

INTERNSHIP REPORT

DIGITAL HEALTH ON THE GROUND: STRATEGIES FOR HOSPITAL ADOPTION

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Enrolment No.: IIHMR-U/02/2023-25/0475

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1. INTRODUCTION

The evolution of hospital management in India is being driven by the growing need for operational efficiency, compliance, and patient data transparency. My internship at Chikitsa.io—a Web 3.0 enabled HIMS provider—offered an opportunity to implement and optimize a smart hospital information system. This report presents my experience working on onboarding processes, ABHA-EMR integrations, department-wise training, and remote product promotion.

2. RESEARCH QUESTIONS

- How can HIMS platforms like Chikitsa.io improve multi-departmental workflows in hospitals?
- What is the role of ABHA-linked EMRs in streamlining insurance claims and digital record management?
- How can remote demo sessions contribute to product adoption in Tier II and Tier III cities?
- What are the key challenges in implementing digital health solutions across departments?

3. LITERATURE REVIEW

Existing literature highlights the growing adoption of digital health solutions to address inefficiencies in traditional hospital setups. The Ayushman Bharat Digital Mission (ABDM) underlines the strategic importance of integrating ABHA IDs with EMRs for unified patient data and claim processing. Studies also show that successful HIMS adoption depends on modular design, workflow customization, and role-specific training.

4. OBJECTIVES

- To evaluate operational improvements after the implementation of Chikitsa.io HIMS
- To study the effect of ABHA and EMR integration on data accuracy and insurance workflows
- To analyze feedback from hospital staff on product usability and functionality

5. HYPOTHESIS

Digital HIMS implementation at Chikitsa.io enables smoother interdepartmental coordination, reduces manual errors, and enhances operational efficiency when supported by structured training and workflow customization.

6. DATA COLLECTION PROCEDURE

Primary data was collected through direct observation, staff feedback interviews, and workflow usage logs during the implementation period. Secondary data was referenced from ABDM guidelines, journal articles on HIMS, and product documentation.

7. STUDY DESIGN

The study employed a practical implementation-based observational model supported by qualitative feedback analysis

8. DURATION OF STUDY

April 2025 – May 2025

9. SAMPLE SIZE

The sample included implementation at one multi-specialty hospital involving over 7 departments and feedback from 20+ users including administrative, clinical, and support staff.

10. SAMPLING TECHNIQUE

Purposive sampling based on availability and active user participation during implementation.

11. PRIMARY DATA

Feedback interviews, live demonstration logs, departmental usage analysis, and real-time bug or issue reporting.

12. SECONDARY DATA

Chikitsa.io documentation, ABDM integration protocols, and peer-reviewed articles on hospital digitization and HIMS adoption.

13. DATA ANALYSIS PLAN

Qualitative insights were categorized by department, functionality, and adoption stage. System usage patterns were analyzed for frequency, error rates, and feature utilization.

14. OPERATIONAL DEFINITIONS

- HIMS: Hospital Information Management System, a digital platform for managing hospital workflows
- ABHA: Ayushman Bharat Health Account, a unique patient ID enabling unified health record access
- EMR: Electronic Medical Record, a digital version of patient history and treatment data

15. ETHICAL CONSIDERATIONS

Hospital consent was taken for all implementations and training sessions. No patient-identifiable data was collected or shared. Confidentiality was maintained throughout the observation process.

16. IMPLICATIONS OF STUDY

The study offers valuable insights into how modular, ABHA-compliant HIMS platforms like Chikitsa.io can enhance efficiency and data quality in mid-sized hospitals. It emphasizes the importance of department-specific training, real-time feedback integration, and strategic stakeholder alignment for successful health-tech adoption.