Summer Internship Program

At

Umaid Hospital, Jodhpur

From 16th May 2025 to 29th July

A Report By

Lovy Mishra

Masters of Business Administration

Hospital & Health Management

Roll No - 1989

2024-2026

Under the Mentorship of

Mr. Sarthak Sengupta

IIHMR UNIVERSITY

UMAID HOSPITAL, JODHPUR

Completion Certification from the Organization

CERTIFICATE

This is to certify that **Ms. Iovy Mishra,** of Batch **2024-26** of **MBA Hospital & Health Management,** has worked with our organization for her summer internship from **16/05/2025 to 29/07/2025.**

The overall performance shown by him during the period was Excellent.

Date: 29/07/2025

चिकित्सा अधिकारी
उम्मेद चिकित्सालय

(Mentor)

Dr. Hitesh Bhansali

Deputy Director

Umaid Hospital, Jodhpur

अधीक्षक
उम्मेद चिकित्सालय
जोधपुर

(Medical Superintendent)

Dr. Mohan Makwana

Medical Superintendent

Umaid Hospital, Jodhpur

IIHMR University Faculty Mentor Approval

This is to certify that **Ms. Lovy Mishra** of academic year **2024-26** **Insistute 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: 30/07/2025

Dr.Sarthak Sen Gupta

(Assistant Professor)

IIHMR University Jaipur

1, Prabhu Dayal Marg, Near Sanganer Airport, Jaipur- 302029, Rajasthan, India.
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IIHMR UNIVERSITY

Internal Evaluation of Gap Assessment of LaQshya Programme

Name : Lovy Mishra
Batch : HM 29
Roll No : 1989
Faculty Mentor : Mr. Sarthak Sengupta
Internship Organization : Umaid Hospital, Jodhpur (Raj.)

BACKGROUND & HISTORY

Umaid Hospital was founded in 1938 by Maharaja Umaid Singh so that when the worst famine hit the city, a hospital was opened and created to employ people and at the same time offer some special maternal and child services to the civilians of the state. Having begun with some cottage wards and 166 beds, it has expanded considerably throughout the decades and currently, with more than 600 beds, now provides specialised services in obstetrics, gynaecology, neonatology, as well as paediatrics. It has been attached to Dr. S.N. Medical College since 1968 in where it is used as a major teaching hospital by medical students and postgraduate residents.

VISION

To become a center of excellence in maternal and child care by ensuring that medical services provided are easy to access, affordable, and of high standards.

MISSION

Provide quality and fair healthcare services to people and pay special attention to women and children, in the name of safety, dignity, and respect to all patients.

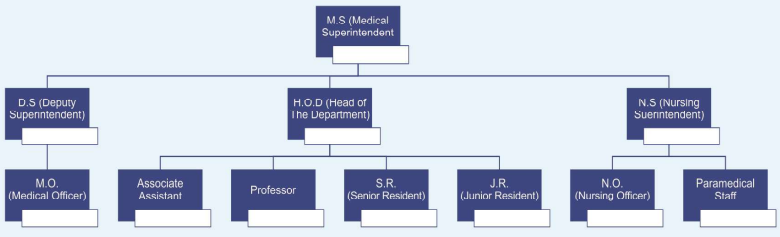
USEFULNESS OF AN INTERNSHIP

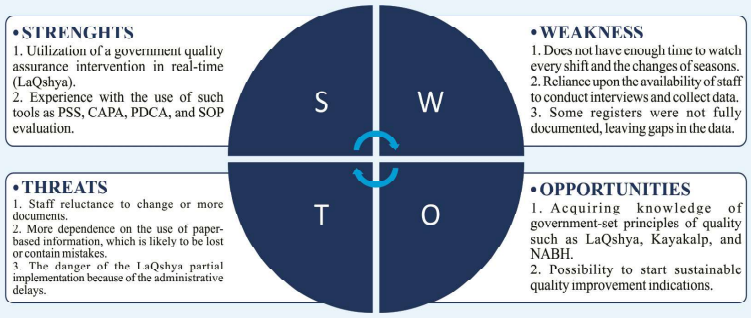
The internship gave me good hands-on training in the evaluation of real-time maternal and child health healthcare gaps and my knowledge of quality improvement in the LaQshya Programme expanded. It also enhanced my capabilities of data analysis, documentation review and application of tools, such as PSS, CAPA and PDCA in the environment of a tertiary care hospital.

METHODOLOGY

Study Area	–	Umaid Hospital, Jodhpur
Study Type	–	Observational & Analytical Study
Study Period	–	2.5 Months
Primary Source of Data	–	1. Labour Room and OT direct observations. 2. LaQshya standard-based facility checklists 3. Visiting reviews at hospitals and records

SOPs.





CHALLENGES FACED DURING INTERNSHIP

1. Unavailability of Staff - The impossibility of arranging with the staff because they have an overloaded schedule.
2. Limited Timeframe - There was a short period of the internship, which limited follow-ups and further study.

LEARNINGS FROM THE INTERNSHIP

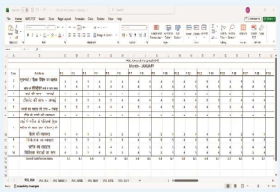
1. Applied Quality Tools - Trained real-life skills on PDCA, CAPA, and PSS templates.
2. Understanding Standards - knowledge acquisition on how to estimate healthcare services with the help of LaQshya guidelines.

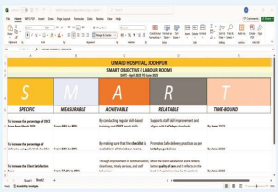
RESULTS

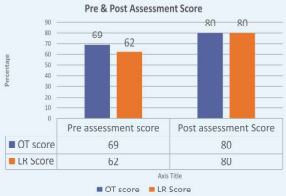
1. Key Areas of Improvement Identified - Gaps in areas that need to be improved on infrastructure and documentation.
2. Proposed CAPA & PDCA - Prescribed actionable CAPA and PDCA formats of quality improvement.

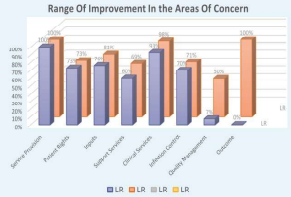
SUGGESTIONS

1. Investigation and staff training - Do regular investigations and staff training on LaQshya standards and quality tools.
2. Enhance Documentation - In every service sector, enhance record-keeping.









Weekly Report - 1

Name of the Organisation: Umaid Hospital, Jodhpur

Area/ Department/ Project of Summer Internship Program:

Name of the Student: Lovy Mishra

Roll no: IIHMR-U/01/2024-26/1989 Stream: HM

Week no: 1 From:……16/05/25……to……17/05/25……..

Activity Done	1. Hospital Visit 2. Data Collection
Linking theory (Classroom learning) with practice at your organisation	1. To begin with, I have witnessed how things operate inside hospitals, departmental functions of a hospital, and how patients are treated in a hospital. 2. Second, I saw the real data of Umaid Hospital in terms of scheduling and services for patients, as part of the data collection.
Gaps identified on the working area.	1. Communication Issue 2. Patient Waiting time not handled.
Suggestions for improvement	1. Enhance departmental Communication. 2. Monitor patient waiting time
Plan for the next week	1. Data Collection 2. Project Work (MusQan project)

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.

Weekly Report - 2

Name of the Organisation: S.N. Medical College (Umaid Hospital, Jodhpur)

Area/ Department/ Project of Summer Internship Program: Quality Department

Name of the Student: Lovy Mishra

Roll no: IIHMR-U/01/2024-26/1989 **Stream: HM**

Week no: 2 From:……19/05/25……to……24/05/25……..

Activity Done	1. Data Collection (USG Waiting Time) 2. Synopsis of MusQan Project 3. Data Collection (Dispensing of medicines, Waiting Time) 4. Studied guidelines of the MusQan Project 5. Project got changed from MusQan to Gap Assessment of LaQshya Programme, so went through its guidelines.
Linking theory (Classroom learning) with practice at your organisation	1. Time-motion applied studies, organizing queues and comparing information to quantify service efficiency 2. It entailed the process of establishing gaps and provided recommendations according to LaQshya standards. 3. The time spent on dispensing delays recorded in Real-Time and the calculation methods used were applied, and associated with such factors as staff availability, medicine supply, and the number of patients.
Gaps identified on the working area.	1. A high number of waiting times caused by the scarcity of available slots of the USG and the availability of technicians. 2. Documentation gaps.

	3. Audit tools and checklists that are used under LaQshya are not properly documented.
Suggestions for improvement	1. Keep a record or a system-based registration of the waiting times. 2. Make sure that vitals are recorded well, use of partograph and infection control is taken care of. 3. Establish a real time feedback process where front line staff report difficulties and positive changes.
Plan for the next week	1. Data Collection 2. Project Work (LaQshya)

Signature of the Student

Approved by the IIHMR University's Mentor

Weekly Report -3

Name of the Organisation: S.N. Medical College (Umaid Hospital, Jodhpur)

Area/ Department/ Project of Summer Internship Program: Quality Department

Name of the Student: Lovy Mishra

Roll no: IIHMR-U/01/2024-26/1989 Stream: HM

Week no: 3 From:……26/05/25……to……31/05/25……..

Activity Done	1. BMW Visit 2. Studied LaQshya Programme Guidelines 3. Document Collection (like checklists, audit forms, etc.) 4. Briefly Visit Labour Room and Maternal OT 5. Been a part of the Inspection drive
Linking theory (Classroom learning) with practice at your organisation	1. Recognized wastes, waste segregation process, and coloured bins. 2. Comparing and contrasting LaQshya Programme Guidelines with the practice on the field (including LR and Maternity OT, in particular). 3. Noticed the 5S and PDCA principles in the course of the inspection drive, which enables the connection of quality improvement tools to the practices on the ground.
Gaps identified on the working area.	1. Personnel who do not wear PPE when handling waste. 2. Observance of LaQshya guidelines partly in the Labour Room and OT. 3. Failure to maintain up-to-date equipment and calibrate machinery. 4. There were a few areas where patient rights and service charts were lacking.

Suggestions for improvement	1. Carry out frequent physical training on BMW segregation and color coding for staff. 2. Organize the staff-level orientation programs on LaQshya standards. 3. Select a quality personnel who will ensure compliance with documentation.
Plan for the next week	1. Gap Assessment for LaQshya Programme. 2. Visit to LR and Maternity OT for further evaluation.

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.

Weekly Report-4

Name of the Organisation: S.N. Medical College (Umaid Hospital, Jodhpur)

Area/ Department/ Project of Summer Internship Program: Quality Department

Name of the Student: Lovy Mishra

Roll no: IIHMR-U/01/2024-26/1989 Stream: HM

Week no: 4 From:……02/06/25……to……06/06/25……..

Activity Done	1. STP Visit 2. A coherent physical walk-through of LR and Maternity OT. 3. Estimate the availability of equipment. 4. Checked IEC & Signages. 5. Data on MAA Yojna
Linking theory (Classroom learning) with practice at your organisation	1. The visit of the STP provided me with the opportunity to compare in practice what I had learned about hospital waste material and environmental safety. 2. I observed the infection control strategies and medical waste management strategies as 3-bucket system, bins by colour and highlighted the areas that can still be bettered in the classroom. 3. With Health Financing and National Health Programs, it became manageable to understand tracking beneficiaries, what constitutes them eligible and required documents towards MAA Yojna.
Gaps identified on the working area.	1. During STP visit, I did not observe any of the workers putting on the personal protective equipment. 2. Areas of patient care indicate some evidence of overcrowding. 3. The calibration logbooks required were missing.

	4. Lack of proper fire exit signs in the area of the OT 5. Not all the mothers who can receive the benefits of the scheme know about all of them
Suggestions for improvement	1. Organize seminars and trainings on proper methods of managing bio-waste and wastewater to the staff. 2. Assign teams on different shifts to cut on the crowds. 3. Include a technician who will be in charge of updating records regularly 4. Organize mock fire drills that will increase the awareness of the staff regarding safety. 5. An informant approach is mentioned to be important at the admission and discharge of patients when counselors or nurses clarify the scheme.
Plan for the next week	1. Gap Assessment for LaQshya Programme. 2. Further Evaluation of LaQshya Checklist. 3. Data Collection

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.

Weekly Report-5

Name of the Organisation: Umaid Hospital, Jodhpur

Area/ Department/ Project of Summer Internship Program: Quality Department

Name of the Student: Lovy Mishra

Roll no: IIHMR-U/01/2024-26/1989 Stream: HM

Week no: 5 From:……09/05/25……to……14/06/25……..

Activity Done	1. SNCU Visit 2. Labour Room Visit for further evaluation on gap assessment of LaQshya Programme 3. OT Visit to identify the gaps as per the LaQshya checklist.
Linking theory (Classroom learning) with practice at your organisation	1. Applied the knowledge about the standards of Neonatal care, design, and work of an SNCU and quality indicators in neonatal care acquired in the course of hospital services or maternal and child health. 2. Utilised the concepts learnt in the classroom on the quality assessment tools and the infection control measures, and the LaQshya guidelines to identify the knowledge gaps in the labour room standards. 3. Used the classroom principles to appreciate the missing links in the Operation Theatre according to the LaQshya checklist.
Gaps identified on the working area.	1. SOPs or procedures of partial neonatal care 2. There is noncompetence with the entire components of the LaQshya checklist (e.g., inaccessibility of partograph or resuscitation kits) in the labour room
Suggestions for improvement	1. Train Neonatal staff and sensitise them to the SOPs. 2. Engage competent personnel to make sure that the weekly checklist is up to date.

	3. Delineate sterile areas by use of color-code markings and signs.
Plan for the next week	1. Gap Assessment for LaQshya Programme. 2. Further Evaluation of LaQshya Checklist. 3. Data Collection

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.

Weekly Report-6

Name of the Organisation: Umaid Hospital, Jodhpur

Area/ Department/ Project of Summer Internship Program: Quality Department

Name of the Student: Lovy Mishra

Roll no: IIHMR-U/01/2024-26/1989 Stream: HM

Week no: 6 From:……16/06/25……to……21/06/25……..

Activity Done	1. NICU Visit 2. Conduct an internal assessment on GoI checklists 3. Graded LR & OT using LaQshya criteria 4. Include an enquiry of employees in the evaluation process (nursing officers, ward boys, etc.)
Linking theory (Classroom learning) with practice at your organisation	1. Understand NICU procedures. 2. Observe the everyday practice of clinical procedure and SOPs. 3. Trained on using government-standard checklists of internal audits (LaQshya/NQAS). 4. Knowledge acquired in the area of subject issues, including the PDCA cycle, Service Quality Indicators, LaQshya standards, and NABH Accreditation.
Gaps identified on the working area.	1. Employees with no hints that there are checklist standards. 2. The failures in following procedures like AMTSL, PPH management, etc. 3. No formal internal training on quality standards is done.
Suggestions for improvement	1. Devise a mock/skill-drill on newborn birth resuscitation and infection prevention.

	2. Bring display charts or a dashboard to show levels of compliance.
Plan for the next week	1. Gap Assessment for LaQshya Programme. 2. Further Evaluation of LaQshya Checklist. 3. Data Collection

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.

Weekly Report-7

Name of the Organisation: Umaid Hospital, Jodhpur

Area/ Department/ Project of Summer Internship Program: Quality Department

Name of the Student: Lovy Mishra

Roll no: IIHMR-U/01/2024-26/1989 Stream: HM

Week no: 7 From:……23/06/25……to……28/06/25……..

Activity Done	1. Paediatric Ward Visit 2. Continuation of the gap assessment for the LaQshya Programme.
Linking theory (Classroom learning) with practice at your organisation	1. Made communication with the NICU staff about the referral procedures and high-risk patient care. 2. Observation and interviews were conducted on healthcare providers to gather the evidence.
Gaps identified on the working area.	1. Ineffective textual tools (e.g. display charts or dashboards) to track LaQshya compliance indicators 2. Ignorance on the part of the staff about the goals and practices of the LaQshya programme
Suggestions for improvement	1. To make staff more knowledgeable, incorporate LaQshya compliance in the daily morning briefings. 2. Conduct short training on documentation, infection prevention and control, and respectful maternity care (RMC).
Plan for the next week	1. Gap Assessment for LaQshya Programme. 2. Further Evaluation of LaQshya Checklist.

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

Weekly Report-8

Name of the Organisation: Umaid Hospital, Jodhpur

Area/ Department/ Project of Summer Internship Program: Quality Department

Name of the Student: Lovy Mishra

Roll no: IIHMR-U/01/2024-26/1989 Stream: HM

Week no: 8 From:……30/06/25……to……05/07/25……..

Activity Done	1. Continuation of the gap assessment for LaQshya Programme. 2. Data Collection.
Linking theory (Classroom learning) with practice at your organisation	1. Collection of PSS from the Labour Room. 2. Analysis of PSS and made CAPA accordingly. 3. Collection of Data on DPT Vaccines.
Gaps identified on the working area.	1. PSS was filled accurately. 2. CAPA was not implemented and lack of awareness among staff for CAPA format.
Suggestions for improvement	1. Staff needs to be properly trained regarding Quality objectives and tools. 2. CAPA format should be properly given and hands on training should be provided to the staff regarding the objectives and the format.
Plan for the next week	1. Gap Assessment for LaQshya Programme. 2. Further Evaluation of LaQshya Checklist.

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

Weekly Report-9

Name of the Organisation: Umaid Hospital, Jodhpur

Area/ Department/ Project of Summer Internship Program: Quality Department

Name of the Student: Lovy Mishra

Roll no: IIHMR-U/01/2024-26/1989 **Stream: HM**

Week no: 9 From:……07/06/25……to……12/07/25……..

Activity Done	1. Continuation of the gap assessment for the LaQshya Programme.
Linking theory (Classroom learning) with practice at your organisation	1. Collection of PSS from the Labour Room and OT. 2. Analysis of PSS and made CAPA and PDCA accordingly. 3. Also briefly worked on Process Mapping.
Gaps identified on the working area.	1. PSS was not filled accurately. 2. CAPA was not implemented, and lack of awareness among staff of the CAPA format. 3. Lack of awareness among the staff of the PDCA format and its importance.
Suggestions for improvement	1. Staff needs to be properly trained regarding Quality objectives and tools. 2. CAPA and PDCA format should be properly given and hands-on training should be provided to the staff regarding the objectives and the format.
Plan for the next week	1. Gap Assessment for LaQshya Programme. 2. Minutes of the meeting for LaQshya Programme.

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

Weekly Report-10

Name of the Organisation: Umaid Hospital, Jodhpur

Area/ Department/ Project of Summer Internship Program: Quality Department

Name of the Student: Lovy Mishra

Roll no: IIHMR-U/01/2024-26/1989 Stream: HM

Week no: 9 From:……14/06/25……to……19/07/25……..

Activity Done	1. Continuation of the gap assessment for the LaQshya Programme.
Linking theory (Classroom learning) with practice at your organisation	1. Collection of PSS from the Labour Room and OT. 2. Supported the Format of CAPA, PDCA and SMART OBJECTIVES and also documented them in Word Format. 3. Also briefly worked on Process Mapping.
Gaps identified on the working area.	1. PSS was not filled accurately. 2. CAPA was not implemented, and lack of awareness among staff of the CAPA format. 3. Lack of awareness among the staff of the PDCA format and its importance.
Suggestions for improvement	1. Staff needs to be properly trained regarding Quality objectives and tools. 2. CAPA and PDCA format should be properly given and hands-on training should be provided to the staff regarding the objectives and the format.
Plan for the next week	1. Gap Assessment for LaQshya Programme. 2. Minutes of the meeting for LaQshya Programme.

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

Weekly Report-11

Name of the Organisation: Umaid Hospital, Jodhpur

Area/ Department/ Project of Summer Internship Program: Quality Department

Name of the Student: Lovy Mishra

Roll no: IIHMR-U/01/2024-26/1989 Stream: HM

Week no: 9 From:……21/06/25……to……26/07/25……..

Activity Done	1. Continuation of the gap assessment for the LaQshya Programme. 2. Supported in the final documentation of CAPA, PDCA and Smart Objectives. 3. Supported in the documentation of OSCE. 4. Worked on final report submission
Linking theory (Classroom learning) with practice at your organisation	1. Theoretical learning gained in classroom available on quality improvement tools such as CAPA (Corrective and Preventive Actions), PDCA (Plan-Do-Check-Act) cycle, and SMART objectives was practically used to assist the last documentation and implementation of above-mentioned tools in the course of gap assessment as part of LaQshya programme.
Gaps identified on the working area.	1. CAPA was not implemented, and lack of awareness among staff of the CAPA format. 2. Lack of awareness among the staff of the PDCA format and its importance. 3. Lack of awareness among staff regarding SMART OBJECTIVES.
Suggestions for improvement	1. Staff needs to be properly trained regarding Quality objectives and tools.

	2. CAPA and PDCA format should be properly given and hands-on training should be provided to the staff regarding the objectives and the format. 3. Format of SMART OBJECTIVES should be provided and hands on training should be given regarding SMART OBJECTIVES to analyse the performance of Quality initiatives.
Plan for the next week	Final Report Submission

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

Compiled Report

Name of the Organisation: Umaid Hospital, Jodhpur

Area/ Department/ Project of Summer Internship Program: Quality Department

Name of the Student: Lovy Mishra

Roll no: IIHMR-U/01/2024-26/1989 **Stream: MBA HM**

Activity Done	• Hospital Visit • Synopsis of MusQan Project • Data Collection (USG Waiting Time Dispensing of medicines, Waiting Time) • Studied guidelines of the MusQan Project • Project got changed from MusQan to Gap Assessment of LaQshya Programme, so I went through its guidelines. • BMW Visit • Studied LaQshya Programme Guidelines • Document Collection (like checklists, audit forms, etc.) • Briefly Visit Labour Room and Maternal OT • Been a part of the Inspection drive • STP Visit • A coherent physical walk-through of LR and Maternity OT. • Estimate the availability of equipment. • Checked IEC & Signages. • Data on MAA Yojna • SNCU Visit • Labour Room Visit for further evaluation on gap assessment of LaQshya Programme • OT Visit to identify the gaps as per the LaQshya checklist. • NICU Visit

	• Conduct an internal assessment on GoI checklists • Graded LR & OT using LaQshya criteria • Include an enquiry of employees in the evaluation process (nursing officers, ward boys, etc.) • Paediatric Ward Visit • Continuation of the gap assessment for the LaQshya Programme. • Supported in the final documentation of CAPA, PDCA and Smart Objectives. • Final Report Submission

Linking theory (Classroom learning) with practice at your organisation	1. To begin with, I have witnessed how things operate inside hospitals, departmental functions of a hospital, and how patients are treated in a hospital. 2. Second, I saw the real data of Umaid Hospital in terms of scheduling and services for patients, as part of the data collection. 3. Time-motion applied studies, organizing queues and comparing information to quantify service efficiency 4. It entailed the process of establishing gaps and provided recommendations according to LaQshya standards. 5. The time spent on dispensing delays recorded in Real-Time and the calculation methods used were applied, and associated with such factors as staff availability, medicine supply, and the number of patients. 6. Recognized wastes, waste segregation process, and coloured bins. 7. Comparing and contrasting LaQshya Programme Guidelines with the practice on the field (including LR and Maternity OT, in particular). 8. Noticed the 5S and PDCA principles in the course of the inspection drive, which enables the connection of

	quality improvement tools to the practices on the ground. 9. The visit of the STP provided me with the opportunity to compare in practice what I had learned about hospital waste material and environmental safety. 10. I observed the infection control strategies and medical waste management strategies as 3-bucket system, bins by colour and highlighted the areas that can still be bettered in the classroom. 11. With Health Financing and National Health Programs, it became manageable to understand tracking beneficiaries, what constitutes them eligible and required documents towards MAA Yojna. 12. Applied the knowledge about the standards of Neonatal care, design, and work of an SNCU and quality indicators in neonatal care acquired in the course of hospital services or maternal and child health. 13. Utilised the concepts learnt in the classroom on the quality assessment tools and the infection control measures, and the LaQshya guidelines to identify the knowledge gaps in the labour room standards. 14. Used the classroom principles to appreciate the missing links in the Operation Theatre according to the LaQshya checklist. 15. Understand NICU procedures. 16. Observe the everyday practice of clinical procedure and SOPs. 17. Trained on using government-standard checklists of internal audits (LaQshya/NQAS). 18. Knowledge acquired in the area of subject issues, including the PDCA cycle, Service Quality Indicators, LaQshya standards, and NABH Accreditation.

	19. Made communication with the NICU staff about the referral procedures and high-risk patient care. 20. Observation and interviews were conducted on healthcare providers to gather the evidence. 21. Analysis of PSS and made CAPA and PDCA accordingly. 22. Also briefly worked on Process Mapping. 23. Supported the Format of CAPA, PDCA and SMART OBJECTIVES and also documented them in Word Format. 24.Also briefly worked on Process Mapping 25. Theoretical learning gained in classroom available on quality improvement tools such as CAPA (Corrective and Preventive Actions), PDCA (Plan-Do-Check-Act) cycle, and SMART objectives was practically used to assist the last documentation and implementation of above-mentioned tools in the course of gap assessment as part of LaQshya programme.

Gaps identified on the working area.	1. Communication Issue 2. Patient Waiting time not handled. 3. A high number of waiting times caused by the scarcity of available slots of the USG and the availability of technicians. 4. Documentation gaps. 5. Audit tools and checklists that are used under LaQshya are not properly documented. 6. Personnel who do not wear PPE when handling waste. 7. Observance of LaQshya guidelines partly in the Labour Room and OT. 8. Failure to maintain up-to-date equipment and calibrate machinery. 9. There were a few areas where patient rights and service charts were lacking.

	10. During STP visit, I did not observe any of the workers putting on the personal protective equipment. 11. Areas of patient care indicate some evidence of overcrowding. 12. The calibration logbooks required were missing. 13. Lack of proper fire exit signs in the area of the OT 14. Not all the mothers who can receive the benefits of the scheme know about all of them 15. SOPs or procedures of partial neonatal care 16. There is noncompetence with the entire components of the LaQshya checklist (e.g., inaccessibility of partograph or resuscitation kits) in the labour room 17. Employees with no hints that there are checklist standards. 18. The failures in following procedures like AMTSL, PPH management, etc. 19. No formal internal training on quality standards is done. 20. To make staff more knowledgeable, incorporate LaQshya compliance in the daily morning briefings. 21. Conduct short training on documentation, infection prevention and control, and respectful maternity care (RMC). 22. Staff needs to be properly trained regarding Quality objectives and tools. 23. CAPA format should be properly given and hands on training should be provided to the staff regarding the objectives and the format. 24. Staff needs to be properly trained regarding Quality objectives and tools. 25. CAPA and PDCA format should be properly given and hands-on training should be provided to the

	staff regarding the objectives and the format. 26. CAPA was not implemented, and lack of awareness among staff of the CAPA format. 27. Lack of awareness among the staff of the PDCA format and its importance. 28. Lack of awareness among staff regarding SMART OBJECTIVES.

Suggestions for improvement	1. Enhance departmental Communication. 2. Monitor patient waiting time 3. Keep a record or a system-based registration of the waiting times. 4. Make sure that vitals are recorded well, use of partograph and infection control is taken care of. 5. Establish a real-time feedback process where front-line staff report difficulties and positive changes. 6. Carry out frequent physical training on BMW segregation and color coding for staff. 7. Organize the staff-level orientation programs on LaQshya standards. 8. Organize the staff-level orientation programs on LaQshya standards. 9. Select a quality personnel who will ensure compliance with documentation. 10. Organize seminars and trainings on proper methods of managing bio -waste and wastewater to the staff. 11. Assign teams on different shifts to cut on the crowds. 12. Include a technician who will be in charge of updating records. 13. Organize mock fire drills that will increase the awareness of the staff regarding safety. 14. An informant approach is mentioned to be important at the admission and discharge of patients when counselors or nurses clarify the

	scheme. 15. Train Neonatal staff and sensitise them to the SOPs. 16. Engage competent personnel to make sure that the weekly checklist is up to date. 17. Delineate sterile areas by use of color-code markings and signs. 18. Devise a mock/skill-drill on newborn birth resuscitation and infection prevention. 19.Bring display charts or a dashboard to show levels of compliance. 20. To make staff more knowledgeable, incorporate LaQshya compliance in the daily Morning briefings. 21. Conduct short training on documentation, infection prevention and control, and respectful maternity care (RMC). 22. Staff needs to be properly trained regarding Quality objectives and tools. 23. CAPA format should be properly given and hands-on training should be provided to the staff regarding the objectives and the format. 24. Staff needs to be properly trained regarding Quality objectives and tools. 25. CAPA and PDCA format should be properly given, and hands-on training should be provided to the staff regarding the objectives and the format. 26. Staff needs to be properly trained regarding Quality objectives and tools. 27. CAPA and PDCA format should be properly given and hands-on training should be provided to the staff regarding the objectives and the format.

	28. Format of SMART OBJECTIVES should be provided and hands on training should be given regarding SMART OBJECTIVES to analyse the performance of Quality initiatives.