SUMMER INTERNSHIP REPORT

(Discharge TAT and OP, IP Patient Satisfaction)

at

Max Super Speciality Hospital

Patparganj Delhi

(May 01st to June 30th, 2025)

A Report

By

MR. UJJWAL PATHAK

(PG/24/112)

Under the guidance of

DR. ANANDHI RAMACHANDRAN

PGDM (Hospital and Health Management)

2024-2026

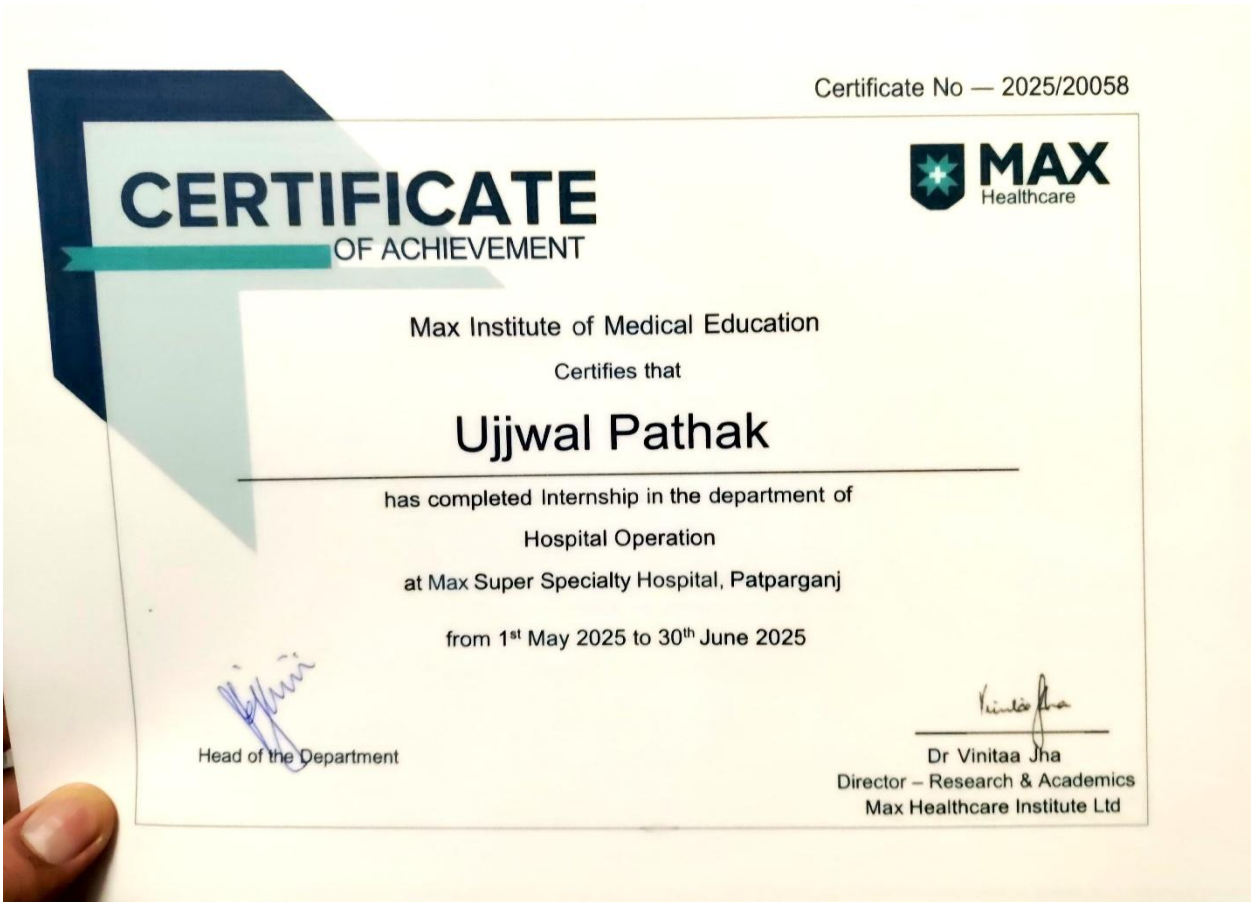
International Institute of Health Management Research, New Delhi

ACKNOWLEDGEMENT

I am grateful to MAX Super Speciality Hospital, Patparganj for providing me with the opportunity to complete my internship at their organization. I am sincerely grateful to my internship mentors **Ms Baishakhi Jain (Head-Patient Experience),** her support and guidance helped me to understand the hospital dynamics, gain valuable experience in my field, and allowed me to make the most of my internship. She in spite of being busy with her duties, took time to hear and guide me, gave helpful advice and constructive comments throughout the project. Her valuable input made this project possible. I extend my thanks to Floor Manager **(Zoheb Ali, Jasleen Kaur, Aditi Chaudhary, Akansha)** and all the staff members of MAX Super Speciality Hospital, Patparganj for their kind cooperation and patience. Also, I am glad to acknowledge **Dr Anandhi Ramachandran (Professor)** IIHMR Delhi who is my mentor for his continuous encouragement in the completion of this project.

Ujjwal Pathak

PG/24/112



Certificate No — 2025/20058

CERTIFICATE
OF ACHIEVEMENT

MAX Healthcare

Max Institute of Medical Education

Certifies that

Ujjwal Pathak

has completed Internship in the department of

Hospital Operation

at Max Super Specialty Hospital, Patparganj

from 1st May 2025 to 30th June 2025

Head of the Department

Dr Vinitaa Jha
Director – Research & Academics
Max Healthcare Institute Ltd

(Completion of Summer Internship from respective organization)

The certificate is awarded to

UJJWAL PATHAK

(PG/24/112)

In recognition of having successfully completed his/her

Internship in the department of

OPERATIONS

and has successfully completed her Project on

(Discharge TAT and Patient Satisfaction in IP, OP)

"1 MAY 2025 TO 30 JUNE 2025"

MAX SUPER SPECIALITY HOSPITAL

PATPARGANJ (DELHI)

He/she comes across as a committed, sincere & diligent person who has a

strong drive & zeal for learning

We wish him/her all the best for future endeavours

Organization Supervisor

Head-HR/Department Head

FEEDBACK FORM

(Organization Supervisor)

Name of the Student: Ujjwal Pathak

Summer Internship Institution: Max Super Speciality Hospital, Patparganj (Delhi)

Area of Summer Internship: Operations

Attendance: Good

Objectives met:

Fully

Deliverables:

Very good comprehension skills & ability to complete assigned jobs on time.

Strengths:

Honest, Dependable, Good Natured, Ready to take on any assignments.

Suggestions for Improvement: Little more familiarity with Communication in English

Signature of the Officer-in-Charge (Internship)

Date: 24.6.25
Place: Delhi

FEEDBACK FORM

(IIHMR MENTOR)

Name of the Student: **Ujjwal Pathak**

Summer Internship Institution: **Max Super Speciality Hospital, Patparganj (Delhi)**

Area of Summer Internship: **Operations**

Attendance: Regular

Objectives met: yes

Deliverables: yes.

Strengths: Sincere, hardworking

Suggestions for Improvement: Need to be proactive

Signature of the Officer-in-Charge (Internship)

Date: 21/7/2025

Place: New Delhi

Certificate of Approval

The Summer Internship Project of titled "**(Discharge TAT and Patient Satisfaction in IP, OP)**" at "**MAX SUPER SPECIALITY HOSPITAL, PATPARGANJ (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.

Dr. Anandhi Ramachandran
Professor
IIHMR, Delhi

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ACRONYMS

IPD	In-patient Department
OPD	Out-Patients Department
OT	Operation Theatre

INTRODUCTION



ABOUT THE HOPITAL

Max Super Speciality Hospital, Patparganj (Delhi), a unit of Shri Balaji, is a 250-bed state-of-the-art tertiary care facility offering comprehensive healthcare services. The hospital is equipped with 12 high-end modular operation theatres, an emergency resuscitation and observation unit, 50 critical care beds, a dedicated endoscopy suite, and an advanced dialysis unit. It boasts cutting-edge diagnostic and treatment technology, including a 256 Slice CT Angio, 3.0 Tesla digital broadband MRI, advanced Cath Labs with electrophysiology navigation, and a flat panel C-Arm detector.

Max Patparganj provides specialized care across key medical disciplines such as Cardiac Sciences, Orthopaedics, Urology, Neurology, Paediatrics, Obstetrics, and Gynaecology, making it one of the leading hospitals in Delhi. With a team of over 300 experienced specialist doctors, a highly trained nursing staff, and innovative medical technology, the hospital is committed to delivering world-class healthcare from admission to discharge.

The hospital serves as a regional center for advanced medical procedures including neurovascular interventions, cardiac surgeries, orthopedic treatments, renal therapies, bariatric surgeries, pediatric care, and comprehensive obstetric and gynaecological services. Max Super Speciality Hospital, Patparganj, ensures integrated, multidisciplinary care aimed at achieving the highest standards in patient outcomes and satisfaction.

Specialities at Max Super Speciality Hospital, Patparganj

Max Patparganj is equipped with 12 high-end modular operation theatres and dedicated emergency resuscitation and observation units, offering a wide range of specialized medical services, including:

1. Cardiology
2. Cancer Care
3. Kidney Transplant
4. Neurology
5. Liver Transplant
6. Eye Care
7. Joint Replacement
8. Lung Transplant
9. Nephrology
10. Dental Care
11. Obstetrics and Gynaecology
12. Orthopaedics
13. Robotic Surgery

Facilities at Max Super Speciality Hospital, Patparganj

1. Comfort During Stay

- Private rooms
- TV in room
- Free Wi-Fi
- Phone in room
- Mobility-accessible rooms
- Family accommodation
- Laundry services
- Call bell for assistance

2. Money Matters

- Health insurance coordination
- Medical travel insurance assistance
- ATM on premises
- Credit/Debit card facility
- Net banking support

3. Food Services

- Customized diet plans on request
- In-house restaurant
- International cuisine options

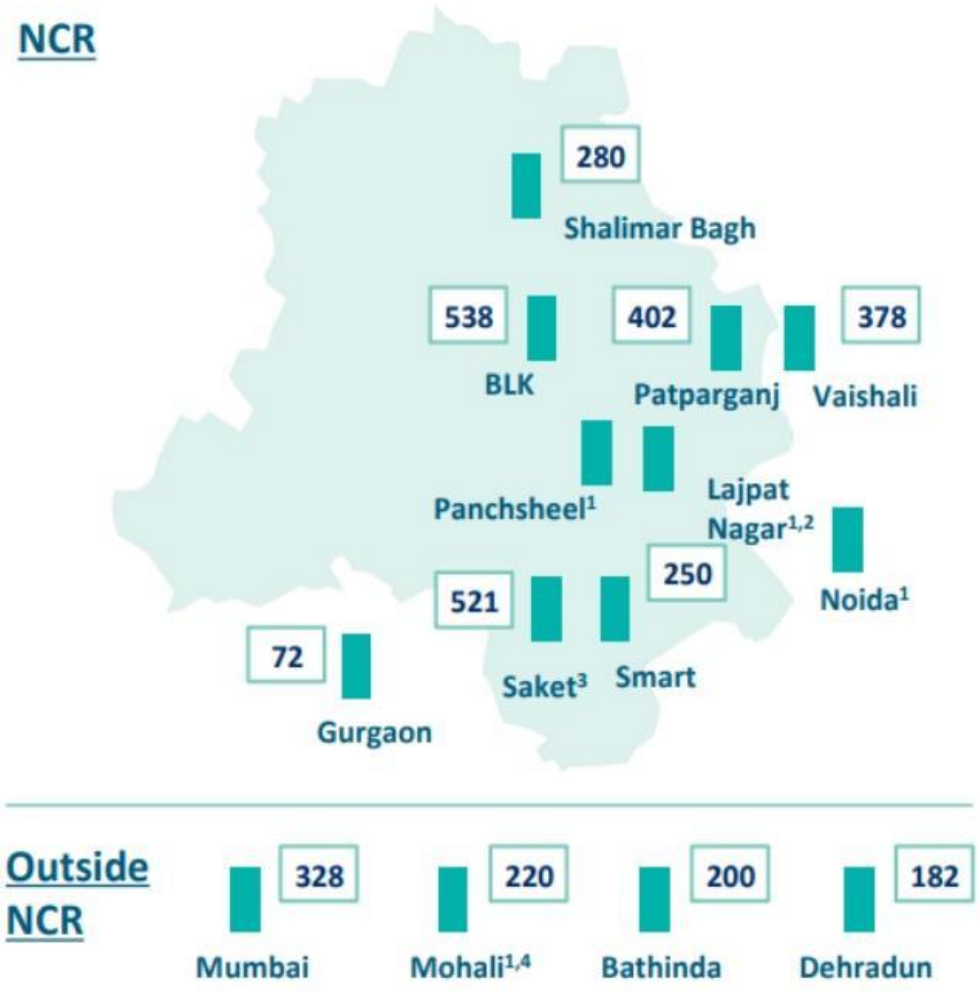
4. Treatment Support

- Medical record transfer
- Online doctor consultations
- In-house rehabilitation
- On-site pharmacy and home care support
- Legal documentation support

- Postoperative follow-up

5. Transportation & Travel

- Local transportation booking
- Visa and travel assistance
- Local tourism coordination



MAX RESEARCH CENTRE

At **Max Healthcare (MHC)**, the **Office of Research (OOR)** plays a pivotal role in promoting, supporting, and guiding the institution's diverse research initiatives. Acting as the "front door" for new research collaborations, the OOR is central to Max Healthcare's mission of fostering a robust academic and scientific environment.

Established in **2005**, the OOR has maintained a singular focus: **to enhance the quality, scope, and efficiency of translating basic science discoveries into advanced clinical treatments** that directly benefit patients. The office is staffed with experienced professionals who provide **comprehensive operational, administrative, academic, scientific, and technological support** to researchers and clinicians engaged in research or clinical trials.

Over the years, **Max Healthcare has earned national and international recognition** for its contributions to the field of medical research. This includes a growing portfolio of **funded grant studies, clinical trials, and observational clinical research projects**, with the number of funded studies consistently rising each year.

Max Research Centre exemplifies MHC's commitment to innovation, patient-centered research, and excellence in healthcare advancement.

Vision

At Max Healthcare, our vision is to become India's most respected and trusted healthcare provider, committed to delivering the highest standards of clinical excellence and patient-centric care. We strive to achieve this through the integration of advanced medical technology, compassionate service, and cutting-edge research, ensuring better health outcomes for every patient we serve.

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-centred 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.
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.	**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.

PURPOSE

To Serve.
With commitment and compassion in our heart, we deliver the highest standard of patient-centred care to those we serve.

To Excel.
From a dream team of doctors and specialists to support staff that goes the extra mile to deliver quality care, excellence is in our DNA.

OUR MILESTONES

2020	2020 NSE and BSE listing Max Healthcare's BSE and NSE listings
2017	**JCI Accreditation** The Joint Commission International has granted Max Super Speciality Hospital Saket its accreditation. (JCI)
2016	**Max Institute of Cancer Care, Lajpat Nagar** in June 2016, the Max Institute of Cancer Care, a childcare center exclusively dedicated to cancer care, opened in Lajpat Nagar.
2015	**Max Smart Super Speciality Hospital, Saket** Officially, Saket City Hospital becomes Saket's Max Smart Super Speciality Hospital
2015	Max Super Speciality Hospital in Vaishali is now the official name for Pushpanjali Crossley Hospital.
2014	Please keep in mind the following text: Max Multi Speciality Hospital, Greater Noida Max Multi Speciality Hospital, Greater Noida - Secondary Care Hospital in Greater noida

2012	Max Healthcare inaugurated its initial Super Speciality hospital in Uttarakhand in May 2012 known as Max Super Speciality Hospital, Dehradun.
2011	Max Super Speciality Hospital in Bathinda is a part of Max Healthcare, and it expanded its presence in North India (in partnership with the Government of Punjab) in September 2011.
2011	Max Super Speciality Hospital, Mohali In September 2011, Max Healthcare expanded its operations in North India by forming a partnership with the Government of Punjab to establish Max Super Speciality Hospital in Mohali...
2011	Max Super Speciality Hospital, Shalimar Max Super Speciality Hospital, Shalimar Bagh- Max Healthcare strengthened its presence in Delhi & NCR by opening a 300-bed facility in Shalimar Bagh in November 2011.
2009	Max Healthcare has achieved NABH Accreditation for its blood bank.

2009	Max Healthcare has been honored with the D L Shah National Award for 'Economics of Quality' by the Quality Council of India.
2008	Max Healthcare has been honored with the Express Healthcare Awards for its outstanding performance in the healthcare sector.
2007	"Max Healthcare Certification: Max Healthcare's laboratories have been awarded NABH and NABL certification."
2007	Max Hospital in Gurgaon High End Secondary Care Centre in Gurgaon
2006	Max Super Speciality Hospital located in Saket The first Multi, Super Speciality Tertiary Care Location at Max Super Speciality Hospital in Saket
2005	Max Hospital in Patparganj is the primary Multispecialty Tertiary Care facility in East Delhi. It boasts 147 beds, 3 operating theaters, and 1 Cath Lab..
2004	Max Heart & Vascular Institute, Saket is the first super tertiary care facility with advanced cardiac life support

	ambulances and air evacuation service..
2002	Max Hospital, Noida Max Hospital, Noida - Focus on Mother and Child care with Non-invasive Cardiology, Orthopaedics, ENT, Ophthalmology, Nephrology etc.
2002	Max Hospital in Pitampura is the first hospital to obtain ISO certification. It is also the first high-end secondary care center in North Delhi.
2000	Max Medcentre in Panchsheel Park is the first medical center to offer OP facilities and day care surgeries.
1985	Max Foundation Established in 1985, Max India Limited is a publicly listed company on both the NSE and BSE, boasting more than 37,000 shareholders.

Accreditations & Certifications of Max Super Speciality Hospital, Patparganj

Max Super Speciality Hospital, Patparganj, upholds the highest standards of quality and patient safety through multiple prestigious accreditations. The hospital's blood bank services adhere strictly to the standards set by the National Accreditation Board for Hospitals & Healthcare Providers (NABH) and the National AIDS Control Organization (NACO). Currently, the blood bank at Patparganj is NABH accredited, ensuring safe and efficient transfusion services.

In addition, the hospital's laboratories are accredited by the National Accreditation Board for Testing and Calibration Laboratories (NABL), affirming their compliance with international benchmarks in medical testing and diagnostic services.

Furthermore, Max Super Speciality Hospital, Patparganj, aligns with the clinical protocols and patient care practices recognized under the Joint Commission International (JCI) standards. While JCI accreditation is held by Max's flagship facility in Saket, all Max units—including Patparganj—follow uniform, globally benchmarked processes to ensure excellence in healthcare delivery.

Department's Observation and Findings

1. 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.

2. Department: Bed Management

Observations: In bed management, the process starts with recording the receipt of a bed request, noting the time and requester. The status of the desired bed (available, occupied, under cleaning) is checked and documented. The allotted bed's category (e.g., general, semi-private, private) is matched to the patient's needs. Communication with internal staff regarding bed preparation and interactions with the patient or their representative to manage expectations are observed and recorded. Finally, the patient's admission to the allotted bed is confirmed, noting the time and any issues encountered.

3. Department: Financial Counseling

Observations: In financial counseling, the process begins with advice provided by the admission consultant. The patient is instructed to bring the prescription or doctor's input form. Once prepared, the prescription or doctor's input form is handed over to the patient, and the receipt of this form is documented.

4. Department: Insurance Management

Observations: The insurance management process at Max Healthcare begins with receiving the Third-Party Administrator (TPA) customer and sending a pre-authorization form. Follow-up is conducted to resolve any queries, and the customer is notified upon initial approval. The final bill is prepared upon discharge intimation, then sent along with the discharge summary to the TPA for final approval. The final approval is received, and the approval status is communicated to the patient. attendant, addressing any remaining queries to ensure resolution within defined timelines.

Efficient communication, timely follow-ups, and accurate documentation are essential for smooth processing and final approval

5. **Department: Front Office**

Observations:

The Front Office Department at Max Healthcare serves as the first point of contact for patients and visitors, playing a vital role in shaping the hospital's image and ensuring a smooth patient journey. The process begins with the reception staff greeting and registering patients, collecting necessary identification and demographic details, and guiding them to the appropriate service area. For planned admissions, the front office coordinates with departments like admission, billing, and insurance to ensure pre-admission formalities are completed efficiently. For emergency cases, immediate coordination with the Emergency Department is initiated. The staff is responsible for handling inquiries, managing appointments, issuing visitor passes, and providing directions or assistance within the hospital premises. Effective communication, courteous behavior, and prompt service are essential to ensure patient satisfaction, reduce wait times, and maintain a smooth flow of operations throughout the hospital.

6. **Department: Biomedical Engineering**

Observations:

The Biomedical Engineering Department at Max Healthcare is responsible for the maintenance, calibration, and safe operation of all medical equipment across the hospital. The process begins with the inventory management of biomedical devices, followed by regular preventive maintenance schedules and prompt corrective actions in case of equipment malfunction. Service requests are raised either manually or through a computerized maintenance management system (CMMS), which are then assessed and assigned to biomedical engineers or technicians. The team ensures proper installation, calibration, and testing of newly procured equipment before deployment. Coordination with vendors for Annual Maintenance Contracts (AMCs) and Comprehensive Maintenance Contracts (CMCs) is also handled by this department. Accurate documentation of service records, calibration logs, and compliance with safety and quality

standards is essential to minimize equipment downtime and support uninterrupted clinical operations. The department plays a crucial role in ensuring patient safety and clinical efficiency through the reliability of medical technology.

7. **Department: Medical Administration**

Observations:

The Medical Administration Department at Max Healthcare plays a pivotal role in ensuring smooth coordination between clinical and administrative functions. The process begins with managing doctor rosters, duty allocations, and ensuring availability of consultants and residents as per hospital needs. The department monitors clinical documentation, discharge summaries, medical audits, and ensures compliance with hospital policies and regulatory guidelines. It acts as a liaison between medical staff and other departments to address operational issues, patient grievances, and clinical workflow challenges. Coordination for medico-legal cases (MLC), death certifications, and disciplinary protocols also falls under the department's purview. The team ensures that clinical quality indicators are tracked and addressed, including infection rates, adverse events, and patient outcomes. Timely communication, effective conflict resolution, and strict adherence to clinical governance protocols are essential to maintain patient safety, medical ethics, and overall healthcare quality.

8. **Department: Pharmacy**

Observations: The Pharmacy Department at Max Healthcare is responsible for the safe, accurate, and timely dispensing of medications to both inpatients and outpatients. The process begins with receiving prescriptions from doctors, verifying them for accuracy and legibility, and checking for any drug interactions or contraindications. Medicines are dispensed after cross-verification by a licensed pharmacist. The department maintains adequate stock levels through inventory management systems, ensuring that critical drugs are always available and stored under proper environmental conditions. Coordination with the procurement team ensures timely replenishment based on consumption patterns. For inpatients, medication indenting is done ward-wise and supplied accordingly. The pharmacy also plays a role in educating patients on dosage, usage instructions, and possible side effects. Strict adherence to protocols, accurate documentation, and

compliance with regulatory standards are essential to ensure patient safety and therapeutic effectiveness.

9. **Department: Nursing**

Observations:

The Nursing Department at Max Healthcare is integral to patient care delivery, ensuring 24/7 clinical support across all units. The process begins with nurse allocation through daily duty rosters based on patient acuity and unit requirements. Nurses perform vital functions including patient assessment, medication administration, monitoring of clinical status, documentation, and coordination with doctors and allied departments. Standard Nursing Care Plans (NCPs) are followed to maintain consistency and quality in patient care. The department also manages shift handovers using structured reporting formats like SBAR (Situation, Background, Assessment, Recommendation) to ensure continuity of care. Regular training, skill development sessions, and audits are conducted to enhance competency and adherence to infection control protocols, medication safety, and emergency response readiness. Compassionate communication, clinical vigilance, and documentation accuracy are key elements for ensuring patient safety, satisfaction, and recovery outcome.

Admission Process

1. Type of admission

    A. Voluntary admission – Admission through OPD process. It also called Routine admission
    B. Mandatory admission- Emergency

2. Categories of Patient

    A. Category A – EWS
    B. Category B - (CGHS or PSU)
    C. Category C – (CASH or TPA)

3. Documentation for admission

For Cash Patients –

- Valid copy of Adhaar card
- Valid Pan Card
- KYC form

For TPA Patients –

- Patient Valid Policy (Policy should be 1 year old)
- Valid copy of Adhaar card
- Valid copy of Pan Card
- KYC form
- 2 passport photo

For CGHS/PSU

- Patient CGHS/PSU card
- Valid copy of Adhaar
- Valid copy of Pan Card
- 2 Passport size photo

4. Discharge Pattern

- Urged to Discharge
- LAMA – Leave against medical advise – when patient don't want to take further treatment

Leave Against Medical Advice (LAMA) occurs when a patient or their attendant decides to leave the hospital before the treating physician recommends discharge, despite medical advice to continue treatment. The process begins when the patient or attendant expresses their intent to leave. The treating doctor and nursing staff immediately counsel the patient about the risks involved in leaving early, including potential complications or worsening of the condition. If the patient insists,

a formal **LAMA form** is explained and signed by the patient or legal guardian, acknowledging their decision and the hospital's disclaimer of liability for any adverse outcomes following the early departure. The medical team prepares a summary of the treatment given, patient's current condition, and recommendations for follow-up care. Billing is settled accordingly, and discharge documents are completed and handed over. Proper documentation, clear communication, and informed consent are critical to protect the patient's rights and the hospital's legal interests.

- DOR- Discharge on request – when patient want to discharge on requesting to Doctor

Discharge on Request (DOR) refers to a situation where a patient or their attendant voluntarily chooses to leave the hospital before the treating doctor advises discharge. The process begins when the patient or attendant submits a written request expressing their desire to discontinue treatment and be discharged. The treating consultant is informed immediately, and counseling is provided to explain the potential risks and consequences of leaving against medical advice. If the patient insists on discharge, the medical team completes a clinical summary detailing the treatment provided, current condition, and pending interventions. A **Discharge on Request/Leave Against Medical Advice (LAMA)** form is signed by the patient or authorized relative, acknowledging that the decision is voluntary and the hospital is not liable for any adverse outcomes. The billing department processes the final bill, and the pharmacy clears any pending medication indents. The patient is then formally discharged with necessary documents. Timely communication, proper documentation, and legal consent are essential to safeguard both patient rights and hospital accountability.

- Absconded – (Leaving without informstion) An **Absconded Discharge** refers to a situation where a patient leaves the hospital premises without completing formal discharge procedures, often without informing the medical or administrative staff. The process begins when nursing or ward staff notice that the patient or attendant is missing from the assigned bed or room. Immediate internal communication is triggered to confirm the patient's absence and check other areas like washrooms, waiting zones, or cafeteria. Once confirmed, the incident is escalated to the Medical Administration, Security, and Front Office departments. The patient's file is reviewed for pending investigations, treatments, and financial dues. A formal incident report is prepared, and the case is classified as

"Absconded." The billing team updates the account status, and necessary documentation is completed to record the event in the Hospital Information System (HIS). If required, a medico-legal intimation (MLI) is filed with the local authorities. Prompt internal coordination, proper documentation, and security vigilance are critical to managing such cases efficiently and minimizing medico-legal or financial risks for the hospital.

- Transferred to Another hospital (Referral)
- Death – expire during hospitalization

Briefing about Hospital

There are two building in MAX Patparganj

East Wing and **West Wing**

East wing consist of 9 floors and 3 Basement

- B3 have IT department, engineering and biomedical plant
- B2 have IP Pharmacy(IPD), F&B Store, Mortuary
- B1 have Radiological department, nuclear medicine department, emergency, bed manager, corporate desk and tunnel (connect East Wing to West Wing)
- Ground floor have May I Help You Desk, Registration (Ortho & Neuro), General Surgery, OP Pharmacy, Admission Counter, Billing Desk, Finance Counsel and Kitchen
- 1st Floor have ICU, Cath lab, CTVS, Dengue Ward
- 2nd Floor Have OT
- 3rd have surgical ICU and Liver transplant ICU
- 4th-8th floor have IPD ward

West Wing

- B1 have Eye OPD, Dental OPD, Physio OCD, IP Billing, Canteen, Laundry and Doctor lounge
- Ground floor have OPD (Onco) (ENT), PG (eco), Onco(Day care)(Day care extension) , TPA desk and Blood Bank

- 1st floor have IPD, BMS ward, Medical Admin., OPD(Gynae), (Gastro), (Nephro), (Liver), (Paediatric) and Dialysis
- 2nd floor have IPD, PICU, PHDU, Bronchoscopy and Discharge summary room
- 3rd floor have NICU, Labor room and OT

Project Report

Introduction

This report presents an evaluation of patient satisfaction at Max Super Speciality Hospital, Patparganj, with a specific focus on outpatient (OPD) and inpatient (IPD) services. As a 250-bed tertiary care facility located in East Delhi, the hospital delivers a wide range of clinical services supported by more than 300 specialist doctors and advanced medical technology.

Patient satisfaction is a critical indicator of healthcare quality. It influences patient adherence, return visits, and the overall reputation of the hospital. This project emphasizes understanding the experiences of both OPD and IPD patients, recognizing that each group has distinct interactions with the healthcare system.

Aim

The aim of this project is to assess patient satisfaction among both OPD and IPD patients at Max Super Speciality Hospital, Patparganj, and to identify areas for service improvement in both domains.

Objectives

1. Evaluate the overall level of satisfaction among OPD and IPD patients at Max Super Speciality Hospital, Patparganj.
2. Compare satisfaction levels between OPD and IPD services to identify strengths and gaps in each.
3. Identify key factors that influence patient satisfaction, such as waiting time, doctor-patient interaction, nursing care, and service delivery.
4. Assess the role of staff attitude and communication in shaping patient experiences in both OPD and IPD settings.
5. Evaluate how effective communication contributes to better satisfaction and understanding of treatment processes.
6. Study the impact of hospital facilities and amenities (e.g., cleanliness, seating, room conditions, food quality) on patient comfort.
7. Analyse **Discharge Turnaround Time (TAT)** in the IPD segment to assess its effect on overall patient satisfaction.
8. Measure the prevalence of complaints or dissatisfaction reported by OPD and IPD patients separately.

9. Provide evidence-based recommendations to enhance patient experience across both outpatient and inpatient services.

Methodology

• Study Setting

The study was conducted at Max Super Speciality Hospital, Patparganj, a tertiary care hospital equipped with advanced medical infrastructure and providing high-volume outpatient and inpatient care.

• Study Population

The population comprised both OPD patients visiting for consultations and IPD patients admitted for treatment during the study period.

• Study Duration

The study was conducted over two months, from May 1st to June 30th, 2025, aligned with the summer internship tenure.

• Study Design

A mixed-method research design was adopted, combining both retrospective and prospective data collection:

1. **Retrospective Data**: Retrieved from hospital records, including patient feedback forms, discharge logs, and OPD visit summaries.
2. **Prospective Data**: Collected through on-ground observations, informal patient interviews, and discussions with hospital staff during the internship.

• Focus on Discharge TAT (Inpatient Only)

For IPD patients, **Discharge Turnaround Time (TAT)**—from discharge advice to final exit—was analyzed using ward logs and billing records, as delays in discharge often contribute to patient dissatisfaction.

• Data Sources

1. Hospital Information System (HIS)
2. Patient medical records and OPD logs
3. Informal feedback from OPD and IPD patients
4. Observation and internal staff inputs
5. Discharge reports (for inpatient cases)

• Sampling Technique

A simple random sampling method was used to select 100 OPD patients and 485 IPD patients, ensuring a balanced and unbiased dataset.

• Data Analysis

All collected data were entered into Microsoft Excel for tabulation. Graphs, charts, and comparative visuals were used to illustrate satisfaction levels and discharge efficiency.

Ethical Considerations

- **Confidentiality**: All patient data were anonymized, with no personal identifiers used in the analysis.
- **Voluntary Participation**: Informal discussions with patients were conducted with consent, and participation was entirely voluntary.
- **Non-Interference**: The study was purely observational and did not affect any treatment or medical process.

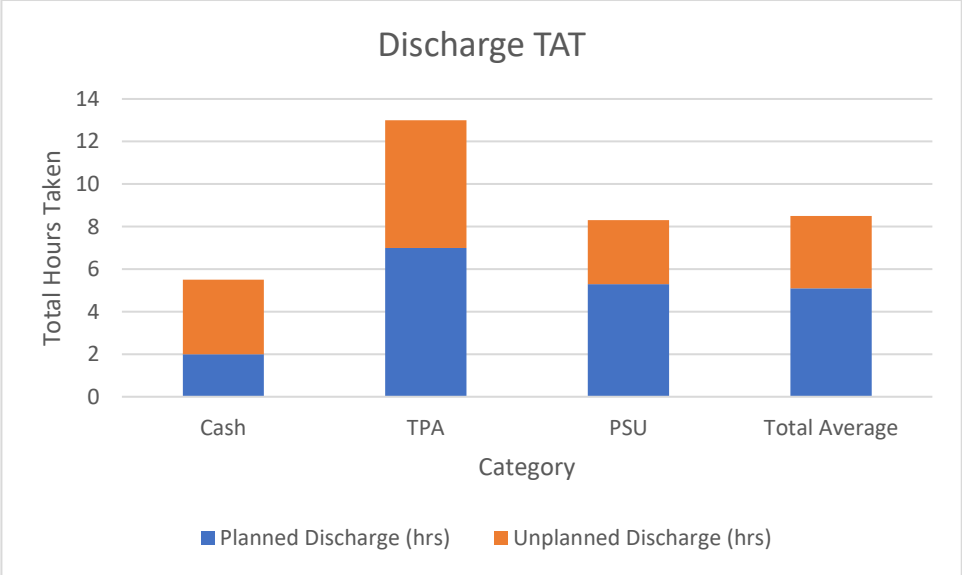
Data Analysis

Discharge TAT

The analysis of discharge turnaround time (TAT) data at Max Hospital, Patparganj, reveals important insights into the efficiency and process dynamics associated with both planned and unplanned discharges across various patient categories—namely Cash, TPA (Third Party Administrator), and PSU (Public Sector Undertaking). For **planned discharges**, the data shows that **Cash patients had the shortest average discharge time of 2.0 hours**, indicating that when a discharge is pre-scheduled and payment is made directly by the patient, the process tends to be relatively smooth and swift. In contrast, **TPA patients experienced a significantly higher average discharge time of 7.0 hours**, which can be attributed to the time-consuming documentation, claim verification, and approval procedures typically involved in insurance-related discharges. **PSU patients**, who are usually covered under government or organizational health schemes, had an average planned discharge time of **5.3 hours**, reflecting a moderately lengthy process, possibly due to internal billing and paperwork requirements. Overall, the average time taken for all planned discharges stood at **5.1 hours**, pointing to the need for streamlined discharge protocols, especially in TPA and PSU categories, to enhance patient satisfaction and optimize bed turnover.

When it comes to **unplanned discharges**, which usually occur due to sudden patient decisions, transfers, or emergency circumstances, the turnaround time was generally shorter. **Cash patients took an average of 3.5**

hours, longer than their planned counterparts, possibly due to last-minute arrangements or financial clearance delays. Interestingly, **TPA patients under unplanned discharge had a reduced average time of 6.0 hours**, though still relatively high, showing that despite the urgency, insurance formalities continue to impose delays. **PSU patients had a significantly lower unplanned discharge time of 3.0 hours**, suggesting that emergency or unanticipated discharges in this category may be handled more promptly, perhaps with post-discharge settlement processes in place. The **overall average discharge time for unplanned cases was 3.4 hours**, noticeably lower than the planned discharge average. This indicates that while planned discharges ideally should be more efficient due to prior scheduling, real-world hospital operations sometimes show the opposite due to procedural and administrative bottlenecks. These findings emphasize the importance of revisiting discharge workflows, especially for insured and government scheme patients, to reduce delays and enhance the overall patient experience in both OP and IP departments.



Patient Category	Planned Discharge (hrs)	Unplanned Discharge (hrs)
Cash	2.0	3.5
TPA	7.0	6.0
PSU	5.3	3.0
Total Average	5.1	3.4

Several factors contribute to delays in the discharge process within hospitals, particularly in cases involving planned discharges. One of the most common reasons is **administrative and billing clearance**, especially for patients under TPA (Third Party Administrator) or PSU (Public Sector Undertaking) schemes, where multiple layers of document verification, claim approvals, and financial approvals are required. This process can be time-consuming and often involves back-and-forth communication between the hospital billing department and the insurance provider or employer organization. Another significant cause is **pending clinical clearance**, where the treating doctor may not be immediately available for final evaluation or discharge approval, leading to waiting periods. **Delays in medication preparation and final pharmacy bills** also play a role, as the discharge summary and prescriptions must be processed and verified before a patient can leave. **Lack of coordination between departments**—such as nursing, billing, pharmacy, and medical—can further extend the discharge timeline. Additionally, **patient or family-related delays**, such as waiting for transport or clarification on discharge instructions, may add to the total time. These reasons highlight the need for better interdepartmental coordination, digital workflow integration, and proactive discharge planning to reduce turnaround times and improve patient satisfaction.

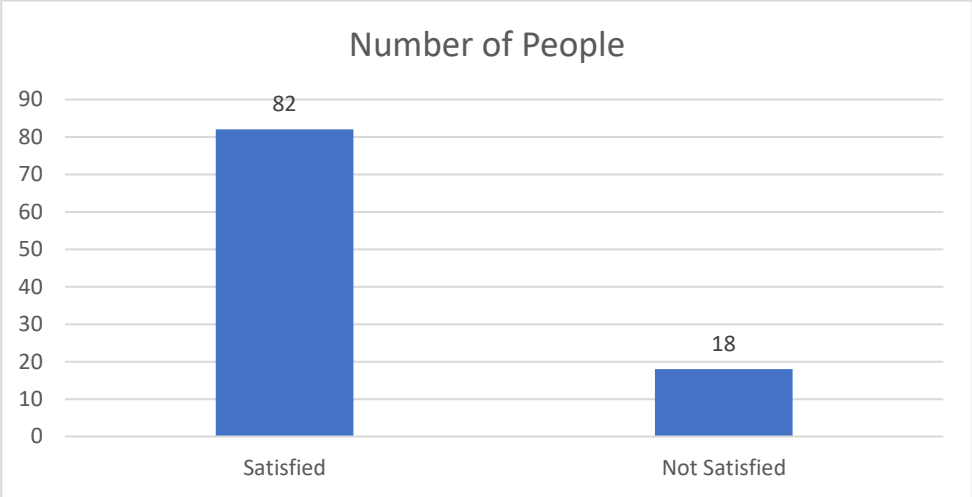
Patient Satisfaction in OPD and IPD

Patient satisfaction in both outpatient (OP) and inpatient (IP) departments is a crucial metric that reflects the overall quality of healthcare services delivered at a hospital. At Max Super Speciality Hospital, Patparganj, patient satisfaction is assessed through direct face-to-face interactions, feedback forms, and service quality metrics, helping to identify gaps and opportunities for improvement. In the outpatient department (OPD), patients usually engage with various services such as registration, consultation, diagnostic procedures, pharmacy, and follow-ups within a limited time frame. Based on a face-to-face interaction survey conducted with 100 OPD patients, it was found that the majority expressed satisfaction with doctor interaction, hospital cleanliness, ease of appointment booking, and the politeness of staff. However, certain concerns were raised regarding long waiting times at the consultation and pharmacy counters. Additionally, some patients recommended more clear signage and better queue management. Meanwhile, in the inpatient department (IPD), patient satisfaction is evaluated over a more extended duration of stay, covering multiple service dimensions such as admission process, room cleanliness, nursing care, responsiveness of staff, timely delivery of medication, discharge process, and overall comfort. The data revealed that while patients appreciated the hygiene of rooms, quality of food, and the compassion shown by nursing staff, significant dissatisfaction was noted in the discharge turnaround time (TAT), especially among patients under TPA (Third Party Administrators), where the average discharge time exceeded 7 hours, compared to 2 hours for cash-paying planned discharges. Unplanned discharges showed further delays. The reasons for this include delays in final billing, insurance documentation, and inter-departmental coordination. Patients undergoing TPA processes often reported confusion due to lack of timely updates from the insurance desk. Despite these delays, many

IPD patients appreciated the availability of prompt medical attention and efficient emergency responses. Overall, the patient satisfaction level at Max Patparganj indicates a high level of trust and reliability in clinical services, but it also emphasizes the need for operational improvements in areas such as pharmacy wait time, insurance handling, and discharge formalities to enhance the patient journey across both OP and IP settings.

OPD Patient Satisfaction

Based on a face-to-face survey conducted among 100 outpatients (OPD) at Max Super Speciality Hospital, Patparganj, it was observed that a significant majority of patients expressed a positive experience with the hospital's outpatient services. Out of the total respondents, 82% reported that they were satisfied with the services provided, while 18% stated that they were not satisfied. The high satisfaction rate reflects the hospital's efficiency in areas such as doctor consultation, staff behavior, cleanliness, and ease of appointment booking. However, the 18% who reported dissatisfaction pointed towards issues such as long waiting times, delays at the pharmacy, or lack of proper signage and communication within the facility. This data indicates that while the hospital has successfully maintained a commendable level of service quality for most patients, there still exists a need to address operational inefficiencies and enhance the overall patient experience in order to ensure that satisfaction levels can be improved further.



Satisfaction Status	Number of People
Satisfied	82
Not Satisfied	18

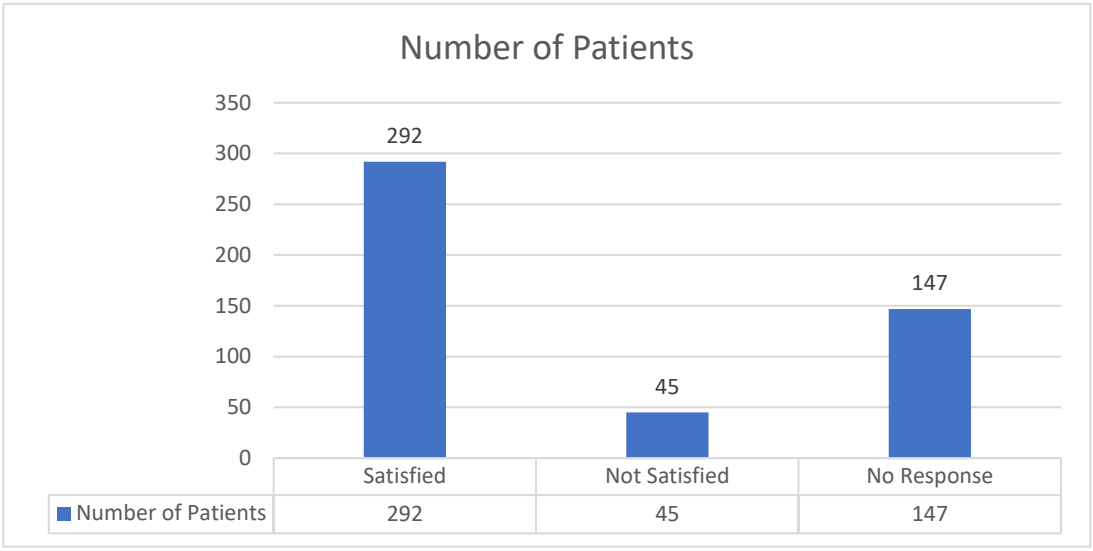
Reason for Not being satisfied

During the analysis of patient feedback at Max Super Speciality Hospital, Patparganj, several operational challenges were frequently highlighted that impacted overall patient satisfaction, particularly in both OPD and IPD services. One of the most commonly reported issues was the **delay in doctor consultation**, where patients had to wait beyond their scheduled appointment times due to overbooking or extended consultation times with previous patients. This contributed to **longer waiting times** in the outpatient department, causing inconvenience especially for elderly patients and those with mobility issues. Additionally, **delays at the billing counter** were also reported, where patients had to wait for extended periods due to limited staff availability or technical issues in billing software, which slowed down the overall process. In the inpatient department, patients and their attendants frequently mentioned **late admission procedures**, which were mainly caused by delays in room allocation, document verification, and coordination between departments. These delays not only caused frustration but also added stress to patients already dealing with health concerns. Overall, such procedural inefficiencies—if not addressed—can significantly hinder the patient experience, despite the presence of quality medical care.

IPD Patient Satisfaction

As part of the patient satisfaction monitoring process in the inpatient department (IPD), the Patient Experience Team at Max Super Speciality Hospital, Patparganj, conducted follow-up discharge calls to gather feedback. Out of 485 admitted patients contacted, 220 patients responded positively, expressing satisfaction with the care and services provided during their stay. These patients appreciated aspects like nursing care, doctor interaction, cleanliness, and responsiveness of staff. However, 45 patients reported dissatisfaction, often citing reasons such as delays in discharge, lack of clear communication, billing issues, or problems related to room services. A significant portion, 219 patients, did not respond to the call, possibly due to unavailability, network issues, or unwillingness to participate. While the majority of those who answered reported a satisfactory experience, the combined feedback and non-response data highlight the need for improved follow-up strategies and deeper engagement with patients post-discharge to ensure a holistic understanding of service quality and areas needing improvement.

Feedback Status	Number of Patients
Satisfied	292
Not Satisfied	45
No Response	147



Dreamsol (for feedback)

Dreamsol is a specialized digital platform utilized by Max Super Speciality Hospital, Patparganj, to streamline and manage patient feedback in a structured and responsive manner. This application plays a vital role in the hospital's patient experience framework, ensuring that each piece of feedback—whether positive or negative—is tracked, responded to, and acted upon with accountability. Whenever a patient shares feedback through various touchpoints such as digital kiosks, QR codes, or direct staff interactions, the data is automatically synced with the Dreamsol system. If the feedback is positive, it is categorized under "Compliment" and forwarded to the concerned department or individual as a form of recognition and encouragement. On the other hand, if a patient registers a complaint or shares negative feedback, the system immediately generates a service ticket within Dreamsol. This ticket is then assigned to the specific department responsible for the issue. The concerned department is required to conduct a **Root Cause Analysis (RCA)** to understand the underlying problem and then prepare a **Corrective and Preventive Action (CAPA)** plan to address and resolve the concern. The platform enforces a strict response timeline, providing a maximum of **12 hours** for departments to respond and submit the RCA and CAPA within the system. Once the corrective plan is submitted, the ticket and accompanying documentation are escalated to the **Head of Patient Experience**,

who evaluates the adequacy and genuineness of the resolution provided. If the CAPA is deemed appropriate, the ticket is officially closed in the system. However, if the Head finds that the explanation or corrective action is insufficient or lacking detail, the department is asked to revise and provide further clarification or stronger preventive measures. This entire feedback-loop mechanism within Dreamsol ensures not only swift redressal of patient grievances but also promotes a culture of continuous quality improvement, accountability, and patient-centric care across all hospital departments.

Recommendations

Based on the comprehensive analysis of patient satisfaction and discharge turnaround times (TAT) during the summer internship at Max Super Speciality Hospital, Patparganj, several critical recommendations emerge to enhance overall operational efficiency and patient experience. Firstly, there is an urgent need to streamline the discharge process, particularly for TPA and PSU patients, where documentation and interdepartmental coordination delays significantly extend TAT, sometimes beyond 7 hours. This can be addressed by digitizing discharge workflows, implementing pre-discharge checklists, and initiating discharge planning at least 24 hours in advance. Integration of automated alerts within the Hospital Information System (HIS) to notify departments (pharmacy, billing, medical records) once a discharge is advised can minimize delays. Secondly, the hospital should increase the staffing capacity or introduce token-based queue management in OPD registration, billing, and pharmacy counters to reduce patient wait times, which was a common source of dissatisfaction among OPD patients. Additionally, training programs focused on patient communication, empathy, and service etiquette must be conducted regularly for front-line staff and nurses, as effective communication was found to play a pivotal role in shaping patient perceptions. The introduction of real-time feedback terminals in strategic OP and IP areas can supplement the Dreamsol platform, ensuring prompt acknowledgment of issues and improving service responsiveness. Moreover, the hospital should prioritize the expansion and simplification of wayfinding signage to assist patients, particularly elderly and first-time visitors, who often struggle with navigation. It is also recommended to implement a dedicated insurance liaison desk with extended working hours to address queries and facilitate seamless coordination with TPA providers. From a strategic viewpoint, hospital leadership should invest in predictive analytics using historical discharge and satisfaction data to forecast operational bottlenecks and take preemptive actions. Lastly, follow-up calls made by the Patient Experience Team should be standardized, and response rates improved through scheduled contact times and multi-language support to gain more representative feedback from discharged patients. Implementing these recommendations can significantly reduce discharge delays, enhance satisfaction levels, and ultimately strengthen the hospital's reputation for delivering patient-centric, efficient, and high-quality healthcare services.

Conclusion

The summer internship at Max Super Speciality Hospital, Patparganj, offered a comprehensive and insightful exposure to the real-world dynamics of hospital operations, particularly concerning discharge turnaround time (TAT) and patient satisfaction in both outpatient (OPD) and inpatient (IPD) departments. Through rigorous observation, data collection, patient interaction, and departmental analysis over a two-month period, the project has highlighted both the strengths and challenges faced by the hospital in delivering quality, efficient, and patient-centric care.

One of the core findings of this internship was the significant variation in discharge TAT across different patient categories. While cash patients experienced quicker discharges due to simplified financial processes, patients under TPA and PSU schemes encountered substantial delays, often ranging from 5 to 7 hours. This was primarily due to complex documentation, lack of real-time communication between departments, and the need for multiple levels of approval. Unplanned discharges, though generally faster, still posed administrative challenges, indicating the need for a more agile and streamlined discharge management system. These findings reaffirm that discharge TAT is not merely a logistical metric but a vital contributor to the overall patient experience, bed turnover, and operational efficiency.

Equally significant were the insights derived from the patient satisfaction analysis. In the OPD setting, 82% of patients expressed satisfaction with the services provided, citing courteous staff behavior, clean surroundings, and positive doctor-patient interactions. However, issues such as long waiting times and pharmacy delays were reported, pointing toward operational gaps that can negatively impact patient perceptions. The IPD satisfaction analysis also revealed commendable performance in areas like nursing care, food quality, and room hygiene. Nonetheless, the extended discharge process and communication lapses regarding insurance processing were major pain points for many admitted patients, especially those under TPA coverage.

An innovative aspect of Max Patparganj's service delivery model is its integration of the **Dreamsol feedback management platform**, which effectively captures patient sentiments, routes concerns to responsible departments, and enforces timely resolutions through RCA and CAPA mechanisms. This system reflects the hospital's commitment to continuous improvement and responsiveness, underscoring a proactive culture toward patient satisfaction.

The analysis underscores the critical importance of interdepartmental coordination, robust digital systems, clear communication channels, and proactive patient engagement strategies in shaping a positive patient journey. Departments such as pharmacy, finance, nursing, front office, and medical administration play interconnected roles, and any inefficiency in one area can affect the entire patient care continuum.

In conclusion, while Max Super Speciality Hospital, Patparganj, demonstrates a high level of clinical competence and patient-centeredness, especially in areas like medical care quality, hospitality, and digital feedback management, there remains a need for ongoing improvements in discharge workflows and OPD process streamlining. Addressing these operational delays will not only enhance patient satisfaction but also bolster institutional reputation and service excellence. This internship has not only enhanced my academic understanding of hospital management but also offered practical insights into the intricate balance of clinical care, administrative efficiency, and patient expectations—elements that collectively define the success of any healthcare institution.

Annexure:

Serial No.	Name of the Department	Date(s) of Visit	% of Time Spent	Interacted with (Name and Designation)
1	Operations	1 MAY 2025-30 JUNE 2025	70%	Zoheb Ali Sir (Floor manager)
2	Operations	5 May – 15 May	15%	Jasleen Kaur Mam (Floor manager)
3	Operations	15 May – 15 June	10%	Aditi Chaudhary Mam (Floor Manager)
4	Operations	16 June – 30 June	5%	Akansha Mam (Floor Manager)

Feedback Questionaire

Patient Satisfaction Questionnaire

Max Super Speciality Hospital, Patparganj

Department: [ ] OPD [ ] IPD

Date: _____ Name (Optional): _____

Section A: General Information

1. Age: _____

2. Gender: [ ] Male [ ] Female [ ] Other

3. Type of Patient: [ ] Cash [ ] TPA [ ] PSU

4. First time at this hospital? [ ] Yes [ ] No

Section B: Registration & Admission Process

5. The registration/admission process was quick and easy.

[ ] Strongly Agree [ ] Agree [ ] Neutral [ ] Disagree [ ] Strongly Disagree

6. Staff at the registration/admission desk were courteous and helpful.

[ ] Strongly Agree [ ] Agree [ ] Neutral [ ] Disagree [ ] Strongly Disagree

Section C: Doctor Interaction & Treatment

7. Doctor listened carefully and addressed my health concerns.

[ ] Strongly Agree [ ] Agree [ ] Neutral [ ] Disagree [ ] Strongly Disagree

8. I was involved in decisions regarding my treatment.

[ ] Yes [ ] No [ ] Can't Say

Patient Satisfaction Questionnaire

Max Super Speciality Hospital, Patparganj

9. My treatment was explained clearly.

[ ] Strongly Agree [ ] Agree [ ] Neutral [ ] Disagree [ ] Strongly Disagree

Section D: Nursing & Support Staff (IPD only)

10. Nurses were responsive and caring during my stay.

[ ] Strongly Agree [ ] Agree [ ] Neutral [ ] Disagree [ ] Strongly Disagree

11. Support staff (cleaners, food delivery, etc.) were respectful and helpful.

[ ] Strongly Agree [ ] Agree [ ] Neutral [ ] Disagree [ ] Strongly Disagree

Section E: Facilities and Cleanliness

12. The hospital premises were clean and hygienic.

[ ] Strongly Agree [ ] Agree [ ] Neutral [ ] Disagree [ ] Strongly Disagree

13. Waiting areas/rooms were comfortable and adequately maintained.

[ ] Strongly Agree [ ] Agree [ ] Neutral [ ] Disagree [ ] Strongly Disagree

Section F: Discharge Process (IPD only)

14. The discharge process was smooth and timely.

[ ] Strongly Agree [ ] Agree [ ] Neutral [ ] Disagree [ ] Strongly Disagree

15. I received complete information and documents at discharge.

[ ] Yes [ ] No [ ] Partially

Patient Satisfaction Questionnaire

Max Super Speciality Hospital, Patparganj

Section G: Overall Experience

16. I am satisfied with my overall experience at the hospital.

[ ] Strongly Agree [ ] Agree [ ] Neutral [ ] Disagree [ ] Strongly Disagree

17. Would you recommend this hospital to others?

[ ] Yes [ ] No

Section H: Suggestions & Complaints

18. What did you like most about your experience here?

_____

19. What could we improve?

_____

20. Any additional comments or suggestions?

_____

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