

SUMMER INTERNSHIP PROGRAM

At

SAWAI MAN SINGH HOSPITAL, JAIPUR

From 15^h of May 2025 to 29th of July 2025

A REPORT BY

Himanshi Jain

Master of Business Administration

Healthcare Analytics

Roll no: 0010

2024-26

under the Mentorship of

Dr. Swapnil Gadhave



JAIPUR

Name of Institution
SAWAI MAN SINGH HOSPITAL (JAIPUR)

Completion Certification from the Organization
CERTIFICATE

This is to certify that **Ms. HIMANSHI JAIN** of batch **2024-2026** from **IIHMR UNIVERSITY, JAIPUR (School of Digital Health)** has worked with our organization for her summer internship **from 15 May 2025 to -29 July 2025**. The overall performance shown by her during the period was excellent.

Date: - 29 July 2025

(Signature of organization Mentor)

Name – Dr. Sushil Kumar Bhati

Designation – Medical Superintendent



Seal Stamp of the Organization.

चिकित्सा अधीक्षक
साई मानसिंह चिकित्सालय
जयपुर

IIHMR University Faculty Mentor Approval

This is to certify that **Ms. Himanshi Jain** academic year 2024-26 **School of Digital Health** has prepared a poster with respect to her summer internship held during May-July 2025.

She has carried out work as per the guidelines. Her poster is approved for presentation.

Date: 30/07/2025

A handwritten signature in blue ink, appearing to read 'Swapnil', with a horizontal line underneath.

Dr. Swapnil Gadhave

Assistant Professor

(Weekly Report)

Name of the Organisation: Sawai Mansingh Hospital Jaipur

Area/ Department/ Project of Summer Internship Program: Department of Medical Education Rajasthan

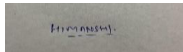
Name of the Student: Himanshi Jain

Roll no: 0010 Stream: Healthcare analytics

Week no: 1st From : 15-05-25 to 17-05-2025

Activity Done	• Joining Formalities • Department Visit / observed daily operations • Completed task given by Dr. Vandana and observed working of IHMS and helped in making QR Code for cleanliness related grievance redressal.
Linking theory (Classroom learning) with practice at your organisation	• Applied Knowledge gained during hospital services module, Get to know government organisational hierarchy, • Practical knowledge about National health schemes, it's registration, no of claims and no of rejection etc, and got to know how the health policies are delivered which was taught in health policy and delivery system.
Gaps identified on the working area.	• Communication gap, Inter- department interaction, service delivery gaps, Technological gaps, lack of real time data entries in IHMS.
Suggestions for improvement	• Proper signages, Washroom facility in waiting areas, maintenance of waiting area • improve data collection in IHMS, data quality audits, need to increase human resource.
Plan for the next week	• I have assigned to Review appointment centers • Checking how each department schedules patient appointments.

	• Observing their workflow (who does what, when, and how). • Identifying issues like double bookings, delays, or data entry errors.
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Signature of the Student

(Weekly Report)

**Name of the Organisation: Sawai man Singh hospital (SMS hospital)
Jaipur**

**Area/ Department/ Project of Summer Internship Program: Department of
Medical Education Rajasthan**

Name of the Student: Himanshi Jain

Roll no: 0010

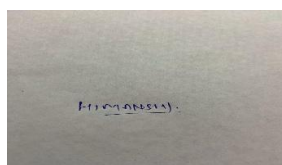
Stream: Healthcare Analytics

Week no: 2nd

From: 19-05-2025 - 24-05-2025

Activity Done	I observed how the IHMS system functions at the doctor's desk in the ENT department under the supervision of Dr. Mohnish Grover. I observed and understood how the IHMS system functions in the hospital ward, including the various processes involved. I learned about the processes of the IHMS system in the Blood Bank -how data is entered, what departments are linked to it, and how the data is stored and managed. I attended a meeting where I learned how to add Biomedical Waste (BMW) information into the IHMS system and understood the complete process involved. I learned the detailed process of using the IHMS system at the doctor's desk. Dr. Bhati assigned me the task of collecting data from the hospital departments regarding the data colocation rooms - including the number of rooms and their allotment
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Linking theory (Classroom learning) with practice at your organisation	During my time at the organization, I was able to apply theoretical knowledge from the classroom to real-world hospital settings. Concepts such as hospital information systems (IHMS), data management, and departmental workflows were reinforced through hands-on experience in departments like ENT, wards, and the blood bank. Activities such as observing IHMS usage, participating in system-related meetings, and collecting departmental data helped bridge the gap between academic learning and practical application.
Gaps identified on the working area.	I noticed that some staff faced difficulties using the IHMS system due to limited training, and data was often incomplete or inconsistent. Departments had different ways of working, which caused confusion, and communication between teams wasn't always smooth. Also, room allocation information wasn't well-organized, making it harder to manage efficiently.
Suggestions for improvement	Provide regular IHMS training for staff, standardize procedures across departments, improve communication channels between teams, and maintain organized, up-to-date records for better data and resource management.
Plan for the next week	I will be assigned to the OPD counter to observe how the IHMS system is used at the doctor's desk. My goal is to understand the workflow and identify any problems doctors face while using the system. I will also interact with the doctors to encourage and assist them in effectively using the IHMS system for better patient management.



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Name of the Student: Himanshi Jain

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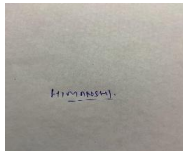
Stream: Healthcare analytics

Week no:3rd

From: 26-05-25 to 31-05-2025

Activity Done	Explored the IHMS (Integrated Hospital Management System) used at SMS Hospital and listed the various modules available in the system. Understood the patient registration module and how data is stored and retrieved. Observed the workflow of the Blood Bank department, including donor registration, storage, and issue process.: Studied how Bio-Medical Waste (BMW) is tracked and disposed of within hospital premises. Interacted with department staff to understand daily challenges in the use of IHMS modules like pharmacy, diagnostics, and billing.
Linking theory (Classroom learning) with practice at your organisation	This week helped me understand how hospital information systems work practically. My classroom learning on IHMS and healthcare informatics was directly applied while exploring IHMS. Observing the Blood Bank and BMW processes gave me real-world insights into data flow, compliance, and hospital safety management.
Gaps identified on the working area.	Some modules in the IHMS system are not used properly because staff have not received enough training or there are technical problems. In the Blood Bank, some data is still entered by hand, which can cause repeated entries or mistakes. There is no digital system to track the movement and disposal of biomedical waste (BMW), making monitoring difficult
Suggestions for improvement	Conduct regular training sessions for hospital staff on how to use IHMS modules effectively. Integrate Blood Bank records fully into IHMS to reduce manual effort.

	Implement a barcode-based tracking system for BMW from source to disposal to ensure accountability and compliance.
Plan for the next week	In the upcoming week, I will start focusing on MAAY counter workflows — beginning with patient admission, emergency entries, and eligibility verification under the Maa Yojna.



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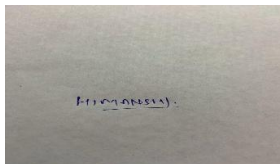
Stream: Healthcare Analytics

Week no: 4th

from: 02-06-2025 - 07-06-2025

Activity Done	Recorded the number of admissions under the Maa and RGHS Yojna that took place in one day. Analysed which package codes of MAAY were not used by doctors, department-wise. Attended a meeting with the secretary sir of Rajasthan to review the activities and progress of the past 15 days. Surveyed the number of counters dedicated to Maa Yojna in SMS Hospital by visiting Trauma Center, Charak Bhawan, and SSB building. I Observed the workflow of how OPD admissions convert to IPD admissions, specifically under the Maa Yojna, and understood the complete process in detail.
Linking theory (Classroom learning) with practice at your organisation	During this week, I applied classroom knowledge related to healthcare program management, data tracking, and workflow analysis to real hospital operations. Observing admissions data, package code usage, and on-ground counters helped me understand how healthcare schemes like Maa Yojna function practically. Participating in strategic meetings and studying patient flow further strengthened my ability to connect theory with healthcare analytics practice.
Gaps identified on the working area.	A key gap is the lack of patient awareness about the Maa Yojna process, especially the critical 24-hour admission window. Many patients don't know where to go or what steps to follow, resulting in missed eligibility, loss of scheme benefits, and added burden on hospital staff.

Suggestions for improvement	To improve patient awareness about the Maa Yojna, especially the 24-hour admission rule, the hospital should place clear signboards in OPD and emergency areas, assign trained helpdesk staff to guide patients, and distribute simple information leaflets. Brief announcements and doctor-patient communication can also ensure timely awareness and reduce missed admissions
Plan for the next week	In the upcoming week, I will focus on observing patient navigation under Maa Yojna, identifying common patient challenges, and gathering feedback. I also plan to assist in data organization related to unused package codes and propose better communication practices to enhance patient awareness and hospital workflow efficiency.



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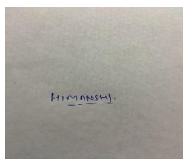
Stream: Healthcare analytics

Week no: 5th

From: 09-06-25 to 14-06-2025

Activity Done	• Visited Emergency MAAY counter and observed critical admissions. • Assisted in verifying Jan Aadhar and Bhamashah eligibility. • Entered basic patient details in the MAAY portal. • Understood pre-authorization steps in emergency cases. • Observed coordination between doctors, nurses, and MAAY staff. • Collected departmental data on MAAY admissions. • Learned differences between emergency vs planned admissions.
Linking theory (Classroom learning) with practice at your organisation	This week, I used healthcare analytics principles such as data validation, process optimization, and rejection analysis to actual hospital operations. Learning claim rejection behavior helped me apply the concepts of proper documentation and system timeliness in real life. Working with actual hospital data enhanced my understanding of the relationship between health scheme policies and ground-level implementation.
Gaps identified on the working area.	There is a notable delay in claim submission under the Maa Yojna due to manual data entry errors and lack of real-time monitoring. Also, some departments are unaware of updated package codes, leading to frequent rejections

Suggestions for improvement	To reduce claim rejections, a digital dashboard should be set up to highlight incomplete forms or missing details. Staff should be given regular training on new package codes and how to complete documents on time. MAAY counter staff should also have a checklist of all the documents needed.
Plan for the next week	Next week, I plan to check how the discharge process moves toward claim submission. I will look for any delays in this process and try to help with better digital record-keeping. I also want to talk to the MAAY counter staff to understand the problems they face in their daily work



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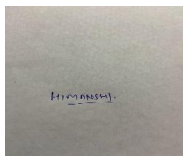
Stream: Healthcare analytics

Week no: 6th

From: 16-06-25 to 21-06-2025

Activity Done	Mapped the complete discharge process under the Maa Yojna, tracking file movement from wards to MAAY counters for claim processing. Interacted with ward nurses and discharge officers to identify documentation challenges during patient discharge. Observed the claim submission workflow at the Charak Bhawan MAAY counter, with focus on form completeness and document sequencing. Assisted in digitization by helping staff sort scanned discharge documents for MAAY claim uploads. Compiled a report highlighting common delays in the discharge-to-claim submission process, such as missing signatures, pending lab reports, and unclear diagnosis entries.
Linking theory (Classroom learning) with practice at your organisation	This week reinforced my academic learning on healthcare workflows and bottlenecks. I used practical knowledge from hospital management theory to study real delays in discharge-to-claim pipelines. My understanding of data lifecycle management helped in organizing discharge documentation effectively.
Gaps identified on the working area.	A major gap observed is the delay in file movement from the ward to the MAAY counter. Many files lack complete documentation or final signatures, which postpones claim generation and affects reimbursement cycles

Suggestions for improvement	A checklist-based discharge protocol should be adopted. Files should only be moved once all necessary papers (discharge summary, investigation reports, final diagnosis, signatures) are complete. Also, introducing a digital alert system between wards and MAAY counters can reduce communication delays.
Plan for the next week	I will now focus on the claim approval and rejection trend analysis , comparing it across various departments. I also plan to support back-end documentation alignment to improve claim accuracy and reduce rejections



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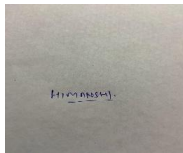
Stream: Healthcare analytics

Week no: 7th

From: 23-06-25 to 28-06-2025

Activity Done	To compare workflows, all MAAY counters across hospital units were mapped. Process flaws such as staff dependence and delays were found at each counter. spoke with employees to learn about departmental concerns and communication issues. Staff input was gathered, and services and roles were listed to be combined under one counter. The new model was simulated to demonstrate time savings and less misunderstanding.
Linking theory (Classroom learning) with practice at your organisation	I applied concepts of process mapping and integration learned in class by observing real-time workflows in different hospital buildings. Learning about patient file movement and stakeholder communication helped me understand the importance of system-level planning in healthcare.
Gaps identified on the working area.	No common structure for all MAAY counters across departments. File movement from one department to another is slow and manual. Different counters follow different rules, leading to confusion among patients. Staff shortage affects counter functioning during peak hours.

Suggestions for improvement	A single window MAAY counter should be created covering all building zones. Introduce digital file tracking to monitor delays. Create a uniform process SOP for all counters. Assign float staff during high-patient load hours to avoid long wait times.
Plan for the next week	In the next week, I will observe the discharge to claim-upload workflow and try to identify specific time delays. I also plan to gather suggestions from MAAY staff for improving digital data coordination.



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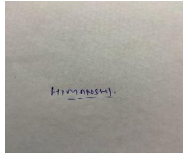
Stream: Healthcare analytics

Week no:8th

From: 30-06-25 to 05-07-2025

Activity Done	Focused on tracking the discharge-to-claim upload workflow to identify time delays and bottlenecks. Spoke to MAAY staff about challenges in document upload and claim entry. Helped organize and sort digital files of discharged patients for easier access. Designed a simple checklist format to ensure smooth claim submission. Created a rough visual of the claim process to identify duplication and slow points.
Linking theory (Classroom learning) with practice at your organisation	This week, I used my academic learning of process optimization and gap analysis to observe and analyse claim workflows. It helped me understand how digital systems and human coordination both play a big role in healthcare delivery and efficiency. I also used basic visualization skills to map the problems clearly
Gaps identified on the working area.	Delay in uploading patient claims after discharge due to pending files. Lack of digital tracking — staff often lose track of pending entries. Repetitive checking of documents wastes time. No standardized checklist leads to frequent rejections or queries.
Suggestions for improvement	Provide a digital dashboard to monitor discharge-to-claim workflow in real time. Use a standardized checklist at the time of discharge. Allocate specific staff for upload and review of claims. Reduce paper dependency by shifting to digital-only file storage.

Plan for the next week	Next week, I will finalize a proposed model to connect all MAAAY counters digitally and work on awareness materials like posters or flowcharts. I will also collect feedback from patients who went through the claim process.
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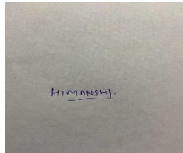
Stream: Healthcare analytics

Week no:9^h

From: 07-07-25 to 12-07-2025

Activity Done	Finalized the integration model for MAAY counters to ensure better data flow and smoother claim processing. Drafted awareness posters and visual guides for patients explaining how to claim under MAAY. Took final feedback from MAAY counter staff across departments regarding implementation feasibility. Prepared PowerPoint presentation and final draft report including suggestions and visuals. Compiled all data and gap analysis in one structured format for mentor review.
Linking theory (Classroom learning) with practice at your organisation	I utilized all my theoretical knowledge this week — from report writing, stakeholder feedback analysis, data visualization to final documentation. Preparing the final integration plan and awareness tools gave me real-world experience in healthcare communication, system design, and project closure activities.
Gaps identified on the working area.	No centralized coordination across departments handling MAAY workflow. Limited patient guidance tools available (no posters or leaflets yet implemented). Staff unsure of uniform process steps for discharge-to-claim upload.
Suggestions for improvement	Implement one unified counter with cross-trained staff to handle all MAAY-related queries. Display awareness posters in every major ward and OPD entry point. Roll out staff SOP manuals with clear discharge-to-claim procedures.

	Add QR codes on posters linking to MAAY documents or videos for patient education.
Plan for the next week	In the final week I will complete documentation work, get mentor feedback and approval, and submit all reports for evaluation. I will also collect my internship completion certificate and close the internship formally.



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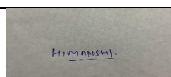
Roll no: 0010

Stream: Healthcare analytics

Week no:10^h

From: 14-07-25 to 19-07-2025

Activity Done	Compiled all reports and documentation related to the MAAY Integration Project. Reviewed each week's report and finalized the master file for submission. Submitted the full internship report to the hospital guide for review and approval. Received feedback and final sign-off from the hospital mentor. Collected internship completion certificate and formally closed all assigned duties.
Linking theory (Classroom learning) with practice at your organisation	In the final week, I reflected on the entire internship experience. The compilation and submission process taught me about professional reporting, mentor communication, and final project closure — essential steps in any real-world project cycle
Gaps identified on the working area.	No gap identified this week as the internship was in the closing phase.
Suggestions for improvement	Maintain a checklist of weekly deliverables from the start of internship for smoother final compilation. Regular interim feedback from mentors during the internship can help improve report quality by Week 10.
Plan for the next week	The internship has been successfully completed. No further activities are planned.



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COMBINED REPORT

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Name of the Student: Himanshi Jain

Roll no: 0010

Stream: Healthcare analytics

Activity Done	The internship spanned 10 weeks and was structured into observational, analytical, and implementation-oriented phases. My involvement included real-time workflow monitoring, data collection, process analysis, gap identification, and solution development. Phase 1: Orientation & IHMS System Understanding - Completed joining formalities and received orientation on hospital services and structure. - Visited multiple departments to understand their workflows, particularly focusing on how IHMS was utilized at the doctor's desk, in wards, and the blood bank. - Observed how different IHMS modules—registration, pharmacy, diagnostics, billing, and biomedical waste—were integrated in daily tasks. - Participated in meetings discussing IHMS data input for Biomedical Waste (BMW), gaining insight into how hospital compliance is maintained. Phase 2: Functional Observation of Hospital Data Systems - Reviewed the processes involved in blood donation registration, ward admissions, and data flow within IHMS. - Collected departmental data regarding IT infrastructure (data colocation rooms), including server allotments. - Identified usage inconsistencies and potential for system enhancements, particularly in how IHMS is used to track patient movement, medication, and diagnostics. Phase 3: MAAY Scheme Admission & Claim Workflow Mapping
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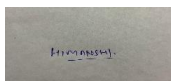
	- Recorded patient admissions under Maa Yojna and RGHS schemes. - Reviewed departments' use of MAAY package codes; identified underutilized codes. - Visited different MAAY counters (Trauma, Charak Bhawan, SSB building) to analyze physical infrastructure and operational load. - Tracked OPD to IPD transitions under MAAY and studied how emergency cases are handled, especially focusing on the 24-hour registration rule for eligibility. Phase 4: Discharge to Claim Submission Workflow Analysis - Observed file movement post-discharge and identified delays due to documentation issues (e.g., missing lab reports, pending signatures). - Helped sort, digitize, and organize scanned files for faster claim uploads. - Created a checklist of essential discharge components to improve documentation consistency. - Drafted a visual flowchart to demonstrate the ideal vs. existing discharge-to-claim workflow. Phase 5: System Redesign & IEC Material Development - Mapped all existing MAAY counters and compared operational workflows. - Proposed a unified, single-window MAAY counter to centralize and streamline services. - Simulated time savings from integrated model vs. existing model using observational data. - Developed and designed IEC materials—awareness posters, SOPs, flowcharts, and discharge checklists. - Collected final feedback from stakeholders, staff, and patients.
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	Phase 6: Report Compilation & Project Closure • Compiled all reports, organized documentation, and submitted a final presentation to the mentor. • Incorporated mentor suggestions and finalized project recommendations. • Received completion certificate and formally concluded the internship.
Linking theory (Classroom learning) with practice at your organisation	Healthcare IT and IHMS • Classroom concepts of Health Information Systems (HIS) were directly applicable in observing IHMS at various points of care. • Theories about data integrity, module integration, and interoperability became clearer in real-time application. • Data quality management issues (e.g., duplicate entries, unstructured documentation) were understood practically through field exposure. Healthcare Analytics and Claim Analysis • Applied knowledge of trend analysis and root cause analysis to identify frequent causes for MAAY claim rejections. • Used basic data collection tools to categorize issues by department and process stage (admission, discharge, claim upload). Hospital Operations and Quality Assurance • Utilized theoretical frameworks on lean healthcare, Six Sigma, and workflow standardization to identify discharge and billing delays. • Applied checklist-based documentation strategies to support claim accuracy and timeliness. Public Health Finance and Insurance Schemes • Academic understanding of health financing policies was directly observed through fieldwork on MAAY and RGHS admissions, claim policies, and government fund utilization.

	•Noted differences between policy guidelines and ground-level execution.
Gaps identified on the working area.	Technology & System-Level Gaps • Inconsistent and incomplete use of IHMS modules due to lack of training. • Manual data entry persisted in blood bank and biomedical waste documentation. • No alert system or live dashboard to monitor claim readiness or track pending documentation. Discharge & Claim Process Gaps • Absence of a standardized discharge checklist led to missing documents, delayed uploads, and rejected claims. • Variability in package code awareness among consultants, causing inappropriate code selection. • Staff were unaware of updated MAAY package list or documentation requirements. Coordination Gaps • File transfers between wards and counters were manual, untracked, and often delayed. • No digital communication tool linked discharge desk with MAAY counters for real-time updates. • Disparate processes across counters resulted in patient confusion and staff frustration. Human Resource Constraints • High patient load with limited staff at MAAY counters during peak hours. • Lack of trained float staff or substitutes during absenteeism or holidays.

	Patient Awareness Gaps • Many patients were unaware of their eligibility under MAAY or the 24-hour registration rule. • No signage, leaflets, or digital guidance available in OPD, emergency, or admission areas. • Patients lacked clarity on where to go, what documents to carry, or when to submit them.
Suggestions for improvement	Technology & Training Recommendations • Implement a digital dashboard for real-time tracking of patient discharge readiness and claim upload status. • Conduct regular hands-on IHMS training for staff across all departments. • Enable barcode-based document tracking for discharge files and BMW disposal logs. Process Improvements • Develop and implement a hospital-wide discharge checklist with compulsory fields (lab reports, diagnosis, summary, signatures). • Create a standard operating procedure (SOP) for claim submission and MAAY counter tasks. • Integrate claim review protocols with automated alerts for missing documents. Structural Reforms • Establish a single-window MAAY counter for centralized, efficient, and coordinated patient services. • Use float staff deployment during peak hours and cross-train existing staff for task flexibility. Patient Communication & IEC Tools • Display large awareness posters in emergency, OPD, billing, and wards explaining the MAAY process.

	• Distribute leaflets and develop QR-based guides linked to MAAY eligibility, documents needed, and timelines. • Add audio/visual digital kiosks for self-help guidance in waiting areas.
Key Learnings	• Digital tools are essential but insufficient without proper training and integration into daily workflows. • Interdepartmental coordination is the most significant factor in ensuring timely claim submission and improved patient satisfaction. • Policy implementation often differs from policy design—gaps between guidelines and field execution must be anticipated and addressed. • Simple interventions—such as checklists, posters, and unified counters—can significantly reduce system delays. • Data collection and analytics, when used meaningfully, can transform hospital performance and public health outcomes. • Communication and documentation are at the core of any healthcare improvement initiative—technical and human elements must work in harmony.



Signature of the Student

Approved by the IIHMR University's Mentor