is your current activity level, and these are the restrictions which you have to follow.
- What is your sleep quality and have you experienced any fatigue.

4. Diet and Nutrition:

- Dear sir, is your appetite good or are you facing any difficulties in eating.
- If the patient has any dietary restrictions, tell them these are the dietary restrictions which you must follow.

5. Follow up appointments:

- This is the date and time of your next chemo appointment.
- Or do you need any help scheduling any additional appointments with a specialist?
- Or do you have any complications before the next chemo cycle like fever cold or other complication then we should delay the date of chemo.
- If you have any complications feel free to ask us or your doctor. We are there to help you.

6. Contact information:

This is the correct contact number of our oncology care team. You can contact us on this number if you have any questions or concerns.

In the 2nd month the team of onco care made me a project manager of onco care program and these are the benefits they occurred:

- The waiting time of patients is reduced and there is an improvement in efficiency of admission and discharge processes.
- It will enhance the patient's comfort and privacy during admission.
- It also minimized post treatment delays for discharged patients.
- This will help in collecting real time patient feedback for continuous program improvement.
- Increased patient satisfaction and loyalty to the oncology care program

Improvement after post inducting onco care program.

- **1. Streamlined Admissions Process:**

- To improve efficiency, we now prepare patient documentation **one day before admission**. This includes:
 - (I) Patient ID card
 - (II) Cash/TPA documents
- Having everything readily available for the admissions team minimizes wasted time during in-room admissions.

- **2. Improved Convenience for Chemo Patients:**

- For both admissions and chemo patients' convenience, we created a dedicated folder on admissions desktops named after each chemo patient. This folder specifically stores **Aadhaar cards**.
- This eliminates the need to repeatedly request this document, allowing the admissions team to easily access it for documentation purposes.

- **3. Enhanced Patient Experience:**

- Now we **escorted patients directly to the chemo lounge**. This ensures they don't wait unnecessarily in the waiting area, allowing their chemo process to begin promptly. We then return to handle the admission of the next patient.
- This personalized service makes patients feel cared for, often leading to positive reviews for the hospital.

- **4. Expedited TPA Bill Approvals:**

- We established a process to **verify with the TPA department** whether a patient's bill has been submitted for approval.
- We also **proactively follow up with the TPA** to expedite the process. This is because patient attendants frequently ask the billing team about approval status after the Mark for Discharge (MFD) .

- **5. Faster Discharge Process:**

- Once TPA approval is received, we **promptly deliver the bill to the patient's room**. This allows them to settle the bill conveniently, either at their bedside or at the billing department, facilitating a faster discharge.

Few more areas of improvement still required

- **1. Dedicated Staff for Oncology Patients:**

- The oncology department currently lacks dedicated staff to manage patient needs.
- We recommend hiring a team specifically for oncology patients to handle admissions, escort patients to the chemo lounge, ensure medications are available before their arrival, and streamline the discharge process.

- **2. Increased Bed Capacity in Chemo Lounge:**

- The chemo lounge only has 5 beds, but some days 8-9 patients needing treatment.
- To avoid wait times, we recommend increasing the number of beds in the chemo lounge.

- **3. Streamlining Admissions Process:**

- The admissions area is congested, with coordinators for other doctors interrupting the flow for tasks like photocopying.
- We need a dedicated system for these coordinators to minimize interference during oncology patient admissions.

- **4. Free Meals for Chemotherapy Patients:**

- Chemotherapy patients are avoiding meals due to high costs.
- We propose including meals as part of the treatment plan, making them free for patients.

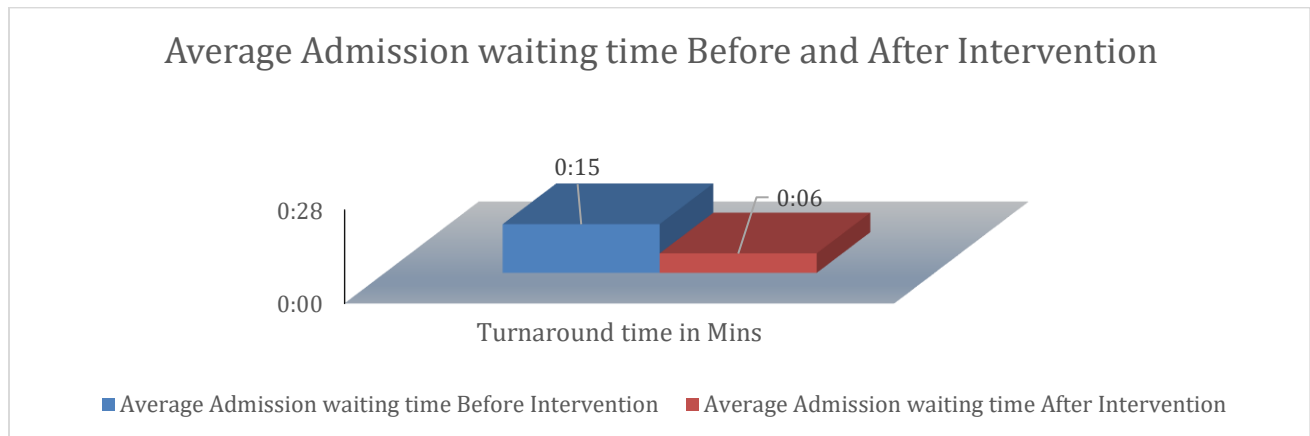
- **5. Additional Bed in Chemo Lounge:**

- Currently, there's only a recliner for the 6th chemotherapy patient.
- We recommend replacing the recliner with an additional bed to accommodate more patients.

- **6. Patient Feedback Mechanism:**

- To identify areas for improvement, we recommend implementing a system to collect feedback from every oncology patient regarding their experience with the department's services.

Patient average admissions timing (before and after Intervention):

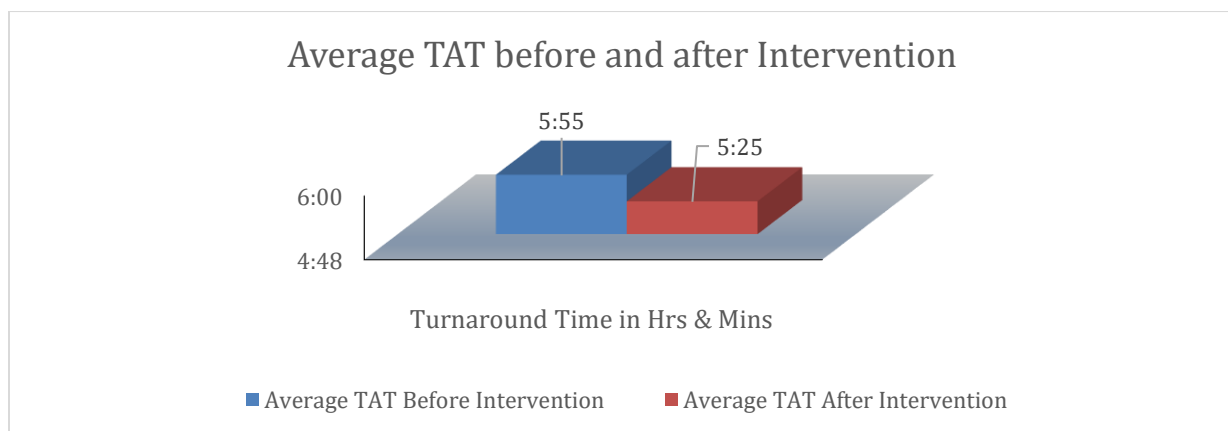


Sample size (n)=117

Now, after this Intervention the average admission waiting time is reduced.

Earlier the average admission waiting time was about 15 minutes while now, it has been reduced to 6 minutes.

Patient average TAT(turn around time) from Admission to Discharge (before and after Intervention)

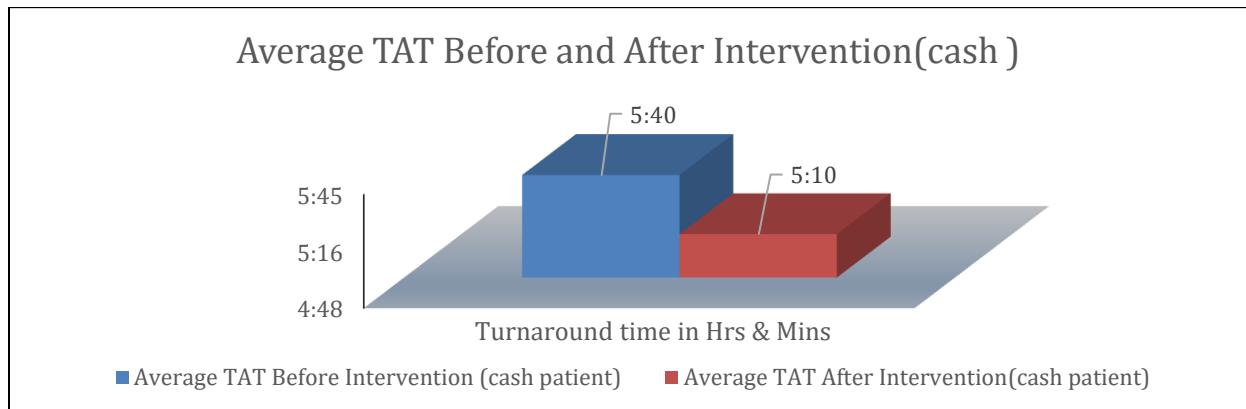


Sample size (n)=117

The average TAT (turnaround time) was 5 hours and 55 mins before the start of intervention.

While,now after the intervention the waiting time is reduced by 5 hours and 25 mins.

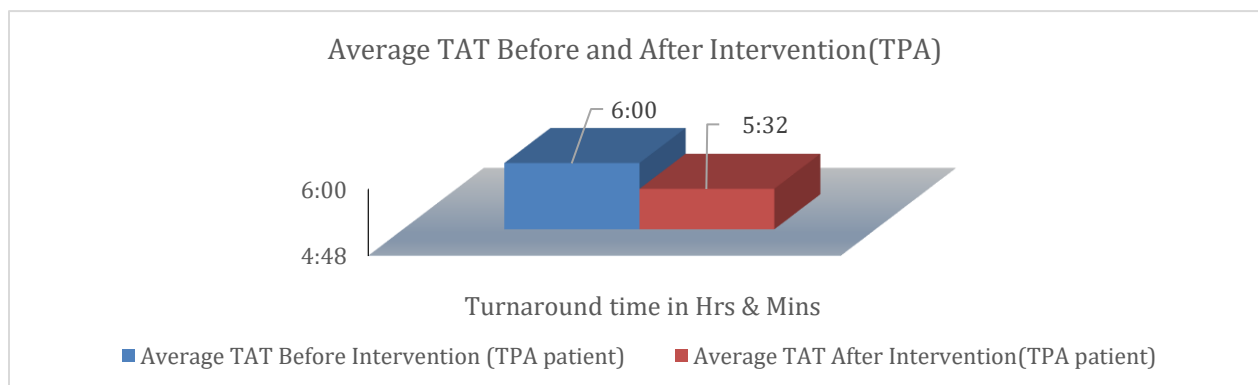
Patient average TAT(turn around time) from admission to discharge for cash patient (before and after Intervention)



Sample size (n)= 47

The average TAT (turnaround time) for cash patient before the intervention begins it was 5 hours and 40 minutes. While, now it is reduced to 5 hours and 10 minutes.

Patient average TAT(turn around time) from admission to discharge for TPA (Third party alliance) patient (before and after Intervention).



Sample size (n)=70

The average TAT (turnaround time) for TPA patient before the intervention begins it was 6 hours. While, now it has been reduced to 5 hours and 32 minutes.

Conclusion

In this **Service excellence** program initiative offers a transformative approach to oncology care at CK Birla Hospital. By prioritizing efficiency, comfort, and patient feedback, we aim to create a seamless and supportive environment throughout a patient's journey.

Reduced Wait Times and Streamlined Processes: Pre-admission document collection and in-room admissions will minimize wait times, while pre-prepared discharge documents and in-room delivery will ensure a smoother discharge process.

Enhanced Patient Comfort and Privacy: In-room admissions offer a more comfortable and private experience, reducing anxiety for patients.

Real-Time Patient Feedback: In-room feedback collection provides valuable insights into patient perspectives, allowing for continuous improvement of the program.

By Implementing a follow-up call program, it increases the potential to improve the overall experience for oncology patients at CK Birla Hospital. By ensuring ongoing communication, addressing concerns, and providing timely support, we can significantly contribute to improved patient outcomes and satisfaction.

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