Summer Internship Report

At

Max Super Speciality Hospital, Delhi

(May 1st to June 30th, 2025)

A Report

By:

Ms. Bhavna

PGDM (Health and Hospital Management)

Batch (2024-2026)



International Institute of Health Management and Research, New Delhi

ACKNOWLWDGEMENT

I am sincerely grateful to Max super speciality hospital, Vaishali for providing me with the opportunity to undertake my summer internship and gain valuable hands-on experience in a professional healthcare environment.

First and foremost, I would like to express my heartfelt gratitude to Dr. Aakriti Mahajan (AMS) for her constant support, insightful guidance and encouragement throughout the duration of the internship.

I would also like to extend my sincere thanks to Meenakshi Ma'am (Manager, Emergency department) for her corporation and for facilitating my exposure to real-time hospital operations.

A special note of appreciation goes to Dr. Punit Yadav (Mentor from IIHMR) for his academic guidance, motivation and continuous feedback during my internship.

Lastly, I am thankful to all the Doctors, Nurses, Staff and fellow Interns at Max hospital who shared their knowledge and experience and made this internship an enriching and memorable journey.

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(Completion of Summer Internship from respective organization)

The certificate is awarded to

Name: Ms. Bhavna

In recognition of having successfully completed her internship in the department of

Medical Administration

and has successfully completed her Project on

Title: "Evaluation of Emergency Bed Allotment & Patient Transfer Dynamis"

Date: May 1st,25 - June 30th,25

Organisation: Max Super speciality Hospital, Vaishali

She comes across as a committed, sincere & diligent person who has a strong drive & zeal for learning.

We wish her all the best for future endeavours.

27/6/25

Organization Supervisor

Dr Akriti Mahajan

Head-HR/Department Head

Certificate of Approval

The Summer Internship Project of titled "Evaluation of Emergency Bed Allotment & Patient Transfer Dynamis" at "Max Super speciality Hospital, Vaishali" 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.



Dr. Punit Yadav
IIHMR, Delhi

FEEDBACK FORM

(Organization Supervisor)

Name of the Student: Ms. Bhavna

Summer Internship Institution: Max Super Speciality Hospital, Vaishali

Area of Summer Internship: Medical administration

Attendance: 100%

Objectives met: Yes

Deliverables: Upto the mark.

Strengths: Quick to grasp new concepts with strong analytical thinking abilities.

Suggestions for Improvement: Can work on inter-personal skills.

Signature of the Officer-in-Charge (Internship)

Date: 27th June '25.

Place:

Bhavna ST report

ORIGINALITY REPORT

10%	9%	2%	6%
SIMILARITY INDEX	INTERNET SOURCES	PUBLICATIONS	STUDENT PAPERS

PRIMARY SOURCES

1	Submitted to IIHMR Delhi Student Paper	5%
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Organisation Profile

Max Super Speciality Hospital, Vaishali is a part of the Max Healthcare network, one of India's leading healthcare providers. Located in Ghaziabad, Uttar Pradesh, the hospital is a NABH-accredited tertiary healthcare facility known for its excellence in clinical services, advanced infrastructure, and patient-centred care. The hospital houses over "300" beds and offers a comprehensive range of medical services across various specialties such as cardiology, neurology, nephrology, oncology, orthopaedics, gastroenterology, and emergency care.

The Emergency Department (ED) of Max Vaishali operates 24x7 and is fully equipped to handle trauma, critical care cases, and other medical emergencies. The department is supported by a multidisciplinary team of doctors, nurses, and support staff, ensuring timely and efficient treatment. The hospital also emphasizes quality, safety, and service excellence in all aspects of patient care.

Some of the Specific Objectives of Max Hospital, Vaishali

- To maintain **efficient emergency and critical care services** that are responsive and accessible round the clock.
- To continuously **improve hospital operations and infrastructure** for better service delivery and patient experience.
- To promote **research, training, and education** in the field of healthcare to enhance knowledge and professional development.
- To integrate **ethical practices and compassion** into patient care, maintaining dignity and respect for all individuals.

Observations from Emergency Department

1. Efficient Triage System

- The ER follows a structured triage protocol to prioritize patients based on medical urgency.
- Ensures that critical cases receive immediate attention, improving patient outcomes.

2. Dedicated and Trained Emergency Staff

- ER doctors, nurses, and support staff demonstrate high professionalism and responsiveness, even during high patient load.
- Staff are well-trained in ACLS/BLS, enabling effective handling of emergencies.

3. Technologically Enabled Systems

- Use of Hospital Information System (HIS) and CPRS (Computerised Patient Record system) supports real-time tracking of patient flow, bed status, and transfer logs.
- Digital record-keeping enhances coordination across departments.

4. Strong Coordination with Diagnostic Units

- Quick access to radiology and laboratory services (e.g., MRI, CT, blood tests) from the ER speeds up diagnosis and treatment.
- Minimizes delay in clinical decision-making.

5. Clean and Well-Maintained ER Infrastructure

- The ER is well-equipped with ventilators, crash carts, defibrillators, and emergency drugs.
- Cleanliness and infection control protocols are actively followed, contributing to patient safety.

6. 24x7 Availability of Consultants

- Specialists from departments like Internal Medicine, Cardiology, and Surgery are **available round-the-clock** for consults.

Conclusive Learning

- The Emergency Department at Max Hospital, Vaishali, operates with a strong clinical foundation, supported by trained staff, structured triage, and digital systems.
- However, **non-clinical delays** (bed allotment, TPA approvals, staff coordination) affect the overall efficiency of patient flow.
- A balanced approach between **clinical care** and **administrative streamlining** is key to improving ER operations.

Limitations

- Data analysed was limited to **May and June months**, which may not reflect seasonal trends or peak loads.
- Observations are based on **intern-level access** and may exclude deeper administrative or policy-level constraints.
- Some data like **real-time TPA processing time** or **nursing delays** were not fully quantifiable.

Suggestions for Improvement

1. **Digital Bed Management Dashboard** to track bed readiness in real time.
2. **TPA Desk inside ER** with defined approval timelines.
3. **Accountability system** for patient transport and shift tracking.
4. **Improved communication** with patients and attendants regarding transfer processes.
5. **Monthly review meetings** to analyze delay reasons and resolve recurring bottlenecks.

Project Report

"Evaluation of Emergency Bed Allotment & Patient Transfer Dynamis" at "Max Super speciality Hospital, Vaishali"

Rationale

The Emergency Department (ER) serves as the first point of contact for critically ill patients and plays a pivotal role in the overall hospital workflow. At Max Super Speciality Hospital, Vaishali — a high-volume, tertiary care centre — timely bed allotment and patient transfer from the ER to inpatient wards are essential to ensure effective treatment, patient satisfaction, and resource optimization.

However, delays in bed allocation and shifting can lead to ER overcrowding, compromised care quality, and operational inefficiencies. Evaluating these delays and identifying their causes is necessary for improving hospital throughput and patient safety.

Research Question

What are the key factors contributing to delays in emergency bed allotment and patient transfer, and how can these processes be optimized at Max Super Speciality Hospital, Vaishali?

Specific Objectives

1. To assess the timeliness of patient transfer from the Emergency Department to inpatient units.
2. To analyse duration-wise distribution of delays (e.g., 0–30 min, 31–60 min, etc.).
3. To identify and categorize the major reasons contributing to delays in bed allotment.
4. To compare and evaluate patient transfer efficiency between the months of May and June.
5. To suggest practical recommendations for improving bed management and patient flow in the ER.

Modes of Data Collection

1.) Manual Data Extraction from ER Registers

Daily logs from the Emergency Department (ER) were reviewed to record:

- Patient arrival time
- Bed allotment time
- Actual transfer time

2.) Electronic Health Records (EHR)

Hospital Information System (HIS) data was used to gather:

- Bed status updates (Ready, U/C, I/S, TPA Dis., etc.)
- Timestamps of administrative actions

3.) Interaction with ER Staff & Floor Managers

Informal interviews and discussions were conducted with:

- ER shift coordinators (Floor Managers)
- Nursing staff
- Floor Managers at IPD
- Doctors in ICU

4.) Observation-Based Data

- On-ground observation of patient flow and shift processes was done during internship hours.
- Helped understand **real-time operational challenges** not visible in system data.

Study Design

- **Type of Study**:

Descriptive and Observational Study

- **Design Description**:

The study aims to describe existing patterns, delays, reasons, and their impact on patient transfer and the analysis focuses on a specific time frame without manipulating any variables.

Study Period

May 12,2025 to June 21,2025

Study Population

Definition:

The study population includes all patients admitted through the Emergency Department (ER) at Max Super Speciality Hospital, Vaishali, who were allotted inpatient beds and transferred to wards during the study period — 12th May to 21st June 2025.

Inclusion Criteria:

- Patients presenting to the Emergency Department and requiring inpatient admission.
- Patients whose bed allotment and transfer details (including duration and reason for delay) were recorded during the study period.
- Patients across all age groups and clinical departments (e.g., medicine, surgery, ortho, etc.).

Exclusion Criteria:

- Patients treated and discharged directly from ER without admission.
- Patients who left against medical advice (LAMA) or were referred out before bed allotment.
- Cases with incomplete or missing transfer data in the records.

Sample Size

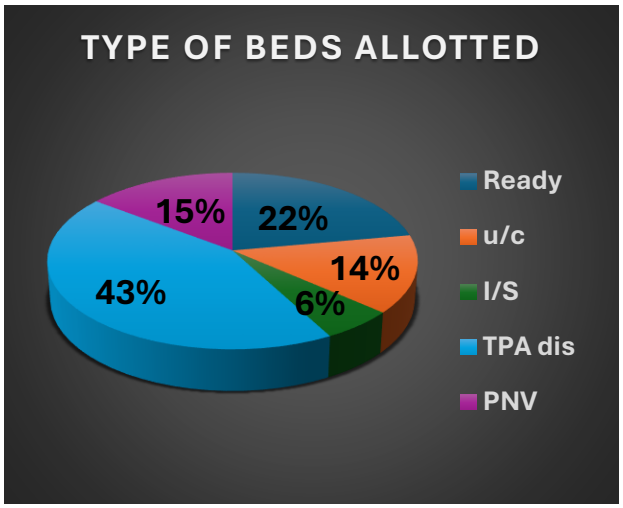
A Total of **286 Patients** cases were analysed

143 in May (12th May to 31st May)

143 in June (12th June to 31st June)

Data Analysis

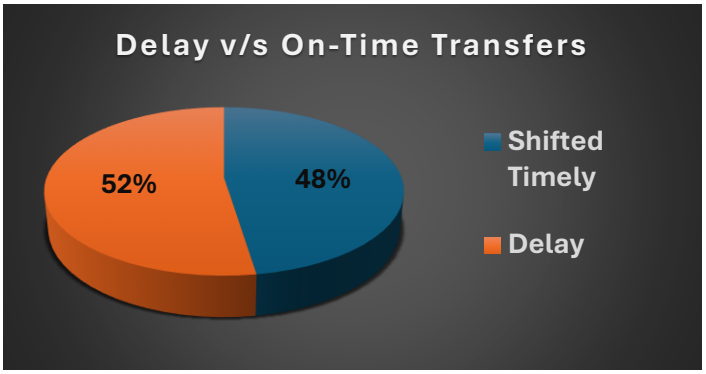
Status of BED	TOTAL	PERCENTAGE
Ready	62	34.44
u/c	40	22.22
I/S	16	5.71
TPA dis	121	43.21
PNV	41	14.64
TOTAL	280	100



The Data shows the current status of Bed Allotted out of Total 280 Bed Allotments that whether the Bed is Ready bed, bed is Under cleaning, Is there any internal Shifting of patient, or the room is Physically not vacated.

Results

TOTAL	286	Percentage
Shifted Timely	136	47.55
Delay	150	52.44



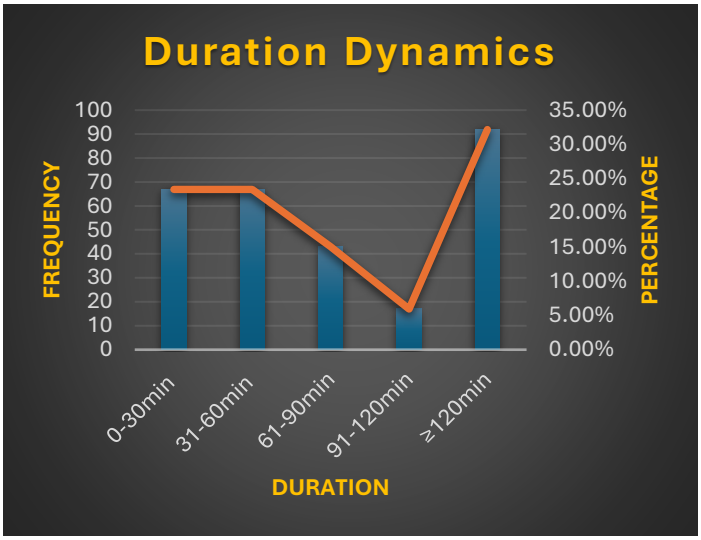
Total 286 patient's shifting (ward + ICU) were tracked.

Out of 286 patients,

- 136 (47.55%) were shifted timely without any delay
- 150 (52.44%) shifting were delayed to certain reasons.

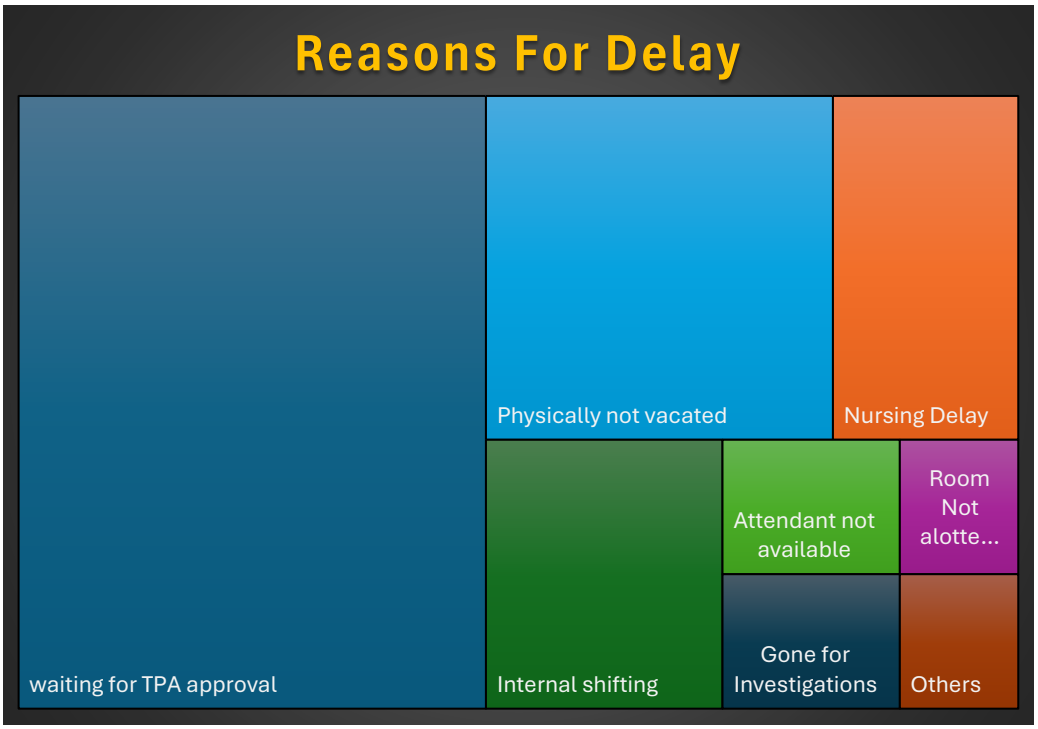
The analysis of patient transfer duration reveals that the highest delays occurred in the **≥120 minutes** category, accounting for **32.16%** of cases.

Duration	Frequency	Percentage
0-30min	67	23.42%
31-60min	67	23.42%
61-90min	43	15.03%
91-120min	17	5.94%
≥120min	92	32.16%
Total	286	100.00%



- Transfers within **0–30 minutes** and **31–60 minutes** were more efficient, each covering **23.42%** of cases.
- A gradual decline is observed in the 61–120 min range (15.03%).
- Lowest frequency (5.94%) in the **91–120 min** category.

This indicates a significant portion of patients experience extended delays, highlighting a need for process improvement in prolonged transfer cases.



Reason for Delay	Frequency	Percentage
waiting for TPA approval	**65**	**45.45%**
Physically not vacated	**32**	**22.37%**
Nursing Delay	**17**	**11.88%**
Internal shifting	**14**	**9.79%**
Room Not allotted as per desired category	**7**	**4.89%**
Attendant not available	**3**	**2.09%**
Gone for Investigations	**3**	**2.09%**
Others	**2**	**1.39%**
TOTAL	**143**	**100%**



Suggestions Given to Organisation

1.) Streamline TPA Approval Process

- Collaborate with the TPA desk to digitize approval workflows for faster clearance.
- Develop pre-authorization protocols to reduce last-minute delays for TPA patients.

2.) Optimize Housekeeping Turnaround Time

- Monitor and analyze cleaning turnaround data to identify bottlenecks.
- Assign priority tags to emergency beds to ensure faster preparation post-discharge.

3.) Emergency Buffer Bed Allocation

- Keep a small pool of “buffer beds” exclusively for emergency shifts during peak hours.

4.) Conduct Periodic Audits

- Perform regular audits of delay cases to understand root causes and trends.
- Use audit findings for continuous quality improvement initiatives.

References

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Time Schedule

Sr.No.	Name Of Department	Dates Of Visit	% Of Time Spent	Interaction with (Name & Designation)
1.)	7th In-Patient Department	1st May-10th May	16.66%	Dr. Riyashi (Floor Manager)
2.)	Emergency Department	12th May-30th June	83.33%	Ms. Meenakshi (Floor Manager)
3.)	Blood Bank Department	15th June	1.66%	Dr. Abhinav (HOD Blood Bank)
4.)	CSSD (Central Sterile Supply Department)	18th June	1.66%	Mr. Shailendra (HOD CSSD)
5.)	Pharmacy Department	22nd June	1.66%	Mr. Neeraj