**SUMMER INTERNSHIP PROGRAM**

**at**

# Directorate of Medical Education, JAIPUR, RAJASTHAN

From 15 May, 2025 to 29 July, 2025

A REPORT BY

Harsh Chouhan

Master of Business Administration
Healthcare Analytics

Roll no. 0009

**2024-26**

under the Mentorship of

**Dr. Swapnil Gadhave**

सत्यमेव जयते
Government of Rajasthan

# Department of Medical Education

Govind Marg, Sethi colony, Jaipur, Rajasthan - 302004

## Performance Certificate

This is to certify that **Dr. Harsh Chouhan**, student of the **IIHMR University, Jaipur**, has successfully completed his Internship at the **Department of Medical Education, Government of Rajasthan,** from **15th May, 2025** to **29th July, 2025** and worked on the projects:-

| S.No. | Project Title | Description | Rating (out of 10) |
|---|---|---|---|
| 1 | QMS Study at Jaipuriya & Kanwatiya Hospitals | Analyzed the Queue Management System at two hospitals focusing on token generation, patient flow, and display systems. Identified issues like misdirected patients and display failures. | 7/10 |
| 2 | Analysis of Senior Residents data of DME and RajMES Medical colleges. | Mapped SRs by specialty, seniority, and institution to uncover staffing gaps and deployment trends. | 7/10 |
| 3 | Analysis of Budget of PG Bond | Evaluated state-wise PG bond values, repayments, and policy compliance to measure financial impact on medical education. | 10/10 |
| 4. | Performance Analysis at Janana Hospital | Tracked patient load, maternal care, and scheme usage; identified growth patterns and areas needing improvement. | 9/10 |
| 5. | Analysis of MAA Yojana data- Rejection rate across the state | Compared TID/package-wise rejection across top 10 specialties; spotlighted 5 best and 5 worst-performing hospitals for peer-to-peer learning. | 10/10 |

**Overall Performance**: Very Good (8/10) **Teamwork**: Good **Punctuality**: Good **Learning attitude**: Good

**Supervisor's Remarks / Future Recommendations:**

**Dr. Harsh Chouhan** was able to understand tasks quickly and adapt well while working with different officers and hospital staff. He communicated effectively and carried out responsibilities without the need for repeated instructions. He remained proactive, dependable, and required minimal supervision. Overall, he proved to be well-suited for roles in healthcare analytics and hospital system operations.

I wish **Dr. Harsh Chouhan** all success for his future.

Warm regards,
**Naresh Kumar Goyal**
Additional Director — Research & Planning
Directorate of Medical Education
Government of Rajasthan

(नरेश कुमार गोयल)
अति. निदेशक (.  )
निदेशालय चिकित्सा शिक्षा

Authorised Signatory and Stamp

IIHMR UNIVERSITY

# IIHMR University Faculty Mentor Approval

This is to certify that **Dr. Harsh Chouhan** of academic year 2024-26 **School of Digital Health** has prepared a poster with respect to his summer internship held during May-July 2025.

He has carried out work as per the guidelines His poster is approved for presentation.

Date: 30/07/2025

**Dr. Swapnil Gadhave**

**Assistant Professor**

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Faculty Mentor :- Dr. Swapnil Gadhave | Presented By :- Dr. Harsh Chouhan | Roll no. 0009 | Organization Mentor :- Addl. Director Mr. Naresh Kumar Goyal

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# Operational & Data-Driven Insights: QMS & MAA Yojana Analysis

Department of Medical Education
Government of Rajasthan
सत्यमेव जयते

## Brief history and description about organization

The Medical Education Department of Rajasthan manages all government medical and dental colleges along with their affiliated hospitals, focusing on quality healthcare education and specialized treatment for referred patients across the state. From just one medical college at independence, the state now has 6 government medical colleges, 1 RUHS medical college, 2 central institutions (AIIMS Jodhpur and ESI Alwar), and over 20 new medical colleges established under RajMES since 2018. Additionally, Rajasthan hosts 12 private medical colleges, 1 RUHS dental college, and 14 private dental colleges, significantly expanding access to medical education and advanced care.

## Vision & Mission

**Vision:-**

To strengthen medical and dental education in Rajasthan by expanding quality institutions, developing skilled healthcare professionals, and ensuring advanced treatment for serious and referred patients statewide.

**Mission:-**

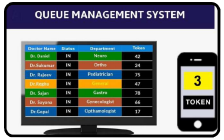
To manage and enhance all Government Medical and Dental Colleges and their hospitals, including 6 government medical colleges, RUHS Medical College Jaipur, Jhalawar Society College, RajMES colleges (since 2018), ESIC Alwar, 9 private medical colleges, 16 dental colleges including RUHS Dental College, and promote research through RUHS Jaipur (est. 2006).

## Organization Structure

- Secretary
- Commissioner
- Addl. Director
- Deputy Director
- Principals & Directors of Medical Colleges

## Operations — Queue Management System

- QMS is a digital system to streamline OPD patient flow.
- QR-coded OPD slips enable quick & accurate registration.
- Color-coded tokens help identify departments easily.
- Digital displays show real-time queue status in waiting areas.
- Doctor's prescription go directly into IHMS for faster care.
- Pharmacy & Path lab integrated via QR prescriptions/orders.
- Reduces waiting time, confusion, and manual errors.
- Phase 2 upgrades include automated lab & drug counters.





Patient Arrival at OPD
↓
Token Counter (QR-coded Slip is Issued)
↓
Token Generation System
↓
Digital Display + Waiting Area (Token with Color Coding) (Patient Watches Screen for Token)
↓
[Doctor Consultation] Doctor skips the Patient by scanning the QR (Notes Scanned/Entered in IHMS By the Operator)
↓
Pharmacy Counter (Prescription from IHMS ) (Medicine Issued) | Path Lab Counter (QR Test Order) Sample Collected
↓
END of Visit

## Data Analysis

- MAA Yojana – Package-wise Rejection Analysis
- Goal: Identify rejection trends and enhance claim approvals.
- Approach: Reviewed rejection data from top 10 departments by TID and package rate.

Findings:

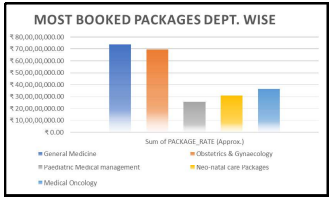
1. Highest rejection rates seen in Pediatric Nephrology and Palliative Medicine.
2. Top 5 and bottom 5 hospitals identified.
3. Key gaps: missing documents & wrong package selection.

**Highest Rejection**

| S. No. | Row Labels | Sum of Sum of TID | Sum of Sum of TIDS | Sum of Rejection Rate (TID) |
|---|---|---|---|---|
| 1 | Paediatric Nephrology | 2557 | 1610 | 63% |
| 2 | PALLIATIVE MEDICINE | 84 | 33 | 39% |

**General Medicine (Hospitals with Lowest Rejections)**

| Hospital | District | Rejected Package | Submitted Package | PACKAGE Percentage |
|---|---|---|---|---|
| GOVT. R.D.B.P. JAIPURIA HOSPITAL JAIPUR | Jaipur2 | 227 | 4325 | 5% |
| SHRI HARI BAV KANWATIA HOSPITAL | Jaipur1 | 279 | 4480 | 6% |
| STH GANGAPUR BHILWARA | Bhilwara | 84 | 956 | 9% |




**General Medicine (Hospitals with Highest Rejections)**

| Hospital | District | Rejected Package | Submitted Package | PACKAGE Percentage |
|---|---|---|---|---|
| Acharya Tulsi Regional Cancer Hospital | Bikaner | 3771 | 5172 | 73% |
| S.R.GOYAL GOVT HOSPITAL SETH COLONY JPR | Jaipur1 | 537 | 815 | 66% |
| Govt Medical College and Hospital Sirohi | Sirohi | 4736 | 7674 | 62% |

| REASONS | Count of REASON |
|---|---|
| Rejection of due to lack of essential documents. | 872 |
| Rejection due to wrong package selection. | 859 |

## Practical vs. Theoretical Insights

| Practical | Theoretical |
|---|---|
| • Real data collection<br>• Rejection trend analysis<br>• System gap identification<br>• Faculty gap vs. sanctioned seats<br>• Stakeholder interaction & feedback<br>• Drafting DFDs & ERDs | • Principles of Management<br>• Healthcare Delivery System<br>• Health Economics<br>• Financial Analytics<br>• Quantitative Data Analysis<br>• Organizational Behavior |

### Strength

- Exposure to real-time hospital systems (QMS, IHMS)
- Hands-on data analysis and reporting
- Improved communication with administrative staff
- Application of classroom learning in field projects

### Weakness

- Limited time for in-depth departmental analysis
- Data inconsistency across departments.
- Coordination challenges during data collection.
- Initial unfamiliarity with public hospital workflows.

## SWOT Analysis

### Opportunity

- Networking with key hospital and govt. officials.
- Learning multiple aspects: clinical, administrative, financial.
- Building confidence through independent field visits and interactions.
- Learning how government schemes are implemented on ground.

### Threat

- Frequent system downtimes or technical errors.
- Risk of data gaps affecting analysis accuracy.
- Delays in accessing required records or approvals.
- Limited digital infrastructure in certain areas.

## Internship Challenges & Key Learnings

**Internship Challenges**

- Faced difficulty in collecting consistent data from multiple hospital departments
- Encountered gaps in documentation and unclear processes during claim analysis
- Time constraints limited the depth of field visits and stakeholder interactions
- Initial hesitation from staff in sharing information or discussing internal workflows
- Technical limitations like IHMS system downtime affected data access and accuracy

**Key Learnings**

- Understood how real-world hospital systems function beyond theoretical models
- Improved my ability to communicate with administrative and clinical staff
- Gained confidence in analyzing large datasets and interpreting rejection trends
- Learned how to identify process gaps and suggest practical, system-level solutions
- Developed a deeper appreciation for the complexity of public healthcare delivery

# Reporting Format (Weekly)

**Name of the Organisation**: *Department of Medical Education, Rajasthan*

**Area/ Department/ Project of Summer Internship Program:**

**Name of the Student:** *Dr. Harsh Chouhan*

**Roll no:** *0009* **Stream:** *HA*

**Week no:** *1* **From:** *15/5/2025* **to** *16/5/2025*

| | |
|---|---|
| **Activity Done** | Reported at DME, Went for meeting led by **Secretary Sir** about real-time updates in **IHMS** of SMS and linked hospitals. Then met **Commissioner Sir**, got us a task assigned about **MAA Yojana**, why insurance claims are rejected in Govt. Hospitals (as compared to private ones). |
| **Linking theory (Classroom learning) with practice at your organisation** | Lessons from **Principles of Management**, **Healthcare Delivery System**, **Health Economics**, **Digital Health**, **e-Health.** |
| **Gaps identified on the working area.** | Major Gaps- Tasks were assigned to people (local vendors) from **Secretary** or **GOR (Govt. of Rajasthan)** got delayed and even after regular follow up meetings they weren't got done, they always ask for new date or they say that it will be done by next week or month. |
| **Suggestions for improvement** | **Deadline** (like the term suggests), It must be the end point of time where the task must complete (regardless of how, why or anything). |
| **Plan for the next week** | A task is assigned by Additional Director sir, to work in the team of **ABDM.** |

**Signature of the Student**

**Approved by the IIHMR University's Mentor**

# Weekly Report

Name of the Organization***: Dept. Of Medical Education, Rajasthan***

Area/ Department/ Project of Summer Internship Program: ***Health Scheme Analysis & Queue Management System Implementation Monitoring***

Name of the Student: ***Harsh Chouhan***

Roll no***: 0009*** Stream: ***MBA – Healthcare Analytics***

Week no: ***2*** From: ***2025-05-19*** to ***2025-05-24***

| Section | Details |
|---|---|
| **Activity Done** | - Studied the MAA Yojana scheme in detail, including claim processes and approval patterns.<br>- Received and explored a PowerPoint presentation and dataset to analyze rejections across districts and departments.<br>- Practiced Excel functions like VLOOKUP, INDEX-MATCH, etc. to process and clean the dataset.<br>- Assigned to work on the Queue Management System (QMS) project for Kanwaitya Hospital and Jaipuriya Hospital—assessed the current status of implementation phases. |
| **Linking theory (Classroom learning) with practice at your organisation** | - Applied knowledge of data analytics and visualization to real-world health data from MAA Yojana.<br>- Used Excel tools learned in the Analytics course for data cleaning and extraction of trends.<br>- Understood practical project lifecycle phases while being assigned the QMS implementation task—relates to project management and hospital operations modules. |
| **Gaps identified on the working area.** | - Lack of clarity in department-wise reasons for claim rejections in MAA Yojana data.<br>- Missing or inconsistent phase-wise documentation in the QMS project at some hospital units.<br>- Limited technical awareness among staff at hospitals about queue system objectives. |
| **Suggestions for improvement** | - Develop a standardized rejection-coding |

| | |
|---|---|
| | format to better track reasons in MAA Yojana.<br>- Ensure timely documentation and updates of QMS implementation status at each phase.<br>- Organize short awareness sessions for hospital staff to understand the benefits of QMS. |
| **Plan for the next week** | - Conduct in-depth data trend analysis using pivot tables and charts for MAA Yojana.<br>- Prepare a brief report of rejection hotspots by district/department.<br>- Visit the hospital sites for ground-level review of QMS implementation (Phase I & II) and gather insights from staff. |

**Signature of the Student** 

**Approved by the IIHMR University's Mentor**

# Reporting Format (Weekly)

Name of the Organisation**: *Department of Medical education***

Area/ Department/ Project of Summer Internship Program: ***Queue Management System***

Name of the Student*:* ***Harsh Chouhan***

**Roll no:** ***009*** **Stream:** ***HA***

**Week no:** ***3*** **From** ***26/5/25*** **to** **30/5/25**

| | |
|---|---|
| **Activity Done** | Went to Jaipuriya Hospital and Kanwatiya hospital to check the QMS. Phase 1 and 2 of QMS is soon to be implemented. |
| **Linking theory (Classroom learning) with practice at your organisation** | Lessons from Principles of Management, Health Economics, HR Analytics, DBMS(DFDs),etc. |
| **Gaps identified on the working area.** | Improper Workforce training & Dullness in the working of the system. |
| **Suggestions for improvement** | Uninformed Inspection at regular Intervals, Proper and regular follow-up training of HCPs. |
| **Plan for the next week** | Implementation of the QMS in the hospital settings. |

**Signature of the Student** 

**Approved by the IIHMR University's Mentor**

# Reporting Format (Weekly)

Name of the Organisation**: *Department of Medical education, Rajasthan***

Area/ Department/ Project of Summer Internship Program: ***Queue Management System***

Name of the Student*:* ***Harsh Chouhan***

**Roll no:** ***009*** **Stream:** ***HA***

**Week no:** ***4*** **From** ***02/6/25*** **to 06/6/25**

| | |
|---|---|
| **Activity Done** | Collected various got medical colleges PG seats data. |
| **Linking theory (Classroom learning) with practice at your organisation** | Lessons from Principles of Management, & Data Analytics. |
| **Gaps identified on the working area.** | There is laziness or lack in proper working of govt. officials, like not updating excel sheets on time, Wrong information entered, etc. |
| **Suggestions for improvement** | Self-awareness, and regular meetings for follow up work is necessary. |
| **Plan for the next week** | Completing this task of PG seats and submission of the report. |

**Signature of the Student** 

**Approved by the IIHMR University's Mentor**

# Reporting Format (Weekly)

**Name of the Organisation:** Department of Medical Education, Rajasthan

**Area/ Department/ Project of Summer Internship Program:** PG Seats created under CSS and Non-CSS

**Name of the Student:** Harsh Chouhan

**Roll no:** 0009 **Stream:** Healthcare Analytics

**Week no:** 5 **From:** 09/06/2025 **to** 13/06/2025

| | |
|---|---|
| **Activity Done** | Reported to Dr. Manoj Upadhyay, Sir assigned the task on PG seats created under CSS and Non-CSS after 2019 in Various medical colleges under DME. Secretary sir needs this data to analyse the budget of the government regarding the PG seats. |
| **Linking theory (Classroom learning) with practice at your organisation** | Lessons from **Principles of Management**, **Healthcare Delivery System**, **Health Economics**, **Data analysis, Healthcare financial analytics.** |
| **Gaps identified on the working area.** | Major Gaps- lack of authentic and structural data, and also lack of support from the satellite hospitals. |
| **Suggestions for improvement** | **Deadline** (like the term suggests), It must be the end point of time where the task must complete (regardless of how, why or anything). |
| **Plan for the next week** | A task is assigned by Rashmi gupta ma'am. She is RAS officer and additional director of academics at DME. |

**Signature of the Student** 

**Approved by the IIHMR University's Mentor**

# Reporting Format (Weekly)

**Name of the Organisation:** *Department of Medical Education, Rajasthan*

**Area/ Department/ Project of Summer Internship Program:** *PG Seats created under CSS and Non-CSS and budget analysis at DME*

**Name of the Student:** *Harsh Chouhan*

**Week no: 6** **From:** *16/06/2025* **to** *20/06/2025*

| | |
|---|---|
| **Activity Done** | Reported to Dr. Manoj Upadhyay, Sir assigned the task on PG seats created under CSS and Non-CSS after 2019 in Various medical colleges under DME. Secretary sir needs this data to analyse the budget of the government regarding the PG seats. |
| **Linking theory (Classroom learning) with practice at your organisation** | Lessons from **Principles of Management**, **Healthcare Delivery System**, **Health Economics**, **Data analysis, Healthcare financial analytics.** |
| **Gaps identified on the working area.** | Major Gaps- lack of authentic and structural data and also lack of support from the satellite hospitals. |
| **Suggestions for improvement** | **Deadline** (like the term suggests), It must be the end point of time where the task must complete (regardless of how, why or anything). |
| **Plan for the next week** | A task is assigned by Rashmi gupta ma'am. She is Addl. Director (RAS) and additional director of academics at DME. |

**Signature of the Student** 

**Approved by the IIHMR University's Mentor**

# Reporting Format (Weekly)

**Name of the Organisation:** *Department of Medical Education, Rajasthan*

**Area/ Department/ Project of Summer Internship Program:** *PG Seats created under CSS and Non-CSS and budget analysis at RajMES*

**Name of the Student:** *Harsh Chouhan*

**Roll no:** *0009* **Stream:** *Healthcare Analytics*

**Week no:** *7* **From:** *23/06/2025* **to** *27/06/2025*

| | |
|---|---|
| **Activity Done** | Reported to Lakh Agarwal, Sir assigned the task on PG seats created under CSS and Non-CSS after 2019 in Various medical colleges under RajMES. Secretary sir needs this data to analyse the budget of the government regarding the PG seats and how many PG Seats govt can create in Medical colleges under Rajmes. |
| **Linking theory (Classroom learning) with practice at your organisation** | Lessons from **Principles of Management**, **Healthcare Delivery System**, **Health Economics**, **Data analysis, Healthcare financial analytics.** |
| **Gaps identified on the working area.** | Major Gaps- lack of authentic and structural data and also lack of support from the satellite hospitals. |
| **Suggestions for improvement** | **Deadline** (like the term suggests), It must be the end point of time where the task must complete (regardless of how, why or anything). |
| **Plan for the next week** | A task is assigned by Mamta ma'am. She is RAS officer and additional director of academics at RajMES. |

**Signature of the Student** 

**Approved by the IIHMR University's Mentor**

# Reporting Format (Weekly)

**Name of the Organisation:** *Department of Medical Education, Rajasthan*

**Area/ Department/ Project of Summer Internship Program:** *Distribution of Faculty in various DME colleges under NMC norms and budget analysis of the salaries of faculty.*

**Name of the Student:** *Harsh Chouhan*

**Roll no:** *0009* **Stream:** *Healthcare Analytics*

**Week no:** *8* **From:** *30/06/2025* **to** *06/07/2025*

| | |
|---|---|
| **Activity Done** | Reported to Laksh Agarwal, Sir assigned the task on Distribution of Faculty in various DME colleges under NMC norms and budget analysis of the salaries of faculty. Secretary sir needs this data to analyse the budget of the government regarding the PG seats.<br>Collect the data of UG seats under various quota from RajMES colleges.<br>Attend meeting on recruitment of various post on Ophthalmology and made whole same data for ENT as well. |
| **Linking theory (Classroom learning) with practice at your organisation** | Lessons from **Principles of Management**, **Healthcare Delivery System**, **Health Economics**, **Data analysis, Healthcare financial analytics.** |
| **Gaps identified on the working area.** | Major Gaps- lack of authentic and structural data, and also difficulties in finding the NMC norms on PG seats. |
| **Suggestions for improvement** | **Deadline** (like the term suggests), It must be the end point of time where the task must complete (regardless of how, why or anything). |
| **Plan for the next week** | A task is assigned by Rashmi gupta ma'am. She is RAS officer and additional director of academics at DME.<br>We finally get the data Access of MAA yojana. |

**Signature of the Student** 

**Approved by the IIHMR University's Mentor**

# Reporting Format (Weekly)

**Name of the Organisation:** *Department of Medical Education, Rajasthan*

**Area/ Department/ Project of Summer Internship Program: -** Dashboard for SRs Recruitment, MAA Yojna Data Analysis.

**Name of the Student:** Harsh Chouhan

**Roll no:** 0009 **Stream:** Healthcare Analytics

**Week no:** 9 **From:** 07/07/2025 **to** 11/07/2025

| | |
|---|---|
| **Activity Done** | Reported to Mr. Laksh Agarwal Sir and got assigned the task on Distribution of Faculty (SRs) in various DME colleges under NMC norms and budget analysis of the salaries of faculty. Secretary sir needs **Dashboard** of this data to analyse the faculty distribution across the DME medical colleges. |
| **Linking theory (Classroom learning) with practice at your organisation** | Lessons from **Principles of Management**, **Healthcare Delivery System**, **Health Economics**, **Data analysis, Data visualization, HR Analytics.** |
| **Gaps identified on the working area.** | Major Gaps- lack of structural data, Some Calculation errors from IT end, and collection of vague data also. |
| **Suggestions for improvement** | Sincerity towards work is necessary from the employee side of DME and RajMES, and regular audits and checks. |
| **Plan for the next week** | A task is assigned by Laksh Agarwal sir. He is Consultant at DME. We finally got the access to MAA yojana data. An analysis is to be done on Rejection data to find out reasons and departments responsible for this thing. |

**Signature of the Student** 

**Approved by the IIHMR University's Mentor**

# Reporting Format (Weekly)

**Name of the Organisation:** *Department of Medical Education, Rajasthan*

**Area/ Department/ Project of Summer Internship Program:** *MAA yojana Analysis, PG and Faculty Data analysis.*

**Name of the Student:** *Harsh Chouhan*

**Roll no:** *0009* **Stream:** *Healthcare Analytics*

**Week no:** *10* **From:** *14/07/2025* **to** *18/07/2025*

| | |
|---|---|
| **Activity Done** | Updated **PG seats** data, Assisted with **Bond Calculation** sheet, found out Sanctioned seats on which new admissions will be done. Appointed to **Janana Hospital** for compiled report. |
| **Linking theory (Classroom learning) with practice at your organisation** | Lessons from **Principles of Management**, **Healthcare Delivery System**, **Health Economics**, **Healthcare financial analytics, Quantitative Data analysis and Organisation Behaviour.** |
| **Gaps identified on the working area.** | Major Gaps- lack of authentic collected data, and difficulties in finding the NMC norms on PG seats, difficult to co-operate with hospital staff. |
| **Suggestions for improvement** | **Deadline** (like the term suggests), It must be the end point of time where the task must complete (regardless of how, why or anything). |
| **Plan for the next week** | Compiling the SIP work. Analysis on data of MAA yojana. |

**Signature of the Student** 

**Approved by the IIHMR University's Mentor**

# Compiled Reporting Format

**Name of the Organisation:** *Department of Medical Education, Rajasthan*

**Area/ Department/ Project of Summer Internship Program:** *MAA yojana Analysis, PG and Faculty Data analysis*.

**Name of the Student:** *Harsh Chouhan*

**Roll no:** *0009* **Stream:** *Healthcare Analytics*

| | |
|---|---|
| **Activity Done** | Throughout my 2.5-month summer internship at the Department of Medical Education (DME), I assisted in several key analytics and operational activities. My internship started with practical training on Excel through a practice dataset of a U.S. consultancy, facilitated by Laksh Agarwal Sir, that helped me improve my technical preparedness for the internship.<br><br>The principal task was the examination of rejection trends of claims under the MAA Yojana, the flagship health insurance scheme of the Government of Rajasthan. I examined TIDs and packages from January 30, 2025, through July 19, 2025. Through pivot analysis and filters, I generated the top 10 departments with the largest rejection rates. Using these departments, I assessed hospital-level performance and created a list of the top 5 best and worst performing government hospitals.<br><br>Concurrently, I worked on assessing the Queue Management System (QMS) at RDBP Jaipuriya Hospital and Haxibux Kanwatia Hospital. I learned all about the workflow, such as token-based flow, digital displays, QR slips, and display systems. I learned about both Phase 1 (OPD and token system integration) and Phase 2 (scheduled inclusion of Drug Counters, Path Labs, and Laser Printers for enhanced handling of prescriptions).<br><br>For Faculty Salary and PG Seat Analysis, I operated on a dataset given by DME with sanctioned and vacant positions in different departments. I utilized the NMC norms to find where Professors can manage 3 PG students, Associate Professors 1, and |

| | |
|---|---|
| | Assistant Professors none. This was used to analyze budget spending against actual and determine capacity gaps.<br><br>The Hostel Accommodation Analysis involved contrasting available room capacities (1, 2, 3, and 4 seater) with students' strength. I set up an Excel tracker indicating actual shortages in real-time, clearly highlighting room deficit cases in order to aid planning future allocations.<br><br>In Week 9, I was requested to carry out an operational audit of Janana Hospital. This was in terms of manpower allocation, ward and unit review, bed capacity, RMRS fund utilization for 8 years, and fire fighting equipment inspection. I prepared a detailed presentation for the Secretary's formal meeting, outlining the performance, problems, and recommendations of the hospital. |
| **Linking theory (Classroom learning) with practice at your organisation** | This internship was a perfect integration of theory and practice. In topics such as Healthcare Delivery Systems and Quantitative Analytics, we learned about workflows, queue systems, and public schemes, but understanding how they're applied in actual government hospitals gave me a whole new level of insight.<br><br>I applied data analytics skills from our Data Visualization and Excel class in rejections and hostel occupancy analysis. Healthcare Financial Analytics, Health Economics, Data Analysis, and Data Visualization classes proved to be key throughout the internship, particularly when it comes to grasping cost structures, claim patterns, and data representation.<br><br>Our in-class learning on SWOT, KPIs, and bottlenecks became real in my QMS and Janana Hospital analyses.<br><br>Government budgeting and resource allocation, covered in Healthcare Financial Analytics, translated easily into faculty compensation and PG seat budgeting. |
| **Gaps identified on the working area.** | Data Standardization: Data from various departments was not uniform in format—structure, labels, and units of measurement varied. |

| | |
|---|---|
| | Poor Response Time: Some officials failed to provide the necessary data as multiple reminders and deadlines went unheeded.<br><br>Lack of Integration: Manual recording is still prevalent in most areas of hospital systems, hindering automation and analysis.<br><br>Manpower Shortages: Most hospitals had unfilled faculty and support staff vacancies, which affected delivery of services.<br><br>Underfunding: In various departments, the amount of funds needed always outstripped the funding received.<br><br>Utilization of Digital System: Software such as QMS existed yet remained unknown and unused to ground-level staff. |
| **Suggestions for improvement** | Centralized Data Management System must be adopted for uniformity of all government scheme-related datasets, manpower, PG seats, and facilities.<br><br>Hospital staff should undergo Training Programs to ensure efficient use of QMS and reporting tools.<br><br>Accountability Mechanism must be implemented for timely reporting and task completion by tender bearers and administrative officers.<br><br>Government has to ensure proper funding based on actual-world calculations, particularly for mission-critical departments such as Janana Hospital.<br><br>Hostel capacity planning must be rearranged based on data to avoid overpopulation and mal-allocation. |

| | |
|---|---|
| **Key Learnings** | Analytics delivers real-world impact: From determining claim rejection causes to assessing hospital resource deficiencies, I witnessed how information could assist decision-making and policy improvement.<br><br>Government officials are supremely detail-oriented: Daily encounters during meetings at DME illustrated the way higher-level authorities function under piercing scrutiny and focus.<br><br>Inertia at the ground level: Bureaucratic inefficiency, delays, and lack of push were typical, illustrating the disconnect between policy formulation and implementation.<br><br>Digital Health systems are changing: Programs such as QMS are a key change towards healthcare digitization, but accountability and training on the ground are critical to success.<br><br>I gained experience in designing formal presentations for high-level government officials and developing insights useful for immediate decision-making—a valuable exposure. |

**Signature of the Student**

**Approved by the IIHMR University's Mentor**