SUMMER INTERNSHIP PROGRAM

At

HARIBUX KAWATIYA GOVERNMENT HOSPITAL

From 15/05/2025 to 29/07/2025

A REPORT BY

TEJASWINI VILAS THAKARE

MBA -HM

Master of Business Administration

ROLL NO- 2103

HEALTH & HOSPITAL MANAGEMENT

2024-2026

Under the Mentorship of

DR. ANUPAM MEHROTRA

ASSISTANT PROFESSOR

IIHMR UNIVERSITY

आज़ादी का अमृत महोत्सव

2025
अंतर्राष्ट्रीय सहकारिता वर्ष

OFFICE OF THE MEDICAL SUPERINTENDENT HARI BUX KANWATIA HOSPITAL
SHASTRI NAGAR JAIPUR
(ATTACHED TO SMS MEDICAL COLLEGE JAIPUR)

S.NO.HBKH/EST.NON-GATTEZ./2025/ 3477 DATE--~~29-07-~~2025

Internship Completion Certificate

This is to certify that **Thakare Tejaswini Vilas,** bearing Enrolment number **IIHMR-U/01/2024-26/2103**, a student of **MBA (Hospital and Health Management) IIHMR University 2024 to 2026,** has successfully completed an internship in Hospital Administration at **Haribux Kanwatia Government Hospital** from **15-05-2025 to 29-07- 2025**.

Throughout the internship period, She has demonstrated commendable dedication, professionalism, and a strong commitment to learning and growth. His contributions have significantly enriched our hospital's administrative processes and operations.

Moreover, She conducted herself with exemplary conduct, maintaining a positive attitude, and consistently adhering to highest standards of professionalism. Given her exceptional performance and conduct, we have no hesitation in recommending him as a capable and dedicated professional in the field of Hospital Administration.

We extend our best wishes to **Thakare Tejaswini Vilas** for his future endeavours, confident that She will continue to excel and make valuable contributions to the healthcare industry.

Dr. R.S. Tanwar
Medical Superintendent
Hari Bux Kanwatia Hospital
Shastri Nagar, Jaipur

Signature valid
Digitally signed by Dr. Rajendra Singh Tanwar
Designation : Professor
Date: 2025.07.29 11:18:23 IST
Reason: Approved

RajKaj Ref No.: 16836924
eSign 1.0

IIHMR UNIVERSITY

IIHMR University Faculty Mentor Approval

This is to certify that **Dr. Tejaswini Thakare** of academic year 2024-26, **Institute of Health Management Research** 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: 29/07/2025

Dr. Anupam Mehrotra

Assistant Professor

IIHMR University, Jaipur

IIHMR UNIVERSITY

Under the Guidance of
UNIVERSITY MENTOR
DR. ANUPAM MEHROTRA
(ASSISTANT PROFESSOR)

"EVALUATION OF SURGICAL SERVICES AND EQUIPMENT IN OT & LABOUR ROOMS – A FIELD STUDY AT KAWATIYA HOSPITAL"

HARIBUX KANWATIYA GOVERNMENT HOSPITAL, JAIPUR, RAJASTHAN

BY TEJASWINI THAKARE MBA HM -29 (ROLL NO. 2103)

Under the Guidance of
ORGANISATION MENTOR
DR. R.S. TANWAR
(MEDICAL SUPERINTENDENT)

ABOUT THE HOSPITAL

Haribux Kawatiya Government Hospital, Jaipur located in Shastri Nagar, Jaipur, is a prominent public healthcare institution under the Government of Rajasthan. It is a 200-bedded multispecialty hospital, providing essential and specialized health services to a large population of Jaipur and nearby regions. The hospital is affiliated with SMS Medical College, Jaipur, and plays a vital role in offering tertiary-level healthcare services, medical education, and clinical training for students and interns.

VISION & MISSION

To provide safe, timely, and high-quality surgical care through skilled teams, advanced protocols, and ethical, patient-centred practices while ensuring continuous improvement and learning within the OT environment.

AIM

To assess the functioning, compliance, and efficiency of the surgical department and OT practices at Kawatiya Hospital through direct data collection and observation.

OBJECTIVES

1. To analyze surgeries conducted in January 2025 using patient file data.
2. To assess compliance with OT sterilization protocols.
3. To identify delays, cancellations, and OT scheduling issues.
4. To understand the role of departments like GS, Ortho, ENT, and Gynae in surgical services.

METHODOLOGY

1. Data from Jan–Jun 2025 collected from OT registers
2. CSSD audit,
3. WHO Surgical Checklist review
4. Interviews with nursing staff and observations

KEY OBSERVATIONS

1.Standard OT protocols and checklists help reduce errors and infections.
2. Proper scheduling and coordination improve OT efficiency.
3.Manual documentation causes delays; digital systems are needed.
4. Equipment alone isn't enough—maintenance and infection control are essential.
5. Trained support staff are critical for smooth OT functioning.
Interdepartmental coordination is key in shared OT setups.

ORGANOGRAM

- MEDICAL SUPERINTENDENT
- ADDITIONAL MS
- DEPT. MS
- UNIT HEAD
- ASSOCIATE PROFESSOR
- ASSIT. PROFESSOR
- PCMO/PS
- SS/ DEPT. DIRECTOR
- JS/SMO
- MO

OT 1st – SURGERY, ORTHO, ENT (JAN–JUNE 2025)

Total Major Surgeries: 714
Total Minor Surgeries: 222
Most active month: June (31 major surgeries in surgery + 7 ortho + 5 ENT = 43 major)
ENT Surgeries are minimal, only on Mondays & Thursdays
Ortho surgeries are done Wednesdays & Saturdays
Eye surgeries – discontinued
Total Surgeries in OT 1st (Jan–Jun): 936

OT 2nd – GYNAE DEPARTMENT (JAN–JUNE 2025)

Total Gynae Surgeries: 575
Major: 548
Minor: 27
June & Jan are peak months
Gynae OT runs more consistently than OT 1st

SWOT

STRENGHTS

1. No re-suturing or infections
2. Good equipment maintenance (KTPL)
3. Low surgery postponement
4. Proper CSSD documentation
5. WHO checklist used in OT

WEEKNESS

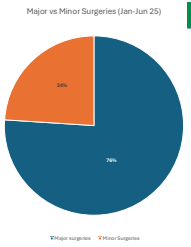
1. No zoning
2. No emergency exit
3. No nurse/anaesthesia room
4. CSSD inside OT
5. Rules violated by residents
6. Checklist not followed
7. Post-op record missing

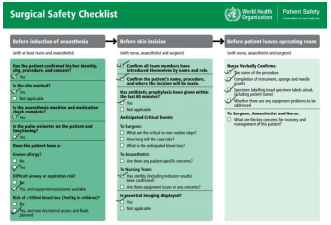
OPPORTUNITY

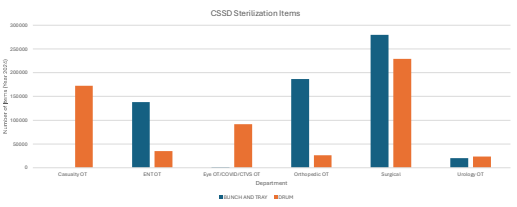
1. Implementation of Digital Health Records (EHR)
2. Training & Skill Development Programs
3. Introduction of Laparoscopic & Minimally Invasive Surgeries
4. Public-Private Partnerships (PPP)
5. Awareness and Outreach Camps
7. Scope for Infrastructure Expansion

THREATS

1. Risk of hospital-acquired infections if sterilization lapses occur
2. Overload of cases without corresponding increase in staff or resources
3. Budget limitations for infrastructure upgrades or hiring
4. Staff burnout due to high workload and limited OT availability







THEORETICAL LEARNING

1. OT protocols taught as structured guidelines
2. Data handling expected to involve digital records and standard formats
3. Departmental coordination discussed in academic modules
4. Sterilization taught as critical but routine
5. Delays & cancellations taught as common in government hospitals

PRACTICAL LEARNING

1. Observed variation in protocols depending on workload
2. Mostly manual file entries used in real OT settings
3. Departmental coordination seen actively during surgeries
4. Realized sterilization's real-time importance through live cases
5. No delays or cancellations observed in this hospital sample – indicated high efficiency

MAJOR LEARNINGS

- Standard OT protocols and checklists help reduce errors and infections.
- Proper scheduling and coordination improve OT efficiency.
- Manual documentation causes delays; digital systems are needed.
- Equipment alone isn't enough—maintenance and infection control are essential
- Interdepartmental coordination is key in shared OT setups.

CHANLLENGES FACED

Handwritten files were difficult to read and extract data from Limited access to some OT rooms due to restrictions Lack of digital records made analysis time –consuming Staff were busy; required multiple visits for data clarification Some diagnosis details were incomplete or coded

SUGGESTIONS

1.Shift CSSD outside the OT
2.Create dedicated storage and backup rooms
3.Strict checklist and protocol adherence in OT 1st
4.Install shoe racks outside

Reporting Format (Weekly)

Name of the Organization: Haribaksh Kawatiya hospital Jaipur.

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

Name of the Student: Tejaswini Vilas Thakare

Roll no: 2103 Stream: MBA-HM

Week no: 1 From: 15/05/2025..…to…17/05/2025……

Activity Done	I was given a data collection assignment to observe patient waiting times across different departments. The aim was to know the time elapsed from registration to consultation in the OPD, and also waiting time in diagnostic services. I was tasked with gathering and analyzing data pertaining to: Claims made under MAA Yojana (rejected claims included) Claims made under RGHS (Rajasthan Government Health Scheme) Beneficiaries receiving OPD and IPD services Bed occupancy percentage in the hospital.
Linking theory (Classroom learning) with practice at your organisation	understood the concepts of hospital departments. and opd,ipd workflows.
Gaps identified on the working area.	I saw some problems at the hospital: Long waiting times in sonography and paediatric OPD. No signs or directions for patients. Disorganization in some departments. Poor hygiene in some areas. Shortage of staff in general surgery. Poor departmental coordination and lack of responsibility. No defined method for patients to feedback their experience or complaints.

	sever was not functioning
Suggestions for improvement	Suggestions for improvement Recruit more personnel in OPDs and general surgery Assign assistants to lead patients Install a bilingual feedback system (electronic and paper-based) for patients. Utilize feedback to track and enhance services. Organize departments more efficiently Enforce good hygiene regularly Recruit additional medical and support staff in order to lighten the workload and provide better patient care. Regular training programs for staff to improve skills and service quality. Modernize medical equipment and facilities on a regular basis. Provide proper seating, ventilation, and lighting in waiting areas. Fit sanitary bins, hand sanitisers, and hygienic toilets in every department. Practice hygiene by regular audit and cleaning schedules.
Plan for the next week	continuity to the KPI collection of data

Reporting Format (Weekly)

Name of the Organisation: Haribaksh Kawatiya hospital Jaipur.

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

Name of the Student: Tejaswini Vilas Thakare

Roll no: 2103 **Stream: MBA-HM**

Week no: 2 From: 19/05/2025..…to…24/05/2025……..

Activity Done	I was given a task of data collection of no of OPD and IPD patients, total no of RGHS and MAA yojana claims submitted and then average waiting time for dispensing of medicines of 23rd may. I also went to MCH ward, Emergency department, finance and administration department, ICTC and immunization room and store room.
Linking theory (Classroom learning) with practice at your organisation	understood the concepts of hospital departments. and opd, ipd workflows.
Gaps identified on the working area.	I noticed several issues at the hospital: Very narrow entry of ED and there is no triage system. Only one guard for entire floor. Noticed broken windows, glasses, cupboards rendering AC ineffectiveness of MCH ward. Immunization room: need sliding cupboards for storage of vaccines boxes, waiting area infrastructure problem, staff problem. Storeroom: more space required, staff require, and store is not well organised.
Suggestions for improvement	Implement standardized triage system at ED jEnhance security, increase no of security personnel.

	Conduct urgent infrastructure audit and repair. Implement specific improvement for vaccines storage and staff support for immunization room. Storeroom: space optimization and re organize and systematize, staff training , adequate staffing.
Plan for the next week	continuity to the KPI collection of data

Reporting Format (Weekly)

Name of the Organisation: Haribaksh Kawatiya hospital Jaipur.

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

Name of the Student: Tejaswini Vilas Thakare

Roll no: 2103 **Stream: MBA-HM**

Week no: 3 From: 26/05/2025.…to…31/05/2025……

Activity Done	• In this week I have visited male ward, I spent my time observing the workflow in the male ward. • MTC centre, RRC centre and ortho room
Linking theory (Classroom learning) with practice at your organisation	• understood the concepts of hospital departments. and OPD, IPD workflows.
Gaps identified on the working area.	I noticed several issues at the hospital: • RRC centre visit- huge problem: its on 2nd floor. Handicapped people struggling immensely to get their certificates. This is a serious accessibility and needs immediate attention. While there is a lift, many handicapped people still find it very difficult or even impossible to use. While features like lifts are intended to help, their presence alone doesn't guarantee true accessibility for everyone. • I observed that there is only one guard assigned to the entire floors. Significant risk for both patients and staff. • There is a clear shortage of ward boys, helpers and trally men. • I noticed broken windows and glass panes. • Absence of functioning air conditioning. • Lack of a dedicated play area at MTC paediatric centre.

Suggestions for improvement	• Relocate the RRC centre to the ground floor location. This solution aligns perfectly with the principles of universal design and the legal mandates outlined in the Rights of Persons with Disabilities Act, 2016. • Increase security personnel – assign at least two guards per floor during peak hours(daytime) and at least one dedicated guard per section during off peak hours (nighttime) • Immediate repair/replacement. • Incident reporting system – to report maintenance issues promptly, ensuring swift action. • Phased implementation: if a full play area is not immediately feasible start with smaller mobile play carts with books ,toys and quiet activities that can be brought to patient bedsides.
Plan for the next week	continuity to the next department visits.

Reporting Format (Weekly)

Name of the Organisation: Haribaksh Kawatiya hospital Jaipur.

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

Name of the Student: Tejaswini Vilas Thakare

Roll no: 2103 **Stream: MBA-HM**

Week no: 4 From: 02/06/2025.…to…07/06/2025……

Activity Done	• This week I have gone to DOTS centre on first floor. gained knowledge about the DOTS centre • observed, analyzed and reported on QMS system and recorded the findings on QMS System. • I have also gone to ICU. observed practices of the ICU.
Linking theory (Classroom learning) with practice at your organisation	to practice at your organisation get familiar with the concepts of hospital departments. and OPD, IPD workflows.
Gaps identified on the working area.	I observed a number of things at the hospital: • I found a serious infection control risk due to its location and common patient access. • TB patients who attend DOTS centre share the same lifts and corridors as other hospital patients. • This risk is compounded by its proximity to sensitive areas such as Operation Theatre (OT) jeopardizing patient safety and present infection control practices. • Tab. Cycloserine drug shortage. • Exposure to direct sunlight of the medicine rack at the DOTS centre risks the stability and effectiveness of the medication.
Suggestions for improvement	• Move the DOTS Centre to a separate, off-site facility to avoid cross-contamination and maintain patient and staff safety.

	• Where relocation is not imminent, introduce strict patient flow control for TB patients, adopt separate lift usage timings, and increase air filtration in shared spaces. • Set up an effective inventory control system for important medicines such as Cycloserine to avoid stockouts. • Use a buffer stock policy for key TB drugs. • Move the medicine rack in the DOTS Centre to a location fully protected from direct exposure to sunlight. • Use all areas of medication storage according to manufacturer's advice on temperature, light, and humidity to ensure drug stability and potency. • Install UV-shielding films on windows, if movement is not feasible.
Plan for the next week	• Next week's plan continuity to the data collection of KPI

Reporting Format (Weekly)

Name of the Organisation: Haribaksh Kawatiya hospital Jaipur.

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

Name of the Student: Tejaswini Vilas Thakare

Roll no: 2103 **Stream: MBA-HM**

Week no: 5 From: 9/06/2025..…to…14/06/2025……

Activity Done	• Made routine hospital rounds to witness operations and departmental coordination. • Paid a visit to Jaipuria Government Hospital for hospital infrastructure and service exposure and benchmarking. • Witnessed the functioning of Oxygen (O_2) Plant operations, such as storage, flow control, and pipeline systems. • Made a visit to the Electrical Department and learned about the backup systems and power control of the hospital. • Engaged in report-making activities and continuous proposal documentation.
Linking theory (Classroom learning) with practice at your organisation	• Applied Hospital Engineering Services knowledge to comprehend real-time operations of oxygen supply and electrical back-up systems. • Saw the application of hospital safety procedures learnt in class while visiting the O_2 plant and electrical units. • Compared best practices from Jaipuria Hospital with existing hospital practices – applied concepts of hospital operations and comparative quality evaluation. • Understood the influence of facility design and infrastructure on patient care and emergency response.

Gaps identified on the working area.	• Preventive maintenance record not available in electrical department. • O_2 plant safety signage and access controls can be enhanced. • Fewer staff members have knowledge of technical operation of backup systems. • No formal process in place for benchmarking against other hospitals or incorporation of external best practices.
Suggestions for improvement	• Put in place a preventive maintenance checklist for electrical systems and O_2 plant. • Institute proper safety signs and hazard markers in plant and utility areas. • Provide basic training sessions for personnel on critical technical systems (O_2 plant, generators, etc.). • Facilitate regular inter-hospital exposure or visit programs to practice best practices.
Plan for the next week	• Proceed with outstanding reports and proposals such as signage and feedback system. • Commence colored footprint mapping layout for internal signage plan. • Make follow-up visits to BMW (Biomedical Waste) department for data collection and observation. • Assist planning of Yoga Day Celebration documentation and attend event if organized. • Begin preparing weekly documentation for internship closure and revision.

Reporting Format (Weekly)

Name of the Organisation: Haribaksh Kawatiya hospital Jaipur.

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

Name of the Student: Tejaswini Vilas Thakare

Roll no: 2103 Stream: MBA-HM

Week no: 6th From: 16/06/2025.…to…21/06/2025……

Activity Done	Completed daily rounds to monitor hospital operations and department-level functions. Drafted several suggested reports such as: Development of Play Area in MTC Paediatric Ward. Implementation of Feedback System and Complaint Box. Working currently on: Designing and creating a coloured footprint for patient way-finding. A project allocated on functioning of Surgical Department. Attended the Biomedical Waste (BMW) Depot to learn the waste disposal process and segregation procedures. Attended the celebration of International Yoga Day at the hospital.
Linking theory (Classroom learning) with practice at your organisation	Applied learnings from Quality Management & Accreditation to evaluate mechanisms for feedback and designing patient satisfaction improvement. Got practical insight into Hospital Waste Management and infection control through BMW depot visit. Integrated Operations & Hospital Services Management theory while learning patient flow and planning for surgical ward layout.
Gaps identified on the working area.	Absence of formal feedback/complaint system to collect patient and staff recommendations. No child-friendly space in MTC for pediatric patients. Weak directional orientation for patients generates confusion and dependency.

	Biomedical waste disposal is operational but requires more stringent monitoring and awareness with ground staff. Some areas still have no organized documentation and signage for smooth department functioning. Recommendations for enhancement Implement play areas in children sections to facilitate a child-oriented and healing atmosphere. Use complaint/feedback boxes and systematic examination of
Suggestions for improvement	Install footprint-based directional systems using colors to navigate patients and avoid confusion. Increase training on support staff on BMW handling and documentation. Utilize visual infographics or IEC posters to encourage improved hospital hygiene, direction, and patient consciousness.
Plan for the next week	Complete and present colored footprint mapping layout and commence design work on hospital floor plan for signage. Continue work on the Surgical Department project, recording SOPs, and finding bottlenecks. Prepare and discuss the Play Area Proposal with pediatric staff.Make up documentation of internship learnings and case studies for impending presentation or audit. Follow up on monitoring of complaint system implementation and recommend formats for evaluation.

Reporting Format (Weekly)

Name of the Organisation: Haribaksh Kawatiya hospital Jaipur.

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

Name of the Student: Tejaswini Vilas Thakare

Roll no: 2103 **Stream: MBA-HM**

Week no: 7th From: 23/06/2025.…to…28/06/2025……

Activity Done	Completed daily hospital rounds and witnessed departmental workflow. Prepared different reportpreparations and identified operati onal problems and suggested solutions. Designed a PPT presentation in Hindi for ground-level health workers on hospital health hazards and safety awareness. Made a visit to the MCDW warehouse to verify stock and availability of Anti-Diphtheria Serum (ADS). Compiled and submitted reports to the Medical Superintendent on: Lack of communications among departments. Deployment of non-medical work to medical professionals. Risk at DOTS centre because of TB patient interaction with general patients
Linking theory (Classroom learning) with practice at your organisation	Transferred Hospital Operations and Quality Management knowledge to identify systemic deficiencies and propose structured interventions (e.g.infection control, duty allocation, communication systems). Applied Healthcare Human Resource Management concepts to examine role mismatch and distribution of staff workload. Transferred strategic problem-solving skills from classroom learning to offer real-time, practical, and resource-sensitive recommendations. Understood public health logistics and cold chain

	supply through confirmation of critical drug availability in the store (ADS availability).
Gaps identified on the working area.	No formal communication system (intercom/telephone) in some departments impacting coordination. Medical staff carrying out non- medical tasks, contributing to inefficiencies. TB patients' use of common areas increases infection risk within DOTS Centre zone. No dedicated signage/footprint system for patient navigation. No structured feedback/complaint system for patients. Lack of proper awareness among ground-level staff about health risks and precautions.
Suggestions for improvement	Install intercoms and public announcement systems for enhanced communication. Depute non- medical tasks toadmin personnel, leaving medical staff fre e to attend to patients. Shift or reorganize DOTS Centre to minimize risk of exposure to general public. Adopt colored footprints/signage system for departmental direction. Institute patient complaint box and feedback system to collect service quality feedback. Organize occupational safety training sessions for grass-root-level health workers.
Plan for the next week	Plan for the upcoming week Finalize and complete the health hazard awareness PPT and present the session to support staff. Follow up the implementation of feedback for Medical Superintendent reports. Help with data gathering ordocumentation activities pertai ning to patient flow, logistics, or sanitation. Inspect the sanitation/engineering departments to look at gaps in maintenance. Do work in making summary reports ready for closing and presenting the internship.

Reporting Format (Weekly)

Name of the Organisation: Haribaksh Kawatiya hospital Jaipur.

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

Name of the Student: Tejaswini Vilas Thakare

Roll no: 2103 **Stream: MBA-HM**

Week no: 8th From: 30/07/2025.…to…5/07/2025……

Activity Done	Made daily rounds at hospital and saw departmental workflow. visited both OT 1st and 2nd to see functioning and layout. Visited the CSSD department within OT -saw sterilization processes. Found gaps and internally audited CSSD department practices. Gathered monthly surgical data from jan to june 2025 from OT records for analysis. Observed and made notes and prepared proposed solutions for issues identified in OT layout and CSSD functioning. Ongoing project work through planning and gathering data for analysis.
Linking theory (Classroom learning) with practice at your organisation	Application of hospital layout norms Application of infection control to analyze the existing OT-CSSD layout. Applied principles of healthcare quality audits and data handling to gather and analyze surgery data. Had a clear understanding of applications of hospital operations and SOPs in sterile process and OT utilization in real time.
Gaps identified on the working area.	CSSD department is within OT raising the level of infection and contaminating sterility protocols. No specialized personnel in CSSD- managed only by nursing personnel without proper sterilization training. No periodic audit or documentation procedure is being implemented for CSSD performance.

	Infrastructure does not comply with recommended spatial separation of sterile from non-sterile areas.
Suggestions for improvement	Move CSSD out of the OT zone for infection control and improved separation between clean or dirty areas. Appoint or train full-time CSSD personnel with appropriate training in sterilization techniques. Utilize frequent internal audits and SOPs in CSSD for quality assurance. Utilize this audit and data to justify recommendations in future plans
Plan for the next week	Follow up on proposed solution reports presented to the Medical Superintendent. Help in data collection or documentation activities regarding patient flow, logistics, or sanitation. Make visits to the sanitation/engineering departments to identify maintenance gaps. Assist in preparing summary documents for the internship wrap-up and presentation.

Reporting Format (Weekly)

Name of the Organisation: Haribaksh Kawatiya hospital Jaipur.

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

Name of the Student: Tejaswini Vilas Thakare

Roll no: 2103 Stream: MBA-HM

Week no: 9th From: 07/07/2025.…to…12/07/2025……

Activity Done	Conducted awareness among patients and relatives about using the Rajasthan Government's Rajupchar App for accessing public health services Visited the Biomedical Waste Management (BMW) Department. Identified that barcode tracking system is not being used for waste bags or department-wise monitoring. Proposed a Barcode-Based Waste Tracking System to improve compliance and safety. Proposed a Digital Kiosk System to be installed at key patient areas for registration, directions, reports, and feedback. Suggested establishing a Night Stay Facility inside hospital premises for patient attendees.
Linking theory (Classroom learning) with practice at your organisation	Applied knowledge of Hospital Waste Management Rules and CPCB guidelines. Used concepts of hospital digital transformation to design kiosk-based patient service solutions. I studied patient-centered care models and accommodation planning from healthcare facility management classes. Promoted use of government health tech platforms (RajUpchar) to strengthen digital access to care.

Gaps identified on the working area.	No barcode system for biomedical waste tracking – risk of untraceable waste movement. Lack of digital facilities for patients, leading to delays and confusion. No designated overnight stay facility for patient relatives despite the high patient load. Many patients were unaware of RajUpchar app, limiting their access to online services.
Suggestions for improvement	Implement Barcode Label System for all BMW bags to track waste from departments to final disposal. Install Digital Self-Service Kiosks in OPD and entrance for improving patient experience. Build a basic night shelter or resting area within hospital campus for patient attendees. Run regular awareness drives and demonstrations about the RajUpchar mobile app in OPD areas.
Plan for the next week	Begin data analysis of surgical department (OT) data collected from January to June 2025. Prepare charts and graphs to represent trends in number of surgeries, types, departments, and emergency vs. elective cases. Finalize CSSD department audit findings and convert them into a draft report format. Start drafting sections of the final SIP report (Introduction, Methodology, Observations).

Reporting Format (Weekly)

Name of the Organisation: Haribaksh Kawatiya hospital Jaipur.

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

Name of the Student: Tejaswini Vilas Thakare

Roll no: 2103 **Stream: MBA-HM**

Week no: 10th **From:14 /07/2025.…to…19/07/2025……**

Activity Done	• Conducted awareness sessions for patients and OPD visitors regarding the RajUpchar App for online appointment booking. • Collected data for the internship project on the Surgical Department by reviewing randomly selected patient files. • Proposed the idea of using color-coded bedsheets weekly in general wards to improve hygiene and visual management. • Analyzed the implementation and performance data of the MAA Yojana (benefits availed by patients, fund utilization, etc.).
Linking theory (Classroom learning) with practice at your organisation	• Applied knowledge of Hospital Operations Management to analyze OT (Operation Theatre) records and identify patterns in surgical cases. • Used concepts from Health Information Systems to promote the RajUpchar App, supporting digital health transformation. • Suggested visual management practices (color-coded linen) learned in classroom Quality Management lectures for improving patient satisfaction and ward monitoring.
Gaps identified on the working area.	• Low awareness among patients regarding the RajUpchar App and its advantages.

	• Manual handling and poor documentation in surgical department patient records. • Lack of systematic linen management – no regular schedule for linen changing or color coding in wards. • Limited tracking of MAA Yojana beneficiaries due to inconsistent data recording.
Suggestions for improvement	• Launch awareness campaigns (posters, counseling desks) to promote RajUpchar App in OPD and waiting areas. • Introduce digital or semi-digital records in the surgical department to improve data quality and retrieval. • Implement weekly color-coded bed sheet protocols to improve hygiene, infection control, and ward aesthetics. • Develop a monitoring checklist to ensure consistent documentation of MAA Yojana benefits across departments.
Plan for the next week	• Continue awareness activities for RajUpchar App and track how many patients are registering through it. • Start analysis of OT scheduling efficiency in General Surgery and Gynae departments. • Prepare visual charts and graphs for project data presentation. • Conduct follow-up on the feedback or feasibility of weekly linen color coding implementation.

Reporting Format (Weekly)

Name of the Organisation: Haribaksh Kawatiya hospital Jaipur.

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

Name of the Student: Tejaswini Vilas Thakare

Roll no: 2103 **Stream: MBA-HM**

Week no: 11

From:21/07/2025.…to…26/07/2025……

Activity Done	• Completed all project-related reports and data analysis for the Surgical Department. • Prepared final PowerPoint presentation, poster, and detailed report for college submission. • Took necessary signatures from concerned authorities and mentors. • Reviewed and finalized all data collected during the internship period. • Coordinated with hospital staff for validating project findings and solutions.
Linking theory (Classroom learning) with practice at your organisation	• Utilized skills from Healthcare Quality Management to prepare structured reports and propose quality improvement ideas. • Applied Research Methodology and Data Analysis techniques to interpret collected hospital data and patient records. • Incorporated principles from Healthcare IT in evaluating the role of digital tools like the RajUpchar app.
Gaps identified on the working area.	• Lack of centralized data recording system for surgeries and government schemes like MAA Yojana.

	• Limited patient awareness of available digital services. • Need for better visual hygiene practices such as weekly linen color coding and proper ward management.
Suggestions for improvement	• Establish a centralized digital record system for surgical data and patient benefits under government schemes. • Continue awareness drives regarding digital services like RajUpchar App to encourage adoption. • Implement proposed solutions like color-coded bedsheet rotation for improved infection control and visual order in wards.
Plan for the next week	• Submit final project presentation, report, and poster in college. • Prepare for viva or internal evaluation based on internship learnings. • Share overall internship experience, learnings, and feedback with the organization, if requested.

Detailed report

Name of the Organization: Haribaksh Kawatiya hospital Jaipur.

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

Name of the Student: Tejaswini Vilas Thakare

Roll no: 2103 Stream: MBA-HM

Activity Done	• Observed patient waiting times in OPD and diagnostics. • Collected data related to RGHS/MAA Yojana claims and bed occupancy. • Linked classroom concepts with OPD/IPD workflows. • Collected OPD/IPD data including rejected claims. • Visited departments: MCH ward, Emergency, Finance/Admin, Immunization Room, and Store. • Identified issues like broken infrastructure, lack of triage system, and immunization room needs. • Visited Male Ward and observed workflow. • Highlighted access issues in RRC centre (located on 2nd floor), security staff shortage, and broken infrastructure. • Visited DOTS Centre, observed QMS system and ICU practices.

	• Identified infection control issues, poor medicine rack placement, and TB drug shortages. • Visited Jagjivan Hospital for benchmarking. • Observed O_2 Plant and Electrical Department operations. • Reported issues related to lack of benchmarking, poor signage, and preventive maintenance gaps. • Suggested improvements: play area in MCH ward, patient feedback box. • Participated in International Yoga Day and Biomedical Waste (BMW) Depot visit. • Prepared awareness PPT on health hazards for ground-level staff. • Identified issues: DOTS centre TB risk, lack of signage, non-medical task allocation to clinical staff. • Visited OT 1st & 2nd and CSSD department. • Identified lack of sterilization audits, improper CSSD layout, and training gaps. • Awareness session on RajUchch App. • Proposed Barcode-based Biomedical Waste Tracking and Digital Kiosk System. • Continued awareness for RajUchch App.

	• Proposed linen color-coding in surgical department and analyzed OT data. • Finalized PPT, took signatures from mentors, and submitted reports. • Completed data analysis of all weeks.
Linking theory (Classroom learning) with practice at your organisation	• Applied concepts from Hospital Operations Management to summarize field observations into structured presentations. • Used principles of Healthcare Quality Improvement and Strategic Healthcare Communication in preparing the Secretary's visit material. • Practiced Project Management and Time Management while finalizing all internship tasks under tight deadlines. • Reinforced understanding of stakeholder communication by aligning hospital data and visuals for administrative presentation.
Gaps identified on the working area.	• Poor signage and navigation inside hospital. • No systematic patient feedback mechanism. • Lack of triage and inadequate staffing in emergency areas. • Infection control issues in DOTS and CSSD. • Broken infrastructure and poor maintenance. • Biomedical waste tracking not implemented properly.

	• Manual documentation and poor linen management in surgical wards. • Awareness gaps about digital health platforms like RajUchch.
Suggestions for improvement	• Install bilingual digital feedback kiosks and signage. • Recruit more support and medical staff in busy departments. • Create a separate DOTS center to reduce infection risk. • Move RRC to ground floor and make it disabled-friendly. • Implement barcode tracking system for biomedical waste. • Use digital record systems and introduce color-coded linen protocols. • Organize regular training for sterilization, infection control, and communication. • Design a child-friendly play area in pediatric sections.

SIP report with poster.pdf

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SIMILARITY INDEX	INTERNET SOURCES	PUBLICATIONS	STUDENT PAPERS

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