SUMMER INTERNSHIP PROGRAM

at

DISTRICT HOSPITAL PAOTA, JODHPUR

FROM 15-05-25 TO 29-07-25

A REPORT BY

Komal Kumari

Master of Business Administration

Hospital and Health Management

Roll no-1981

2024-26

Under the Mentorship of

Dr. Varsha Tanu

IIHMR UNIVERSITY

Government Of Rajasthan
OFFICE OF THE PRINCIPAL MEDICAL OFFICER
Government District Hospital Paota Jodhpur

Dis. No. :-2835 **Date :-26/07/2025**

Completion Certification from the Organization

CERTIFICATE

This is to certify that **Ms.KOMAL KUMARI** of (batch) of **29TH IHMR UNIVERSITY (MBA-HM)** (Name of the department/institute) has worked with our organization for his/her summer internship from **15-05-2025 to 26-07-2025** (date) The overall performance shown by him/her during the period was excellent/good/average.

Date :-26-07-2025

(Signature of organization Mentor)
Name –Dr. Kulbir Singh Chopra
Designation –Prinicipal Medical Officer
Seal Stamp of the Organization

Signature valid
Digitally signed by Dr. Kulbir Singh Chopra
Designation : Principal Medical Officer
Date: 2025.07.26 15:09:09 IST
Reason: Approved

RajKaj Ref No.: 16803654
eSign 1.0

IIHMR UNIVERSITY

IIHMR University Faculty Mentor Approval

This is to certify that **Ms. Komal Kumari** of the 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.

30/7/2025

Date: 29/07/2025

Dr Varsha Tanu

Associate Professor

1, Prabhu Dayal Marg, Near Sanganer Airport, Jaipur- 302029, Rajasthan, India.
Ph.: 0141-3924700, 2791431- 32, E-mail: iihmr@iihmr.edu.in, Web.: www.iihmr.edu.in

Enhancing Claim Uptake under Mukhyamantri Ayushman Arogya Yojana (MAA Yojana)

KOMAL KUMARI
MBA-HM, 1981
UNIVERSITY MENTOR-Dr Varsha Tanu
ORGANISATION MENTOR- Dr K.S Chopra

ABOUT THE ORGANIZATION

- District Hospital Paota, located in Jodhpur,is a part of department of medical education, government of rajasthan 300-bedded healthcare facility with an daily footfall of 800 patients/day .
- It is an empaneled provider under major public health insurance schemes , ensuring access to essential diagnostic and treatment services for eligible beneficiaries.

VISION AND MISSION

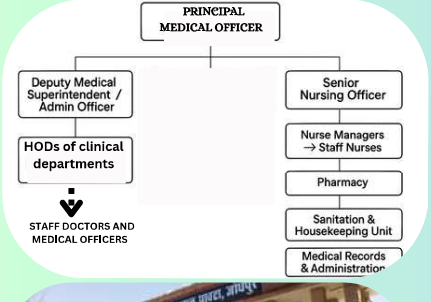
Vision:

Deliver world class healthcare that is affordable and accessible to all segments of society, especially the vulnerable

Mission:

- Provide high-quality care through skilled medical teams and modern technology.
- Offer services and medicines at reasonable costs.
- Continuously improve quality in a patient-centric manner, with ethical care and social responsibility

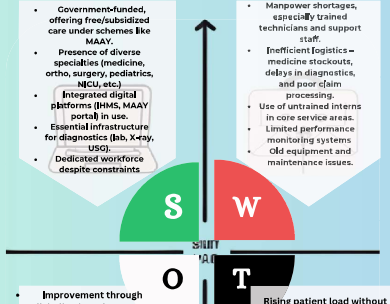
ORGANISATIONAL STRUCTURE



AIM: To improve the utilization and approval of health insurance claims under the Mukhyamantri Ayushman Arogya Yojana (MAAY) by addressing operational inefficiencies and documentation-related challenges in district hospital, Paota, Jodhpur.

METHODOLOGY

- Study Design: Operational audit and process improvement initiative
- Duration: 4 weeks (May–June 2025)
- Approach:
- Retrospective analysis of claims data
- On-site observation of workflows
- Structured interviews with key stakeholders

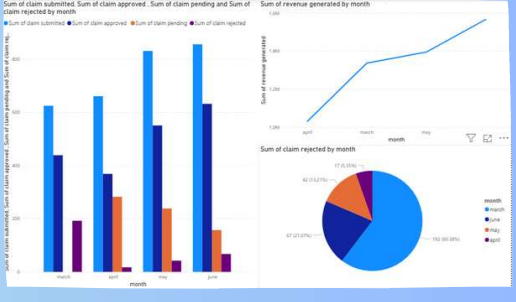


SAMPLE

Cases Reviewed: 140 inpatient records assessed for claim eligibility and rejection causes

Stakeholders Engaged:
- 9 nursing officers
- 4 department doctors
- MAAY nodal officer and desk operators

Patients (interviewed to assess awareness and communication gaps)



PRE/POST INTERVENTION

Indicator - Before Intervention - After Intervention (2 weeks)
Patient awareness (self-reported) - 38% - 67%
Claims successfully initiated - 98 out of 240 (40.8%) - 152 out of 240 (63.3%)
Claims approved - 73 (30.4%) - 126 (52.5%)
Rejection due to documentation - 30% of rejections - Reduced to 12%

KEY INTERVENTION

Admission Check: Mandatory JAN Aadhaar verification
Clinical Docs: checklist for complete entries
USG Priority: Mandated USG test
ICD Coding: Dept-wise ICD reference sheets shared
Awareness: IEC posters + admission counseling
Workflow Fixes:
• Daily query hour (1–2 PM)
• Weekly claim review meetings

GAPS

Incomplete or outdated JAN Aadhaar

Missing vitals, medical notes, and patient consents

USG reports missing in early pregnancy cases

Inaccurate or mismatched ICD packages selected

Patients unaware of MAAY benefits at admission

ROOT CAUSE

Lack of accountability; no standardized checklist

Lack of accountability; no standardized checklist

Delays in ultrasound scheduling; no priority given to ANC cases

Staff not trained

no admission-level counseling or briefing

CHALLENGES

- Incomplete documentation and poor ICD coding.
- Delays in diagnostics (lab, USG, X-ray).
- Stock mismatches in pharmacy vs IPHS EML.
- Low digital adoption and coordination gaps.

THEORITICAL

- Gained a solid understanding of healthcare quality standards like IPHS and their application in hospital operations.
- Developed insight into public health financing mechanisms, especially claim-based schemes like MAAY.
- Learned principles of health systems management, including patient flow, resource allocation, and data-driven decision-making.

PRACTICAL

- Conducted real-time data analysis to identify delays and gaps in diagnostic services and pharmacy stock management.
- Collaborated with clinical and administrative staff to assess operational challenges in IPD, OPD, and DDC workflows.
- Applied monitoring tools like Excel dashboards to track service performance and medicine availability effectively.

KEY LEARNINGS

- IPHS norms, MAAY scheme, and hospital workflow structure.
- Importance of documentation, diagnostics, and drug logistics.
- Quality indicators and patient care standards.
- Hands-on exposure to OPD/IPD, diagnostics, pharmacy, and ward operations.
- Identified gaps in documentation, coding, and service delivery.
- Conducted audits, analyzed delays, and built tracking tools.

SUGGESTIONS

- Use checklists and digital tools to improve documentation and MAAY claims.
- Streamline diagnostics via triage and time tracking.
- Implement EML-based stock audits.
- Conduct regular audits and staff training.

Reporting Format

Name of the Organisation: PAOTA SATELLITE HOSPITAL, JODHPUR (DISTRICT HOSPITAL)

Area/ Department/ Project of Summer Internship Program: Orientation, OPD Registration Workflow, Queue System, KPI Data Collection for Diagnostics

Name of the Student: KOMAL KUMARI

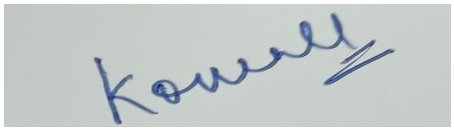
Roll no: 1981 **Stream: MBA-HM**

Week no: 01 From: 15/05/25 to 17/05/25

Activity Done	**(1) Orientation and OPD Registration Workflow Mapping** • During the first week, I attended the hospital orientation session organized by the PMO and nursing superintendent, where I was introduced to key departments, departmental heads, and the overall functioning structure of the hospital. • The PMO and NS briefly walked us through the hospital's patient load, service availability, and pressing challenges in public healthcare delivery. **(2) Queue management system analysis** • I spent most of the week closely observing the patient flow right from the hospital entry gate to the OPD registration counters. I took note of how patients navigated the system, whether they were guided or confused, and how long they waited before being registered. • This included observing both new patient registration and repeat visits. I manually tracked time intervals, queue lengths during peak hours, and points where patients hesitated or faced delays • Started working on KPI and performance evaluation of waiting time for lab/X-ray/USG/OPD and collected data for the same
Linking theory (Classroom learning) with practice at your organisation	(1) Applied knowledge of the essentials of hospital management and digital health coursework (2) Practical exposure to real-time patient record handling through the ABHA app within IHMS

Gaps were identified in the working area.	(1) There was no triage system at the entrance, causing a first-come, first-served rush, regardless of case severity. (2) The registration process was taking time because of low internet connectivity and system fragmentation during peak hours, with limited staff and no clear division between new and follow-up patients. (3) Many patients, especially the elderly and those from rural backgrounds, appeared lost due to a lack of signage or guidance.
Suggestions for improvement	these observations, I suggested implementing a **basic token** nanual or digital) to manage queues in a more organized way. ommended placing **patient guidance volunteers** or dedicated staff near the entrance to assist first-time visitors in finding the rtment without delay or confusion.
Plan for the next week.	Starting to work on increasing beneficiary claims under Mukhyamantri Ayushman Arogya Yojana. Starting to work on the integration of ABHA ID with IHMS.

Signature of the Student



Approved by the IIHMR University's Mentor

Reporting Format

Name of the Organisation: PAOTA SATELLITE HOSPITAL, JODHPUR (DISTRICT HOSPITAL)

Area/ Department/ Project of Summer Internship Program: ABHA–IHMS Integration, Digital Health Training, Initial MAAY Project Implementation

Name of the Student: KOMAL KUMARI

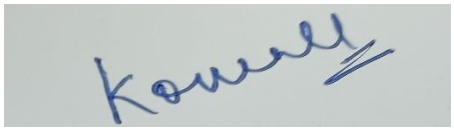
Roll no: 1981 **Stream: MBA-HM**

Week no: 02 From: 19/05/25 to 24/05/25

Activity Done	I actively supported the integration of **ABHA (Ayushman Bharat Health Account) IDs** with the **Integrated Hospital Management System (IHMS)**. • I did a pilot run first and understood the complexities. • I then conducted a training session with the nursing superintendent, OPD manager, and computer operators, and explained how to book an appointment via the ABHA app and how to start the QR system-based appointment booking • Observed the registration desk workflow, assisted in **linking ABHA IDs to patient records**, and analyzed how demographic data flows through IHMS. • I also helped deploy **QR code printouts** at key locations (entrance and waiting areas) to facilitate **online** Undertook: MAA-yojana project and started working on it by understanding operational issues and implementing strategies to improve claim uptake.
Linking theory (Classroom learning) with practice at your organisation	(1) From digital health policy modules, I understood the role of **interoperability and patient-centered health data** in the Ayushman Bharat Digital Mission (ABDM). On the ground, however, there was a noticeable gap between digital policy vision and real-time operational readiness. (2) Implementation and strategy development are learnt from principles of management. (3)Awareness program and training learnt during behaviour change communication coursework (BCC)

Gaps were identified in the working area.	(1)Low digital literacy (2)limited staff training (3) patient load during peak hours, leading to IHMS's slow working. And system fragmentation leading to a lack of integration between the IHMS and ABHA app.
Suggestions for improvement	(1) Deploy volunteers for patient registration and their training (2) Training of staff on the working of ABHA app system (3) Usage of posters and video guides in local language to create awareness (4) Helpdesk and feedback monitoring .
Plan for the next week	Operational rounds in wards and audits , and data collection on MAA-yojana project

Signature of the Student



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Reporting Format

Name of the Organisation: PAOTA SATELLITE HOSPITAL, JODHPUR (DISTRICT HOSPITAL)

Area/ Department/ Project of Summer Internship Program: IPD Admissions, IHMS System Audit, Lab Processes, Clinical Documentation, MAAY Root Cause Study

Name of the Student: KOMAL KUMARI

Roll no: 1981 **Stream: MBA-HM**

Week no: 03 From: 26/05/25 to 31/05/25

Activity Done	• Shadowed Admission Desk staff handling IPD entries. And also interviewed him for the project purpose. • Audited 20 IPD files from General Medicine and Surgery wards. And interviewed the nursing staff about patient admitted under MAA-yojana • Held informal interviews with ward clerks to understand challenges. • Understood the challenges for low beneficiary claim under MAA-yojana will keep working on different departments to understand root cause. • Observed **sample collection and transport protocols for laboratory.** • Gained exposure to **ICD-10 coding** for data reporting. • **IPD admission workflow** and **bed allocation procedures**.
Linking theory (Classroom learning) with practice at your organisation	• Applied knowledge of hospital services learned during essential of hospital services coursework. • Practical exposure to real time patient record handling through IHMS.
Gaps identified on the working area.	• Noted discrepancies in demographic data and diagnostic details. And documentation pending required for claim approval • Long waiting time for sample collection • System confusion and network issues during peak hours • Not all ICD codes are registered under IHMS

	• Low manpower in IPD for admissions, billing, discharge summary, and inquiry. • **Gaps under MAA-yojana** : High rate of **early claim rejection** due to outdated or missing **Jan Aadhaar IDs**. Claims of **early pregnant women** often denied due to absence of USG reports. **Improper or incomplete medical notes** written by doctors delayed or invalidated claim processing. Patients unaware of their **entitlement under MAAY** or the importance of Aadhaar-claim linkage.
Suggestions for improvement	• Assign **designated lab runners** during OPD rush hours. • Requesting nodal officer to add missing ICD codes • Capacity building and increasing manpower in IPD so that different personnel are responsible for registration, billing, admissions, discharge summary and inquiries. • **For MAA-YOJANA:** Conduct patient education drives in OPD and IPD on Jan Aadhaar importance and scheme benefits. • Collaborate with E-Mitr centres within hospital premises to assist with Aadhaar updates. • Make USG scanning mandatory for early pregnancy cases to support maternity-related claims. • Standardize the format of medical notes, with designated sections for diagnosis, treatment, and outcomes. • Organize training sessions for doctors and staff on proper clinical documentation and claim-friendly discharge summaries.
Plan for the next week	Working for MAAY and collecting data from patients and maternal and child health department. Operational rounds and analysis of pharmacy (DDCs)

Signature of the Student

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Reporting Format

Name of the Organisation: PAOTA SATELLITE HOSPITAL, JODHPUR (DISTRICT HOSPITAL)

Area/ Department/ Project of Summer Internship Program: General Wards, MAAY Claim Analysis, IPD Workflow, DDC Workflow Study, Quality Assessment

Name of the Student: KOMAL KUMARI

Roll no: 1981 **Stream: MBA-HM**

Week no: 04 **From: 02/06/25 to 08/06/25**

Activity Done	1. Operational rounds and Quality assessment performed in wards including general medicine , ortho, general surgery by following IPHS checklist. 2. Analysis of workflow of DDCs 3. Continued MAAY project , by doing root cause analysis , gap analysis of daily IPD admissions. Interviewed doctors for the same 4. Data analysis of daily IPD/OPD admissions for RCA of low claim approval under MAAY 5. Billing and insurance assessment for MAAY 6. Data analysis for the data collected so far for strategy development.
Linking theory (Classroom learning) with practice at your organisation	• Quality assurance modules emphasized **clinical environment safety** . However, in practice, patient areas were congested, and essential charts were missing or outdated. • Root cause analysis • Gap analysis • Data analysis
Gaps identified on the working area.	**(1)Challenges under MAAY:** • Patient not getting admitted even after doctors consultation • Wrong ICD code submission • Documentation pending including incomplete doctors medical notes and improper progress reports.

	(2) Daily logbook of cleaning and quality checklist not maintained
Suggestions/Implemented solutions for improvement	(1) Implemented solutions for MAAY: • Started IPD admission and MAAY counter as a single unit (with TID generation at same counter) • Standardized documentation for medical notes • training session of doctors and nurses for on-point note keeping and progress reports with daily vitals being mentioned. • Real time audits and internal checkpoints (2) Maintained and monitored daily quality checklist for wards and daily 3 times cleaning of wards insured. (3) morning discharges of IPD patients to be done around 1 pm to avoid overcrowding and overburdening of patients and increasing bed turnover ratio.
Plan for the next week	1. Monitoring MAAY 2. Monitoring SOPs to be followed 3. Lab information system monitoring

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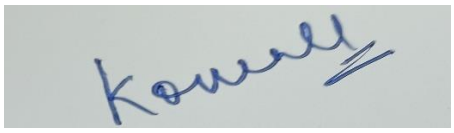

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Reporting Format (Weekly)

Name of the Organisation: PAOTA SATELLITE HOSPITAL, JODHPUR (DISTRICT HOSPITAL)

Area/ Department/ Project of Summer Internship Program: Labour Room (LR), Minor OT (MOT), Daycare Packages, Pathology Workflow, Sub-store & DDC Analysis

Name of the Student: KOMAL KUMARI

Roll no: 1981 **Stream: MBA-HM**

Week no: 05 From: 09/06/25 to 15/06/25

Activity Done	**Labour Room, MOT Observations** • Mapped patient movement during delivery and minor OT procedures. • Audited 10 partographs and OT sterilization documentation. • Checked IPHS protocols through guidelines and its compliance • Continuing working on MAAY project : Made single counter for IPD admission and MAAY registration to increase claims • Daycare package evaluation for paediatrics and gynaecology procedures to increase bed turnover. • Observing Pathology and biochemistry lab workflow • **Given another project to Analyse DDCs and sub store for medicine availability according to IPHS guidelines** . and listing underutilised , overutilized and near expiry meds
Linking theory (Classroom learning) with practice at your organisation	• Implementation and strategy development learnt from principle of management. • IPHS guidelines and checklists manual • Gap analysis between IPHS guidelines and its compliance • Root cause analysis for non-compliance
Gaps identified on the working area.	• Monitoring is required for IPD counter and MAAY counter to work as a single unit • Better coordination is required between doctors and operators for smooth admission process

	• Labour room: nursing staff is not regularly trained in SBA training , partographs are not used for most of the patients • MOT: several non-compliances , including no OT and anaesthesia technicians • Pathology department has no standby machinery and no proper duty roster causing overburdening of machines and doctors. • Daycare bed turnover ratio is less because patients usually do not get admitted even after doctors consultation and also because they're directly taken for OT even for simple daycare procedures.
Suggestions for improvement	• Daily monitoring of MAAY and IPD counter to work as single unit . • Better coordination through whatsapp where doctors can send the patient admission info to the IPD operator so that admission process can be started early without confusion • A standby machinery and more manpower to be employed in pathology department • **Implemented solution for increasing Daycare** booking: submission of aadhar cards of patients during admission process so that they get admitted in daycare after consultation and can take it while getting discharged . • And conducted a meeting with doctors to admit patient for simple procedures in daycare only.
Plan for the next week	IPD and Daycare admission process understanding . And working on DDC and substore assessment.

Signature of the Student

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Reporting Format

Name of the Organisation: PAOTA SATELLITE HOSPITAL, JODHPUR (DISTRICT HOSPITAL)

Area/ Department/ Project of Summer Internship Program: Daycare Admissions, Pediatrics, NICU, Immunization, Essential Medicines List (EML) Project

Name of the Student: KOMAL KUMARI

Roll no: 1981 **Stream: MBA-HM**

Week no: 06 From: 16/06/25 to 22/06/25

Activity Done	**Daycare and IPD admission assessment, paediatrics and NICU observation:** • Reviewed procedure scheduling, consent handling, and medicine preparedness in Daycare. • Observed and understood IPD admission process through IHMS and registration through MAAY portal • Interviewed nursing staff and ward in-charge about awareness and use of daycare packages • Tracked no. of daycare packages booked v/s eligible cases • OPD/ENT/ haemophilia / general medicine wards operational rounds • Worked on the Essential Medicines List (EML) project: collected data from various units and generated an Excel monitoring sheet to track compliance with the medicines checklist. • Studied immunization recordkeeping and NICU infection control practices.
Linking theory (Classroom learning) with practice at your organisation	• Classroom learning of data collection methods and operations management with actual bottlenecks • Applied service delivery models from public health coursework and see how packages are designed and whether they meet patient need • Public health modules emphasized **under-5 care protocols** and **facility-based newborn care (FBNC)**. However, the NICU lacked zoning, and pediatric records often missed ASHA worker follow-ups.

Gaps identified on the working area.	• Low awareness among staff about available daycare packages. Improper documentation and availability of add-on packages • NICU lacked zoning, and several non compliances. • Discrepancy between **eligible vs. claimed** daycare cases. • Gaps in **NICU infection control zoning** and inconsistent immunization chart updates. • Certain IPHS-listed medicines were out of stock in sub-stores.
Suggestions for improvement	(1) Conduct **orientation sessions** for ward nurses on available daycare packages under MAAY. (2) Develop a **checklist-based system** for daycare claim tracking. (3) Standardize **immunization recording formats** in pediatric wards. (4) Strengthen **NICU aseptic protocols** and introduce weekly audits. (5) Implement a **real-time medicine stock dashboard** at DDC and sub-store level. (6) A standardised documentation which includes package code and criteria required for particular procedure to pass claim approval for medical notes. (7) Periodically update and audit the EML data through digital tools to ensure the availability of essential medicines and reduce stock-out risk.
Plan for the next week	compliance check for LR and MOT. Complete DDC project and complete the KPI checklist for WT of OPD/LAB/X-ray/USG.

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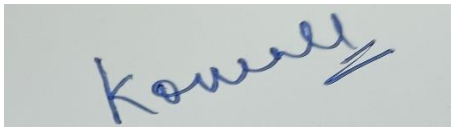

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Reporting Format

Name of the Organisation: PAOTA SATELLITE HOSPITAL, JODHPUR (DISTRICT HOSPITAL)

Area/ Department/ Project of Summer Internship Program: Labour Room & MOT IPHS Compliance, KPI Benchmarking for Lab/X-Ray/USG WT

Name of the Student: KOMAL KUMARI

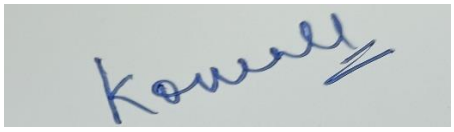
Roll no: 1981 **Stream: MBA-HM**

Week no: 07 From: 23/06/25 to 28/06/25

Activity Done	• Conducted an initial **compliance check of Labour Room and Maternity OT** as per the IPHS **National Guidelines**. • Utilized the guidelines checklists to assess infrastructure, infection prevention protocols, staff availability, and documentation standards. • Did the data analysis for pre and posttest of KPI benchmark performance evaluation of WT of lab/XRAY/USG
Linking theory (Classroom learning) with practice at your organisation	• Applied principles of **Quality Assurance** and **Hospital Accreditation** learned in class while evaluating IPHS guidelines. • Used concepts from **Operations Management** to understand KPI and workflow bottlenecks in lab services. • Bridged understanding of **Public Health Policies** and **program implementation frameworks** by working with IPHS guidelines and their practical relevance.
Gaps identified on the working area.	• Incomplete documentation in LR records; partographs and daily checklists often missing or inconsistently filled. • Non-uniform compliance to infection prevention protocols in MOT (e.g., glove usage and sterilization documentation).

	• Staff unaware of some IPHS criteria, leading to underreporting of quality metrics.
Suggestions for improvement	• Conduct a brief orientation or refresher session for staff on IPHS components and documentation requirements. • Implement a **checklist dashboard** in LR and MOT for daily tracking of compliance visually. • Encourage a **feedback mechanism** involving nurses and lab staff to report barriers to timely task completion.
Plan for the next week	• Completing the KPI checklist from Government of Rajasthan. • Observe ER department

Signature of the Student



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Reporting Format

Name of the Organisation: PAOTA SATELLITE HOSPITAL, JODHPUR (DISTRICT HOSPITAL)

Area/ Department/ Project of Summer Internship Program: Emergency Room (ER), Medico-Legal Case (MLC) Handling, Diagnostic Delays, PMO Audit

Name of the Student: KOMAL KUMARI

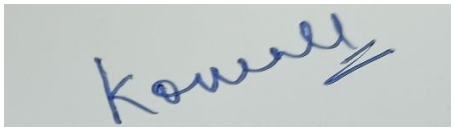
Roll no: 1981 **Stream: MBA-HM**

Week no: 08 From: 30/06/25 to 06/07/25

Activity Done	• Observed Emergency Room (ER) functioning during various shifts. • Learnt triaging protocols and the application of colour coding in emergency care. • Understood how medico-legal cases (MLC) are identified, documented, and managed in the ER. • Familiarized with the layout, workflow, and staff coordination in ER care delivery. • **Accompanied government of Rajasthan's audit and conveyed the gaps to the PMO**
Linking theory (Classroom learning) with practice at your organisation	• Applied knowledge from emergency services management and legal aspects in healthcare modules. • Understood the real-time application of triage systems, patient classification, and priority management. • Gained insight into medico-legal documentation and ethical protocols in emergency handling.
Gaps identified on the working area.	• No direct entry access from outside to the ER, which may delay critical care. • Absence of clear and visible signage for ER leads to confusion among patients and attendants. • Limited bed capacity (only 8–10 beds) leads to overcrowding during peak hours.

	• MLC documentation is dependent on doctor availability; if unavailable, the case is referred elsewhere, leading to delays and medico-legal risk.
Suggestions for improvement	• Create a dedicated ER entry point with ambulance access to enhance emergency response. • Install visible and multilingual signage for quick ER identification and direction. • Propose to increase the number of ER beds based on average patient load data. • Designate trained paramedical staff or a medico-legal assistant to ensure timely MLC documentation in the absence of a doctor.
Plan for the next week	• Study the functioning of DDCs, insurance desk processes, MRD, OT, and infection control protocols. • Continue with EML data collection and validation.

Signature of the Student



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Reporting Format

Name of the Organisation: PAOTA SATELLITE HOSPITAL, JODHPUR (DISTRICT HOSPITAL)

Area/ Department/ Project of Summer Internship Program: Sub-store & DDC Final Evaluation, MAAY Project Finalization, EML Dashboard, Support Services

Name of the Student: KOMAL KUMARI

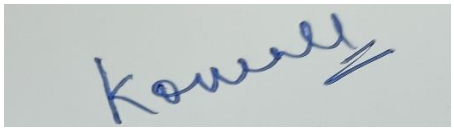
Roll no: 1981 **Stream: MBA-HM**

Week no: 09 From: 07/07/25 to 13/07/25

Activity Done	• This week, I continued working on the Essential Medicines List (EML) project. I collected medicine availability data from various pharmacy units and cross-checked it with the IPHS-prescribed checklist. I interviewed relevant staff and went through e-aushadhi to understand availability trends. • I created Excel sheets with filters and charts to make the data more meaningful and accessible for future audits. It was especially interesting to identify categories like stockout, overutilized, and near-expiry medicines. and see how data can directly influence patient care outcomes. • Completed MAA-yojana project for increasing beneficiary claims and created a report • understood for support services and their maintenance including linen and laundry and BMW management. • Completed the EML project and presented the findings to the PMO
Linking theory (Classroom learning) with practice at your organisation	• I learnt about hospital supply chain system and inventory management in real hospital settings • Working with the EML data allowed me to use my Excel skills for cleaning up inconsistent entries, organizing medicines into meaningful categories, and creating simple visuals that made trends easier to understand. • Through this process, I could see how crucial real-time medicine monitoring is not just for reporting, but for actually preventing shortages

	that can impact patient outcomes and morbididty. • It also helped me connect classroom lessons from Hospital Operations and Materials Management to on-ground challenges, like stock mismatches, overutilization, and lack of expiry tracking things we often overlook in theory.
Gaps identified on the working area.	• One key challenge I observed was the mismatch between the EML checklist and the medicines actually available in the pharmacy. In some cases, commonly prescribed medicines were missing or not recorded properly. • I also noticed that there's no system to regularly flag near-expiry drugs. This could potentially lead to both wastage and risk if not addressed early.
Suggestions for improvement	• It would be helpful to integrate EML tracking with existing systems like IHMS or e-Aushadhi. This would reduce manual effort and ensure real-time updates on medicine availability. • Regular audits of medicine stock especially looking at expiry dates, usage trends, and essentiality can help prevent overuse or wastage. • A dedicated staff member (like a pharmacist or data assistant) could be assigned to update the medicine checklist weekly, which would make the process more consistent. • Some of the gaps I noticed seemed to be due to a lack of awareness about IPHS norms. Organizing short training sessions could help staff understand what's expected and why it matters.
Plan for the next week	Mission madhuhaari and ART assessment and service area gaps assessment

Signature of the Student



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Reporting Format

Name of the Organisation: DISTRICT PAOTA HOSPITAL, JODHPUR

Area/ Department/ Project of Summer Internship Program: GAP ANALYSIS AND SERVICE AREA OPTIMIZATION/MISSION MADHUHAARI & ART

Name of the Student: KOMAL KUMARI

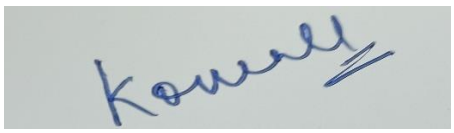
Roll no: 1981 **Stream: MBA-HM**

Week no: 10 From: 14/07/25 to 20/07/25

Activity Done	• Conducted service area gap analysis based on Indian Public Health Standards (IPHS) guidelines. • Undertook root cause analysis of issues related to Mission Madhuhaari (diabetes care) and Anti-Rabies Treatment (ART) services at the hospital. • Reviewed MOT against IPHS compliance
Linking theory (Classroom learning) with practice at your organisation	• Applied classroom knowledge from hospital planning, standards, and quality audit frameworks to evaluate compliance with IPHS benchmarks. • Used principles of operational analysis and root cause investigation to understand systemic challenges in service delivery. • This hands-on experience strengthened my understanding of how public health policies like IPHS are translated into real hospital infrastructure and services.
Gaps identified on the working area.	• **Service Areas (IPHS):** Absence of HDU (High Dependency Unit), Dermatology OPD, prison wards/beds, PMR (Physical Medicine & Rehabilitation), and dedicated facilities for CLMC (Child Lab), DEIC (District Early Intervention Centre), and NRC (Nutritional Rehabilitation Centre) and more. • **MOT (Maternity Operation Theatre):** No formal triaging process in place, lack of Information, Education and Communication (IEC) materials, and no appointed OT technicians.

	• **ART (Anti-Rabies Treatment):** Short supply of Equine Rabies Immunoglobulin (ERIG), and absence of a dedicated staff member for vaccine administration. • **Mission Madhuhaari (Diabetes Program):** Low patient follow-up rate and provision of glucometer only once without any scope for replacement or re-evaluation.
Suggestions for improvement	• Establish essential service areas like HDU, dermatology unit, prison ward, PMR, DEIC, CLMC, and NRC in alignment with IPHS mandates. • Introduce a structured triaging system and display IEC materials in MOT to guide patient care and staff protocols more effectively. • Appoint qualified OT technicians to maintain standards of asepsis and operation theatre preparedness. • Ensure consistent supply of ERIG and assign trained nursing personnel to handle ART vaccine administration without delay. • Strengthen Mission Madhuhaari by allowing glucometer replacement where needed and implementing a system for follow-up reminders through community health workers or mobile notifications.
Plan for the next week	presenting the findings of my two key operational improvement projects to the PMO

Signature of the Student



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Reporting Format

Name of the Organisation: PAOTA SATELLITE HOSPITAL, JODHPUR (DISTRICT HOSPITAL)

Area/ Department/ Project of Summer Internship Program: Final Report Presentation: MAAY, DDC/EML, Diagnostics, IPHS Gaps, Service Optimization

Name of the Student: KOMAL KUMARI

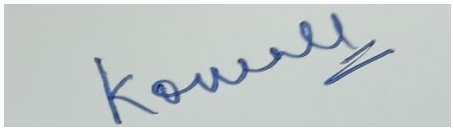
Roll no: 1981 **Stream: MBA-HM**

Week no: 11 From: 22/07/25 to 29/07/25

Activity Done	• Presented all my reports to the PMO in the last week. • **MAAY Project:** Conducted process audit of claim utilization in IPD & daycare. Tracked package booking vs. eligible cases, analyzed portal entries, interviewed nursing & MAAY staff, and reviewed documentation lapses. • **DDC/IPHS Evaluation:** Matched Essential Medicine List (EML) against IPHS norms. Verified stock registers, expiry dates, and supply-demand trends. • **Lab Waiting Time Analysis:** Measured pre- and post-intervention average patient waiting time in sample collection areas. Benchmarked against KPI standards (Lab = 30 min).
Linking theory (Classroom learning) with practice at your organisation	• **MAAY Project:** Reflects **Health Insurance Management**, **Process Optimization**, and **Public Health Financing**. Application of **beneficiary engagement models** and **PDCA cycle**. • **DDC Evaluation:** Based on **IPHS 2022 guidelines**, **Essential Drug Policy**, and **ABC-VED analysis** framework. • **Lab Audit:** Applied **Lean Healthcare** models to assess process delays.

Gaps identified on the working area.	• **MAAY:** • Low awareness among nursing staff about eligible daycare packages. • Lack of SOPs for MAAY admission/claim documentation. • ICD codes error • Case files not maintained properly in accordance with MAAY . • **DDC:** • Non-availability of several IPHS-listed drugs. • Stockouts & near-expiry medicines unmanaged. • Outdated store inventory records; absence of real-time digital monitoring. • **Lab Waiting Time:** • Lab: Avg. wait 47 min (vs. 30-min benchmark). • X-Ray: 52 min (vs. 30-min). • USG: 66 min (vs. 60-min). • Gaps: Limited manpower, untrained interns, outdated machines, overcrowding

Signature of the Student



Approved by the IIHMR University's Mentor

COMPILED REPORT

Name of the Organisation: DISTRICT HOSPITAL PAOTA, JODHPUR

Area/ Department/ Project of Summer Internship Program: Hospital Operations, MAAY Scheme, DDC/EML Monitoring, Diagnostic Delays, IPHS Compliance

Name of the Student: KOMAL KUMARI

Roll no: 1981 **Stream: MBA-HM**

Week no: 1-11 **From: 15/05/25 to 29/07/25**

Activity Done	**1. Orientation and mapping of OPD workflows and queue systems** • Participated in hospital orientation, followed by detailed observation of patient movement from entry to OPD registration. • Identified key issues such as lack of triage, delayed registrations due to low internet connectivity, and confusion due to insufficient signage. Suggested implementation of a manual/digital token system and placement of guidance volunteers. **2. Led integration of ABHA IDs with IHMS, including QR-based appointment booking** • Conducted a pilot run of the ABHA–IHMS system to identify integration challenges. Trained staff including nursing superintendents and computer operators on QR-based appointment booking via the ABHA app. • Facilitated placement of QR code printouts in strategic hospital areas to support self-service registration. **3. Conducted gap and root cause analyses under the Mukhyamantri Ayushman Arogya Yojana (MAAY)** • Audited claim workflows and IPD admission records across multiple departments. Identified reasons for low claim conversion such as outdated Jan Aadhaar, missing USG reports in pregnancy cases, and poor clinical documentation. • Proposed standardization of progress notes, staff training, and establishing a combined IPD-MAAY registration desk.

	4. Audited IPD admission files, lab workflows, and ward documentation • Shadowed admission desk staff and conducted interviews with ward clerks and nurses. • Reviewed IPD files and noted delays in lab sample collection, network issues affecting IHMS, and inconsistent ICD code entries. • Suggested real-time audits and addition of missing ICD codes to IHMS. **5. Mapped Labour Room (LR), Maternity OT (MOT), NICU, and Emergency Room for IPHS compliance** • Used IPHS checklists to assess facilities for infection control, documentation, and staffing. • Identified non-compliance such as incomplete partographs in LR, lack of OT technicians in MOT, missing zoning in NICU, and overcrowding with limited beds in the ER. • Recommended visual compliance dashboards and refresher training on IPHS norms. **6. Developed strategies to boost MAAY claim utilization—particularly for IPD and daycare packages** • Designed process changes including merging IPD and MAAY counters, introduced real-time admission communication through WhatsApp, and conducted staff training. • Advocated for proper use of daycare packages by educating doctors and verifying patient eligibility through Aadhaar submission to ensure timely package bookings and claims. **7. Conducted quality assessments of DDCs and sub-stores aligned with EML/IPHS** • Collected pharmacy stock data from DDCs and sub-stores, compared it with IPHS Essential Medicine List, and identified stockouts, near-expiry drugs, and underutilized items.

	• Engaged with e-Aushadhi system and suggested regular audits, weekly updates by designated staff, and EML-linked inventory dashboards. **8. Designed real-time Excel tracking dashboards for medicine stockouts, overuse, and expiries** • Created filtered Excel sheets with visual charts to track medicine availability trends. Categorized drugs by availability, expiry risk, and utilization rate. • Used data to present actionable insights to PMO, helping to align medicine management practices with IPHS guidelines and minimize critical stock issues. **9. Evaluated lab, X-ray, and USG waiting times and benchmarked them against Rajasthan KPI standards** • Collected time-tracking data for patient diagnostics. Found significant delays: Lab (47 mins vs 30 min KPI), X-ray (52 mins vs 30), and USG (78 mins vs 60). • Root causes included lack of queue systems, outdated equipment, untrained interns, and manpower shortages. • Recommended performance tracking, machine upgrades, and improved queue protocols. **10. Studied service gaps under Mission Madhuhaari (Diabetes) and ART (Anti-Rabies Treatment) programs** • Conducted service gap analysis for Mission Madhuhaari, found low follow-up rates and one-time glucometer distribution without replacements. • In ART services, ERIG supply was inadequate and no dedicated vaccine staff was available. Suggested improvements in patient tracking, consistent supply, and designated staff roles. • Conducted a Service Area Gap Analysis using IPHS 2022 guidelines to evaluate infrastructure and service availability at the hospital. • Identified missing service units such as Nutritional Rehabilitation Centre (NRC), District Early Intervention Centre (DEIC), Child Lab (CLMC), High Dependency Unit (HDU), Prison Wards, and Physical Medicine and Rehabilitation (PMR) unit. **11. Presented all project findings and operational improvement suggestions to the PMO**

	• Compiled and presented results from major projects MAAY, DDC/EML, diagnostic delays, IPHS compliance, and special programs (ART/Madhuhaari). • Submitted detailed recommendations including workflow redesigns, documentation templates, and monitoring tools, with a focus on feasibility and sustainability in a government hospital setting.
Linking theory (Classroom learning) with practice at your organisation	**1.Essentials of Hospital Management** and **Operations Management** • concepts were applied to study OPD/IPD workflows, reduce delays in diagnostic services, and streamline patient registration processes. • Real-time observations helped bridge theory with on-ground constraints like manpower shortage, system fragmentation, and queue mismanagement. **2.Quality Assurance** principles and **IPHS (Indian Public Health Standards)** • knowledge guided structured audits in the Labour Room, Maternity OT, NICU, Emergency Room, and pharmacy stores. • IPHS checklists were used to evaluate compliance, and gaps in infrastructure, infection control, documentation, and service delivery were identified. 3. The **PDCA (Plan-Do-Check-Act)** cycle and structured **Gap and Root Cause Analysis** • methods were used for problem-solving, especially in projects like MAAY claim improvement, diagnostic delays, and DDC non-compliance. • These frameworks helped in formulating sustainable, data-backed process improvements. 4.Classroom modules in **Digital Health Policy**, **Public Health Programs**, and **Health Insurance Financing** • were directly linked to field interventions under the Ayushman Bharat Digital Mission (ABDM) and MAAY. • These were useful in understanding data interoperability challenges, policy-level gaps, and

	financial inclusion of patients through improved scheme utilization. **5,Supply Chain and Inventory Management** • theories were utilized while analysing DDC and sub-store performance, medicine stock tracking, and EML (Essential Medicines List) compliance. • Data visualization and dashboard creation in Excel helped translate theoretical stock monitoring into actionable hospital-level tools. 6. **Behaviour Change Communication (BCC)** • techniques supported the design of awareness drives, staff sensitization on MAAY procedures, and training sessions on ABHA app usage. • Theoretical knowledge was critical in ensuring communication materials were context-appropriate and staff engagement was effective.
Gaps identified on the working area.	**MAAY Project:** • Lack of awareness about claim procedures, especially daycare packages. • Errors in ICD coding and poor documentation in medical notes. • Case files often incomplete; patients not guided for admissions. • Separate counters for admission and claim registration causing confusion. **DDC & EML:** • Several IPHS-listed medicines missing or outdated. • No real-time tracking for near-expiry or overutilized drugs. • Sub-store staff unaware of EML compliance; absence of digital monitoring. **Wards, LR, MOT, and NICU:** • Missing partographs and cleaning checklists. • Non-uniform infection control practices.

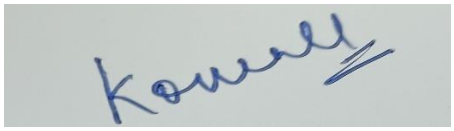
	• NICU zoning issues and incomplete immunization tracking. **Diagnostics (Lab/X-Ray/USG):** • Lab waiting time avg. 47 mins (vs. 30 min). • X-ray: 52 mins (vs. 30 min); USG: 66 mins (vs. 60 min). • Contributing factors: manpower shortage, old machines, lack of queue system. **ER & Other Service Gaps:** • No separate ER access or signage. • Limited ER bed capacity. • Absence of HDU, Dermatology, PMR, DEIC, NRC, etc. • No structured follow-up or glucometer replacement under Mission Madhuhaari. • ART vaccine short-staffed; ERIG often unavailable.
Suggestions for improvement	**MAAY & Claims:** • Merge IPD admission and MAAY registration counters. • Standardize and train staff on ICD coding and medical note templates. • Real-time audits and feedback mechanisms for claims and documentation. • Introduce patient education kiosks and volunteer guides in OPD. **DDC & Pharmacy:** • Digitally link EML tracking with IHMS/e-Aushadhi. • Weekly audits by a designated pharmacist or data assistant. • Visual dashboards to monitor medicine availability and expiry. **Quality and SOP Compliance:**

	• Orientation on IPHS, cleaning checklists, and partograph usage. • Visual dashboards for daily compliance in LR, MOT, NICU. • Introduce zone-based infection control and documentation formats in NICU. **Diagnostic Services:** • Queue token systems and increased staff during peak hours. • Machine upgrades and intern training in lab collection areas. • Benchmark audits to track KPIs and guide process improvements. **Infrastructure and Special Services:** • Propose ER infrastructure redesign with ambulance entry. • Install multilingual signage for ER navigation. • Create HDU, PMR, Dermatology OPD, NRC, DEIC per IPHS. • Improve ART and Mission Madhuhaari by ensuring staff, supplies, and follow-up.
Key learnings	**1. Workflow Mapping & Operational Efficiency** • Learned to map end-to-end patient journeys across OPD, IPD, and diagnostics using observational tools and manual time tracking. • Identified workflow bottlenecks and recommended system-level changes using data-driven analysis and real-time process monitoring. **2. Data Analysis for Claim Optimization (MAAY)** • Conducted **data audits** of IPD and daycare packages under Mukhyamantri Ayushman Arogya Yojana (MAAY).

	• Performed **root cause and gap analysis** using claim data, ICD coding trends, and file reviews to enhance claim conversion rates. **3. Digital Health Integration & Health IT Systems** • Facilitated integration of ABHA IDs with IHMS and implemented **QR-based digital appointment booking**. • Analyzed interoperability issues and applied concepts from **digital health governance and IT systems** for practical solutions. **4. Quality Audits & IPHS Compliance Monitoring** • Conducted IPHS-based **infrastructure and service audits** in key departments (LR, MOT, NICU, ER, DDC). • Used structured checklists and on-ground data to report non-compliance, leading to targeted improvement suggestions. **5. Diagnostic Waiting time Monitoring** • Measured and benchmarked patient waiting times in lab, X-ray, and USG against state KPIs. • Applied **KPI evaluation techniques** and **Lean Healthcare principles** to propose waiting time reduction strategies. **6. Pharmaceutical & Inventory Data Management** • Conducted **stock audits** in DDCs and sub-stores based on the Essential Medicines List (EML) and IPHS norms. • Developed Excel-based **dashboard tools** to categorize medicines by stockout risk, overuse, and expiry dates for better decision-making. **7. Public Health Program Evaluation** • Analyzed service delivery gaps in programs like **Mission Madhuhaari (Diabetes Care)** and **Anti-Rabies Treatment (ART)**.

	• Applied program monitoring and **public health evaluation tools** to suggest improvements in follow-up tracking and vaccine logistics. **8. Stakeholder Communication & Capacity Building** • Engaged with doctors, nursing staff, administrative officers, and patients to understand workflow challenges. • Conducted **training sessions**, created IEC materials, and presented final reports and improvement strategies to the PMO.

Signature of the Student



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