SUMMER INTERNSHIP PROGRAM

At

Maharana Bhopal Government Hospital (Udaipur, Rajasthan)

From May 15, 2025, to July 19, 2025

A REPORT BY

DIVESH PAL

ROLL NO: 0007

Master of Business

Administration

(HEALTHCARE ANALYTICS)

MBA-HA-01

1ST YEAR

2024-2026

Under the mentorship of

Dr. Ritu Vashishta

(Assistant Professor),

SDH (School of Digital Health)

IIHMR University, Jaipur

OFFICE OF SUPERINTEDENT M.B. GOVT. HOSPITAL, UDAIPUR

No. S.O./General/F. Certificate/2025/75 **Date :-29-07-2025**

CERTIFICATE

This is to certify that ***Mr. Divesh Pal*** *of batch* ***Health Analytics of IIHMR University, Jaipur*** *has worked with our organization for his summer internship* ***from 15-May-2025 to 29-July-2025.*** *I found him very sincere, honest and dedicated student.*

I wish her a very bright future.

(Dr. R.L. Suman)
Superintendent
M.B. Govt. Hospital,
Udaipur

IIHMR UNIVERSITY

IIHMR University Faculty Mentor Approval

This is to certify that **Mr. Divesh Pal** of academic year 2024-26 of **School of Digital Health, IIHMR University, Jaipur, Rajasthan** 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:

Dr. Ritu Vashistha
Assistant Professor

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MUKHYAMANTRI AYUSHMAN AROGYA YOJANA
Maharana Bhupal Government Hospital , Udaipur Rajasthan

Presented by - Divesh Pal, Stream - MBA (Healthcare Analytics) , Roll No. - 0007

University Mentor: Dr. Ritu Vashistha

Organization Mentor: Dr. R.L. Suman

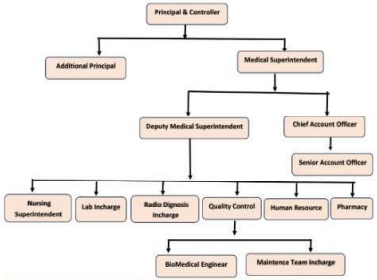
Organization:

Maharana Bhupal Government Hospital, Udaipur, was established in 1887 during the reign of Maharana Fateh Singh . Originally called Lansdowne Hospital, it was renamed post-independence in honor of Maharana Bhupal Singh. In 1961, it became affiliated with RNT Medical College as its main teaching hospital with over 1,100 beds. MB Hospital is NABH accredited and houses a NABL-certified HIV testing lab. It plays a vital role in implementing government schemes like Ayushman Bharat and MAA Yojana, RGHS and Nishulk Nirogi Rajasthan.

Vision and Mission:

•Vision : To excel in all spheres of health service with an aim to serve humanity.
•Mission : Scientific Medical Approach for serving the humanity by Quality care to everyone.

Organization Structure:



Learning and Value Additions:

Practical Exposure:
- **Real time data handling are OPD/IPD patients data and admission discharge records and bed occupancy rates etc.**
- **Understood the role of data in resource allocation and operational improvement.**

Theoretical Understanding:
- **Basic understanding of tools like Excel, SQL, Power BI and Python in health analytics.**
- **Strengthened knowledge of hospital management, healthcare policies and performance indicators.**

SWOT Analysis:

Strength
- High coverage up to ₹25 lakhs per family per year.
- Cashless treatment at empanelled hospitals.
- Integrated with Jan Aadhar and ABHA for easy identification.
- Covers a wide range of medical and surgical procedures.

Weakness
- Low awareness in rural and remote areas.
- Occasional delays in discharge and claim processing.
- Dependence on digital infrastructure which may face downtime.

Opportunities
- Expand awareness through mobile health camps and IEC material.
- More private hospitals can be empanelled for better access.
- Training program for hospitals staff and Ayushmam Mitras.

Threats
- Risk of claim misuse or fraud if not monitored properly.
- Staff overburden during peak hours can affect service quality.
- Technical issues with portals may disrupt service temporarily.

Project Title: MUKHYAMANTRI AYUSHMAN AROGYA YOJANA

Introduction:

Mukhyamantri Ayushman Aarogya Yojana (MAAY) is Rajasthan's universal health insurance scheme that offers cashless treatment up to ₹25 lakhs per family per year. It integrates the Ayushman Bharat and Chiranjeevi Yojana benefits and covers over 1,700 medical procedures across public and private empanelled hospitals, aiming to reduce healthcare-related financial burden on citizens.

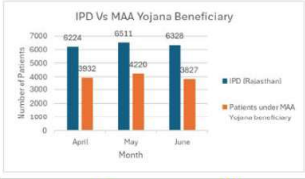
Objective:

- Ensure universal health coverage for Rajasthan residents.
- Provide cashless, paperless treatment at registered hospitals.
- Reduce out-of-pocket expenditure on healthcare.
- Promote public-private partnerships and digital health services.
- Strengthen trust in public healthcare systems.

Methadology:

- **Data Collection Methods:** Direct observation, patient interaction, staff interviews, and review of hospital records and MAAY portal data.
- **Sample Size:** Around 19063 patients observed across departments like Medicine, Surgery, and Dialysis.
- **Tools Used:** Jan Aadhar portal, MAA Yojana portal, feedback forms, and Excel for data analysis.
- **Duration:** 01-04-2025 to 30-06-2025
- **Focus Area:** Real-time MAAY processes — from patient registration to claim processing.

Data Analysis:



Challanges faced during Internship:

- **Low Awareness – Many patients were unaware of MAAY benefits.**
- **Technical Issues – Chiranjeevi portal often had downtime.**
- **Staff Shortage – Limited Ayushman Mitras delayed the process.**
- **Documentation Gaps – Incomplete patient documents caused delays.**
- **Communication Barriers – Language issues with patients from rural areas.**

Suggestion

- **Increase Awareness – Run campaigns in rural areas.**
- **Improve Registration – Make the process simple and fast.**
- **Train Staff – Provide regular technical training.**
- **Faster Claims – Speed up claim approval and settlement.**
- **Better Feedback – Collect patient feedback regularly.**

Major Learning During Internship

- **Real-time Exposure – Understood the complete MAAY claim process in a hospital setting.**
- **Patient Handling – Learned how to communicate with patients and assist in registration.**
- **Portal Usage – Gained hands-on experience with Jan Aadhar and MAA Yojana portals.**
- **Team Coordination – Worked with hospital staff and Ayushman Mitras for smooth functioning.**
- **Healthcare Insights – Observed challenges in public healthcare and possible improvements.**
- **Collected and analyzed real-time healthcare data.**
- **Learned hospital workflow and coordination.**

Conclusion:

MAA Yojana is a powerful initiative in public health and social security. With better awareness, staff training, and digital improvements, it can serve as a model for universal healthcare access across India.

Month	IPD (Rajasthan)	% of Registration	% of Package Booked	% of claim Submitted	Booked Amount ₹	Paid Amount ₹	Rejected Amount ₹	Amount under pipeline ₹	% Of Rejection
April	6224	63.17%	55.75%	55.25%	3,83,89,910	2,57,26,546	83,80,345	42,83,019	21.83%
May	6511	64.81%	57.52%	42.48%	4,06,85,193	2,17,74,011	78,88,147	1,10,23,035	19.39%
June	6328	60.48%	53.87%	46.13%	3,70,61,415	52,45,843	46,40,017	2,71,75,555	12.25%

Week 1

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

Area/ Department/ Project of Summer Internship Program: Maharana Bhupal Hospital Udaipur, Data Analysis.

Name of the Student: Divesh Pal

Roll no: 0007 **Stream**: MBA (Healthcare Analytics)

From: 15/05/2025 **to** 17/05/2025

Activity Done	**Day 1:** Submission of Documents. Visited in Maharana Bhupal Hospitals and different- different departments(Emergency department, IPD, OPD, Lab, Radiology). Understood Patient Flow and department workflow and functions. **Day2:** I had the opportunity to meet Dr. Mahendra, Assistant Professor at RNT Medical College.He provided a detailed orientation and shared valuable insights about the health system, hospital history, infrastructure, and key information releated to hospitals operations. **Day3 :** I collected Patient data on waiting time in the hospitals and worked on the report. And also visited Maharana Bhupal Hospital identified key issues, and noted them down. And also met Deputy Director Dr. Sanjeev sir instructed us to identify system loopholes independentaly and work on improvements.
Linking theory (Classroom learning) with practice at your organisation	• Applied classroom knowledge of hospital operations, Patient Journey, and workflow analysis. • And used data collection techniques and observed real-time patients flow, as studied in health system and operation management.
Gaps identified on the working area.	• Long Patient waiting times • Dealay data entery. • Incomplete documentations in some departments.

Suggestions for improvement	• Use of digital token system to manage queues. • Regular staff training on documentation. • Signboards to guide patients to departments.
Plan for the next week	• Start analysing collected data on waiting times • Visit more departments for deeper insights. • Suggest data driven improvements to reduce delays.

Signature of the Student

Divesh Pal

Approved by the IIHMR University's Mentor

Dr. Ritu Vashishta

(Assistant Professor)

Week 2

Name of the Organisation: Maharana Bhupal Government Hospital Udaipur

Area/ Department/ Project of Summer Internship Program: Healthcare Analytics

Name of the Student: Divesh Pal

Roll no: 0007 Stream: MBA Healthcare Analytics

From: 18/05/2025 to 24/05/2025

Activity Done	• Working on creating a single window for registration of IPD, OPD, MAA Yojana, RGHS, IHMS . • Analysed and Working on abscond cases/patients because cases of abscond is too much and hospital is making a loss. • Analysed time for for dispensing of medicines- meaning how much time patient is waiting once he handed over his/ her prescription. • Also collected patient data on waiting time in the hospital and worked on the report identified key issues analysis, and noted them down and system loopholes independently and work on improvements. • Noted areas for improvement in patient service and admin areas. • Visited ward to ward collected and matched the data and analysed & checked the on-bed patient in the hospital in all departments –Medicine, Surgery,Orthopaedics.
Linking theory (Classroom learning) with practice at your organisation	• Applied Hospital Operations Management concepts analysis. • Used Lean Management to identify potential solutions analysis. • Observed staff-patient interactions and workflow patterns.
Gaps identified on the working area.	• Delays in discharge summary and billing. • Insufficient OPD patient tracking. • Communication gaps between departments. • Poor signage for patients in OPD. • Cleanliness issues and unpleasant odours • Lack of parking facilities (a significant concern)

	• Abscond cases are too much in the government setup
Suggestions for improvement	• Reduced waiting times • Increased patient satisfaction • Enhanced communication between departments • Improved signage and navigation • Better staff-patient interactions • Increased efficiency • Reduced errors • Improved overall quality of care • Attention to cleanliness, maintenance, and infrastructure (including parking) is crucial to further enhance patient experiences
Plan for the next week	• Sustainability efforts • Staff training analysis. • Cleanliness and maintenance analysis. • Parking Solutions • Feedback collection analysis. • Waste Management analysis.

Signature of the Student

Divesh Pal

Approved by the IIHMR University's Mentor

Dr. Ritu Vashishta

(Assistant Professor)

Week 3

Name of the Organisation: Maharana Bhupal Government Hospital Udaipur Rajasthan

Area/ Department/ Project of Summer Internship Program: Healthcare Analytics

Name of the Student: Divesh Pal

Roll no: 0007 **Stream:** MBA Healthcare Analytics

From: 26/05/2025 to 31/05/2025

Activity Done	• Implemented laser printers in OPD and IPD counters of Super Speciality Block. • Conducted study, data collection, and analysis on workflow improvement. • Submitted detailed project report. • Participated in ward round inspection visits across all departments. • Prepared the report of modules of IHMS with functionality • Visited the Drug Distribution Center and Sub Store and understand workflow and process.
Linking theory (Classroom learning) with practice at your organisation	• Applied hospital IT system concepts during printer and IHMS module work. • Used healthcare operations knowledge in workflow analysis. • Implemented inventory and logistics concepts at drug store. • Practiced quality monitoring during ward rounds. • Connected classroom data analysis skills with real hospital scenarios. • Understood health information system functioning practically.
Gaps identified on the working area.	• Manual data entry still in use, causing delays. • Incomplete digital integration across departments. • Lack of standard workflow documentation. • Staff unfamiliar with some IT tools. • Delay in internal communication for medicine distribution.

Suggestions for improvement	• Implement barcode-based drug inventory tracking. • Train staff on printer use and IHMS functionality. • Digitize internal communication channels. • Standardize operating procedures for stores and counters. • Upgrade to integrated hospital management software. • Schedule periodic IT training workshops.
Plan for the next week	• Monitor printer and IHMS usage in departments. • Collect feedback from OPD/IPD staff on workflow changes. • Prepare SOPs for drug distribution and sub store workflow. • Analyze drug consumption and stock data. • Study existing IHMS modules in more depth. • Support team in any new department-level implementation tasks.

Signature of the Student

Divesh Pal

Approved by the IIHMR University's Mentor

Dr. Ritu Vashishta

(Assistant Professor)

Week 4

Name of the Organisation: Maharana Bhupal Government Hospital Udaipur Rajasthan

Area/ Department/ Project of Summer Internship Program: Data Analysis

Name of the Student: Divesh Pal

Roll no: 0007 **Stream: MBA (Healthcare Analytics)**

From: 02/06/2025 to 07/06/2025

Activity Done	• Critical Analysis of MAA yojana transition • Implementation of single window system for patients of maa yojana, RGHS, Ayushmaan bharat yojana • Submitted a report for implementation of laser printer as dot matrix printer was taking 10 seconds more than laser printer. • Total time saved 15.16 working hours per week
Linking theory (Classroom learning) with practice at your organisation	• Applied Hospital Operations Management concepts and analysis. • Used Lean Management to identify potential solutions. • Observed staff-patient interactions and workflow patterns.
Gaps identified on the working area.	• Delays in discharge summary and billing. • Insufficient OPD patient tracking. • Communication gaps between departments. • Poor signage for patients in OPD. • Cleanliness issues and unpleasant odours • Lack of parking facilities (a significant concern) • Abscond cases are too much in the government setup.
Suggestions for improvement	• Reduced waiting times • Increased patient satisfaction • Enhanced communication between departments • Improved signage and navigation • Better staff-patient interactions • Increased efficiency • Reduced errors • Improved overall quality of care

	• Attention to cleanliness, maintenance, and infrastructure (including parking) is crucial to further enhance patient experiences
Plan for the next week	• Sustainability efforts analysis. • Staff training analysis. • Parking Solutions analysis. • Feedback collection analysis. • Waste Management analysis. • SETU Triple R Rapid Referral System analysis. • A QR code-based innovation connecting peripheral healthcare centers with tertiary care facilities for faster emergency care. • Still working on all these from past weeks.

Signature of the Student

Divesh Pal

Approved by the IIHMR University's Mentor

Dr. Ritu Vashishta

(Assistant Professor)

Week 5

Name of the Organisation: Maharana Bhupal Government Hospital Udaipur Rajasthan

Area/ Department/ Project of Summer Internship Program: Data Analysis

Name of the Student: Divesh Pal

Roll no: 0007 **Stream:** MBA (Healthcare Analytics)

Week no: 5 **From:** 15/06/2025 to 21/06/2025

Activity Done	• I have collected doctors and residents SSOID and personal information for queue Management system. • I have present presenation for single windows system in super speciality hospital in presence of all incharges and health margdarshak and others. • I have create design A4 size paper design of presscrption in super speciality hospital. • I have collected MAA yojana data in may maonths and analysis. • I have collected vehicle parking managment data and analysis.
Linking theory (Classroom learning) with practice at your organisation	• Applied healthcare database management principles (unique identifiers, data privacy) in SSOID collection. • Used change-management and presentation frameworks to secure stakeholder buy-in for the single-window system. • Applied human-factors design principles in crafting the prescription template. • Utilised Excel pivot tables and Power BI dashboards for MAA and parking data analytics.
Gaps identified on the working area.	• No centralised verified database of staff SSOIDs. • Limited awareness among staff regarding the new prescription format. • Absence of automated vehicle-counting and slot-availability system in parking lot. • Incomplete tagging of residents in IHMS causing duplicate records.

Suggestions for improvement	• Integrate the SSOID master file with IHMS and enforce mandatory entry at registration. • Conduct short training sessions and display sample prescriptions at each counter. • Install a low-cost infrared vehicle counter and display real-time parking availability. • Schedule quarterly audits to validate resident data and remove duplicates.
Plan for the next week	• Finalise and upload SSOID master to IHMS. • Pilot single-window registration in two departments and capture baseline metrics. • Print and distribute new prescription pads; collect user feedback for one week. • Develop parking analytics dashboard and propose signage improvements. • Extend MAA Yojana financial analysis to six-month dataset. • Draft SOP for resident-data update process.

Signature of the Student

Divesh Pal

Approved by the IIHMR University's Mentor

Dr. Ritu Vashishta

(Assistant Professor)

Week 6

Name of the Organisation: Maharana Bhupal Government Hospital Udaipur Rajasthan

Area/ Department/ Project of Summer Internship Program: Data Analysis

Name of the Student: Divesh Pal

Roll no: 0007 **Stream:** MBA (Healthcare Analytics)

Week no: 6 **From:** 23/06/2025 to 28/06/2025

Activity Done	**A. Vehicle Parking Data Analysis** • Collected vehicle parking data for the current month. • Prepared a report on usage patterns, peak hours, and gate-wise entries. • Designed a dashboard showing total entries, daily counts, and peak times. **B. OPD and IPD Data Analysis** • Collected and cleaned OPD/IPD data for the month. • Analyzed patient inflow, department-wise footfall, and bed occupancy. • Created a detailed report with insights for hospital planning. **C. Hospital Visit & Process Understanding** • Visited departments and wards to study operational workflows. • Observed sub-store inventory, stock issuance, and logistics. • Understood the Rapid Referral Redressal System (RRRS) and QRT functioning.
Linking theory (Classroom learning) with practice at your organisation	• pplied data analytics and dashboard design concepts on hospital datasets. • Used Excel and Power BI for creating data visualizations and dashboards. • Connected classroom topics like healthcare operations and inventory control with real hospital processes.

Gaps identified on the working area.	• No real-time data integration across departments. • No live monitoring system for parking. • Limited use of data in daily decision-making. • Manual records in sub-stores cause delays and errors.
Suggestions for improvement	• Implement integrated Hospital Information System (HIS). • Use real-time sensors for parking data. • Train staff in data entry and reporting. • Digitize sub-store inventory with barcoding.
Plan for the next week	• Analyze patient feedback from OPD/IPD. • Conduct time-motion study in OPD departments. • Support IT in developing a live dashboard prototype. • Create survey form to find transfer process bottlenecks.

Signature of the Student

Divesh Pal

Approved by the IIHMR University's Mentor

Dr. Ritu Vashishta

(Assistant Professor)

Week 7

Name of the Organisation: Maharana Bhupal Government Hospital Udaipur Rajasthan

Area/ Department/ Project of Summer Internship Program: Data Analysis

Name of the Student: Divesh Pal

Roll no: 0007 **Stream:** MBA (Healthcare Analytics)

From: 30/06/2025 to 05/07/2025

Activity Done	• Conducted a cost analysis of dot matrix printer paper. • Conducted a cost analysis of A4 size paper. • Compared pricing and usage efficiency between dot matrix and A4 size papers. • Analyzed Outpatient Department (OPD) data in the Super Speciality Hospital, focusing on: • Patient inflow • Department-wise distribution • Peak visiting hours • Service utilization trends • Identified key patterns for improving resource allocation and patient flow. • Visited the Radiation Oncology Department. • Observed and documented core processes and workflows within the department.
Linking theory (Classroom learning) with practice at your organisation	• Applied healthcare data analysis during OPD data review. • Used cost-benefit analysis concepts for paper cost comparison. • Applied hospital workflow design while observing Radiation Oncology processes. • Implemented health system management theories in process evaluation. • Used process mapping to understand departmental workflows. • Applied cost control principles in resource usage analysis.

Gaps identified on the working area.	• Lack of centralized digital tracking for paper usage and procurement. • Manual documentation observed in several departments leading to inefficiencies. • No real-time dashboard for OPD data monitoring. • Some processes in the Radiation Oncology Department were not standardized or clearly documented.
Suggestions for improvement	• Implement a digital inventory management system to track paper usage and reduce wastage. • Introduce standard operating procedures (SOPs) in departments like Radiation Oncology to streamline processes. • Use data visualization dashboards to monitor OPD flow in real time. • Conduct periodic training for staff on cost-effective resource utilization and documentation standards.
Plan for the next week	• Continue with departmental visits focusing on other specialized units. • Start working on a mini-project/report based on OPD efficiency and patient flow improvements. • Meet with administrative staff to understand hospital budgeting and procurement processes. • Prepare a presentation summarizing initial findings and recommendations.

Signature of the Student

Divesh Pal

Approved by the IIHMR University's Mentor

Dr. Ritu Vashishta

(Assistant Professor)

Week 8

Name of the Organisation: Maharana Bhupal Government Hospital Udaipur Rajasthan

Area/ Department/ Project of Summer Internship Program: Data Analysis

Name of the Student: Divesh Pal

Roll no: 0007 **Stream:** MBA (Healthcare Analytics)

Week no: 8 **From:** 07/07/2025 to 12/07/2025

Activity Done	• Collected and analyzed three months of data under MAA Yojana. • Cleaned the data for better readability and analysis. • Identified key metrics: • Number of claim rejections • Package rate • Cancelled cases and TID expiries department/unit-wise • Attended orientation program on MAA Yojana to understand policy and operational flow. • Prepared Minutes of Meetings for MAA Yojana review meetings. • Submitted daily TID expiry list to the Superintendent and respective departments/doctors. • Prepared Guidelines/SOP for the Initial Assessment of Patients**.** • Analyzed six months of data from Maharana Bhupal Hospital and Super Speciality Hospital to calculate total averages for key indicators.
Linking theory (Classroom learning) with practice at your organisation	• Applied knowledge from Health Analytics and Data Management subjects to real-world hospital datasets. • Used classroom learning on data cleaning**,** visualization, and interpretation in practical project work. • Understood the application of health policy implementation and monitoring on-ground.
Gaps identified on the working area.	• Delay in updating TID statuses in hospital units. • Lack of standardized format for patient initial assessment across departments. • Insufficient training among staff regarding MAA package selection and portal usage.

	• Inconsistent documentation, leading to claim rejection
Suggestions for improvement	• Implement automated alerts for upcoming TID expiries. • Conduct regular training for doctors and data entry operators on MAA processes. • Standardize SOPs across departments for smoother patient assessments. • Appoint MAA Coordinators in each department to reduce claim errors and improve data flow. • Ensure timely audits and cross-verification of claims before submission.
Plan for the next week	• Continue daily TID expiry tracking and submission. • Finalize and circulate SOP for patient initial assessment. • Begin department-wise analysis of rejected claims and prepare actionable insights. • Coordinate with IT team to explore dashboard creation for live tracking of MAA metrics. • Support planning and conduct of a refresher session for staff on TID and claim management. • Assist in weekly review meetings and document proceedings.

Signature of the Student

Divesh Pal

Approved by the IIHMR University's Mentor

Dr. Ritu Vashishta

(Assistant Professor)

Week 9

Name of the Organisation: Maharana Bhupal Government Hospital Udaipur Rajasthan

Area/ Department/ Project of Summer Internship Program: Data Analysis

Name of the Student: Divesh Pal

Roll no: 0007 **Stream:** MBA (Healthcare Analytics)

From: 14/07/2025 to 19/07/2025

Activity Done	Reviewed and revised CoP document as per NABH 6th Edition standards: • Developed IT Maintenance Plan to ensure smooth functioning of hospital information systems. • Prepared IT Contingency Plan for managing unexpected technical failures and ensuring business continuity. • Framed Guidelines for Authorized Personnel Entries in Medical Records under IMS, ensuring data integrity. • Drafted Risk Management Plan as per NABH guidelines to identify and mitigate organizational risks. • Developed Service Standards focusing on patient safety, quality care, and patient-centric services. • Formulated Energy Efficiency & Environment Guidelines promoting sustainability in hospital operations. • Reviewed & updated ROM and IMS Frameworks, aligning with NABH 6th Edition: 1. Medical record documentation 2. Data security 3. User access control 4. Audit trail maintenance • Enhanced data confidentiality, accuracy, and retrieval for both clinical and administrative purposes. • Queue Management System (QMS) implementation scheduled for next week to improve patient flow and reduce wait times (postponed due to operational constraints).

Linking theory (Classroom learning) with practice at your organisation	1. Applied Lean/Just-in-Time concepts via planned Queue Management System to reduce wait times and improve patient flow. 2. Used Communication Planning & Management to coordinate effectively with clinical, IT, and admin teams for smooth policy and system rollouts. 3. Applied Research Methods to identify gaps through observation and analysis, proposing evidence-based improvements. 4. Demonstrated a clear link between academic learning and real-world hospital practices, focusing on quality, efficiency, and patient-centered care.
Gaps identified on the working area.	• IT Maintenance Not Standardized – No formal documentation; inconsistent maintenance practices. • No Defined IT Contingency Plan – Lack of structured response for system failures or data loss. • Unclear IMS Record Update Roles – Responsibilities not defined, risking data accuracy. • Outdated Risk Management – Existing protocols not aligned with NABH 6th Edition. • Non-Uniform Service Standards – Inconsistent care levels across departments. • Limited Sustainability Initiatives – Few efforts toward energy conservation and eco-friendly practices. • QMS Rollout Delayed – Operational issues postponed implementation, impacting patient flow plans. • Incomplete NABH Compliance – Gaps in documentation and quality protocols in some areas.
Suggestions for improvement	• Implement a standardized IT maintenance schedule to ensure consistent system upkeep. • Develop a comprehensive IT contingency and backup plan for system failure preparedness. • Define clear guidelines for authorized entries in medical records to protect data integrity. • Update the risk management plan in line with NABH 6th Edition standards. • Create department-specific service standards for uniform patient care delivery.

	• Promote energy-efficient and eco-friendly practices within hospital operations. • Resolve QMS implementation issues and prioritize system rollout. • Conduct internal audits regularly to identify and close NABH compliance gaps.
Plan for the next week	• Initiate setup of Queue Management System (QMS) to improve patient flow and reduce wait times. • Install and test the system to ensure technical readiness. • Conduct staff training on system usage and patient handling. • Run a trial phase to identify and resolve any issues. • Target full implementation by week's end, ensuring smooth functioning for staff and patients.

Signature of the Student

Divesh Pal

Approved by the IIHMR University's Mentor

Dr. Ritu Vashishta

(Assistant Professor)

Week 10

Name of the Organisation: Maharana Bhupal Government Hospital Udaipur Rajasthan

Area/ Department/ Project of Summer Internship Program: Data Analysis

Name of the Student: Divesh Pal

Roll no: 0007 **Stream:** MBA (Healthcare Analytics)

From: 21/07/2025 to 26/07/2025

Activity Done	A. Bed Occupancy Rate Analysis • Calculated the Bed Occupancy Rate from January to June 2025. • Interpreted data to provide insights into hospital bed utilization, identifying peak periods and underutilized wards. B. MAA Yojana Data Analysis 1. Number of claims submitted. 2. Number of packages selected. 3. Department-wise and unit-wise rejection of claims. • Insights aimed to support decision-making and improve claim acceptance rates. C. NABH Document Revision • Reviewed and revised the Responsibilities of Management section from the 6th edition of NABH documents. • Ensured alignment with NABH accreditation standards and internal hospital policies.
Linking theory (Classroom learning) with practice at your organisation	Applied classroom concepts from Health Data Analytics and Hospital Operations Management during: • Data cleaning, interpretation, and visualization tasks. • Understanding accreditation requirements and quality standards.

Gaps identified on the working area.	• Delay in real-time data entry in some departments affecting the accuracy of daily reporting. • Lack of standardized rejection system across departments in MAA claim process. • Need for staff training on NABH documentation updates.
Suggestions for improvement	• Implement a centralized dashboard for real-time tracking of bed occupancy and claims. • Conduct inter-departmental training on MAA Yojana processes and documentation standards. • Establish a monthly internal audit mechanism to ensure document compliance and timely updates.
Plan for the next week	• Start a department-wise analysis of average claim processing time under MAA Yojana. • Support in conducting an internal NABH pre-audit review for selected departments. • Prepare comparative dashboards for Bed Occupancy vs Claim Processing trends.

Signature of the Student

Divesh Pal

Approved by the IIHMR University's Mentor

Dr. Ritu Vashishta

(Assistant Professor)

Compile Report

Name of the Organisation: Maharana Bhupal Government Hospital Udaipur Rajasthan

Area/ Department/ Project of Summer Internship Program: Data Analysis

Name of the Student: Divesh Pal

Roll no: 0007 **Stream:** MBA (Healthcare Analytics)

Activity Done	• Submitted documents and visited various hospital departments (Emergency, IPD, OPD, Lab, Radiology). • Understood patient flow and departmental workflows. • Met faculty and administrative leadership for orientation. • Collected patient waiting time data and began identifying operational issues. • Worked on the concept of a single-window registration system for IPD, OPD, MAA Yojana, RGHS, and IHMS. • Analyzed abscond cases and delays in dispensing medicines. • Collected department-wise patient flow data and matched with on-bed records across departments. • Identified issues in discharge, inter-departmental communication, and infrastructure. • Implemented laser printers in OPD and IPD counters. • Collected workflow data and submitted detailed reports. • Studied IHMS modules and visited drug distribution centers and sub-stores. • Participated in ward rounds and studied inventory management. • Conducted critical analysis of MAA Yojana transition. • Submitted a report showing laser printers saved 15.16 hours per week over dot matrix printers. • Supported the single-window registration implementation across various Yojanas. • Collected SSOID and personal data of doctors/residents for queue management. • Presented single-window registration proposal to key hospital stakeholders. • Designed new A4 prescription template.

	• Collected and analyzed MAA Yojana and parking management data. • Analyzed vehicle parking data and visualized gate-wise entries, peak hours. • Conducted OPD/IPD data analysis (footfall, bed occupancy). • Studied workflows in logistics, sub-store inventory, and emergency referral systems. • Conducted cost analysis comparing dot matrix and A4 paper usage. • Analyzed Super Speciality OPD data for department-wise distribution and peak hours. • Visited the Radiation Oncology Department to document and study workflows. • Collected and cleaned three months of MAA Yojana data. • Prepared SOPs for Initial Patient Assessment. • Created daily TID expiry reports and submitted to respective units. • Participated in MAA Yojana review meetings and orientation. • Reviewed CoP and updated policies as per NABH 6th Edition. • Drafted IT Maintenance, IT Contingency, and Risk Management Plans. • Developed Guidelines for medical record access and service standards. • Planned Queue Management System (QMS) rollout. • Calculated Bed Occupancy Rates (Jan–June 2025). • Analyzed MAA Yojana claim submissions, rejections, and package selections. • Supported planning for internal audits and dashboard comparisons.
Linking theory (Classroom learning) with practice at your organisation	**Healthcare Policy and Delivery System** I explored the practical implementation of government schemes like MAA Yojana, RGHS, and Ayushman Bharat. By analyzing claim rejections, package selections, and process flow, I understood how healthcare policy translates into service delivery at the grassroots level.

	Statistical Reasoning I applied statistical techniques to calculate bed occupancy rates, analyze patient inflow, and study trends in claim submissions. Tools like averages, percentages, and variance helped generate actionable insights for hospital efficiency improvement. **HR Analytics** Collected and analyzed staff SSOID data to identify duplicate entries and untagged records in the IHMS. This analysis highlighted workforce data gaps and supported decision-making in human resource planning and verification. **Database Management System (DBMS)** Worked directly with IHMS, handling structured data related to patients, doctors, prescriptions, and claims. I applied concepts like data integrity, unique identifiers, and data validation in managing hospital datasets. **Data Visualization and Dashboard Designing** Created interactive dashboards using Excel and Power BI for OPD/IPD analytics, parking management, and MAA Yojana performance. These visual tools improved the hospital's ability to track key performance indicators in real time. **Digital Health** Participated in the implementation of a digital queue system, laser printer rollout, and the integration of a single-window registration system. This exposure helped me understand the shift from paper-based to digital health systems. **Financial Analytics** Conducted cost analysis comparing dot matrix vs laser printing, analyzed claim rejection rates, and calculated working hours saved through automation. Applied financial principles to improve cost-efficiency and budgeting accuracy within the hospital.

Gaps identified on the working area.	• **Patient Services**:
	  ○ Long waiting times due to manual registration and prescription issuance.
	  ○ Delay in discharge summary and billing.
	  ○ Inadequate patient guidance and poor signage.
	• **Information Management**:
	  ○ Manual data entry and documentation in many departments.
	  ○ Lack of centralized digital dashboards and real-time monitoring.
	  ○ Absence of standardized documentation and SOPs in departments.
	• **Technology & Infrastructure**:
	  ○ Lack of IT contingency and maintenance plans.
	  ○ Delayed implementation of the Queue
	• **Human Resource Challenges**:
	  ○ Absence of centralized SSOID verification for staff and residents.
	  ○ Staff unfamiliar with IHMS tools and updated NABH protocols.
	  ○ Limited training on MAA Yojana processes and claim management.
	• **Administrative & Logistics**:
	  ○ Duplication and gaps in IHMS resident records.
	  ○ Lack of sustainability practices in hospital energy use.

Suggestions for improvement	• **Queue Management:** Implement digital token systems to reduce patient waiting time. • **Single Window Registration:** Combine IPD/OPD and Yojana registrations for faster service. • **Better Signage & Cleanliness:** Install clear signboards and improve sanitation across departments. • **Technology Upgrade:** Replace dot matrix with laser printers; integrate IHMS with staff SSOID and automate parking management. • **Inventory Management:** Introduce barcode tracking in sub-stores and pharmacies. • **Workflow Standardization:** Create and follow SOPs for all departments. • **Data Dashboards:** Develop real-time dashboards for patient flow, bed occupancy, and claims.

	• **Staff Training:** Conduct regular training on IHMS, MAA Yojana, SOPs, and documentation standards. • **Policy Compliance:** Align hospital documents with NABH 6th Edition standards. • **Internal Audits:** Perform monthly audits for quality assurance and operational efficiency.
Key Learnings	• **Real-World Data Handling:** Gained hands-on experience in collecting, cleaning, and analyzing large hospital datasets (MAA Yojana, OPD/IPD, Parking, Bed Occupancy). • **Dashboard Creation:** Developed dashboards using Excel and Power BI for real-time monitoring and decision-making support. • **Workflow Optimization:** Identified bottlenecks and inefficiencies through time-motion studies, patient flow analysis, and claim rejection trends. • **Policy Implementation:** Understood how healthcare schemes (MAA, RGHS, Ayushman) operate practically and how data supports their execution. • **Digital Health Exposure:** Contributed to digital initiatives like queue systems, prescription formats, and printer upgrades for improving efficiency. • **Data-Driven Decision Making:** Used statistical reasoning and visualization to present actionable insights to hospital management. • **Technical Skills:** Strengthened skills in Excel, Power BI, database handling, and SOP documentation. • **Cross-Department Collaboration:** Learned to work with clinical, IT, and administrative teams, enhancing coordination and communication skills.

Signature of the Student

Divesh Pal

Approved by the IIHMR University's Mentor

Dr. Ritu Vashishta

(Assistant Professor)