Summer Internship Report

At

Max Smart Super Specialty Hospital

Saket, New Delhi

(April 22nd to June 21st 2024)

A Report on

To study the influence of quality of patient care in emergency department on hospital admission rates and patient satisfaction to improve overall outcomes

By:

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ACKNOWLEDGEMENT

I am really appreciative that I had the chance to finish my summer internship at Max Smart Super Specialty Hospital, Saket, New Delhi. This experience has greatly aided in my professional and personal development in the domain of Hospital & Healthcare Management. I am grateful to all of the people who have helped and advised me along the way.

First and foremost, I would like to sincerely thank my **Project Guide Dr Kamal Palta** (**Principal Consultant & Head of Emergency Department)** whose valuable inputs made this project possible & **co-guide Dr Nutan (AGM- Hospital Operations).** I really extend my gratitude to **Dr Sahar Qureshi (General Manager- Hospital Operations)** at Max Smart Super Speciality Hospital, Saket, New Delhi. Their support, guidance and faith in my skills have served as a continual source of inspiration.

I am especially appreciative of my mentor at IIHMR Delhi, **Dr Pankaj Talreja, Associate Professor & Controller of Examinations.** His wealth of experience and unwavering support has been invaluable during this internship.

Additionally, I want to sincerely thank every member of the Max Smart Hospital. The cooperative attitude and assistance from my teammates and coworkers have been priceless. Finally, and above all, I want to express my sincere gratitude for my parents, friends, and elders for their continuous moral support. Their support, tolerance, and presence during the good and bad times have been invaluable in helping me to get through this journey. It would not have been feasible to finish this summer internship without their help. I appreciate all of your tremendous help, advice, and encouragement.

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LIST OF ABBREVIATIONS:-

MRI	Magnetic Resonance Imaging
ER	Emergency Department
IPD	In Patient Department
Pt	Patient
LAMA	Leave Against Medical Advice
HIS	Hospital Information System
CPRS	Computerized Patient Record System
ALOS	Average Length Of Stay
PSAT	Patient Satisfaction

PART A : OBSERVATIONAL LEARNINGS

INTRODUCTION TO MY SUMMER INTERNSHIP AT MAX SMART SUPER SPECIALITY HOSPITAL, SAKET , NEW DELHI :

I am thrilled to introduce my summer internship experience as a management trainee at Max Smart Hospital in Saket, New Delhi. This prestigious hospital is well-known for its cutting-edge amenities and dedication to providing top-notch medical care. I gained essential knowledge about the workings of a top hospital facility from my internship. I was able to contribute to a variety of managerial and administrative responsibilities during this experience, learning useful information and developing my healthcare management abilities. Along with deepening my grasp of hospital operations, this adventure has motivated me to pursue a career in healthcare administration.

BRIEF OVERVIEW OF HOSPITAL:

[1]Max Smart Super Speciality Hospital, Saket (a unit of Gujarmal Modi Hospital & Research Centre for Medical Sciences) is a 250-bed hospital featuring 12 opulent modular operation rooms, an observation and resuscitation unit, 50 critical care beds, a specialized endoscopy unit, and an advanced dialysis unit. This tertiary care facility is furnished with a flat panel C-Arm detector, 3.0 Tesla digital broad bands MRI, Cath Labs with electrophysiology navigation..

MRIs can be performed while a surgery is being performed, and the Max Smart Hospital in Saket, New Delhi, has Asia's first neurosurgical operation theatre in addition to a Brain Suite.

The benefit of integrated medical care in a multidisciplinary setting is offered by a faculty of highly qualified physicians, nurses, and healthcare staff at Max Smart Super Speciality Hospital in Saket.

MY ROLE AND RESPONSIBILITIES:

As an intern, I was entrusted with diverse responsibilities that allowed me to gain practical insights into the hospital industry. These included:

- **Operational Support**: Evaluating OPD and ER operations status and provide recommendations for enhancements.
- **Reporting and Data Analysis:** Compiling and evaluating information about hospital performance measures.
- **Organizing and Communicating**: Addressing operational concerns by collaborating with the medical staff, the administrative team, and the support services.
- **Experience of the Patient**: Tracking and improving the patient experience by ensuring that patients' queries and complaints are handled efficiently.

OUR VISION:-[1]

To the most well regarded healthcare provider in India committed to the highest standards of clinical excellence and patient care, supported by latest technology and cutting edge research.

OUR PURPOSE:-

To serve. To excel.

OUR VALUES:-

COMPASSION - We have a deeper level of patient understanding and are always empathetic to their needs. This encourages a culture of providing a higher standard of patient-centered care. We respect each other and our patients, and ensure that their needs are met with dignity. We rise to the occasion each time for we recognize the positive social impact we can create.

EXCELLENCE - We ask more of ourselves and are always passionate about achieving the highest standards of medical expertise and patient care. We understand that being the best is a continuous journey of becoming better versions of ourselves every day.

EFFICIENCY - We create a responsive healing environment, by being nimble to the needs of our patients and delivering what they really need with precision and timing. We are focused yet fast, personal yet practical, advanced yet seamless in delivering the exact care our patients need.

CONSISTENCY - We always deliver on our commitment and ensure the highest level of patient care is met at every stage, every time. We believe that only through consistency can we achieve our patients' trust and fulfil our goals.

ACCREDIATIONS:-

Our **NABH** accredited hospitals offer **best in class services to our patient**

EMERGENCY CODES:-

CODES	SITUATION
RED	**Fire**
VIOLET	**Violent patient/ attendant**
PINK	**Child abduction**
GREY	**Crisis management team & bereavement team**
BLACK	**Bomb threat**
YELLOW	**External disaster**
BLUE	**Cardiac arrest**

NOTE – Dial "55" from any internal hospital phone line or dial 011- 71212121 in case of medical emergency.

MODE OF DATA COLLECTION:

The data collection process involved:

a. PRIMARY DATA – Direct observation & Telephonic surveys (confidentiality ensured)
b. SECONDARY DATA - HIS, CPRS and the ER registration

DEPARTMENTS OBSERVED:

- Clinical Out-Patient Department
- Radiology
- Patient access / call center
- IP Billing Admission & Discharge
- Emergency department

Department-wise Observations & Learnings :

- **Department :** Clinical Out-Patient Department

Observations:

A outpatient department is a department dedicated to allowing consultants and members of their teams to see outpatients. It consists of one or more consulting rooms, as well as supporting facilities such as a nurses station, treatment rooms, and waiting areas.

Observed patient flow and efficiency and billing procedures in OPD based on patient demographics

- **Department :** Radiology

  Observations: The Radiology Department uses X-rays and Ultrasound scans to provide a high-quality diagnostic service to in-patients, out-patients, day care, and emergency patients. These radiological services produce images that can help with patient diagnosis and therapy

  Implementation of token system in billing processes to reduce TAT, using QMATIC software (Queue Management Solutions)

- **Department :** Patient Access / Call Center

  Observations: Observing how patient queries are being resolved through telephonic/ website / app methods using progility calling module

- **Department :** IP Billing Admission & Discharge

  Observations: Observing patient registration and admission via verification of detailed documentation and billing process through EHR record system. Observation of discharge planning and patient counselling

- **Department :** Emergency

  Observations: An emergency department (ED), also known as an accident and emergency department (A&E), emergency room (ER), or casualty department, is a medical treatment facility that specializes in emergency medicine, or the acute care of patients who arrive without an appointment, either on their own or via ambulance.

Observing how patients are treated under observation according to their level of urgency, following triage protocols.

CONCLUSIVE LEARNINGS:

- Operational insights
- Data driven decision- making
- Interdepartmental communication
- Professional presentation
- Communication skills
- Time management
- Making new connections with our colleagues

LIMITATIONS:

Exposure to significant projects and decision-making procedures was frequently restricted due to the internship's brief duration, it was difficult to fully evaluate the impact of long-term projects and see them through to completion.

SUGGESTIONS FOR IMPROVEMENT:

- **Extending the duration of internship program** thus allowing for a more holistic view of hospital operations thus improving for a more comprehensive understanding of interdepartmental dependencies.

- **Establishing structured training programs** that address a greater variety of operational skills and aspects can aid in the development of trainees' comprehensive grasp of hospital administration.

- **Feedback Mechanisms:** Regular feedback sessions with peers and mentors can offer insightful information about performance and areas for development, promoting ongoing learning and growth

- **Motivate interns** by asking what they are interested in learning and give them meaningful work that will help them understand their impact on the organization

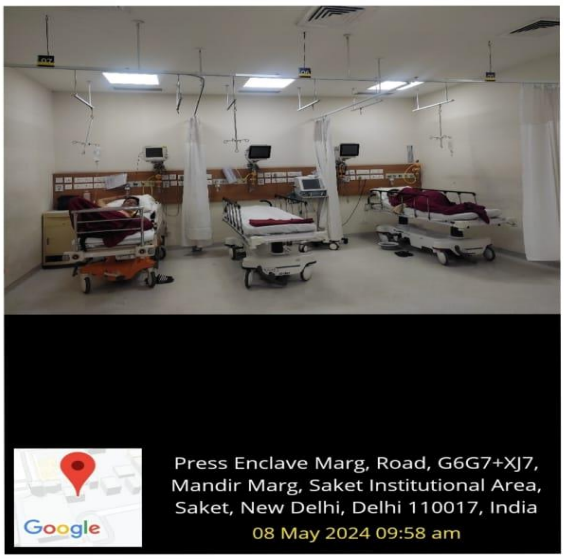
CHAPTER 2 : PROJECT REPORT

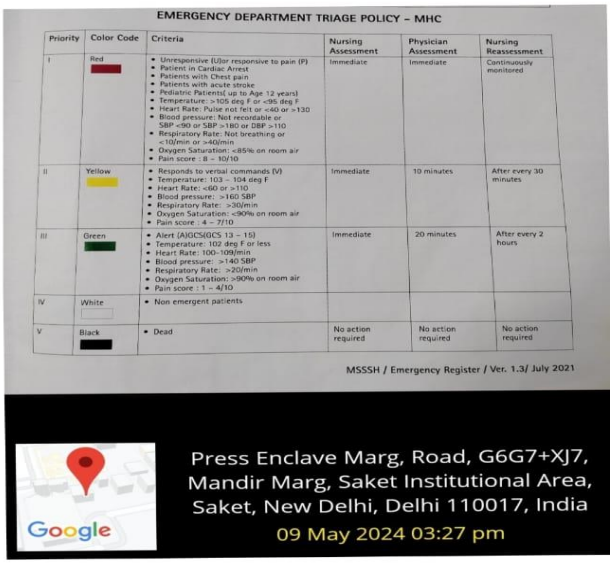
BACKGROUND

Emergency departments (EDs) serve as vital points of access for the healthcare system, offering prompt medical care for various acute illnesses and injuries [2]. They operate under the strain of being reachable around-the-clock, which puts employees in difficult situations and increases workloads. The investigation revealed that longer patient stays in the ED, often a result of high occupancy rates, are linked to a range of negative outcomes. These include extended waiting times, compromised patient care, and overall decreased efficiency of ED operations [3]. Patient flow is a significant problem in EDs. The complexity of managing a wide range of medical histories, erratic conditions, and the requirement for quick triage choices increases with the number of patients.

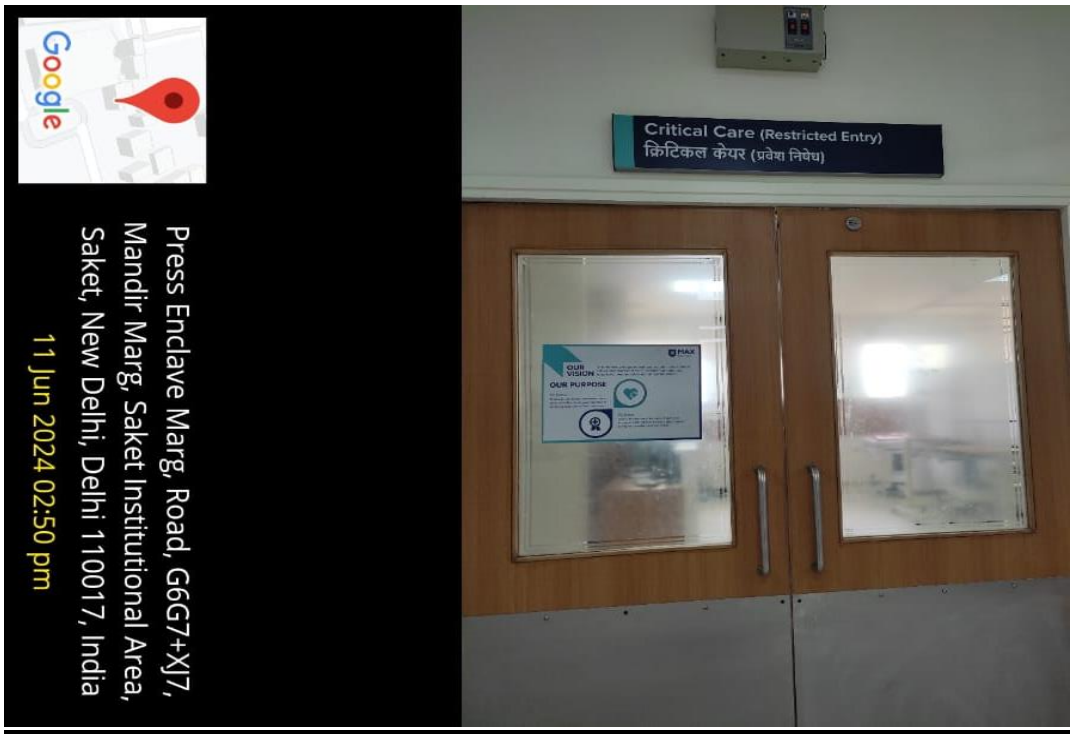
ER Department at Max Smart Hospital is equipped with 15 beds, classified as:

- **TRIAGE STATION** – consisting of beds with particular color coding and pts are segregated according to the level of urgency. based on triage protocols.
- **CRITICAL CARE UNIT –** consists of beds with critically ill patients.
- **RESUSCITATION ROOM –** A procedure room with 2 beds is set-up to provide the immediate care.





TRIAGE AND TRIAGE POLICIES


Critical Care (Restricted Entry)
क्रिटिकल केयर (प्रवेश निषेध)
Press Enclave Marg, Road, G6G7+XJ7, Mandir Marg, Saket Institutional Area, Saket, New Delhi, Delhi 110017, India
11 Jun 2024 02:50 pm


Resuscitation/Procedure Room
रिसिसिटेशन / प्रोसिजर रूम
Press Enclave Marg, Road, G6G7+XJ7, Mandir Marg, Saket Institutional Area, Saket, New
04 May 2024 02:33 pm
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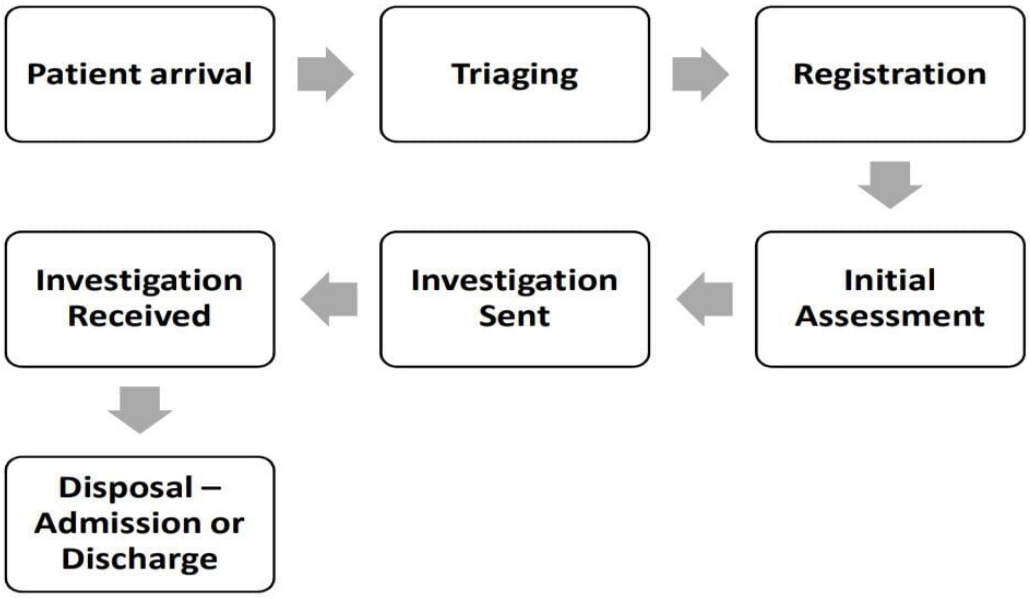


EMERGENCY DEPARTMENT PROCESS

In particular, this study examines the relationship between two crucial facets of ED function:

1. ER TO IP CONVERSION RATES: This refers to the percentage of ER patients that are admitted to the Inpatient Department (IPD).

2. PATIENT SATISFACTION: A gauge of how well a patient feels they were treated in the emergency department.

Examining the relationship between these characteristics and any moderators, especially in times of higher patient traffic, can yield important information for enhancing ED performance.[4]

REVIEW OF LITERATURE:

- Strategies to Measure and Improve Emergency Department Performance: A Review Monitoring Editor: Alexander Muacevic and John R Adler Reham Mostafa[1] and Khaled El-Atawi[2]
- The standard of patient care provided in the emergency room numerous factors, including promptness, efficacy, patient safety, and patient-centered care, can be used to evaluate the quality of care provided in the emergency department. According to studies, insufficient pain management, long wait times, and poor communication are typical problems that have a negative effect on patients' perceptions of the quality of care (Pines et al., 2011; Singer et al., 2011).[5]
- Patient-Centered Care: Studies have demonstrated a large increase in patient satisfaction when patient satisfaction is provided with patient-centered care, which involves respecting patient preferences, good communication, and emotional support (Cousins et al., 2017). Respected and heard patients are more likely to follow medical recommendations and be happy with their care, which could lead to fewer avoidable hospital stays. [6]
- The provision of excellent emergency department (ED) treatment can mitigate the requirement for hospital admissions. This is achieved through the efficient management of acute conditions and the appropriate utilization of diagnostic testing. Asplin et al. (2003) state that prompt and precise diagnosis and treatment can avert problems that could otherwise necessitate hospitalization.
- A major factor in determining patient satisfaction is efficiency, which includes shortened wait times and simplified procedures. Patient satisfaction has improved as a result of initiatives to increase ED efficiency (Miro et al., 2003

RATIONALE –

This study essentially attempts to support increased patient satisfaction, higher-quality care, and an improved emergency department system. [7]

RESEARCH QUESTION-

Does quality of patient care in the emergency department have a significant impact on the patient satisfaction score and conversion rate of ER patients to IPD patients?

OBJECTIVES-

Explore potential interventions to improve the quality of care in the emergency department.

- Identify specific aspects of quality care that most significantly impact ER to IP conversion rates and patient satisfaction score
- To identify potential strategies for improving quality of care by entailing concentration on bottlenecks

METHODOLOGY:-

A. **RESEARCH STUDY DESIGN-** Prospective observational study

B. **RESEARCH APPROACH-** Direct observation / Telephonic surveys

C. **STUDY POPULATION** – Patients admitted and discharged from ER

D. **SAMPLE SIZE** – record of 1138 patients of May'24 who got admitted and discharged from ER & feedback remarks of 252 pts of Apr'24 and 387 pts of May'24

E. **SAMPLING METHOD** – Convenience sampling

F. **PERIOD OF STUDY** - (MAY 1ST – 31ST MAY 2024)

G. **STUDY SETTING** – Emergency Department of Max Smart Super Specialty Hospital, a 250-bed facility.

H. **MODE OF DATA COLLECTION-**

SOURCE OF DATA COLLECTION-

a. PRIMARY DATA COLLECTION- obtained from patients who got admitted and discharged from the emergency department by direct observation and telephonic surveys (confidentiality ensured
b. SECONDARY DATA COLLECTION- HIS, CPRS and the ER registration

I. DATA COLLECTION TOOLS- (Microsoft excel for collecting data and statistical analysis)

STUDY TOOLS -

c. PRIMARY DATA - Telephonic surveys (confidentiality ensured)
d. SECONDARY DATA - (HIS), CPRS and the ER registration

J. INCLUSION CRITERIA – All patients who got admitted and discharged through ER

K. EXCLUSION CRITERIA – Patients from other departments

L. ETHICAL CONSIDERATION – (An approval for the same is being attached in the Annexure III)

Confidentiality & privacy: All data collected will be kept confidential, used only for research, kept safe, and accessible to authorized personnel only.
Beneficence and non-maleficence: the aim of the study is to promote health without putting participants in danger**.**

DIRECT OBSERVATIONS:

- **Patient footfall and length of stay(LOS):** Watching the triage procedure in action to observe how patients are arranged according to their level of urgency and keeping track of the efficiency of the discharge procedure, searching for bottlenecks that can retain patients longer than needed

- **Observing patient communication and contentment:** Observing how staff interacts with patients, including bedside manner, clarity of explanations, and responsiveness to patient concerns. Observing the efficiency with which patients' pain is evaluated and treated.

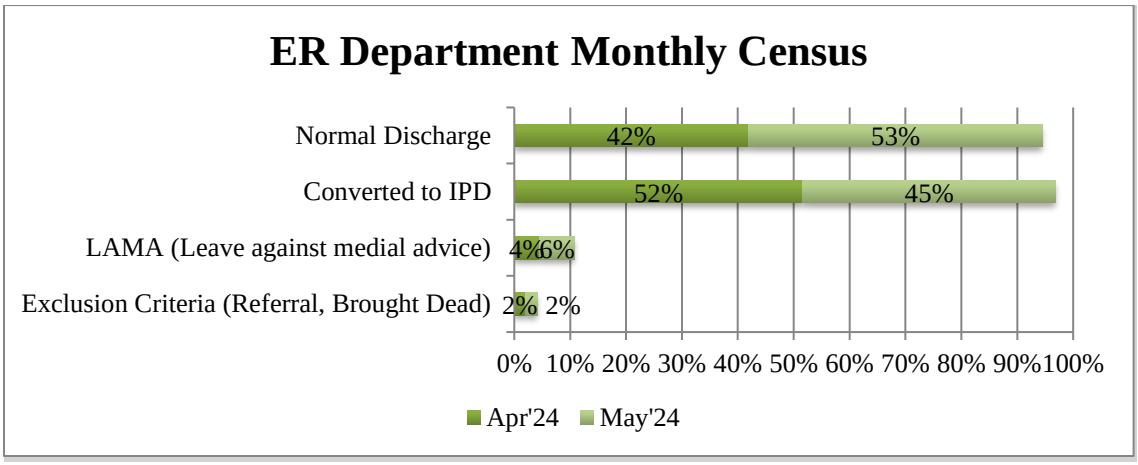
- **Staff workload:** Keep an eye on the amount of work that nurses, doctors, and other staff members are doing to determine whether they are overworked or understaffed.

- **Teamwork**: Observing how various employees work together to deliver care. Observing if any breaks in communication that might be affecting productivity.

DATA ANALYSIS & RESULTS INTERPRETATIONS:

ON COMPARING ER's MONTHLY CENSUS:

ER DEPARTMENT PATIENTS STATUS	Apr'24	May'24
Exclusion Criteria (Referral, Brought Dead)	21	23
LAMA (Leave against medical advice)	48	68
Converted to IPD	552	484
Normal Discharge	448	563
Total Patients in ER	**1069**	**1138**



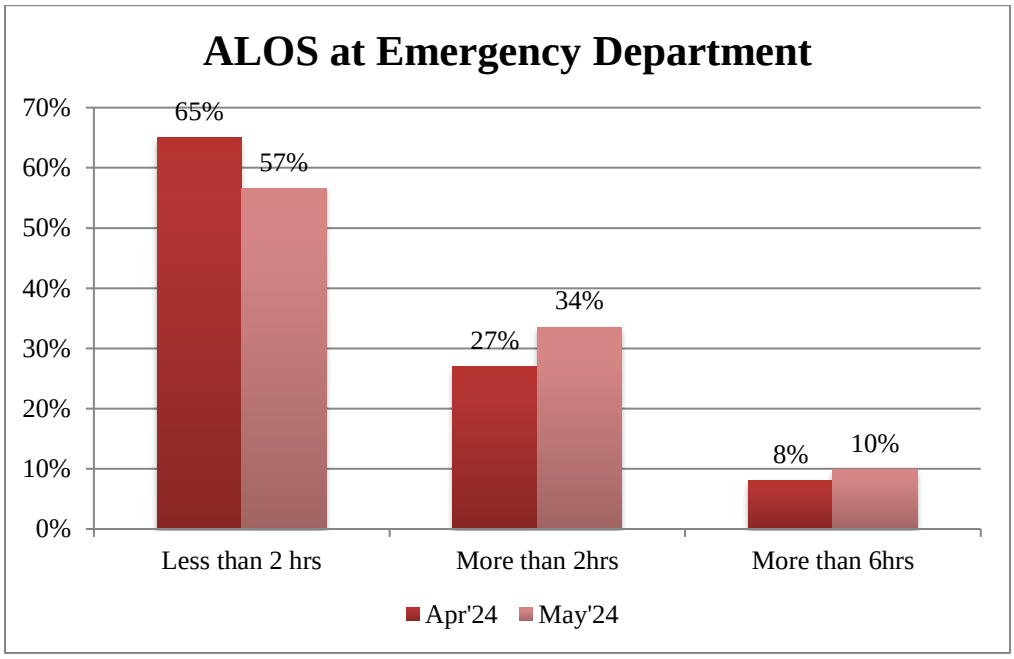
DATA INTERPRETATIONS:-

- May 24 compared to April 24 saw a 7% drop in the conversion rate of patients from ER to IP. Just 45% of patients were converted to IP in May, compared to 52% in April.
- The percentage of patients who went LAMA increased slightly from 4% in April to 6% in May.

ON COMPARING PATIENT'S LENGTH OF STAY IN APRIL-MAY:

- The ALOS for these patients 4 hrs.
- The data analysis in the graphic displays the ALOS of patients during the months of April and May, broken down by duration (less than two hours, between two and six hours, and more than six hours).

CATEGORIES OF PTS	Apr'24		May'24	
Less than 2 hours	291	65%	319	57%
More than 2 hours	121	27%	189	34%
More than 6 hours	36	8%	55	10%
Total Patients in ER	**1069**	**100%**	**1138**	**100%**



DATA INTERPRETATIONS:-

- It is observed that there were more patients seen with longer ALOS in May, than in April. This suggests that in May, a greater percentage of patients waited longer in the emergency department.

This could significantly impact the overall patient satisfaction experience level in May as compared to April. [8]

ON COMPARING PATIENT'S SATISFACTION EXPERIENCE LEVEL

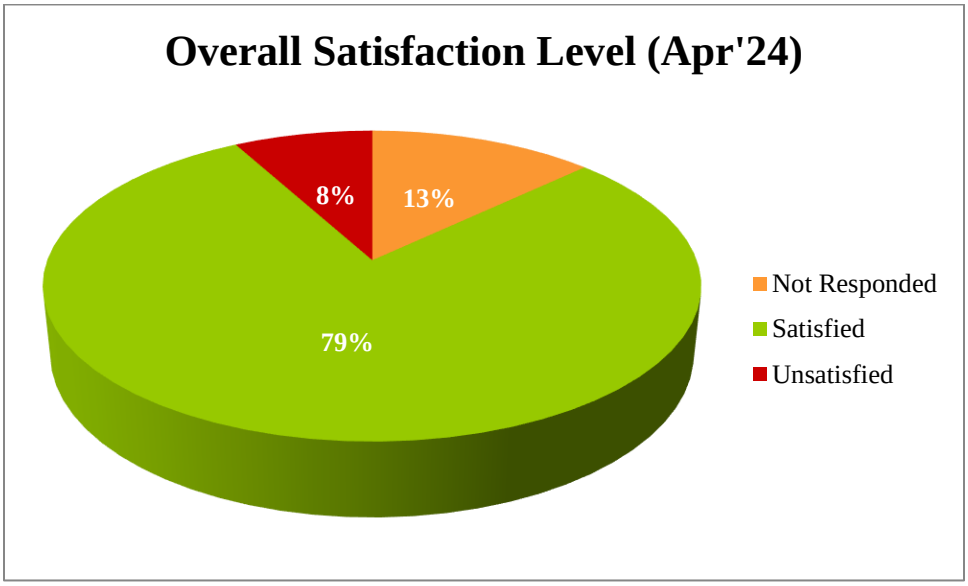
OF

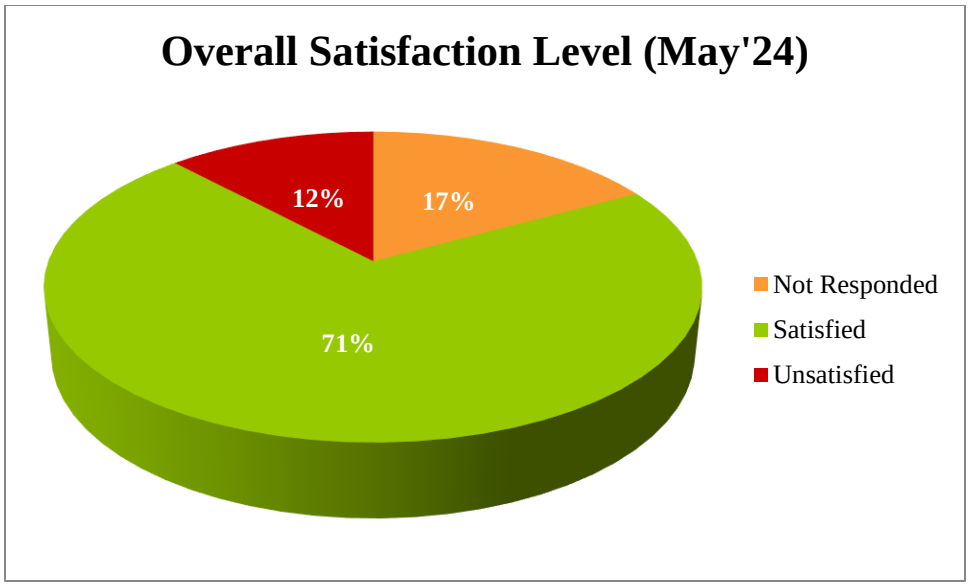
APRIL-MAY:

- Using a convenience sampling method, a **telephonic survey** of patients who got admitted and discharged from ER was being conducted(ensuring patient's data confidentiality)

Patient Response	Apr'24		May'24	
Not Responded	33	13%	66	17%
Satisfied	199	79%	275	71%
Unsatisfied	20	8%	46	12%
Total Sample Size	**252**	**100%**	**387**	**100%**

PSAT Score	Apr'24 (79%)	May'24 (71%)





Reasons for Unsatisfied Patients	Apr'24		May'24	
Non Availability of Beds	10	50%	25	54%
Financial Issues	4	20%	5	11%
Improper Treatment	1	5%	2	4%
Waiting Time	3	15%	11	24%
Lack of Coordination between Staff & Doctors	2	10%	3	7%

DATA INTERPRETATIONS:-

- This data analysis signifies the overall satisfaction experience level of patients at ER.
- There is a significant decrease in the level of satisfaction May'24 (71% pts being reported satisfied) as compared to April'24 (79%satisfied pts)
- The major reasons for decrease in pt. satisfaction are being depicted in the table above.

DISCUSSION:

Our preliminary findings from the ED at Max Smart Hospital indicate a potential issue with patient flow and satisfaction in the emergency department (ED) in May compared to April. Here are some key points for discussion:

Extended Average Length of Stay (ALOS) and Patient Footfall:

- Compared to April, there was a 115 patient increase in May (563 versus 448).
- Although the volume was larger, fewer people (57%) were discharged promptly than in April (65%).
- This suggests that there might be crowding and lengthier wait times in May, which causing discontent [9]

Reduced Conversion Rates to Inpatient Departments (IPD):

- A 6% decrease in the conversion rate from the emergency department (ED) to the IPD (46 vs. 52%) indicates that more patients were not found to be fit for admission in May.
- A scarcity of IPD beds

Patient satisfaction level:

- A fall in the PSAT (Patient Satisfaction Score) from 79% to 71% in May indicates a deterioration in the quality of the patient experience
- A greater percentage of non-responders (17% vs.13%) in May would suggest that patients who had especially bad experiences were less likely to reply.

Increase in LAMA cases:

- In May, patients visiting ER “left against medical advice ” for a variety of reasons, thus hampering patient satisfaction

BOTTLENECKS:

This observational study identifies a number of possible gaps and bottlenecks in the emergency department (ED) in May.

Capability:

- The lower percentage in the lowest LOS group indicates that there was not a commensurate gain in capability for earlier discharge in May, despite a notable increase in patient load (115 patients) in comparison to April
- This raises the possibility of crowding and resource constraints.

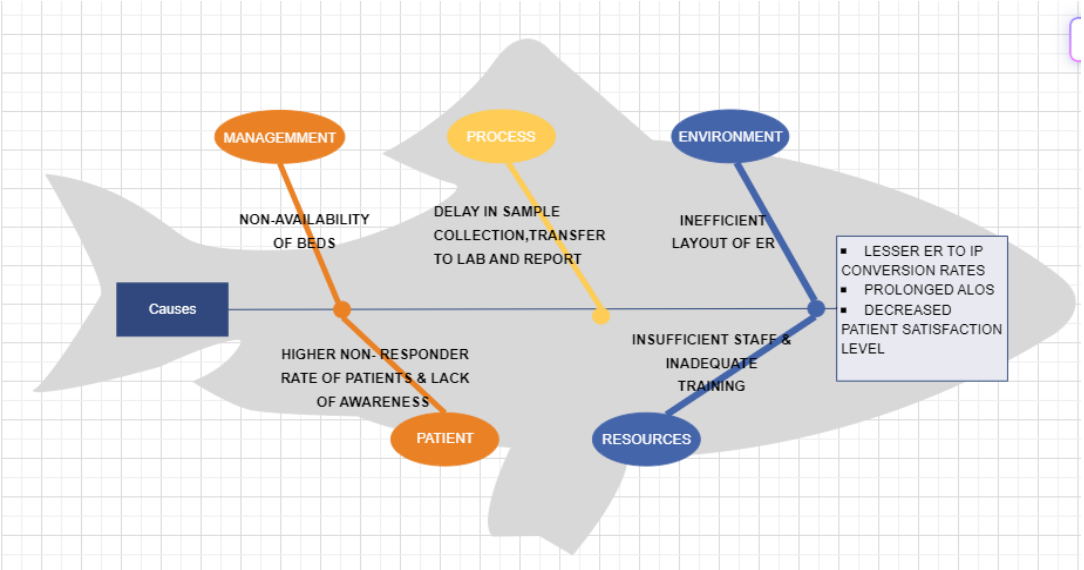
Conversion Rates:

- A possible bottleneck in admitting eligible patients may be indicated by the 6% decline in conversion rates from ED to IPD in May.
- This could result because of non –availability of beds in the hospital: Patients in need of admission are being held in the emergency department due to a lack of beds in the inpatient department.
- Referral practices: Patients who don't need to be admitted are overflowing the ED due to inappropriate referrals.

Patient Flow:

- According to the data, there may have been lengthier wait times in May as a result of both the increased patient load and the bottleneck in the conversion of eligible patients to IP, leading to pts dissatisfaction level.

To assess these factors and to get significant recommendations, an **Ishikawa fishbone diagram** is being used in my study.[11] The main issue is represented by the diagram's head, and possible causal factors found during brainstorming or research sessions are represented by the "fish bones." A deeper understanding of the bottlenecks in the observed month of study (May'24) and their underlying root causes is made possible by our analysis.



Ishikawa fishbone diagram

RECOMMENDATIONS:

Suggestions to Reduce Bottlenecks and Boost ED Effectiveness:

1. Resource and Capacity Management

a) **Staffing:** Assess the ED's staffing numbers, especially at busy times. Take into account using flexible staffing strategies to accommodate more patients, that is ,through training of staff and increasing the staff (per shift per doctor)

b) **Bed Management**: Enhance coordination and communication about available beds between the inpatient department and the emergency department.

c) **Space Optimization:** To increase productivity and cut down on wait times, examining the ED layout and making plans about optimizing space flow.

2. Optimize Conversion to Inpatient Divisions:

Efficient bed turnover in the emergency department can be achieved by using early discharge planning procedures

3. Improve Patient Satisfaction and Flow:

a) **Optimizing laboratory/radiology testing and consultations**: helps to decrease LOS.

b) **Updates and Communication**: Continually inform patients about anticipated stay duration and wait times.

c) **Patient Comfort:** Pay attention to enhancing the comfort of patients in the waiting area by providing proper seating arrangements and also considering the housekeeping services.

Through the implementation of these recommendations and ongoing monitoring of critical data, the identified bottlenecks can be efficiently improved, thereby enhancing patient flow and satisfaction, and optimization of conversion rates from ER to IP.

CONCLUSION:

- Following a thorough analysis of the collected data, I have come to the conclusion that there has been a decrease in conversion rates from ER to IP besides decreased pt. satisfaction in May as compared to April.

- Emergency department is one of the most crowded areas within hospital and it requires proper management as it deals with every kind of patients termed under triages.

- Reasons for increase in ALOS in ER were non-availability of beds, delay in investigations and communication failure between nursing staff and front office staff while other reasons like GDA, nursing, housekeeping and patient payment type related issues further delayed the shifting from ER ,leading to pt. dissatisfaction, thus hampering the quality of care

- Workforce management, their proper training, proper no. of hiring can also be useful. Electronic transfer of medical records could be developed to further decrease the time wasting for transfer of medical records.

- Controlling overcrowding at emergency department is crucial. This will assist the department in operating at peak efficiency and providing high-quality care to patients

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ANNEXURE I

S.NO	NAME OF THE DEPARTMENT	DATE(s) OF VISIT	INTERACTED WITH (NAME & DESIGNATION)
1	CLINICAL OUT - PATIENT DEPARTMENT	22nd April 2024 – 25th April 2024	**MR SAURABH JAGOTA** (FRONT OFFICE MANAGER)
2	RADIOLOGY	26th April 2024 – 27th April 2024	**MRS VIDYA** (HOD RADIOLOGY)
3	PATIENT ACCESS CENTER	29th April – 4th May 2024	**MR HAIDER** (HOD CALL CENTER)
4	EMERGENCY DEPARTMENT	6th May 2024 – 21st June 2024	**DR KAMAL PALTA** (PRINCIPAL CONSULTANT & HOD ER)
5	IP BILLING ADMISSION & DISCHARGE	10th June 2024 – 20th June 2024	**MR DEEPAK SACHDEVA** (MANAGER-IP BILLING & DISCHARGE)

ANNEXURE II

FORMAT OF DATA COLLECTION :

TRIAGE NO.	PATIENT NAME	ADMIT DATE AND TIME	CONVERSION STATUS	

TRIAGE NO.	PATIENTS NAME	ADMIT DATE & TIME	DISCHARGE DATE & TIME	LOS (APRIL- MAY)

TRIAGE NO.	PATIENT NAME	ADMIT DATE	FEEDBACK REMARKS	SATISFACTION LEVEL	
				(satisfied / unsatisfied)	

ANNEXURE III

CERTIFICATE OF APPROVAL FOR ETHICAL CONSIDERATIONS

Department of Emergency Medicine,

Max Smart Super Speciality Hospital

Saket, New Delhi

This certificate attests to the fact that the Department of **Emergency Medicine** has examined and approved the project "To study the influence of quality of patient care in the emergency department on hospital admission rates and patient satisfaction to improve overall outcomes" in light of ethical concerns regarding the acquisition of verbal consent from patients and collection of secondary data from hospital record.

Head of Department Approval:

Dr Kamal Preet Palta

(Principal Consultant & Head of Emergency Department)

Max Smart Super Speciality Hospital

Saket, New Delhi

Signature: _____

Date: _____

MAX Healthcare
Dr. Kamal Palta
Head & Senior Consultant
Department of Emergency Medicine
Max Smart Super Speciality Hospital
(A Unit of Gujarmal Modi Hospital & Research Centre For Medical Sciences)
DMC Regn. No.-49434

INTERNSHIP EXPERIENCE

- Teamwork
- Time management
- Communication skills
- Practical knowledge
- Professionalism
- Self - management skills
- Problem solving skills
- CPRS/HIS learning

SUGGESTIONS GIVEN TO THE ORGANIZATION:

Strategies need to be implemented to ensure the continuity of quality of patient care (4 C'S)

- ✓ **Communication**
- ✓ **Coordination**
- ✓ **Collaboration**
- ✓ **Continual reassessment**

Data-driven decision making: using the data collected to track performance

Resource distribution: Examining staffing numbers, equipment accessibility, and space allotment

PICTORIAL JOURNEY

COMPLETION OF SUMMER INTERNSHIP FROM MAX SMART SUPER SPECIALITY HOSPITAL, NEW DELHI

The certificate is awarded to

DR KASHISH MAHAJAN

In recognition of having successfully completed her

Internship in the department of

HOSPITAL OPERATIONS

And has successfully completed her Project on

To study the influence of quality of patient care in emergency department on Hospital Admission rates and Patient Satisfaction to improve overall outcomes

From (22nd April 2024 – 21st June 2024)

at

Max Smart Super Speciality Hospital, Saket, New Delhi

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 endeavors

Organization Supervisor

(DR. NUTAN PANDA)

Department Head

MAX Healthcare

Dr. Kamal Palta
Head & Senior Consultant
Department of Emergency Medicine
Max Smart Super Speciality Hospital
(A Unit of Gujarmal Modi Hospital & Research Centre For Medical Sciences)
DMC Regn. No.-49434

CERTIFICATE OF APPROVAL

The Summer Internship Project titled "**To study the influence of quality of patient care in emergency department on hospital admission rates and patient satisfaction to improve overall outcomes"** at MAX SMART SUPER SPECIALITY HOSPITAL, NEW DELHI 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: Dr Pankaj Talreja

Designation: Associate Professor & Controller of Examinations

IIHMR, Delhi

FEEDBACK FORM

(Organization Supervisor)

Name of the Student: DR. KASHISH MAHAJAN

Summer Internship Institution: MAX SMART SUPERSPECIALITY HOSPITAL, SAKET, NEW DELHI.

Area of Summer Internship: HOSPITAL OPERATIONS

Attendance: 100%

Objectives met: ① focused on improving patient satisfaction in ER dept.
② Understanding of patient flow in ER.

Deliverables:
① Improved patient satisfaction
②

Strengths: ① focused
② Communication with patients

Suggestions for Improvement:
① Need to work on receiving orders & following with closure timely

Signature of the Officer-in-Charge (Internship)

Date: 20/6/24

Place

FEEDBACK FORM

(IIHMR MENTOR)

Name of the Student: Dr. Kashish Maharjan

Summer Internship Institution: Max Smart Superspeciality Hospital, Saket

Area of Summer Internship: Hospital Operations

Attendance: Good.

Objectives met: Yes.

Deliverables: All deliverables met.

Strengths: Sincere, Hardworking

Suggestions for Improvement:

Signature of the Officer-in Charge (Internship)

Date:

Place:

Kashish M D.pdf
PDF - 7 MB

Kashish M D

ORIGINALITY REPORT

15%	14%	3%	7%
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