EMPOWERING PATIENT CARE & HOSPITAL MANAGEMENT THROUGH IHMS

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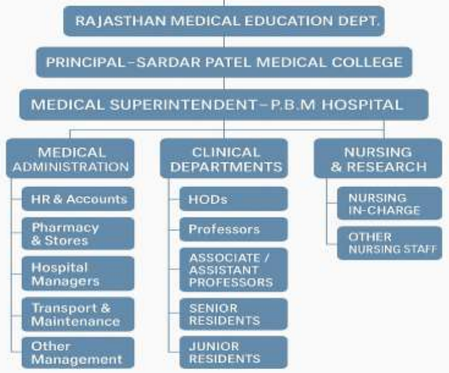
ORGANISATION PROFILE

PBM HOSPITAL, BIKANER

Established in 1935 and named after Prince Bijay Singh, PBM is Rajasthan's first government hospital. Spread across 400 acres with nearly 4000 beds and a daily OPD footfall of 8000+ patients, it is a major tertiary care center in North India. The hospital is renowned for its advanced cancer treatment and is affiliated with Sardar Patel Medical College, Bikaner

ORGANIZATIONAL STRUCTURE



VISION AND MISSION

VISION: To provide accessible, affordable, and quality healthcare to all sections of society through efficient service delivery.
MISSION: To adopt innovative technologies and practices for continuous improvement in patient care and hospital operations.

CHALLENGES FACED DURING INTERNSHIP

- Training clinical staff on digital tools
- Frequent power failures and hardware issues
- Irregular staff schedules and leaves
- Bureaucratic delays in procurement and approvals.
- Need to balance medical workflows with software interface limitations

THEORETICAL LEARNING

- Learned healthcare IT concepts like IHMS, EHR, and data-driven hospital management.
- Studied stakeholder management and change implementation strategies.
- Learned healthcare IT concepts like IHMS, EHR, and data-driven hospital management.

PRACTICAL EXPOSURE

- Understood real-world challenges in implementing IHMS.
- Learned the importance of adaptability, communication, and cross-functional coordination.


बीकानेर, 18 जुलाई। पीबीएम अस्पताल में डिजिटलीकरण की दिशा में एक महत्वपूर्ण कदम उठाया गया है। राजस्थान सरकार के निर्देशानुसार अस्पताल अधीक्षक डॉ. सुरेन्द्र कुमार वर्मा के नेतृत्व में फिजिकल मेडिसिन एंड रिहैबिलिटेशन (पीएमआर) विभाग में डॉक्टर डेस्क मॉड्यूल को लागू किया गया है। इस पहल में प्रबंधन प्रशिक्षुओं को व्यावहारिक अनुभव प्रदान करने के साथ अस्पताल की कार्यप्रणाली को डिजिटल बनाने पर जोर दिया गया है। एसीपी पंकज लींपा ने इस कार्य में प्रबंधन इंटर्न्स दानिश खान और रुतुराज गंगवाल को शामिल किया। पीएमआर विभाग में असिस्टेंट प्रोफेसर डॉ. पुनीत नोवल और सीनियर रेजिडेंट डॉ. हिमांशी पंवार ने इस मॉड्यूल को लागू करने में योगदान दिया।

MAJOR LEARNINGS

- Gained hands-on experience in public health informatics and workflow design.
- Bridged the gap between academic knowledge (like HIS, QMS, EHR concepts) and real-time hospital operations.
- Project planning and cross-departmental coordination.
- Understood ground-level challenges in digital adoption, especially in government hospitals.
- Improved **problem-solving and system thinking** through multi-stakeholder collaboration.

SUGGESTIONS TO THE ORGANIZATION

- Introduce an administrative officer with a background in hospital management to assist the superintendent.
- Conduct regular digital literacy workshops.
- Implement a minimum registration fee to strengthen funding for technology infrastructure.
- Establish a separate control room or help desk to guide patients through digital processes like QMS and OPD registration.
- Begin QMS pilot in Block-16 (General Medicine and Surgery) to set a benchmark.

TOWS ANALYSIS

STRENGTH – OPPORTUNITY:	WEAKNESS – OPPORTUNITY:	STRENGTH – THREAT	WEAKNESS – THREAT
• Use advanced infrastructure to scale IHMS pilots. • Leverage strong leadership to promote digital healthcare. • Utilize high patient volume to build a replicable model.	• Conduct IHMS training to overcome digital illiteracy. • Plan phased hardware procurement using govt. funds. • Introduce admin support for faster decision-making.	• Use management strength to counter resistance to change. • Justify funding needs through high service demand.	• Form admin-IT team to speed up module rollout. • Involve staff in digital transition planning. • Use basic automation to ease manual workload.

PROJECT DESCRIPTION

Implementing the Integrated Health Management System (IHMS) in PBM Hospital

- **DOCTOR DESK MODULE:** Training doctors to generate digital prescriptions using IHMS to contribute toward electronic health records (EHR).
- **Investigation & Billing Module:** Assessing integration between diagnostics and billing to minimize errors and improve sample handling.
- **Queue Management System (QMS):** Studying successful implementations at hospitals in Jaipur and planning a pilot for PBM to enhance OPD patient flow.
- **RGHS & MAA Yojna Claims Analysis:** Conducted data cleaning and root cause analysis of claim rejections to improve financial efficiency.
- **QMS Implementation at TB Department:** Created detailed SOPs and infrastructure plans with hardware requirements.

SWOT ANALYSIS

STRENGTHS	WEAKNESSES	OPPORTUNITIES	THREATS
• Equipped for tertiary care • Advanced medical machinery • Large campus with individual department blocks • Strong administrative hierarchy	• Delay in hardware procurement. • Lack of administrative expertise in digital transformation. • Manual duplication still present. • Low digital literacy among staff	• Digitalization of all hospital modules (EHR, QMS, LIS). • Capacity to become a model for IHMS implementation statewide • Reduce paperwork and improve real time analytics	• Budget constrains due to free of cost services. • Resistance from staff toward technology. • Policy-practice gaps delaying execution.