SUMMER INTERNSHIP PROGRAM

at

Mahila Hospital Sanganeri Gate, Jaipur

From 15-05-2025 to 29-07-2025

A REPORT BY

Shreya Kishor Faye

Master of Business Administration

(Hospital and Health Management)

Roll no - 2086

2024-26

under the Mentorship of

Dr Piyusha Majumdar

IIHMR UNIVERSITY

AnnexureA

D.NO. 1399 dt. 29-7-2025

Completion Certification from the Organization

CERTIFICATE

This is to certify that Ms. Shreya Kishor Faye of 2024-2026 (batch) of Mahila Hospital Jaipur has worked with our organization for her summer internship from 15-05-2025 to 29-07-2025. The overall performance shown by her during the period was excellent/good/average. This certificate is being issued to meet the requirements of the IIHMR University.

(Signature of organization Mentor)

Date: 29/07/2025

Name: Dr. Asha Verma

Designation: Medical Superintendent

अधीक्षक
महिला चिकित्सालय

OFFICE OF SUPERINTENDENT, MAHILA CHIKITSALAYA, SANGANERI GATE, JAIPUR

Letter No. : 1400

Date : 29/07/2025

INTERNSHIP COMPLETION CERTIFICATE

This is to certify that Shreya kishor Faye , bearing Enrolment number IIHMR-U/01/2024-26/2086, a student of MBA (Hospital and Health Management) IIHMR University 2024 to 2026, has successfully completed an internship in Hospital Administration at Mahila 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 Shreya kishor Faye for his future endeavours, confident that She will continue to excel and make valuable contributions to the healthcare industry.

(Medical superintendent)
Mahila Chikitsalaya, Sanganeri Gate,
Jaipur

अधीक्षक
महिला चिकित्सालय
सांगानेरी गेट, जयपुर

IIHMR UNIVERSITY

IIHMR University Faculty Mentor Approval

This is to certify that **Ms. Shreya Kishor Faye** of academic year 2024-26 **INSTITUTE OF HEALTH MANAGEMENT RESEARCH** has prepared a poster with respect to her summer internship held during May-July 2025.

She has carried out work as per the guidelines. Her poster is approved for presentation.

Date: 31/07/2025

Piyusha 30/7/25

Dr. Piyusha Majumdar

Asso. **Professor**

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Ph.: 0141- 3924700, 2791431- 32, Fax: 0141 3924738, E-mail: iihmr@iihmr.edu.in, Web.: www.iihmr.edu.in

KAP ASSESSMENT OF NURSING STAFF & ENHANCING IHMS MODULE COMPLIANCE

AT MAHILA HOSPITAL SANGANERI GATE JAIPUR

Presented by Shreya Kishor Faye
Batch – HM29
Roll no - 2086

Organization Mentor – Dr Shalini Rathore
Faculty Mentor – Dr Piyusha Majumdar
SIP Organization - Mahila Hospital Jaipur

BRIEF HISTORY AND DESCRIPTION ABOUT HOSPITAL

Mahila Chikitsalaya is a tertiary care hospital & one of the busiest hospital of Jaipur with 504 beds established on 1st March 1987. It is an attached teaching hospital (Obstetrics & Gynecology Department) of SMS Medical College, Jaipur to provide Obstetrics care and Gynecological services to the patients. It is located in the heart of old city area of Jaipur near to Sanganeri Gate.

ABOUT IHMS

The Integrated Health Management System (IHMS) is centralized web-based application to provide healthcare services to patients with electronics heath records (EHR). The IHMS application is in use in more than 1400+ Govt. Hospitals / Medical institutes across Rajasthan (including the largest health facility in State, SMS Hospital in Jaipur). On average, approximately 4 lakh outpatient (OPD) and 10,000 inpatient (IPD) registrations are processed daily.

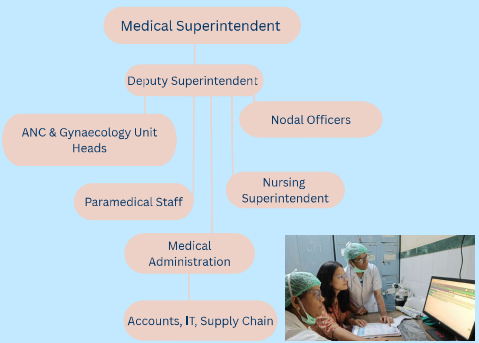
VISION

To become a leading provider of specialized healthcare for women in Jaipur by ensuring high-quality medical care and promoting awareness about women's health.

MISSION

Providing medical care: Offering a wide range of services for women's health problems.
Raising awareness: Educating women about preventive health and disease management.
Accessibility: Ensuring services are affordable and accessible to all, including marginalized groups.
Empowerment: Empowering women to take charge of their own health through education and awareness.

ORGANIZATION STRUCTURE



SWOT ANALYSIS

STRENGTH

- Promotes real-time, centralized patient data improving hospital efficiency.
- Training & monitoring interventions enhance staff compliance.
- Supports government health programs with accurate online records.

WEAKNESS

- Technical issues (server downtime, logins) disrupt data entry.
- High workload affects timely data updates.
- Resistance to digital workflows among some staff.

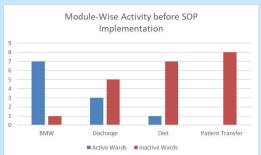
OPPORTUNITIES

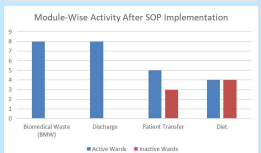
- Predictive analytics – data can identify disease trends and gaps in public health
- Digital literacy training builds staff capacity.
- Supports policy planning through reliable data.

THREATS

- Incomplete Data – due to irregular entries or staff errors.
- System Downtime – prolonged iHMS outages halt workflows
- Negative User Attitude – reluctance to accept digital transformation

OBSERVATIONS





CHALLENGES FACED

1. Limited awareness – many staff were unfamiliar with certain iHMS modules.
2. Technical issues – server downtime, poor connectivity, and login errors disrupted smooth usage.
3. High workload – staff sometimes delayed or skipped real-time entries due to patient load.
4. Lack of continuous monitoring – no consistent follow-up to reinforce proper data entry practices.
5. Resistance to change – some staff were hesitant to adopt new workflows.

OBJECTIVES

- To assess the Knowledge, Attitude, and Practices (KAP) of nursing staff regarding real-time data entry in the Integrated Health Management System (iHMS).
- To identify existing gaps and improve compliance through training, monitoring, and supportive interventions.

METHODOLOGY

- A KAP Survey using a structured questionnaire assessed nursing staff's knowledge, attitude, and practices toward real-time data entry in iHMS.
- On-spot refresher training was provided on iHMS modules.
- Ward visits were carried out for observation and direct staff interaction to understand real challenges.

DIFFERENCE BETWEEN PRACTICAL EXPOSURE AND THEORETICAL KNOWLEDGE

Theoretical Knowledge Offers a conceptual understanding of hospital workflows but Practical Exposure Highlights real-world challenges such as workload pressures, system downtime, and user adaptability. Demonstrates the influence of staff behavior, attitudes, and work habits on system utilization. Identifies gaps between established protocols and actual practices

MAJOR LEARNINGS

1. Centralized online data management through iHMS is essential for accurate, updated patient records and smooth care delivery.
2. The KAP of nursing staff significantly affects the quality and reliability of health data.
3. Continuous training and support build staff confidence and improve compliance.
4. Direct observation helped identify practical issues that theoretical policies often miss.
5. Monitoring and reinforcement are key to ensuring hospitals fully benefit from iHMS.

SUGGESTIONS TO THE ORGANIZATION

1. Conduct regular refresher training sessions for all nursing staff on iHMS modules.
2. Set up a technical support system to resolve software and connectivity issues quickly.
3. Strengthen monitoring and feedback mechanisms, appreciating wards with high compliance.
4. Enforce the use of individual login credentials to enhance accountability.
5. Provide clear, easy-to-follow SOPs (Standard Operating Procedures) for real-time data entry.

KAP SURVEY FINDINGS

- **Knowledge (K)**

BMW & Discharge: 70–80% staff were confident in these entries.
Diet: Only 40–50% were aware of diet-related entries.
Patient Transfer: None knew about this module before SOP implementation.
Knowledge was limited to a few modules.

- **Attitude (A)**

Most staff agreed that iHMS improves patient care.
Almost all showed a positive attitude and willingness to undergo further training.

- **Practice (P)**

Real-Time Entry: Rarely practiced; most entries were delayed.
Logins: Shared credentials were common, lowering accountability.
Issue Reporting: Problems were identified but not reported consistently.

Weekly report 1

Name of the Organisation: Mahila Hospital Jaipur

Area/ Department/ Project of Summer Internship Program: Department of medical education Rajasthan

Name of the Student: Shreya Kishor Faye

Roll no:2086 Stream: Hospital and Health Management

Week no: 01 From:15/05/2025 to18/05/ 2025

Activity Done	Day 1- Observed wards and OPDs Day 2- Observed working of IHMS and MAAY registrations. Day 3- completed task given by Dr Vandana maam
Linking theory (Classroom learning) with practice at your organisation	Registration of female patients and new born under Government health schemes – this links with Healthcare Policy and delivery system module. Observed day to day operations of Government Hospital (Wards, OPD, IPD, Sonography) studied in Essentials of hospital services module.
Gaps identified on the working area.	poor infrastructure, Poor internet and server connectivity and insufficient computer system and trained operators hinders the real time data entry into IHMS. Lack of motivation and recognition of individual performance. Lack of Sanitation, lack of co-ordination among staff. Claim rejection is high. Lack of awareness among patients.
Suggestions for improvement	Upgradation of systems needs to be done with good internet connectivity. By identifying motivated staff and giving recognition to them helps other staff to improve and work upon it. Improvement in PWD area.
Plan for the next week	Will be Assigned on Monday

Signature of the Student

Approved by the IIHMR University's Mentor

Weekly report 2

Name of the Organisation: Mahila Hospital Jaipur

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

Name of the Student: Shreya Kishor Faye

Roll no:2086 Stream: Hospital and Health Management

Week no: 02 From: 19/05/2025 to 24/05/2025

Activity Done	Day 1 - Conducted a point-of-care OPD workflow analysis by tracing a single patient's pathway from registration to discharge. Day 2 - Visited hospital wards and reviewed IHMS entries for BMW, discharge, diet, and patient transfers (in/out). Day 3- Monitored MAAY registration process, verified successful entries, and identified key factors contributing to registration failures through observation and analysis. Day 4 - We received a new assignment from Dr. Vandana, from the Department of Medical Education (DME) headquarters. The task involved collecting the following data for the previous month (April):- Total number of admissions in IPD and OPD, Number of RGHS claims submitted, Number of Maa Yojana claims submitted. The data was collected from the hospital's record room, the RGHS system, and the Maa Yojana counter. Later in the day, we attended a meeting held at the DME Headquarters, Jaipur, led by Mr. Ambrish Kumar. The meeting was attended by medical superintendents in hybrid mode and addressed the following key agenda items: Maintenance status of PSA plants and medical equipment Toilet upkeep (Sulabh services), Parking facilities in hospitals Auction of hospital scrap (kabad) Repair of non-medical equipment and establishment of workshops Necessary changes in the e-Upkaran software All hospitals were instructed to ensure progress on these agendas before the next scheduled meeting. The meeting lasted from 4:30 PM to 7:00 PM. Day 5- We were tasked again by Dr. Vandana ma'am to collect real-time data on patient waiting time for the dispensing of medicines. Sample size: 25 patients Observation method: Real-

	time monitoring Finding: On average, it took approximately 2–3 minutes per patient to dispense medicines. The data was recorded and submitted by the same day's deadline (5:00 PM). Day 6-I was on leave due to the scheduled SWAYAM examination, and hence could not attend the internship on this day.
Linking theory (Classroom learning) with practice at your organisation	All of this work linked to modules – health and development, healthcare policy and delivery system, essential of hospital services, communication planning management, national health programmes
Gaps identified on the working area.	Delays were observed due to IHMS system issues despite the availability of offline data entry. The main cause was server connectivity and internet fluctuations, which affected real- time data syncing and slowed down the registration process. Inconsistent documentation practices were evident. Limited staff training in using IHMS systems and lack of accountability among data entry personnel contributed to data quality concerns. These issues reflect low patient awareness, limited guidance at registration, and lack of system alerts for missing prerequisites. The absence of a feedback mechanism further delayed corrective actions. The review revealed systemic issues across multiple hospitals, particularly a lack of adequate resources, delayed maintenance, and absence of centralized accountability mechanisms to track progress. A significant concern was the deficiency in real-time reporting tools and manual dependency, affecting transparency and speed of resolution. The observation exposed a shortage of staff during rush hours and suboptimal workflow design. The absence of pharmacy automation tools or queue management systems limited efficiency and extended waiting times in certain cases.
Suggestions for improvement	1. Fix IHMS Issues o Improve internet and server support. o Make sure offline entries sync properly. 2. Train Staff Better o Give regular training on IHMS and data entry. o Assign clear duties and show step-by-step guides at workstations. 3. Help Patients with Registration

	○ Put up clear info about Jan Aadhaar and e-Mitra. ○ Add system alerts for missing details. ○ Give feedback to patients if registration fails. 4. Use Real-Time Data Tools ○ Use tablets or mobile apps for fast data entry. ○ Set up dashboards to track data in real time. 5. Improve Pharmacy Process ○ Start a token or queue system. ○ Add more staff during busy times. 6. Improve Resources s Repairs ○ Fill staff gaps and fix broken equipment faster. ○ Appoint someone to check supplies and maintenance.
Plan for the next week	Will be assigned on monday

Signature of the Student

Approved by the IIHMR University's Mentor

Weekly report 3

Name of the Organisation: Mahila Hospital Jaipur

Area/ Department/ Project of Summer Internship Program: Department of Medical Education.

Name of the Student: Shreya Kishor Faye

Roll no: 2086 Stream: Hospital and Health Management

Week no: 03 From: 26/05/2025 to 31/05/2025

Activity Done	Day 1 Enlisted Modules of IHMS that needs to be taught again to staff in different wards as per previous week analysis. Learned IHMS entries of patient transfer, diet, BMW and discharge. Day 2 Planned solution to overcome the short-comings by making flow chart of entry that are need to be done in IHMS from different wards that can be printed and sticked to walls behind the system present in different wards. Meanwhile did the official joining process to organization. Met medical superintendent superintendent of hospital and took project topic – Queue Management Systems and streamlining of IHMS entries. Day 3 visited to CLR ward took transfer data which was recorded offline on register noted patient shifted to which unit and ward. It was found that for some patients to which ward they were shifted was not written. Then went to ward to teach the staff as all members were not present, some were busy with inspection work so told to visit later. Day 4 Government holiday Day 5 monitored MAAY registration counter, at noon the computer systems and printers were not working for an hour operators made offline registrations and later made online registrations, it was found that beds were not seen vacant while doing IPD admissions due to lack of discharge update on IHMS portal from different wards. The operator themselves did temporary discharge that were admitted for long under the doctor of particular unit to make admissions of emergency patients. Inspection drive was conducted in hospital. Day 6 – On leave

Linking theory (Classroom learning) with practice at your organisation	Human resource management – I have to train employees and monitor their performance of IHMS entries. Organizational Behaviour – Helped me to cope up with staff present over here and understand their concerns.
Gaps identified on the working area.	Lack of real time discharge entries and Transfer. Lack of monitoring of electronic items periodically. Lack of infection control activities. Wards are not being shown on IHMS portal while IPD admissions under particular unit.
Suggestions for improvement	Need to make staff ready to do work of IHMS real time data entry. Need to involve staff in learning and retrain them. Ward and bed allotment to patients needs to be improved. Need to improve monitoring of electronic items periodically with respective department. Need to improve server and internet connectivity with strong IT support.
Plan for the next week	Will be assigned on Monday

Signature of the Student

Approved by the IIHMR University's Mentor

Weekly report 4

Name of the Organisation: Mahila hospital Jaipur

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

Name of the Student: Shreya Kishor Faye

Roll no: 2086 Stream: Hospital and Health Management

Week no: 04 From:02/06/20215 to 08/06/2025

Activity Done	Day 1- visited CLR ward to check the transfer entries Day 2- Visited Kawatiya Hospital to observe Queue Management system. Day 3- Made report of Hospital visit and Attended meted conducted by DME with MS, Secretary and interns on VC to discuss the issues C progress.(Discussed topics were- MAAY and RGHS not registered candidates reason, Money spent on RMSCL drugs and local purchase EDL, Helpdesk, water cooler near OPD, Signages, Trainings, report to MOIC,, work- Dawa yojana, supply chain Day 4- As per instructions given by secretary sir we were ordered to check the reasons for not beneficiary candidates, thereby I went to MAAY counter and observed reasons and noted them. Later I met to DS of hospital to discussed issues and their suggestions to plan queue management. Day 5- Visited OT and SLR ward to check the data entries and few issues were found that were noted. Day 6- Government holiday
Linking theory (Classroom learning) with practice at your organisation	Essentials of Hospital Services, Communication planning management, organizational behaviour, Human Resource.
Gaps identified on the working area.	Staff of CLR is not active to do real time entries, option for OT transfer was not present in IHMS software, wards numbers were not written in offline registers, patient wait times are quite high (OPD and Sonography region)
Suggestions for improvement	Co-ordination with IT staff is needed to resolve software related issues, staff needs to get updated by IT team, Nursing staff needs to instruct nurse in-charge to enter ward number along with unit that will help to enter data into system in correct form.

Plan for the next week	Needs to monitor transfer entries and have to make plan to start project on Queue management.

Signature of the Student

Approved by the IIHMR University's Mentor

Weekly report 5

Name of the Organisation: Mahila hospital Jaipur

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

Name of the Student: Shreya Kishor Faye

Roll no: 2086 Stream: Hospital and Health Management

Week no: 05 From:0G/06/20215 to 13/06/2025

Activity Done	Day 1- I verified if the entries were completed of BMW and discharge in IHMS in different wards. Day 2- visited MAAY counter and found that the work of IPD Admissions and MAAY registration has to be done at the same desk that was conveyed by Dr Shalini Rathore. Took data of not beneficiaries among entire registered candidates of this day. Day 3- reviewed IHMS entries among staff, made clear the queries of staff regarding entries of BMW and discharge. While inspecting the entries- the staff of ward 1 had submitted the discharge files to record room and hence I checked it afterwards. Resolved SSO Id of staff who were facing login issue by mahendra sir. Ward 8 was having internet cable issue, I informed it to IA staff and addressed this query. In Ward 7 the discharge entries were updated. In Ward 6- discharge were not updated of previous day. Made them learn gave hands on learning. Day 4- In CLR it was found that the transfer option for OT was not present . The issue was addressed to IA staff and the option was made in IHMS and I visited to OT along with IA staff and discussions were made regarding patient transfer. OT tables are allotted under 7 units, with two tables per unit, requiring real-time coordination between CLR, SLR, and OT staff. To improve efficiency, a nursing staff suggestion was considered. The MS will guide unit heads, who will brief resident doctors to coordinate with nursing staff and check OT table availability before transferring patients. This process, successfully implemented at SMS Hospital, has shown positive results in improving coordination and timely transfers. Day 5- I interacted with the staff managing the Janani Suraksha Yojana (JSY) and understood the process and associated benefits. The JSY process, which promotes institutional

	deliveries by offering ₹1,000 to urban and ₹1,400 to rural mothers. To receive the benefit, the mother must submit her Aadhaar card, Jan Aadhar, ABHA ID, bank passbook (with IFSC code), and discharge slip. The staff shared that this scheme has increased safe deliveries and timely maternal care. Day 6- Holiday
Linking theory (Classroom learning) with practice at your organisation	Essentials of Hospital Services, Communication planning management, organizational behaviour, Human Resource.
Gaps identified on the working area.	There is currently no formal communication system in place for patient transfer coordination, making the process unstructured and unclear. The absence of a real-time monitoring or notification system for OT table status leads to delays and confusion in initiating transfers from CLR or SLR.
Suggestions for improvement	1. One Coordinator per Shift:Assign one nurse or resident as the OT point person to manage table status and patient movement. 2. Fixed Time Updates: Share OT table availability every hour to keep everyone informed and reduce delays. 3. Whiteboard for OT Status:Use a small whiteboard outside OT to show which tables are free or occupied visible to all.
Plan for the next week	Departmental visits.

Signature of the Student

Approved by the IIHMR University's Mentor

Weekly report 6

Name of the Organisation: Mahila hospital Jaipur

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

Name of the Student: Shreya Kishor Faye

Roll no: 2086 Stream: Hospital and Health Management

Week no: 06 From:16/06/20215 to 21/06/2025

Activity Done	Day 1- Enlisted all the departments C made checklist for observation of Medical record department. Day 2- Visited medical record departments had conversation with staff present there and took notes of it. Day 3- The discussion regarding the BMW inspection letter was conducted by the Nodal Officer of the BMW department. I was present to understand the workflow and observe the types of compliance-related complaints that could arise. 1. BMW records maintained; gaps corrected. 2. Storage covered; new yard in progress; staff trained. 3. BMW C general waste mixing; corrective action on issues. 4. Water logbook maintained. 5. Treated water used for gardening; excess drained. 6. DG set stack height work ongoing. 7. STP work done by RUIDP as per design. 8. STP logbook maintenance. 9. BMW barcoding system in progress. Day 4. I accompanied the Biomedical Waste (BMW) staff on a round across various wards to closely observe the waste collection, segregation, and disposal workflow being followed at the ward level. Day 5- Visited the SLR department along with the IA staff to train personnel on accurate entry procedures for Operation Theatre (OT) patient transfers in the IHMS system.

	Day 6- Carried out a ward round to observe ongoing processes and patient-related activities.
Linking theory (Classroom learning) with practice at your organisation	Essentials of Hospital Services, Communication planning management, organizational behaviour, Human Resource.
Gaps identified on the working area.	During the visit to the Medical Record Room, it was observed that the storage setup needs improvement. Files were placed in other room to protect from rainwater but the shelves for storage in other room were not sufficient . Also, the absence of a fire alarm system in the area is a serious concern, especially from a safety point of view in case of any emergency. Regarding biomedical waste management, while staff are segregating waste properly at the ward level, it was noticed that different types of waste end up being mixed at the final dumping point. This goes against the Biomedical Waste Management Rules, 2016, and can pose health and environmental risks. These are important issues that need prompt attention to ensure safe, hygienic, and compliant waste practices throughout the hospital.
Suggestions for improvement	1. Shelving and Rain Protection: It is suggested that shelves be introduced and placed in a covered area to protect medical records from rainwater and environmental damage. 2. Fire Safety Measures: A fire alarm system should be installed in the Medical Record Room, as a fire extinguisher is already available, to ensure basic fire safety protocols are in place. 3. Strengthening Final Disposal Monitoring: It is recommended to assign a dedicated housekeeping supervisor to monitor the final dumping point and ensure proper segregation of biomedical waste. 4. Visual Aids at Dumping Site: Clear, color-coded posters and instructional signage should be displayed at the biomedical waste dumping area to guide staff and reinforce correct segregation practices. 5. Two-Bin Check System: A two-bin verification system can be introduced where a

	second staff member verifies proper segregation before final disposal to avoid mixing of waste types. 6. Implementation of Barcoding System: The barcoding system should be implemented to enable digital tracking of biomedical waste from source to disposal, reducing manual errors and improving compliance.
Plan for the next week	Departmental visits

Signature of the Student

Approved by the IIHMR University's Mentor

Weekly report 7

Name of the Organisation: Mahila Hospital Jaipur

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

Name of the Student: Shreya Kishor Faye

Roll no:2086 Stream: Hospital and Health Management

Week no: 07 From: 23/06/2025 to 28/06/2025

Activity Done	Day 1 - Visited the Neonatal Intensive Care Unit (NICU) today and observed the general setup, equipment, and care of newborns. Infection control practices were good, and the nurse-to-baby ratio was approximately [1:8]. Essential equipment like incubators, monitors, and ventilators were functional. Day 2 – enlisted emergency medicines All emergency drugs were stored in a designated, labeled tray for rapid access. Expiry dates were checked and were up-to-date. Nurses were trained for immediate drug administration protocols. Crash cart was organized and in working condition. Day 3- visited wards , Overall entries of BMW and discharge activities entries were being carried out smoothly and systematically. Day 4 – visited SLR ward – to check BMW entries th staff requested for option of small bags of BMW in IHMS. Day 5- infrastructural observations - Ceiling infrastructure in some areas is damaged or improperly maintained (e.g., visible cracks, seepage, loose panels). A few ward gates were found without functional lock handles, posing a minor safety and privacy concern. Day 6- made report on observations done
Linking theory (Classroom learning) with practice at your organisation	All of this work linked to modules – health and development, healthcare policy and delivery system, essential of hospital services, communication planning management, national health programmes , human resource management, Organization behaviour.

Gaps identified on the working area.	Nurse to baby ratio is high.
Suggestions for improvement	Nurse to baby ratio should take down to (1:4).
Plan for the next week	Departmental visits and daily review.

Signature of the Student

Approved by the IIHMR University's Mentor

Weekly report 8

Name of the Organisation: Mahila Hospital Jaipur

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

Name of the Student: Shreya Kishor Faye

Roll no:2086 Stream: Hospital and Health Management

Week no: 08 From: 30/06/2025 to 05/07/2025

Activity Done	Day 1 – During the PSA plant visit, I observed the medical gas supply system, including oxygen, medical air, and suction. Proper color coding was used for each gas line to ensure safety and easy identification. The setup highlighted the importance of consistent pressure and backup support for uninterrupted supply. Day 2 – During ward visits to check iHMS entries, issues related to internet connectivity were observed. The matter was informed to the IT staff, and a round was conducted with them to identify and resolve the problem. Day 3 – A ward visit was conducted to observe ongoing processes and address any issues. During the visit, patient documentation and online entries were reviewed. Day 4 – The hospital Caretakers team from DME visited the hospital for an inspection, during which I attended the discussion. The main topic was JSSY, focusing on staff responsibilities related to patient documentation and online updates. Key points included the proper maintenance of records and ensuring all necessary documents required for JSSY eligibility are uploaded and updated in the system. Day 5- A proposal was made to set up an E-Mitra kiosk within the hospital to support patients and staff with essential online services such as Jan Aadhar verification, uploading JSSY documents, and accessing government health schemes. This initiative aims to reduce the inconvenience faced by patients who currently need to go outside the hospital for such tasks, ensuring timely documentation and improved compliance with scheme requirements. Day 6- made report on observations done and made hospital round.
Linking theory (Classroom learning) with practice at your organisation	All of this work linked to modules – health and development, healthcare policy and delivery system, essential of hospital services, communication planning management, national health

	programmes , human resource management, Organization behaviour.
Gaps identified on the working area.	Technical and Connectivity Issues: Internet connectivity problems in the wards were affecting timely entries in the iHMS system, leading to delays in patient documentation. Documentation and Compliance: Incomplete or delayed documentation, especially for JSSY, was noted. Staff required further clarity on necessary documents and timely online updates. Support Service Accessibility: Patients and attendants had to go outside the hospital for services like Jan Aadhar verification and document uploads, causing inconvenience. Coordination and Staff Awareness: Gaps were observed in interdepartmental coordination and staff awareness regarding digital processes, indicating the need for regular training and better communication.
Suggestions for improvement	Improve internet connectivity in wards to ensure iHMS entries and other online work can be done smoothly without delays. Provide regular update to patients while ANC OPD, especially on documentation for schemes like JSSY, so they are clear on what documents are needed and how to update them.Set up an in-house E-Mitra kiosk to help patients and attendants with Jan Aadhar verification, document uploads, and accessing government schemes, reducing the need to go outside. Strengthen coordination between departments and the IT team for faster issue resolution and better workflow.
Plan for the next week	Departmental visits and daily review.

Signature of the Student

Approved by the IIHMR University's Mentor

Weekly report 9

Name of the Organisation: Mahila Hospital Jaipur

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

Name of the Student: Shreya Kishor Faye

Roll no:2086 Stream: Hospital and Health Management

Week no: 0G From: 07/07/2025 to 11/07/2025

Activity Done	Day 1 - Visited ICU 1 and ICU 2. ICU 1 has 14 beds for obstetric patients. ICU 2 is for gynaecological patients. Morning shift has 10 staff, evening shift has 3 staff. All equipment like defibrillator, cardiac table, infusion pump, and portable X-ray machine are available and working. Day 2 – Visited labour room and pre-delivery area. Pre-delivery room has 40–42 beds. Labour room has 10 tables and NBCC with 2 incubators and radiant warmers. Morning staff is 5 (including doctor and nurses), evening and night shifts have 2 staff. Partograph is present in patient files. Day 3 – Visited High-Risk Delivery labour ICU it has 4-bedded unit attached to the labour complex. Designed for emergency management of complicated labour cases. Verified that partograph is being used for labour monitoring and is available in each patient's file. Day 4 – Interacted with ward staff regarding the IHMS system entries and transfer process. Staff reported that there is no option to transfer patients from general ward to cottage ward in the IHMS software. Day 5- Received feedback from ward staff regarding diet entry module in the IHMS system. Staff mentioned that for obstetrics and gynaecology patients, there is only a "Full Diet" option, and no specific meal types suitable for their condition. Day 6- holiday

Linking theory (Classroom learning) with practice at your organisation	All of this work linked to modules – health and development, healthcare policy and delivery system, essential of hospital services, communication planning management, national health programme , human resource management, Organization behaviour.
Gaps identified on the working area.	Staff shortage in evening shift (only 3 staff compared to 10 in the morning). Low staff strength during evening and night shifts (only 2 staff present) despite 10 labour tables and NBCC.
Suggestions for improvement	Increase staffing in evening and night shifts, especially in the labour room, to ensure safe delivery services and newborn care. Procure at least 1 additional radiant warmer and incubator to manage peak delivery loads.
Plan for the next week	Departmental visits and daily review.

Signature of the Student

Approved by the IIHMR University's Mentor

Weekly report 10

Name of the Organisation: Mahila Hospital Jaipur

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

Name of the Student: Shreya Kishor Faye

Roll no:2086 Stream: Hospital and Health Management

Week no: 10 From: 14/07/2025 to 1G/07/2025

Activity Done	Day 1 Visited all general wards and recorded the number of beds and current status. Ward 1 has 34 beds. Ward 2 is equipped with 30–32 beds. Ward 5 has 22 beds. Wards 6, 7, and 8 have 30 beds each. Ward 3 and Ward 4 are currently under construction and not operational. Day 2 – Checked fire safety equipment and emergency indicators across all wards. Fire extinguishers are present and placed in visible areas. Smoke detectors are installed above beds. Ceiling red light indicators with sirens are present for emergency alerts. A usage chart is displayed near fire equipment. Mercury spill handling chart is also present in ward areas. Staff reported are trained in fire extinguisher usage. Day 3 – Observed the QR code system placed in patient care areas for collecting feedback. QR codes are placed near washrooms. Designed to collect direct feedback from patients and attendants regarding cleanliness, care, and services. Day 4 – visited wards and checked IHMS entries Day 5- made hospital round C daily reviews Day 6- on leave

Linking theory (Classroom learning) with practice at your organisation	All of this work linked to modules – health and development, healthcare policy and delivery system, essential of hospital services, communication planning management, national health programmes , human resource management, Organization behaviour.
Gaps identified on the working area.	Ward 5 has severe infrastructural issues: Damaged ceilings Damp walls and peeling plaster Water leakage from AC ducting
Suggestions for improvement	Immediate repair and renovation of Ward 5 should be done: Fix leaking AC duct and damaged ceilings. Address damp walls and repaint after proper waterproofing. Ensure proper spacing between beds to reduce congestion and improve comfort. Reposition all QR codes to eye level and near patient beds and entrances.
Plan for the next week	Poster making and report compilation.

Signature of the Student

Approved by the IIHMR University's Mentor

Compiled Reporting Format

Name of the Organisation: Mahila Hospital Jaipur

Area/ Department/ Project of Summer Internship Program:

Department of medical education Rajasthan

Name of the Student: Shreya Kishor Faye

Roll no: 2086 **Stream: Hospital and Health Management**

Activity Done	1. I started my internship by taking hospital orientation and observing the hospital layout, understanding where the different departments and services are located, and how the patient flow occurs, including OPD, IPD, admissions, and patient entry and exit. 2. I observed the Maa Yojna scheme, identified its beneficiaries and non-beneficiaries, and analyzed the reasons behind non-beneficiary cases. 3. I visited different departments of the hospital, including the medical department, labor room, blood bank, drug distribution centers, operation theater, NICU, ICU, CSSD, BMW department, radiology, kitchen, and others to understand their functioning. 4. I followed the tasks that were instructed by the Directorate of Medical Education and implemented them as per the requirements. 5. I observed the Integrated Health Management System (iHMS), studied the modules present, and was allotted a project to assess staff awareness, analyze the level of compliance, and suggest measures to ensure real-time data entries. 6. I attended meetings conducted by the Secretary of Medical Education during the internship period. 7. I made a proposal for the setup of E-MITRA to resolve issues at the Maa Yojna counter, particularly regarding claim reimbursements, and contributed to its implementation.

	8. I participated in the implementation of different iHMS modules across various wards in collaboration with the hospital team. 9. I recorded all the operational gaps observed during the internship and suggested corrective measures, which were submitted in weekly reports to the hospital management.
Linking theory (Classroom learning) with practice at your organisation	• Human resource management – I had trained employees and monitor their performance of IHMS entries. • Organizational Behaviour – Helped me to cope up with staff present over here and understand their concerns. • Registration of female patients and new born under Government health schemes – this links with Healthcare Policy and delivery system module. • Observed day to day operations of Government Hospital (Wards, OPD, IPD, Sonography) studied in Essentials of hospital services module.
Gaps identified on the working area.	1. Poor infrastructure, internet/server connectivity, and insufficient computer systems with lack of trained operators hinder real-time iHMS data entry. 2. Lack of motivation and recognition of individual staff performance. 3. Poor sanitation and lack of coordination among staff. 4. High claim rejection rate under Maa Yojna. 5. Low awareness about schemes among patients. 6. Lack of real-time discharge and transfer entries in iHMS. 7. No periodic monitoring of electronic equipment. 8. Inadequate infection control activities. 9. Medical Record Room has insufficient storage, improper file management, and lacks a fire alarm system. 10. Nurse-to-baby ratio is high, leading to workload challenges.
Suggestions for improvement	1. Upgrade computer systems and ensure strong internet connectivity in all wards to support smooth iHMS entries and online work. 2. Identify and recognize motivated staff to encourage overall performance improvement. 3. Improve the PWD area for better patient accessibility and comfort. 4. Reduce the nurse-to-baby ratio to 1:4 to ensure better neonatal care.

	5. Provide regular updates to patients in ANC OPD regarding required documents for schemes like JSSY to improve awareness and participation. 6. Set up an in-house E-Mitra kiosk for Jan Aadhar verification, document uploads, and accessing government schemes to minimize patient inconvenience. 7. Strengthen coordination between departments and the IT team for faster problem resolution and improved workflow. 8. Increase staffing during evening and night shifts, particularly in the labour room, to enhance delivery and newborn care services. 9. Procure at least one additional radiant warmer and incubator to handle high delivery loads. 10. Repair and renovate Ward 5 by fixing the leaking AC duct and damaged ceilings, addressing damp walls with proper waterproofing, and repainting. 11. Ensure proper spacing between beds to reduce congestion and improve patient comfort. 12. Reposition all QR codes of complaint & feedback to eye level near patient beds and entrances for better accessibility.
Key Learnings	1. Real-time digital data entry is crucial for improving hospital efficiency, but it depends heavily on adequate infrastructure, strong internet connectivity, and trained operators. 2. Staff motivation and recognition play a significant role in enhancing compliance and overall performance in hospital operations. 3. Interdepartmental coordination and IT support are essential to ensure smooth functioning of digital health systems like iHMS. 4. Patient awareness and proper communication regarding government health schemes (e.g., JSSY, Maa Yojna) can reduce claim rejections and improve service utilization. 5. Optimal staffing ratios (especially nurse-to-baby ratio) are critical for maintaining quality care in sensitive areas such as the NICU and labour room. 6. Infrastructure upgrades and preventive maintenance (e.g., storage, electronic monitoring, infection control) directly impact safety, data management, and service delivery. 7. In-house facilities like E-Mitra kiosks can significantly enhance patient convenience and streamline documentation processes. 8. Safety measures such as fire alarms, proper waterproofing, and adequate spacing in wards are vital for patient comfort and emergency preparedness. 9. Resource allocation, such as procuring

	additional neonatal equipment, improves the hospital's capacity to handle peak patient loads effectively. 10. Continuous observation, gap identification, and timely interventions are essential practices for improving hospital quality and patient care outcomes.

Signature of the Student

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