

SUMMER INTERNSHIP PROGRAM

at

**Sardar Patel Medical College & Associated Group of Hospitals (PBM
Hospital), Bikaner, Rajasthan**

From 15th of May 2025 to 29th July 2025

A REPORT BY

Ruturaj Rajesh Gangawal

Master of Business Administration

Pharmaceutical Management

Roll no: 0645

2024-26

under the Mentorship of

Dr. Hemant Kumar Mishra

(Assistant Professor)





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GOVERNMENT OF RAJASTHAN
OFFICE OF THE PRINCIPAL & CONTROLLER,
SARDAR PATEL MEDICAL COLLEGE & ASSOCIATED
GROUP OF P. B. M. HOSPITALS, BIKANER (RAJASTHAN) INDIA.

No:F. MBA Int.(Acad)SPMC/2025/ 3925

Date : 29.07.2025

TO WHOM SO EVER IT MAY CONCERN

This is to certify that Mr.Gangawal Ruturaj Rajesh, a student of MBA – Pharmaceutical Management at IIHMR University, Jaipur, has successfully completed his internship at PBM Hospital, Bikaner, in the Department of Hospital Administration from 15th May 2025 to 29th July 2025.

During his internship, he remained punctual, sincere, and performed his responsibilities diligently. He demonstrated excellent enthusiasm to learn, adapt, and work collaboratively with the hospital team. His conduct was always in alignment with hospital policies and professional standards.

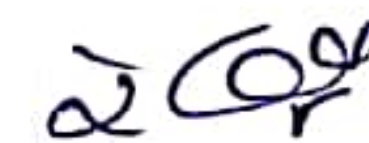
We commend his discipline and dedication throughout the tenure and believe he has gained valuable insights into hospital operations and healthcare systems. We wish him all the best for his future academic and professional pursuits.


Superintendent Prince
Bijay Singh Memorial
(PBM) Hospitals
Bikaner

अधीक्षक
पी.बी.एम.
समूह चिकित्सालय बीकानेर


Additional Principal &
Sr.Professor PSM &
(Internship Mentor)
S.P. Medical College,
Bikaner.

विभागाध्यक्ष
रोग विज्ञान एवं
सामुदायिक चिकित्सा विभाग
स.प. मेडिकल कॉलेज
बीकानेर


Principal & Controller
S.P. Medical College,
Bikaner.

प्रधानाचार्य एवं निबंधक
स. प. आयुर्विज्ञान महाविद्यालय
एवं सम्बद्ध चिकित्सालय बीकानेर

Completion Certification from the Organization

CERTIFICATE

This is to certify that Mr. GANGAWAL RUTURAJ RAJESH of Pharmaceutical Management batch-16 of IIHMR University Jaipur has worked with our organization for his summer internship from 15 May 2025 to 29 July 2025.

The overall performance shown by him during the period was excellent/good/average. This certificate is being issued to meet the requirements of the IIHMR University.

Date: 28/7/25

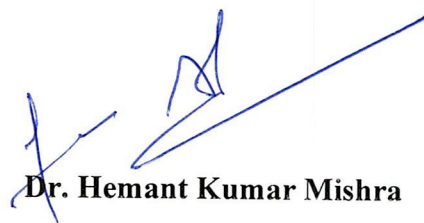
(Signature of organization Mentor)
Principal
S. P. Medical College
Name: Dr. Releko Acharya
Designation: Sr. Prof. PSM
ADP-III
Seal/Stamp of the Organization

IIHMR University Faculty Mentor Approval

This is to certify that **Mr. Gangawal Ruturaj Rajesh** 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: 30/07/2025

A blue ink signature of Dr. Hemant Kumar Mishra, consisting of a stylized 'H' and 'M' followed by a long horizontal stroke.

Dr. Hemant Kumar Mishra
Assistant Professor

From Paper to Portal: Evaluating Hospital Processes and Digital Health Systems in a Government Setup

Presented by- Gangawal Ruturaj Rajesh, Roll no: 0645,
MBA-Pharmaceutical management batch-16

Faculty Mentor – Dr. Hemant Kumar Mishra
Industry mentor – Dr. Rekha Acharya

About Organization:- Prince Bijay Singh Memorial (PBM) Hospital, established in 1935 by Maharaja Ganga Singh, is the largest government hospital in Bikaner, Rajasthan. It pioneered cobalt therapy in northern India and houses the state's largest medicine wing. Affiliated with **Sardar Patel Medical College (SPMC)**, founded in 1959, PBM serves as a key tertiary care and teaching hospital, catering to thousands of patients daily.

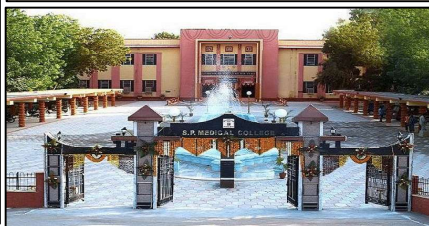
Vision:- To be a leading institution in medical education and patient care by providing affordable, accessible, and technology-enabled health services.

Mission:- To Provide quality medical education & compassionate care with modern infrastructure, improving public health and continuous improvement

Project Description:- The subject of this project was the deployment & evaluation of the Integrated Hospital Management System (IHMS) in PBM Hospital, Bikaner. Key departments were surveyed for primary data to analyze gaps in digital adoption & operational issues. Practical solutions were recommended in line with the analysis to improve patient care & hospital efficiency through better digital workflows.

Objective: To assess IHMS implementation at PBM Hospital and suggest solutions to improve digital adoption, patient care, and efficiency.

Methodology: Primary data was collected through surveys and departmental interactions at PBM Hospital. Observations and discussions revealed digital and operational gaps in IHMS, which were analyzed to propose actionable workflow improvements."



बीकानेर, २४ जुलाई: पौबीएम अस्पताल में डिजिटलीकरण की दिशा में एक महत्वपूर्ण कदम उठाया गया है। राजस्थान सरकार के डिजिटलइंडिया अभियान के अंतर्गत, अस्पताल को केन्द्र में डिजिटल सेवाएँ प्रदान करने के लिए अस्पताल की कार्यवाही को डिजिटल बनाने पर जोर दिया गया है। एसीसी चर्चला को इस कार्य में प्रथम इन्फोमैटिक्स को को-वर्केशन समर्थन को प्रदान किया। बीकानेर विभाग में ऑनसैट प्रोफेसर डॉ. सुनील नीलन और सीनियर रेजिडेंट डॉ. शिवाजी शर्मा ने इस मौक़े को जगह, करने में योगदान दिया।



Challenges Faced During SIP :-

1. Employees resistant to embracing electronic workflows.
2. Offices located throughout a big campus, resulting in coordination difficulties.
3. Insufficient basic digital infrastructure (printers, computers, internet).
4. No departmental direction signs, resulting in disorientation.

Major Learnings During Internship:-

1. Digital Implementation
2. Stakeholder Management: Interaction with physicians, technicians, and administrators.
3. Even advanced government health schemes face implementation challenges due to documentation & coordination issue.
4. Infrastructure Optimization: Space planning in patient satisfaction.
5. Change Management: Learned how to design pilots (PMR, Diabetic, TB).

Suggestions:-

1. Centralize laboratory services under one roof with common billing and sample collection to streamline investigations.
2. Implement a nominal OPD registration fee to avoid unwanted visit and raise revenue under RMRS.
3. Fit clear signages throughout the campus for better orientation and minimal patient confusion.
4. Organize special help desks at all OPD entrances to assist and guide them effectively.

Organization Structure



Strengths

1. All specialty department under campus.
2. Free of cost Medicine & Investigation
3. Abundancy of resources

Opportunity

1. Digital solution improve efficiency
2. ABHA-linked services bring financial benefits
3. Can charge nominal fees for registration.

Weakness

1. No systematic infrastructure
2. Shortage of manpower
3. Wide campus with distorted buildings

Threats

1. No Income in RMRS
2. MAA & RGHS claims rejected.
3. Patient abscond cases

Difference in Theoretical & Practical Exposure:

In theory, IHMS helps hospitals run smoothly and puts patients at the center. But issues like limited staff, poor infrastructure, and lack of coordination often get in the way.

Key Findings: I worked on implementing the Doctor Desk module in the PMR and Endocrinology departments, where we achieved 70% and 90% success in digital prescription generation. I also prepared detailed QMS reports for OPD 16 and the TB department, which were shared with the Medical Superintendent. Due to limited resources and tender delays, the QMS and Investigation & Billing modules yet to be implemented Both projects remain in the pipeline for future implementation..

Reporting Format (1st Week Report)

Name of the Organisation: Sardar Patel Medical College & Associated Group of Hospitals (PBM Hospital), Bikaner, Rajasthan

Area/ Department/ Project of Summer Internship Program: Hospital Information Management System (HIMS), Pharmaceutical department/Drug Warehouse & Hospital Operations and Infrastructure Evaluation

Name of the Student: Ruturaj Rajesh Gangawal

Roll no: 0645

Stream: MBA in Pharmaceutical Management

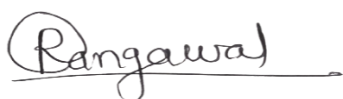
Week no:01

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

Activity Done	• Reported to the Principal of SPMC Medical College and joined for internship. • Visited various wards of PBM Hospital, observed that the wards are located at a distance from each other. • Observed various departments including General Medicine, General Surgery, Paediatrics, Cardiology, etc. • Visit to the central Server Room to understand the Hospital Information Management System (HIMS). • Understood the role of digital interface and data flow to Jaipur Headquarters. • Assessed patient load in OPDs, MRI services, and sanitation status. • Assigned to visit the central drug warehouse; observed operations involving 1200–1300 line items (pharma and surgical products). • Interacted with warehouse staff (10–15 workers); understood the distribution process to Taluka Hospitals, RHs, PHCs.
Linking theory (Classroom learning) with practice at your organisation	• Applied knowledge of hospital operations and healthcare supply chain management. • Understood real-world challenges in logistics, patient flow, and resource planning. • Observed the need for lean management, crowd control, and infrastructure planning, linking it with operations management concepts learned in class. • Maintained records of average patient waiting time from OPD registration to doctor consultation. • Evaluated total number of beds, bed occupancy rate, and infrastructure planning. • Understood implementation of government schemes like 'Maa Yojana' and RGHS for eligible patients. • Assessed the total time taken for sample collection by laboratory staff including patient queue time.

Gaps identified on the working area.	• High patient load with insufficient staff and resources. • Lack of digital training among staff leading to underutilization of HMS. • Only one MRI machine available under government ownership, leading to long wait times. • Inadequate patient transportation and shelter facilities within the hospital campus. • Limited drinking water availability and unhygienic sanitation conditions. • Lack of crowd management systems and security at ward entry points. • Absence of affordable, healthy food options for patients and their families.
Suggestions for improvement	• Increase MRI capacity and appoint trained technicians. • Provide digital training to hospital staff. • Provide shaded rest areas and a rickshaw-based shuttle system for patient movement. • Install water campers at accessible points. • Increase cleanliness of toilets and bathrooms through routine checks. • Appoint staff or install kiosks to manage patient queues and crowd movement. • Ensure proper security at ward entry points through pass system. • Open a low-cost, hygienic canteen/mess for patients and families. • Introduce digital or token-based systems to streamline patient registration.
Plan for the next week	• Observe EMR data entry accuracy and data flow. • Engage with staff on issues related to digital adoption. • Interact with warehouse staff to understand inventory flow patterns. • Draft a process map of drug supply from warehouse to end hospitals.

Signature of the Student



Approved by the IIHMR University's Mentor

On the last day of every week Saturday -) report in the above format should be submitted to the faculty mentor. Submission of total 10 reports in 10 weeks is compulsory. Each report should not be more than 2 pages.

Reporting Format (2nd Week Report)

Name of the Organisation: Sardar Patel Medical College & Associated Group of Hospitals (PBM Hospital), Bikaner, Rajasthan

Area/ Department/ Project of Summer Internship Program: Hospital Information Management System (HIMS), Pharmaceutical department/Drug Warehouse & Hospital Operations and Infrastructure Evaluation

Name of the Student: Ruturaj Rajesh Gangawal

Roll no: 0645

Stream: MBA in Pharmaceutical Management

Week no: 02

From: 19/05/2025 to 23/05/2025

Activity Done	• This week, I explored additional hospital departments including Orthopedics, Obstetrics & Gynecology, ENT, and several in the Super Specialty Block like Pediatric Surgery and Neurology. I observed OPD operations, staff coordination, and patient flow, especially on high-footfall days. • I also spent time in the SSB server room with Sohail Tomar Sir, learning about the IHMS system. Toward the end of the week, I attended a session on data confidentiality and completed a task from Jaipur HQ to collect waiting time data of dispensing medicine at a Drug Distribution Center (DDC)
Linking theory (Classroom learning) with practice at your organisation	• Many concepts we've studied in class started making much more sense during this week's experiences. Observing how patient registration and consultation workflows operate gave me real-life exposure to hospital operations and patient management—topics we've covered under healthcare delivery systems. • Learning about the IHMS system was especially valuable, as it connected directly with our classes on healthcare IT, government health schemes like RGHS and E-Aushadhi, and digital record systems. I could also see practical aspects of supply chain and pharmacy management while interacting with the DDC setup.
Gaps identified on the working area.	• There is a clear need for more waiting areas and proper seating for patients and their families, especially in high-load departments. • The SSB faces registration delays due to just one operational counter.

	• The hospital has an inbuilt Queue Management System in IHMS, but it hasn't been implemented yet. • Lab integration and mobile-based patient services are still in development and not yet functional. • Data verification practices aren't consistently followed across departments, which may lead to errors or misuse.
Suggestions for improvement	• Improve seating and waiting arrangements • Implement the existing Queue Management System • Add more registration counters in SSB • Speed up integration of digital modules • Train staff and interns on proper data verification
Plan for the next week	• We have not yet received the plan for the upcoming week.

Signature of the Student

Rangawa

Approved by the IIHMR University's Mentor

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Reporting Format (3rd Week Report)

Name of the Organisation: Sardar Patel Medical College & Associated Group of Hospitals (PBM Hospital), Bikaner, Rajasthan

Area/ Department/ Project of Summer Internship Program: Hospital Information Management System (HIMS), Pharmaceutical department/Drug Warehouse & Hospital Operations and Infrastructure Evaluation

Name of the Student: Ruturaj Rajesh Gangawal

Roll no: 0645

Stream: MBA in Pharmaceutical Management

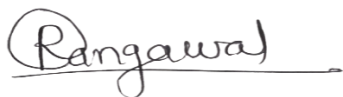
Week no:03

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

Activity Done	- Met the Medical Superintendent and was assigned tasks under three government schemes: <i>Mukhyamantri Nishulk Janch Yojana</i>, <i>E-Upkaran</i>, and <i>E-Aushadhi</i>. - Initiated coordination with respective nodal officers: - Mr. Deepshikhar (Microbiology) – Nishulk Janch Yojana - Attended a detailed briefing with Mr. Deepshikhar on lab investigation workflows and data analysis. - Participated in hospital inspection at SDM District Hospital; reported issues on infrastructure, equipment, and sanitation. - Conducted an operational study in Block-16 OPDs. Found IHMS system was down; submitted a report with 7 improvement recommendations.
Linking theory (Classroom learning) with practice at your organisation	- Applied knowledge of Hospital Information Systems (HIS) and Digital Health Infrastructure in analyzing the IHMS. - Used Operations and Supply Chain concepts to assess registration, triage, and service integration gaps. - Implemented Healthcare Quality Management frameworks during the hospital inspection. - Learned stakeholder coordination and data collection aligned with Healthcare Scheme Evaluation.
Gaps identified on the working area.	- Partial or non-functioning IHMS modules across departments. - Inadequate digital infrastructure and staffing in consultant chambers. - Misreferrals due to non-clinical registration staff. - E-Aushadhi and IHMS pharmacy systems working in silos. - Lack of triage protocols and patient flow management in OPDs.

	• Poor public awareness about appropriate levels of care.
Suggestions for improvement	• Centralize and digitalize OPD registration with trained staff. • Deploy queue management systems with token displays. • Train and appoint clinical operators for consultant chambers. • Integrate lab and pharmacy services with IHMS. • Use QR-code systems for lab sample tracking. • Migrate E-Aushadhi pharmacy to IHMS for unified inventory control. • Run public health campaigns and triage systems to redirect non-tertiary cases.
Plan for the next week	• Conduct detailed sessions with nodal officers of E-Aushadhi. • Conduct a comparative study of the current “pull” model on drug warehouse. • Research the feasibility of shifting to a “push” model • Identify the operational and infrastructural gaps and challenges in implementing the push model,

Signature of the Student



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Reporting Format (4th Week Report)

Name of the Organisation: Sardar Patel Medical College & Associated Group of Hospitals (PBM Hospital), Bikaner, Rajasthan

Area/ Department/ Project of Summer Internship Program: Hospital Information Management System (HIMS), Pharmaceutical department/Drug Warehouse & Hospital Operations and Infrastructure Evaluation

Name of the Student: Ruturaj Rajesh Gangawal

Roll no: 0645

Stream: MBA in Pharmaceutical Management

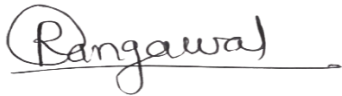
Week no:04

From: 02/06/2025 to 05/06/2025

Activity Done	• Visited Drug Warehouse and interacted with Dr. Nawal Gupta regarding Push vs. Pull supply models. • Discussed integration of IHMS with E-Aushadhi for centralized drug data tracking. • Created and presented a PPT on IHMS software modules and their benefits to the Superintendent and Principal. • Conducted gap analysis in OPD-16 (General Medicine & Surgery) related to registration and queue flow. • Observed current processes, assessed manpower and system requirements, and suggested merging counters and adding help desks. • Attended video conferencing with HQ, assigned task on IPD admissions under various government schemes. • Collected patient data under MAA, RGHS, and other schemes. • Evaluated TB ward operations and proposed a digital token system with queue display and waiting area optimization.
Linking theory (Classroom learning) with practice at your organisation	• Applied healthcare supply chain concepts to analyze Pull vs. Push model in real-time drug inventory management. • Used Hospital Operations Management principles in evaluating patient flow, manpower allocation, and OPD efficiency. • Leveraged knowledge of Health Information Systems to assess IHMS module functionality and propose digital integration.
Gaps identified on the working area.	• Manual dependency in the Pull model limits optimal stock management across PHCs/SCs. • Limited modules of IHMS are currently functional. • Poor patient queue management in OPD due to centralized doctor preference and unclear guidance. • Lack of digital registration process in wards.

	• Redundancy in registration counters and manual slips due to infrastructure and server issues.
Suggestions for improvement	• Implement a hybrid of Pull and Push models for balanced drug distribution. • Gradual activation of remaining IHMS modules to improve workflow efficiency. • Merge department and OPD counters and deploy help desks at OPD entrances. • Install token systems with LCD screens in TB ward to manage patient queue. • Strengthen power backup and internet connectivity to reduce manual processes.
Plan for the next week	• Begin pilot implementation of digital registration and queue management in TB ward. • Coordinate with IT and department heads for token system setup. • Assist in report consolidation for IPD patients under health schemes. Whoever patient get accepted or rejected there claimed, find reason & how we overcome it.

Signature of the Student



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Reporting Format (5th Week Report)

Name of the Organisation: Sardar Patel Medical College & Associated Group of Hospitals (PBM Hospital), Bikaner, Rajasthan

Area/ Department/ Project of Summer Internship Program: Hospital Information Management System (HIMS), Pharmaceutical department/Drug Warehouse & Hospital Operations and Infrastructure Evaluation

Name of the Student: Ruturaj Rajesh Gangawal

Roll no: 0645

Stream: MBA in Pharmaceutical Management

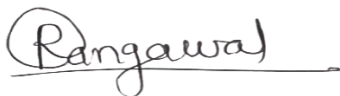
Week no:05

From: 02/06/2025 to 05/06/2025

Activity Done	• Visited Drug Warehouse and interacted with Dr. Nawal Gupta regarding Push vs. Pull supply models. • Discussed integration of IHMS with E-Aushadhi for centralized drug data tracking. • Created and presented a PPT on IHMS software modules and their benefits to the Superintendent and Principal. • Conducted gap analysis in OPD-16 (General Medicine & Surgery) related to registration and queue flow. • Observed current processes, assessed manpower and system requirements, and suggested merging counters and adding help desks. • Attended video conferencing with HQ, assigned task on IPD admissions under various government schemes. • Collected patient data under MAA, RGHS, and other schemes. • Evaluated TB ward operations and proposed a digital token system with queue display and waiting area optimization.
Linking theory (Classroom learning) with practice at your organisation	• Applied healthcare supply chain concepts to analyze Pull vs. Push model in real-time drug inventory management. • Used Hospital Operations Management principles in evaluating patient flow, manpower allocation, and OPD efficiency. • Leveraged knowledge of Health Information Systems to assess IHMS module functionality and propose digital integration.
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Reporting Format (6th Week Report)

Name of the Organisation: Sardar Patel Medical College & Associated Group of Hospitals (PBM Hospital), Bikaner, Rajasthan

Area/ Department/ Project of Summer Internship Program: Hospital Information Management System (HIMS), Pharmaceutical department/Drug Warehouse & Hospital Operations and Infrastructure Evaluation

Name of the Student: Ruturaj Rajesh Gangawal

Roll no: 0645

Stream: MBA in Pharmaceutical Management

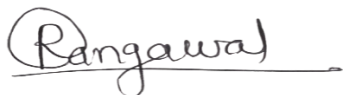
Week no:06

From: 16/06/2025 to 21/06/2025

Activity Done	• Initiated the pilot project of IHMS Doctor Desk module in PMR Department. • Conducted a workflow study to map patient journey and identified key points for software integration. • Assisted doctors in logging into IHMS via SSO and generating first digital prescriptions. • Compiled and submitted additional required data for dropdown mapping in IHMS (medications, complaints, exercises, etc.). • Sourced 1550 exercises to be added in the IHMS. • Parallely started work on implementing Queue Management System (QMS) in TB Department. • Created a basic layout for QMS and received approval from HOD. • Coordinated with IT/server teams and vendors for technical requirements of QMS. • Provided on-ground training and support to doctors during prescription generation.
Linking theory (Classroom learning) with practice at your organisation	• Applied classroom concepts of healthcare operations, digital health management, and process optimization. • Gained practical exposure to hospital IT systems, electronic medical records, and patient flow analysis. • Learned stakeholder communication, requirement gathering, and project coordination – reflecting on project management principles studied in class.
Gaps identified on the working area.	• Doctors initially lacked familiarity with the IHMS interface, leading to slower prescription generation. • Absence of all required dropdown data in the IHMS created inefficiencies. • Lack of real-time queue management system in TB department leading to patient congestion and confusion. • Dependency on availability of doctors/SRs delayed training and implementation timelines.

Suggestions for improvement	• Organize regular hands-on training sessions to build familiarity with the IHMS system among all doctors. • Expedite IT team efforts to update and complete dropdown menus for smooth functioning. • Implement QMS with proper signage and token display to streamline patient flow. • Designate super-users or tech champions within departments to support their peers.
Plan for the next week	• Conduct follow-up training with both in-charge and SR in PMR department for continued digital prescription usage. • Begin trial run of digital patient flow in PMR using Doctor Desk. • Finalize vendor procurement for QMS equipment in TB department. • Initiate implementation of QMS in TB department after formal approval from the Superintendent.

Signature of the Student



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Reporting Format (7th Week Report)

Name of the Organisation: Sardar Patel Medical College & Associated Group of Hospitals (PBM Hospital), Bikaner, Rajasthan

Area/ Department/ Project of Summer Internship Program: Hospital Information Management System (HIMS), Pharmaceutical department/Drug Warehouse & Hospital Operations and Infrastructure Evaluation

Name of the Student: Ruturaj Rajesh Gangawal

Roll no: 0645

Stream: MBA in Pharmaceutical Management

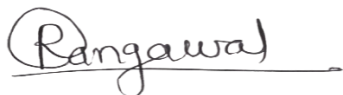
Week no:06

From: 16/06/2025 to 21/06/2025

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Reporting Format (8th Week Report)

Name of the Organisation: Sardar Patel Medical College & Associated Group of Hospitals (PBM Hospital), Bikaner, Rajasthan

Area/ Department/ Project of Summer Internship Program: Hospital Information Management System (HIMS), Pharmaceutical department/Drug Warehouse & Hospital Operations and Infrastructure Evaluation

Name of the Student: Ruturaj Rajesh Gangawal

Roll no: 0645

Stream: MBA in Pharmaceutical Management

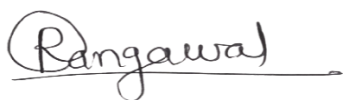
Week no:08

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

Activity Done	• Attended a strategic meeting on 30th June with hospital and IT officials regarding IHMS implementation. • Conducted department-wise lab visits from 1st to 5th July (Lab 90, 84, 02, 16 No. OPD, R-OPD, Cardiology, TB, Trauma, ENT, Zanana, Neurology, Urology, and SSB). • Assessed monthly sample loads, report generation rates, and existing processes. • Estimated computer operator requirements for each lab. • Proposed centralized billing counters and integrated sample collection rooms. • Compiled findings and submitted a proposed operational plan.
Linking theory (Classroom learning) with practice at your organisation	• Applied concepts of healthcare operations, workflow optimization, and digital transformation. • Used strategic planning, stakeholder analysis, and resource mapping skills. • Practical understanding of health IT system implementation in public health.
Gaps identified on the working area.	• Lack of computer operators and system infrastructure. • Manual processes still dominant despite available IHMS. • Bypassing of billing counters by patients. • Duplicate effort due to parallel paper and digital records.
Suggestions for improvement	• Make billing mandatory before investigations. • Deploy ~20–25 operators as per lab load. • Set up OPD helpdesks to guide patients. • Eliminate departmental registration; rely on centralized IHMS entries. • Use barcodes for sample tracking and digital uploads.

	• Upload reports on IHMS for online access.
Plan for the next week	• Draft and submit the final report to hospital authorities. • Assist with implementation planning and inter-department coordination. • Prepare awareness materials for staff training and transition to IHMS workflow. • Observe pilot implementation in one department (if approved). • Support the IT team in system mapping and report format integration.

Signature of the Student



Approved by the IIHMR University's Mentor

On the last day of every week Saturday -) report in the above format should be submitted to the faculty mentor. Submission of total 10 reports in 10 weeks is compulsory. Each report should not be more than 2 pages.

Reporting Format (9th Week Report)

Name of the Organisation: Sardar Patel Medical College & Associated Group of Hospitals (PBM Hospital), Bikaner, Rajasthan

Area/ Department/ Project of Summer Internship Program: Hospital Information Management System (HIMS), Pharmaceutical department/Drug Warehouse & Hospital Operations and Infrastructure Evaluation

Name of the Student: Ruturaj Rajesh Gangawal

Roll no: 0645

Stream: MBA in Pharmaceutical Management

Week no:09

From: 07/07/2025 to 13/07/2025

Activity Done	• Visited Jaipuria, Kanwatia, and SMS Hospitals in Jaipur to study pilot implementation of QMS and Doctor Desk modules. • Observed OPD patient flow, token-based registration, parking system, and departmental allocation. • Analyzed IHMS system components including display units, token dispensers, and backend network setup. • Reviewed lab integration and e-reporting systems; noted partial machine integration at Kanwatia. • Prepared and presented a consolidated Jaipur visit report to Mr. Pankaj Sir and Superintendent Sir. • Recommendations were made to implement QMS in OPD 16 and Doctor Desk in Diabetic OPD at PBM. • Began Nurse Module rollout in PMR department to support Doctor Desk workflow. • Achieved 18–20% e-prescription generation through active engagement with senior residents.
Linking theory (Classroom learning) with practice at your organisation	• Applied concepts from Health Information Systems, Hospital Workflow Management, and Quality Improvement. • Observed real-time patient flow optimization and digital record management practices. • Connected theoretical understanding of eHealth systems with on-ground module implementation.
Gaps identified on the working area.	• Complete integration of lab machines with IHMS at Kanwatia. • Lack of staff training and system adaptation at PBM Hospital. • Hardware support (LEDs, token system) pending for full QMS rollout.

	Pharmacy module not yet functional, affecting complete digitization.
Suggestions for improvement	- Provide dedicated hardware support for QMS and other IHMS modules. - Organize hands-on training sessions for staff on Doctor Desk and Nurse Module. - Prioritize complete lab equipment integration with IHMS. - Conduct mock trials for Pharmacy module to prepare for full implementation.
Plan for the next week	- Increase e-prescription generation percentage in PMR department. - Strengthen usage of Nurse Module for smooth patient flow. - Prepare SOPs for QMS and Doctor Desk workflow. - Coordinate with technical teams for further module implementation.

Signature of the Student

Rangawa

Approved by the IIHMR University's Mentor

On the last day of every week Saturday -) report in the above format should be submitted to the faculty mentor. Submission of total 10 reports in 10 weeks is compulsory. Each report should not be more than 2 pages.

Reporting Format (10th Week Report)

Name of the Organisation: Sardar Patel Medical College & Associated Group of Hospitals (PBM Hospital), Bikaner, Rajasthan

Area/ Department/ Project of Summer Internship Program: Hospital Information Management System (HIMS), Pharmaceutical department/Drug Warehouse & Hospital Operations and Infrastructure Evaluation

Name of the Student: Ruturaj Rajesh Gangawal

Roll no: 0645

Stream: MBA in Pharmaceutical Management

Week no:10

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

Activity Done	• This week, we monitored and supported the ongoing implementation of the Doctor Desk module in the PMR department, which facilitates digital prescription generation through the IHMS portal. Initially, around 35% of prescriptions were generated digitally, which increased to nearly 70% during the week due to the active participation of medical staff. We also resolved minor technical issues like system lag and missing medications in the drop-down list by coordinating with the technical team. • We demonstrated the functioning of the module to hospital authorities, including the Superintendent, who appreciated the system and recommended its implementation in additional departments. In parallel, we introduced and initiated ABHA QR code registration in the Dental Department, explaining the benefits and the revenue-generating potential it brings to the hospital. • We also began planning the rollout of the Doctor Desk, Billing, and Investigation modules in the Diabetic Department, including mapping patient flow, identifying key steps, and outlining a structured process to ensure smooth implementation starting next week.
Linking theory (Classroom learning) with practice at your organisation	• Applied knowledge of Health Information Systems and Operations Management in a live hospital setting. • Understood real-time use of EHR systems and digital transformation in healthcare delivery. • Gained experience in process optimization, patient flow mapping, and IT-based health record management.
Gaps identified on the working area.	• Internet fluctuations affecting digital operations. • Incomplete medicine mapping in the IHMS portal. • Lack of staff awareness about the ABHA QR code system. • Initial reluctance among departments in adopting new digital tools.

Suggestions for improvement	• Upgrade internet connectivity to reduce delays. • Regularly update and map commonly prescribed medicines into the portal. • Organize awareness sessions and training workshops for staff. • Deploy technical support during initial implementation days.
Plan for the next week	• Start full-scale implementation of the Doctor Desk and Billing & Investigation modules in the Diabetic Department. • Monitor progress, address challenges, and optimize patient handling. • Promote ABHA registration in additional departments. • Prepare a mid-stage report on implementation progress and patient response.

Signature of the Student

Rangawal

Approved by the IIHMR University's Mentor

On the last day of every week Saturday -) report in the above format should be submitted to the faculty mentor. Submission of total 10 reports in 10 weeks is compulsory. Each report should not be more than 2 pages.

Compiled Reporting Format

Name of the Organisation: Sardar Patel Medical College & Associated Group of Hospitals (PBM Hospital), Bikaner, Rajasthan

Area/ Department/ Project of Summer Internship Program: Hospital Information Management System (HIMS), Pharmaceutical department/Drug Warehouse & Hospital Operations and Infrastructure Evaluation

Name of the Student: Ruturaj Rajesh Gangawal

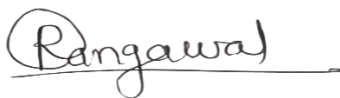
Roll no: 0645

Stream: MBA in Pharmaceutical Management

Activity Done	• Witnessed patient registration, OPD/IPD stream, diagnostic and pharmacy systems in PBM and SSB blocks. • Data on OPD/diagnostic waiting times, bed occupancy, Maa Yojna & RGHS schemes were gathered. • Assisted in roll-out of IHMS modules – Doctor Desk (PMR & Diabetic OPD) and Queue Management System (TB Department). • Carried out field visit to drug warehouse and evaluated pull/push drug supply models. • Helped with Jaipur hospital benchmarking visits (Jaipuria, Kanwatia, SMS Hospital) for QMS, Doctor Desk, and billing systems. • Assessed hospital parking, biomedical waste management, and lab digitization plan.
Linking theory (Classroom learning) with practice at your organisation	• Concepts of health IT systems, hospital operations, and pharmaceutical supply chain applied in practical environments. • Gained conceptual understanding of practical issues with implementing EHRs, e-prescriptions, drug logistics, and workflow optimization. • Analyzed scheme-based patient coverage (RGHS, Maa Yojna) from the lens of healthcare finance and public health policy.
Gaps identified on the working area.	• Partial implementation of IHMS modules (only 4/26 active). • Manual dependency on account of deficient trained manpower and IT infrastructure. • Lack of proper queue/crowd management at OPDs; no signage, helpdesks, and token systems. • Unorganized vehicle parking and ambulance movement; security and theft issues. • Disconnected digital ecosystem: disjointed pharmacy, lab, and consultation workflows. • Low approval rates for claims and high stuck case queries under RGHS & Maa Yojna because of delays in documentation and processes.

Suggestions for improvement	• Activate the remaining IHMS modules: Particularly billing, investigation, and pharmacy for end-to-end computerization. • Install Queue Management System (QMS) in OPDs with display systems and token-based consultation. • Centralized registration with trained staff to minimize mis referrals and maximize access to services. • Lab digitization through barcode sample tracking, pre-billing before testing, and abolition of manual registers. • Enhance parking infrastructure with CCTV, demarcated zones, and traffic control officer. • Real-time dashboards for RGHS & Maa Yojna to enhance transparency and lower rejections. • Pilot-based expansion: Begin with low-volume departments (e.g., PMR, Diabetic OPD) for Doctor Desk rollouts.
Key Learnings	• Acquired hands-on experience in hospital informatics, public health programs, and real-time problem-solving. • Understood the intricacy of handling hospital activities in a government organization. • Acquired strategic planning, data analysis, stakeholder coordination, and implementation of digital health skills. • Felt the importance of flexibility, collaboration, and regular follow-up for project implementation. • Improved communication and reporting skills by interacting in the field and presenting before authorities.

Signature of the Student



Approved by the IIHMR University's Mentor

