

SUMMER INTERNSHIP PROGRAM

At

Maharana Bhupal Government Hospital, Udaipur

15th of May 2025 – 29th of July

A Report BY

Khemvardhan

Masters of Business Administration

MBA – Pharmaceutical Management

Roll no – 0659

2024-26

Under the Mentorship of

Dr. Goutam Sadhu

Professor

IIHMR UNIVERSITY, JAIPUR





OFFICE OF SUPERINTENDENT
M.B. Government Hospital, Udaipur

Certificate

This is to certify that **Mr. Khemvardhan** of batch of **PM-16 of IIHMR UNIVERSITY, Jaipur** has worked with our organization for his summer internship from **15th May 2025 to 29th July 2025**. I found him very sincere, honest and dedicated student.

I wish him a very bright future.

No. S.O./General/F. Certificate/2025/73

Date : 29.07.2025

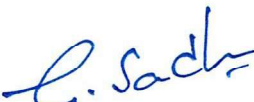

Dr. R. L. Suman
Suprintendent
M.B. Govt. Hospital
Udaipur

IIHMR University Faculty Mentor Approval

This is to certify that **Mr. Khemvardhan** of academic year 2024-26 **School of Pharmaceutical Management** 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: 30-7-2025

A handwritten signature in blue ink, appearing to read 'G. Sadhu'.

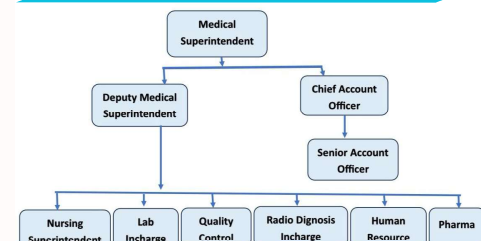
Dr. Goutam Sadhu
Professor

About The Organization

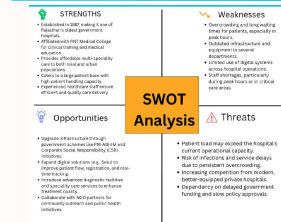
Maharana Bhupal Government Hospital (MB Hospital), Udaipur, established in 1887, is one of the oldest and most renowned government healthcare institutions in Rajasthan. Originally named Willingdon Hospital, it was renamed after India's independence. In 1961, the hospital became affiliated with RNT Medical College, evolving into a vital hub for both medical treatment and education in the region.

VISION: To excel in all spheres of health services with an aim to serve humanity.
MISSION: Scientific Medical Approach for serving the Humanity by Quality care to everyone

Organisation Structure



SWOT Analysis:



TOWS Analysis

	Strengths	Weaknesses
Opportunities	- Leverage trained staff and digital system (O) to introduce automated barcode scanning (O) for faster stock tracking. - Use existing buffer stock policy (S) to pilot a centralized inventory dashboard (O).	- Launch monthly digital training modules (O) to address limited system proficiency (W). - Use government initiatives in digital health (O) to seek funding for modern storage infrastructure (W).
Threats	- Use strong SOP adherence and e-Aushadhi alerts (S) to preempt supply chain disruptions during vendor delays (T). - Proactive staff (S) can form a crisis response team for emergencies (T).	- Improve manpower scheduling (W) to prevent service disruption during night hours or high patient inflow (T). - Implement labeling standardization to minimize confusion during peak loads (T).

Introduction

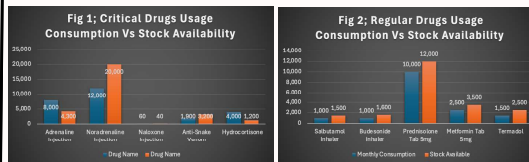
Effective medicine management is essential for ensuring uninterrupted healthcare services in government hospitals. This project focuses on the monthly drug inventory and distribution system at Maharana Bhupal Government Hospital, Udaipur. The study emphasizes both life-saving and regular-use medicines, analyzing their consumption, availability, and supply chain practices. The substore and Drug Distribution Centre (DDC) play a crucial role in ensuring timely access to essential drugs. Data was collected from inventory records, staff inputs, and patient feedback. The hospital uses the e-Aushadhi portal for real-time tracking and procurement, which improves transparency and efficiency. This report aims to highlight operational strengths and recommend improvements for better drug availability and patient satisfaction.

Objectives

- To assess the monthly consumption and availability of life-saving and regular-use medicines at the substore and Drug Distribution Centre (DDC) of Maharana Bhupal Government Hospital.
- To evaluate the efficiency of the supply chain system, including timelines of drug procurement, stock replenishment, and emergency requisition procedures.
- To analyze the functionality and utilization of the e-Aushadhi portal for inventory tracking, stock updates, and digital indenting in public hospital pharmacy management.
- To identify challenges related to storage infrastructure and manpower deployment that affect timely drug distribution and service delivery.
- To review patient wait times and satisfaction feedback in relation to medicine availability, staff responsiveness, and communication practices.

Sample summary & Methodology

- This project is a descriptive, observational, and operational study conducted at Maharana Bhupal Government Hospital, Udaipur.
- The study focuses on the monthly management of medicines at the substore and Drug Distribution Centre (DDC), covering both life-saving (critical) and regular-use drugs.
- Data was collected for five critical drugs: Adrenaline Injection, Noradrenaline Injection, Naloxone Injection, Anti-Snake Venom and Hydrocortisone Injection and five regular-use drugs: Salbutamol Inhaler, Budesonide Inhaler, Prednisolone Tab 5mg, Metformin Tab 5mg and Tramadol Tablet through physical record review and field observation.
- I Personally visited the Main Substore and 3 (DDCs) and Conducted real-time review of stock registers and Inventory records for the period of June-July 2025.
- Interacted with the following personnel during the study: Substore: Pharmacist, Assistant Pharmacist, Computer Operator, and Store Manager and DDC Units (3 DDCs): Pharmacists and Assistant Pharmacists
- Collected feedback from over 15 OPD/IPD patients regarding availability of prescribed medicines.
- The hospital uses the e-Aushadhi portal for digital inventory management, which improves procurement speed, transparency, and accountability.
- While good practices like buffer stock, emergency requisitions, and digital indenting were observed, challenges such as storage space constraints, manpower shortages, and limited digital training were identified.
- The study concludes with practical recommendations to improve drug availability, storage practices, manpower planning, and patient satisfaction through better operational efficiency.



Practical Exposure & Theoretical Understanding

Practical Exposure:

- Gained hands-on experience with real-time data, including OPD/IPD patient records, admission and discharge details, and bed occupancy rates.
- Developed an understanding of how data supports resource allocation and enhances operational efficiency.
- Saw how the e-Aushadhi portal is applied to manage real-time stock updates, requisitions, and consumption logs of medicines.

Theoretical Understanding:

- Connected the field workflow with the SR's of Supply Chain: Right drug, Right quantity, Right place, Right time, Right cost.
- Understood how state-level procurement policy, centralized distribution systems, and IT portals align with universal healthcare objectives.

Challenges Faced

Resistance to Change: Some staff members were reluctant to take on new responsibilities related to supply chain management, QMS, and the Single Window System due to limited confidence and lack of awareness.

Limited Role Clarity: A narrow understanding of job responsibilities—particularly among those assigned to specific schemes—led to hesitation in accepting cross-functional roles and tasks.

Implementation Delays: The rollout of the Queue Management System (QMS) faced unforeseen technical and operational setbacks, resulting in project delays.

Lack of Standardization: IT maintenance practices were inconsistent, with no formal contingency plan in place, and service standards varied significantly across departments.

NABH Compliance Issues: Several operational domains initially fell short of the NABH 6th Edition requirements, especially concerning documentation accuracy, risk management frameworks, and environmental sustainability guidelines.

Major Learnings

- Bridged academic theory with hospital practice by applying knowledge from Organizational Behavior, HRM, Research Methods, and National Health Programs to real-world initiatives such as the Single Window System, MAA Yojana, and medicine management.
- Drafted and contributed to essential hospital policies including IT Maintenance Plans, Contingency Protocols, Risk Management Frameworks, and Service Standards in alignment with NABH 6th Edition guidelines.
- Enhanced hospital operational efficiency by implementing practical tools such as laser printers, streamlining patient registration, and introducing a Queue Management System (QMS).
- Facilitated effective inter-departmental coordination by using communication and leadership skills to manage collaboration between administrative, IT, and clinical departments during project execution.
- Gained first-hand experience with NABH accreditation standards by working on documentation, understanding compliance requirements, quality indicators, and data accuracy protocols for hospital audits.
- Understood the internal flow of medicines from substore to DDC, including tracking consumption, availability, and coordination challenges in a government hospital setup.
- Learned the importance of real-time monitoring and accurate record-keeping through exposure to the e-Aushadhi system and interaction with store staff.

Suggestions

- To avoid overcrowding and reduce the risk of misplacing high-priority medicines, fixed compartments and color-coded zones should be introduced.
- During emergencies, confusion in drug identification can be reduced with simple, standardized labels and barcode tagging for quick scanning.
- A simple WhatsApp/SMS/email alert to key pharmacy officers when critical drug levels fall below threshold can ensure immediate action.
- Maintain proper storage conditions (temperature, humidity) to ensure drug safety and efficacy.
- Introduce a live stock visibility portal for doctors to check medicine availability and suggest alternatives instantly.

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Week 1

Name of the Organization: Department of Medical Education, Rajasthan, Maharana Bhupat Government Hospital RNT Udaipur

Area/ Department/ Project of Summer Internship Program: Hospital Admin Intern

Name of the Student: Khemvardhan

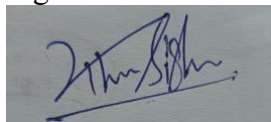
Roll no: 0659 Stream: MBA (PM)

Week no: 1 From: 15/05/2025 to 18/05/2025

Activity Done	Week 1 Achievements (May 15 – May 17) • May 15: Completed all onboarding and administrative formalities. • May 16: Participated in a comprehensive hospital orientation program. • May 17: Conducted a facility tour, pinpointed key improvement areas, and began drafting actionable recommendations.
Linking theory (Classroom learning) with practice at your organization	Hospital Hygiene and Sanitation Protocols • Biomedical Waste Management Rules • Patient Flow and Service • Infrastructure Management
Gaps identified on the working area.	- Cleanliness issues - Unpleasant odors - Lack of parking facilities - The cancer department has only a black dustbin - The pathology department has only a yellow dustbin - Proper signage is not there - Counters for sample collection should increase

Suggestions for improvement	• Cleanliness staff should be trained to place all three bins (yellow, black, blue) in every department. • Install clear parking signage outside to prevent traffic congestion. • Increase the number of sample collection counters to reduce wait times.
Plan for the next week	To work on all these things and will try to implement the suggestions.

Signature of the Student



Approved by the IIHMR University's Mentor

Week 2

Name of the Organization: Department of Medical Education, Rajasthan, Maharana Bhupal Government Hospital RNT Udaipur

Area/ Department/ Project of Summer Internship Program: Hospital Admin Intern

Name of the Student: Khemvardhan

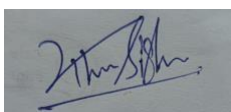
Roll no: 0659 Stream: MBA (PM)

Week no: 2 From:19/05/2025 to 25/05/2025

Activity Done	Observed RGHS Scheme and MAA Yojna Scheme counter operations, such as patient admissions, discharges, and TID generation. • Determined how many OPD, IPD, MAA, and RGHS counters there were at each location and evaluated the staffing levels. • Performed ward rounds in the surgery department to confirm admission, package booking, and discharge protocols, and look for process flaws. • Noted 25 patients' average waiting times at OPD, sample collection, X-ray/CT scan, USG, and MAA Yojna, RGHS services, ID registrations, and bed occupancy. • Collected data on patient waiting time for dispensing of medicines from DDC counters. • Examined the hospital's justifications for rejecting MAA Yojna claims. -Cross verified the IHMS data from on-bed patient in hospital by visiting ward to ward and showing in the system.
Linking theory (Classroom learning) with practice at your organization	Resource and Manpower Allocation • Operational Workflow Analysis • Quality and Process Auditing

	• Service Efficiency Evaluation • Pharmacy and Supply Chain Insight • Health Information Systems • Health Scheme Operations
Gaps identified on the working area.	Lack of Jan Aadhaar Card: Patients eligible for the MAA Yojana scheme were unable to avail of benefits due to not having a Jan Aadhaar card, which is mandatory for scheme enrollment and service access. • Unresolved Queries Post-Discharge: Queries related to discharged patients under MAA Yojana were not resolved timely manner because: 1. The contact numbers provided by patients were often non-functional. 1. Patients took their reports home, leaving the hospital without the necessary documentation to respond to MAA Yojana queries.
Suggestions for improvement	• Mandatory Jan Aadhaar Awareness: • Pre-Discharge Documentation Check • Uniform Discharge Protocol • Centralized Helpdesk or Support Team • Training for Staff on Scheme Protocols
Plan for the next week	To work on all these mentioned points more efficiently and will try to solve these within next week

Signature of the Student



Week 3

Name of the Organization: Department of Medical Education, Rajasthan, Maharana Bhupat Government Hospital RNT Udaipur

Area/ Department/ Project of Summer Internship Program: Hospital Admin Intern

Name of the Student: Khemvardhan

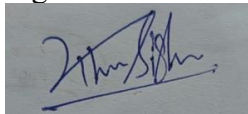
Roll no: 0659 Stream: MBA [PM]

Week no: 3 From:24/05/2025 to31/05/2025

Activity Done	Worked on creating a single window for registration of IPD, OPD, MAA Yojana, RGHS, IHMS Worked on abscond cases/patients because cases of abscond is too much and hospital is making a loss. Analyzed time 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 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 checked the on-bed patient in the hospital in all departments – Medicine, Surgery, Orthopedics. Presented a report in hospital regarding implementation of laser printers in hospital in OPD and IPD counters Time Saving per Patient=12seconds Weekly Hours Saved=15.6hours across 5,459patients Worked on Parking Facilities improvement in the hospital. Working on cue management.
Linking theory (Classroom learning) with practice at your organization	Applied Hospital Operations Management concepts. 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 odors 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 Feedback collection Waste Management SETU Triple R Rapid Referral System A QR code-based innovation connecting peripheral healthcare centers with tertiary care facilities for faster emergency care.

Signature of the student



Week 4

Name of the Organization: Department of Medical Education, Rajasthan, Maharana Bhupat Government Hospital RNT Udaipur

Area/ Department/ Project of Summer Internship Program: Hospital Admin Intern

Name of the Student: Khemvardhan

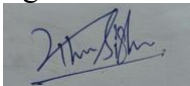
Roll no: 0659 Stream: MBA (PM)

Week no: 4 From:02/06/2025 to 08/06/2025

Activity Done	Critical Analysis of MAA yojana transition Implementation of single window system for patients of maa yojana, RGHS, Ayushman 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 organization	Applied Hospital Operations Management concepts. 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 odors 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 Parking Solutions Feedback collection Waste Management SETU Triple R Rapid Referral System 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



Week 5

Name of the Organization: Department of Medical Science Rajasthan MB Government Hospital, Udaipur

Area/ Department/ Project of Summer Internship Program: Hospital Admin Intern

Name of the Student: Khemvardhan

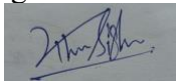
Roll no: 0659 Stream: MBA(PM)

Week no: 5 From 09/06/2025 to 14/06/2025

Activity Done	◦Implemented Single Window system, replacing dot matrix printers with laser printers. ◦Conducted meetings with staff to brief them on the project. ◦ Delivered a presentation on workflow and implementation. ◦Attended a video call with Hitachi regarding digitizing attendance. ◦Prepared meeting minutes and compiled patient data (OPD, IPD, MA Yojna, RGHS). ◦Gained hands-on experience in government hospital processes, from drafting orders to implementation.
Linking theory (Classroom learning) with practice at your organization	◦Organizational Behaviors helped me understand people dynamics, behaviors, and resistance, enabling effective project implementation in a government hospital. ◦Human Resource Management enabled efficient resource allocation for the Single Window setup, improving service delivery. ◦National Health Programmed provided insight into government schemes (Maa Yojana, RGHS), facilitating data collection
Gaps identified on the working area.	◦Some operators had a narrow perspective, believing their roles were limited to specific schemes (MA Yojna or OPD). This misconception led to resistance when asked to adapt
	to broader responsibilities, hindering the Single Window system's implementation.

Suggestions for improvement	◦ Clear communication can motivate staff by highlighting their capabilities. ◦ Assuring equal workload distribution can reduce hesitation. ◦ Building confidence through transparency can ensure smooth project implementation.
Plan for the next week	◦ Assessed Single Window system and laser printer implementation to identify areas for improvement. Upcoming goals: ◦ Implement Queue Management System (QMS) within 15 days. Initiate individual summer internship project

Signature of the Student



Week 6

Name of the Organization: Department of Medical Education, Rajasthan

Area/ Department/ Project of Summer Internship Program: Hospital Admin

Name of the Student: Khemvardhan

Roll no: 0659 Stream: MBA Pharmaceutical Management

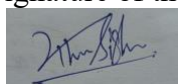
Week no:6 From:16/06/2025 to21/06/2025

Activity Done	Initiated the planning phase for the implementation of the Queue Management System (QMS); the process is anticipated to require additional time for completion. Initiated the Individual Summer Internship Project, with a focus on critically analyzing the Maa Yojana and assessing the availability of life-saving drugs. Implemented a Single Window System to streamline patient services, resulting in reduced wait times and enhanced operational efficiency. Installed laser printers in place of dot matrix printers, significantly improving printing speed and output quality. Conducted staff briefings and delivered presentations to communicate project details, ensuring clear understanding and smooth implementation. Participated in a video call with Hitachi to discuss the digitization of attendance systems, exploring opportunities for enhancing process efficiency. Prepared meeting minutes and compiled patient data across OPD, IPD, Maa Yojana, and RGHS schemes, gaining valuable insights into hospital operations and service utilization.
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Linking theory (Classroom learning) with practice at your organization	Organizational Behavior: Gained insights into people dynamics, behaviors, and resistance to change, which facilitated smoother and more effective project implementation. Human Resource Management: Strategically allocated human resources for the Single Window setup, leading to improved service delivery and operational efficiency. National Health Programs: Acquired understanding of government health schemes, which supported efficient data collection and contributed to successful project implementation.
Gaps identified on the working area.	Narrow Perspective: Certain operators viewed their roles as confined to specific schemes, resulting in resistance and obstructing the smooth implementation of new processes. Resistance to Change: Staff exhibited hesitation stemming from limited understanding and lack of confidence in adopting new responsibilities, posing challenges to effective change management.
Suggestions for improvement	Clear Communication: Encourage and motivate staff by clearly communicating their strengths and the benefits of the new system. Workload Distribution: Ensure equitable distribution of tasks to reduce resistance and promote a sense of fairness. Transparency and Confidence Building: Foster trust and smooth project execution by maintaining transparency and actively building staff confidence in the process.

Plan for the next week	Data Collection through Field Visits and Inventory Records: Visited the government hospital's Drug Distribution Centre (DDC) and pharmacy store to collect data on the stock levels of life saving drugs. Reviewed stock registers, e-Aashaadha reports and conducted interviews with store pharmacists. Drug Categorization and Shortlist Formation: Identified and categorized key life-saving medicines based on government medicines lists. Created a working list of 20– 30 critical drugs to track availability status and analyze frequency of stock-outs over the past 3 to 6 months. Stock-Out Pattern Analysis: Analyzed trends of drug availability, frequency, and duration of stock-outs. Assessed possible causes such as delayed procurement, low forecasting accuracy, or supply chain bottlenecks by interviewing supply officers or logistics personnel.
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Signature of the Student



Week 7

Name of the Organization: Department of Medical Education, Rajasthan RNT medical college Udaipur

Area/ Department/ Project of Summer Internship Program: Hospital Admin

Name of the Student: Khemvardhan

Roll no: 0659 Stream: MBA Pharmaceutical management

Week no:7 From:23/06/2025 to29/06/2025

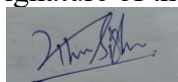
Activity Done	1. Patient Arrival Time Recording Monitored and documented the time taken by patients to arrive at the emergency department after referral, enabling assessment of care timeliness and responsiveness. 2. Doctor–Patient Interaction Observed doctor-patient interactions to evaluate the quality of communication, attention to patient needs, and overall care delivery. 3.Stakeholder Interaction and Ground Level Insights: Engaged with pharmacists, inventory managers, and administrative staff to understand practical challenges in drug availability. Collected qualitative insights on issues like manpower shortage, delayed payments to suppliers, and coordination gaps in procurement systems. 4. Queue Management System (QMS) Planning Initiated the planning phase for the implementation of a Queue Management System to optimize patient flow; the process is ongoing and expected to require more time for completion. 5. Individual Summer Internship Project Initiation Began the individual summer internship project focusing on a critical analysis of the Maa Yojana and operational aspects of the DDC visit, with emphasis on availability of life-saving drugs. 6. Implemented Single Window System Introduced a Single Window System to streamline patient service delivery,
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	reducing wait times and improving overall operational efficiency. 7. Laser Printer Installation Upgraded printing infrastructure by replacing dot matrix printers with laser printers, significantly improving printing speed and quality. 8. Staff Briefing and Presentations Conducted team meetings and delivered informative presentations to staff members to ensure clarity of roles and smooth project execution. 9. Video Call with Hitachi Participated in a collaborative discussion with Hitachi regarding the digitization of staff attendance systems, exploring innovative process improvements. 10. Meeting Minutes and Data Compilation Prepared detailed meeting minutes and compiled comprehensive patient data across OPD, IPD, Maa Yojana, and RGHS schemes to gain insights into hospital performance and service utilization.
Linking theory (Classroom learning) with practice at your organization	1. Staff Behavior and Support Gained valuable insight into staff behavior and the critical role of supportive teamwork in hospital operations. Observing daily interactions highlighted the importance of cooperation, empathy, and responsiveness in delivering effective healthcare services. 2. Organizational Behavior Developed an understanding of people dynamics, workplace behaviors, and resistance to change. This knowledge was instrumental in facilitating the smooth implementation of new systems and improving team collaboration during project execution. 3. Human Resource Management Effectively observed the significance of strategic human resource allocation. The successful deployment of personnel in the Single Window setup led to enhanced service delivery and more efficient patient handling.

	4. National Health Programs Acquired a deeper understanding of various government healthcare schemes such as Maa Yojana and RGHS. This understanding enabled effective data collection and supported the planning and execution of healthcare-related projects.
Gaps identified on the working area.	1. Narrow Role Perception Some staff members held a limited view of their responsibilities, believing their roles applied only to specific schemes. This narrow perspective led to resistance and became a barrier to the smooth implementation of integrated systems. 2. Resistance to Change There was noticeable hesitation among staff due to insufficient understanding and a lack of confidence in adapting to new responsibilities. This resistance highlighted the need for better communication, training, and support during transitions.
Suggestions for improvement	1. Clear Communication Establish open and consistent communication channels to keep staff informed and motivated. Highlight individual capabilities and the long-term benefits of new systems to encourage active participation and ownership. 2. Equitable Workload Distribution Ensure fair and balanced distribution of tasks among staff members to reduce feelings of overload or unfairness. This promotes a cooperative work environment and minimizes resistance to new responsibilities. 3. Transparency and Confidence Building Foster trust by maintaining transparency in planning and implementation processes. Provide continuous support and guidance to build staff confidence, thereby facilitating smoother adoption of changes.

Plan for the next week	Assessment of Reordering and Procurement Practices: Evaluated the hospital's reordering thresholds, lead time for procurement, and vendor reliability. Focused on how existing practices impact consistent availability of life-saving drugs. Identified gaps in manual and digital tracking systems. Highlighted areas where procurement delays are most frequent.	
	Comparison with Standard Guidelines and Benchmarks: Compared observed stock levels with national/state-level guidelines like the Essential Drug List (EDL) and WHO standards. Assessed whether the hospital meets the required stock buffer for emergency and chronic care medicines. This helped determine if stock-outs are due to non-compliance or systemic issues. Benchmarked findings to identify critical deviations.	
	Documentation and Visualization of Findings: Organized collected data into structured formats like drug-wise availability charts and monthly stock-out graphs. Used Excel or Google Sheets for easier analysis and visual representation. These visuals were included in the draft report for clarity. Helped communicate the urgency and pattern of shortages more effectively to stakeholders.	

Signature of the Student



Week 8

Name of the Organization: Department of Medical Education, Rajasthan Maharana Bhupal Hospital Udaipur

Area/ Department/ Project of Summer Internship Program: Hospital Admin

Name of the Student: Khemvardhan

Roll no: 0659 Stream: MBA (PM)

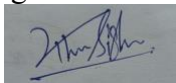
Week no: 8 From:29/06/2025 to06/07/2025

Activity Done	Analyzed Impact of Stock-Outs on Patient Treatment: Collected anecdotal evidence from doctors and nurses on treatment delays due to unavailable drugs. Documented cases where patients had to buy medicines from outside. Reviewed Emergency Procurement Mechanisms: Studied how the hospital handles urgent drug requirements during stock-outs. Assessed efficiency of emergency purchase approvals and their frequency. Monitored Expiry and Wastage Trends: Checked for expired or unused stock in storage. Identified issues in inventory turnover that contribute to wastage despite overall shortages. Observed Storage and Handling Conditions: Inspected physical storage facilities for temperature-sensitive and critical drugs. Noted compliance with standard storage protocols and potential risks to drug quality.
Linking theory (Classroom learning) with practice at your organization	Staff–Patient Interactions and Workflow Observation Closely observed staff–patient interactions and daily workflow patterns, gaining insights into the operational dynamics and patient service delivery in a hospital setting. 2. Application of Donabedian's Model Applied Donabedian's Model of Healthcare Quality, emphasizing that adequate staffing and structural support (Structure) are critical in ensuring efficient processes (Process) and achieving high-quality patient outcomes (Outcome). 3. Human Resource Management Recognized the importance of strategic staffing and workforce planning. Effective human resource management directly impacts the quality of care, staff satisfaction, and overall healthcare service efficiency.

Gaps identified on the working area.	1. Staff Availability vs. Actual Presence While the overall staff-to-patient ratio meets regulatory standards on paper, frequent absences due to holidays, leave, or personal reasons reduce the actual presence of staff during critical hours, affecting operational efficiency and continuity of care. 2. Shift-wise Staffing Imbalance Staffing levels are often uneven across shifts, with certain time slots experiencing shortages. This inconsistency can compromise patient care quality, staff workload balance, and overall safety in the healthcare environment.
Suggestions for improvement	1. Staffing Augmentation Increase the number of active staff members to meet or exceed the recommended staff-to-patient ratios, with priority given to departments or shifts experiencing the greatest shortages. 2. Shift-wise Staffing Optimization Ensure balanced staffing across all shifts, particularly during peak operational hours, to maintain consistent care quality and reduce staff burnout. 3. Training and Capacity Building Implement regular training sessions and capacity-building programs to strengthen the clinical and operational competencies of the existing nursing and support staff. 4. Monitoring and Evaluation Develop a robust system for continuous monitoring and evaluation of staffing patterns, including real-time tracking of staff presence, to ensure sustained compliance with workforce standards.

Plan for the next week	Staff Scheduling Review: Review current staffing schedules and identify areas for improvement to ensure adequate staffing during all shifts. Meet with warehouse Staff: Meet with warehouse staff to discuss scheduling concerns, gather feedback, and encourage participation in scheduling optimization. Develop Contingency Plan: Develop a contingency plan to address unexpected absences or staffing shortages, ensuring continuity of patient care Cross-Training Opportunities: Explore cross-training opportunities for staff to enhance flexibility and reduce the impact of absences.
	Monitoring and Evaluation: Establish a system to regularly monitor and evaluate staffing levels, adjusting as needed.

Signature of the Student



Week 9

Name of the Organization: Department of Medical Education, Rajasthan Maharana Bhupal Hospital Udaipur

Area/ Department/ Project of Summer Internship Program: Hospital Admin

Name of the Student: Khemvardhan

Roll no: 0659 Stream: MBA (PM)

Week no: 9 From:07/07/2025 to12/07/2025

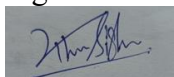
Activity Done	Single Window System Implementation Initiated the implementation of the Single Window System on Monday to streamline patient registration and service delivery. CM Ayushman Arogya Yojana Review Meeting Participated in the review meeting at the Medical College level to support the effective rollout of the Chief Minister Ayushman Arogya Yojana. Action Taken: Prepared and submitted the minutes of the meeting for official record and follow-up. Guideline for Bed Unavailability Situations Drafted a comprehensive guideline to manage patient admissions and care during periods of bed shortages, ensuring smooth coordination and patient safety. Vision, Mission & Scope of Services Display Submitted geotagged photographs showcasing the display of the organization's Vision, Mission, and Values. Submitted geotagged photographs of the Scope of Services display within the organization. Staff Scheduling Review and Optimization Review of Current Practices: Conducted a detailed review of existing staff scheduling to identify coverage gaps and avoid overburdening any team member. Engagement with Nursing Staff: Held focused discussions with nursing personnel to understand their challenges and gather feedback for fairer, more balanced schedules. Contingency Planning: Developed a plan to handle unexpected staff absences, ensuring uninterrupted patient care. Cross-Training Opportunities: Identified areas where staff can be trained for multiple roles, increasing flexibility and reducing workload pressure during peak times. Ongoing Monitoring System: Established a mechanism to regularly monitor staffing levels and schedule effectiveness, allowing for proactive adjustments.
Linking theory (Classroom learning) with practice at your organization	Staff Scheduling and Operations Management While reviewing shift patterns, I was able to directly apply concepts from hospital operations management. Using principles like workload balancing and efficient resource allocation, we aimed to align staff availability with patient

	care demands throughout the day, improving both service delivery and staff well-being. Team Engagement and HR Theories Engaging with the nursing staff highlighted the real-world value of human resource management theories. Drawing on Maslow’s Hierarchy of Needs and Herzberg’s Two-Factor Theory, I recognized how addressing staff concerns and involving them in scheduling decisions fosters a positive work environment, improves morale, and enhances team collaboration. Contingency Planning and Risk Handling Developing a backup plan for unexpected absences gave me a chance to apply risk management and contingency theory. By preparing for staffing shortfalls in advance, we ensured that patient care could continue without disruption—reinforcing the importance of proactive planning in healthcare operations. Cross-Training and Staff Flexibility Identifying opportunities for cross-training echoed what we learned in strategic human resource management. Empowering staff with multi-skilled roles not only enhances team adaptability during high-demand periods but also strengthens overall organizational resilience. Monitoring and Continuous Improvement Setting up a monitoring system for staffing and scheduling effectiveness connected well with our lessons on quality management. Applying frameworks like the PDCA (Plan-Do-Check-Act) cycle and principles of Total Quality Management helped us establish a structured, data-informed approach to ongoing improvement in workforce management.
Gaps identified on the working area.	Uneven Staff Distribution Across Shifts Staffing levels were noticeably imbalanced, particularly during night and weekend shifts. This created excessive workload for the available team and impacted the consistency and quality of patient care during those hours. Lack of a Clear Backup Plan for Absences In cases of unplanned absences, there was no predefined contingency plan. As a result, last-minute adjustments were

	common, causing stress for both staff and supervisors and occasionally disrupting the patient care process. Limited Staff Involvement in Scheduling The existing scheduling process did not actively involve the nursing team. Their availability, preferences, and real-time experience were often overlooked, leading to dissatisfaction, occasional scheduling conflicts, and reduced ownership. Restricted Flexibility Due to Role-Specific Training Most staff members were trained for specific roles only. This lack of cross-functional capability limited the team's flexibility and created operational slowdowns when any one role was left unfilled. Outdated and Static Scheduling Practices Once rosters were created, they were rarely reviewed or updated based on real-time feedback or performance. This lack of continuous assessment made it difficult to adapt to evolving needs or challenges effectively. Weak Communication During Shift Handovers The handover process between shifts was inconsistent, with gaps in communication leading to delays, repeated work, or missed follow-ups. Strengthening this transition is crucial to maintaining continuity of care and workflow efficiency.
Suggestions for improvement	Ensure Fair Staffing Across All Shifts Distribute staff more evenly across morning, evening, and night shifts to avoid overburdening specific teams. Implementing a fair rotation system can help prevent fatigue and promote work-life balance. Establish a Backup Pool for Absences Create a standby list of trained staff who can be called in during last-minute absences. This approach ensures continuity in patient care without placing additional stress on the regular team. Involve Staff in Schedule Planning Encourage staff participation when preparing duty rosters. Gathering input on individual preferences and constraints

	helps reduce scheduling conflicts, increases job satisfaction, and strengthens team morale. Promote Cross-Training for Role Flexibility Provide training opportunities that allow staff to learn and perform multiple roles. A multi-skilled workforce enhances adaptability, particularly during peak hours or in cases of unexpected absences. Implement Regular Schedule Reviews Monitor and evaluate staffing schedules continuously. Collect feedback, assess outcomes, and make necessary adjustments to ensure the schedule remains responsive to patient and staff needs. Strengthen Communication Between Shifts Improve shift handovers by standardizing the exchange of critical information. Simple tools like handover checklists, brief written notes, or structured verbal updates can enhance continuity and reduce errors.
Plan for the next week	We are initiating the setup of the Queue Management System (QMS) with the primary objective of streamlining patient flow and significantly reducing waiting times across departments. The process will begin with the installation and technical testing of the system to ensure proper functionality. This will be followed by hands-on training sessions for staff to ensure smooth operation and familiarity with the new workflow. A trial run will be conducted to identify and resolve any issues before the full-scale rollout. Our target is to have the QMS fully operational by the end of the week, delivering improved efficiency and a better experience for both patients and staff.

Signature of the Student



Week 10

Name of the Organization: Department of Medical Education, Rajasthan Maharana Bhupal Hospital Udaipur

Area/ Department/ Project of Summer Internship Program: Hospital Admin Intern

Name of the Student: Khemvardhan

Roll no: 0659 Stream: MBA (PM)

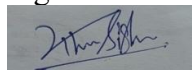
Week no: 10 From:14/07/2025 to19/07/2025

Activity Done	• COP Document Review: The hospital's Code of Practices (CoP) document was thoroughly reviewed and updated to meet the latest NABH 6th Edition standards. • IT Maintenance Plan: A structured IT maintenance plan has been developed to ensure uninterrupted functioning of all information systems. • IT Contingency Plan: A comprehensive contingency plan is now in place to handle unexpected technical failures and maintain business continuity. • Medical Records Guidelines: Clear guidelines have been framed regarding who is authorized to make entries in medical records. These updates support data accuracy, integrity, and compliance with IMS protocols. • Risk Management Plan: A revised and detailed Risk Management Plan has been drafted in alignment with NABH 6th Edition. It outlines methods to identify, assess, and address potential organizational risks. • Organizational Service Standards: Standardized service benchmarks have been defined to ensure delivery of safe, patient-focused, and high-quality care across all departments. • Sustainability Initiatives: Guidelines promoting energy efficiency and environmentally friendly practices have been formulated, encouraging sustainable hospital operations in line with NABH recommendations. • IMS and ROM Updates: Existing Record of Maintenance (ROM) and Information Management System (IMS) frameworks were reviewed and updated. Enhancements include improved medical record documentation, stronger data security protocols, refined user access controls, and proper audit trail maintenance—ensuring data integrity, confidentiality, and ease of access. • Queue Management System (QMS): The rollout of the QMS, aimed at improving patient flow and reducing wait times, was initially scheduled for this week. However, due to unforeseen operational constraints, it has been rescheduled for next week. Installation, staff training, and a pilot run will be conducted to ensure a smooth launch.
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Linking theory (Classroom learning) with practice at your organization	• Applied Lean and Just-in-Time (JIT) principles through the planning and upcoming implementation of the Queue Management System, aimed at reducing patient wait times and enhancing flow across departments. • Utilized Communication Planning and Management strategies to effectively coordinate with clinical, IT, and administrative teams, ensuring smooth rollout of updated policies and systems. • Applied Research Methods to identify operational gaps through observation and analysis, enabling the proposal of practical, evidence-based solutions for continuous improvement.
Gaps identified on the working area.	• Lack of Standardized IT Maintenance Procedures • Routine IT maintenance tasks were not formally documented, resulting in inconsistent and sometimes reactive practices. • Absence of a Defined IT Contingency Plan • There was no structured framework in place to handle system failures or data loss, posing risks to business continuity. • Unclear Roles in Medical Record Management • Responsibilities for updating records within the Information Management System (IMS) were not clearly defined, raising concerns about data accuracy and accountability. • Outdated Risk Management Practices • The existing risk management approach was not fully aligned with NABH 6th Edition standards, limiting proactive risk identification and mitigation. • Inconsistent Service Standards Across Departments • A lack of uniform service benchmarks led to variations in patient care quality between departments. • Limited Focus on Environmental Sustainability • The hospital lacked structured initiatives for energy conservation and eco-friendly practices, indicating room for improvement in sustainable operations. • Delayed Rollout of the Queue Management System (QMS) • Operational constraints led to a postponement of the QMS implementation, temporarily impacting efforts to streamline patient flow. • Partial NABH Compliance in Specific Areas • Certain operational processes and documentation practices did not fully meet NABH requirements, particularly in areas related to quality protocols and record-keeping.
Suggestions for improvement	• Implement a Standardized IT Maintenance Schedule • Establish a clear and consistent routine for IT maintenance tasks to ensure uninterrupted system performance and prevent technical failures. • Develop a Comprehensive IT Contingency and Backup Plan

	• Create a robust plan that includes data backup protocols and emergency response strategies to ensure business continuity during system outages or data loss. • Define Clear Guidelines for Authorized Medical Record Entries • Clearly outline which personnel are authorized to update medical records to maintain data integrity, accountability, and compliance. • Update the Risk Management Plan in Line with NABH 6th Edition • Review and revise existing risk protocols to align with the latest NABH standards, ensuring a proactive approach to patient and organizational safety. • Create Department-Specific Service Standards • Develop tailored service benchmarks for each department to standardize care delivery and ensure consistent patient experiences. • Promote Energy-Efficient and Environment-Friendly Practices • Introduce initiatives focused on reducing energy consumption and enhancing sustainability in daily hospital operations. • Resolve Issues Delaying QMS Implementation and Prioritize Rollout • Address operational bottlenecks and move forward with the implementation of the Queue Management System to improve patient flow and reduce waiting times. • Conduct Internal Audits to Close NABH Compliance Gaps • Perform thorough internal assessments to identify areas of non-compliance and implement corrective actions for full adherence to NABH standards.
Plan for the next week	• we are preparing to begin the setup of the Queue Management System (QMS) with the objective of improving patient flow and minimizing waiting times. The process will involve system installation and testing, followed by hands-on training for staff. A trial run will be conducted to identify and resolve any potential issues before the official launch. • Although this plan mirrors last week's schedule, the delay was due to unforeseen operational constraints. We are now focused on ensuring that, by the end of this week, the QMS is fully functional and beneficial for both staff efficiency and patient experience.

Signature of the Student



Approved by the IIHMR University's Mentor

Compile Report

Name of the Organization: Department of Medical Education, Rajasthan Maharana Bhupal Hospital Udaipur

Area/ Department/ Project of Summer Internship Program: Hospital Admin Intern

Name of the Student: Khemvardhan

Roll no: 0659 Stream: MBA (PM)

From: 15/05/2025 to 19/07/2025

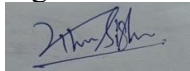
Activity Done	• Completed onboarding and orientation; conducted facility tour and hygiene assessment. • Observed RGHS and Maa Yojna counters; tracked patient waiting times; verified IHMS data. • Collected feedback and analysed delays in OPD, lab, imaging, and pharmacy services. • Worked on abscond cases; proposed Single Window System; analysed medicine dispensing delays. • Recommended laser printer replacement (saved 15.6 hrs/week); assessed parking and signage. • Implemented Single Window System and delivered workflow presentations. • Participated in staff briefings and coordinated with Hitachi on attendance digitization. • Initiated Queue Management System (QMS) planning and individual summer project on Maa Yojana. • Conducted critical drug availability review and analysed stock-outs using e-Aashaadha and interviews. • Monitored patient arrival, staff-patient interaction, and stakeholder challenges. • Reviewed reordering thresholds, benchmarked with EDL/WHO, and visualized data. • Assessed emergency procurement, expiry trends, and storage conditions. • Developed staffing contingency plans, optimized shift schedules, and cross-training opportunities. • Participated in Ayushman Yojana meeting, prepared bed unavailability SOP, and geotagged mission/scope displays. • Reviewed COP, IMS, ROM, and NABH compliance; developed IT contingency and risk management plans. • Drafted sustainability and quality service benchmarks across departments.
Linking theory (Classroom learning) with practice at your organization	• Hospital Operations Management: Concepts of queue optimization, patient flow, and service integration were applied through the implementation of a Single Window System and planning of a Queue Management System (QMS) to improve patient registration and reduce waiting times. • Organizational Behaviour (OB): Practical experience in handling team dynamics, communication gaps, and staff resistance highlighted the importance of Maslow's and Herzberg's motivational theories. Staff engagement and

	behavioural insights were vital in managing change and boosting morale. • Human Resource Management (HRM): Resource allocation, staff scheduling reviews, and workload balancing strategies reflected HRM principles. Cross-training initiatives and participatory planning also enhanced staff efficiency and service quality. • Lean and Just-In-Time (JIT): Time-saving interventions like replacing dot matrix printers with laser printers showcased the use of lean practices and waste reduction techniques. These saved operational hours and improved workflow. • National Health Programs: Extensive involvement with schemes such as Maa Yojana, RGHS, and Ayushman Bharat provided practical exposure to public health policies and data handling related to scheme beneficiaries and claim processing. • Health Information Systems: Verification of IHMS data and input into IT maintenance/contingency plans aligned with theory around data accuracy, e-governance in health, and information flow. • Quality Assurance & NABH Standards: Worked on aligning hospital documentation with NABH 6th Edition standards including risk management, medical record integrity, and sustainability practices. Applied Donabedian's model to assess structure-process-outcome dimensions of care.
Gaps identified on the working area.	During the course of the internship, several operational, infrastructural, and systemic gaps were identified that directly impact patient care quality, staff performance, and overall hospital efficiency: • Hygiene and Waste Management Deficiencies: Incomplete segregation practices, lack of standardized color-coded bins in departments, and unpleasant Odors. • Inadequate Infrastructure: Limited parking space, unclear internal signage for patients, and a shortage of sample collection counters and patient waiting areas. • Systemic Operational Delays: Slow medicine dispensing, delayed discharge summaries, lack of real-time tracking systems, and communication breakdowns between departments. • Workforce and HR Challenges: Staff resistance to new responsibilities, narrow job perceptions, absenteeism, and absence of shift-based workload balancing. • Unstructured Scheduling and Staffing: No real-time roster evaluation, lack of contingency planning for unplanned leaves, and uneven distribution of staff across shifts. • Inventory and Procurement Issues: Frequent stock-outs of critical drugs, expired/wasted medicines, manual tracking, delayed procurement cycles, and low forecasting accuracy.

	• Incomplete NABH Compliance: Gaps in medical record authorization, risk assessment practices, and internal policy documentation not meeting updated 6th Edition standards.
Suggestions for improvement	• Infrastructure and Cleanliness: Ensure three-bin waste segregation in all departments. Improve facility hygiene by enforcing sanitation protocols and regular inspections. Install clear directional signage and expand patient-friendly amenities such as waiting areas and parking. • System Modernization: Replace outdated dot matrix printers with laser printers to reduce processing time. Accelerate the implementation of the Queue Management System (QMS) to optimize patient flow and reduce wait times. Digitize attendance and medical records to enhance accuracy and efficiency. • Human Resource Optimization: Implement balanced staffing schedules across all shifts. Develop a standby pool to manage sudden absences and reduce workload burden. Promote cross-training among staff to ensure service continuity in all functional areas. • Policy and Compliance Alignment: Clearly define authorization roles for medical record entries. Update internal protocols to comply with NABH 6th Edition standards—especially for risk management, IT contingency planning, and service quality benchmarks. • Inventory and Procurement Enhancements: Establish automated tracking for drug inventory using e-Aushadhi. Strengthen procurement planning to reduce stock-outs. Conduct monthly audits and compare availability against Essential Drug Lists (EDL) and WHO guidelines. • Monitoring, Feedback, and Capacity Building: Create systems for continuous staff performance evaluation and patient satisfaction monitoring. Conduct regular training workshops to build technical and operational skills. Use structured feedback to drive improvements in service delivery.
Key Learnings	• Administrative Exposure: Gained comprehensive understanding of hospital functioning—spanning registration, patient service flow, records management, and NABH documentation. • Project Management & Implementation: Successfully led time-saving initiatives like laser printer installation, Single Window System setup, and QMS planning. These demonstrated skills in planning, communication, and execution under real-world conditions. • Operational Efficiency and Lean Thinking: Applied lean management principles to reduce inefficiencies. Identified bottlenecks and proposed data-backed solutions such as improved staff rotation and digitization.

	• Human Behavior and Change Management: Learned to navigate resistance to change using principles from Organizational Behavior and HRM. Built rapport with hospital staff and used motivational techniques to foster cooperation. • Health Scheme Exposure: In-depth engagement with public health schemes (Maa Yojana, RGHS, Ayushman Bharat) enhanced understanding of policy frameworks, claim processing, and real-world implementation barriers. • Quality Assurance and Risk Mitigation: Aligned departmental SOPs and risk protocols with NABH 6th Edition standards. Reviewed and improved ROM, IMS, and risk registers, contributing to hospital readiness for audits. • Data Analysis and Interpretation: Used field observations, wait time studies, stock records, and Excel-based visuals to inform evidence-based decision-making.
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Signature of the Student



Approved by the IIHMR University's Mentor