

SUMMER INTERNSHIP PROGRAM

at

Sir Padampat Institute of Neonatology and Pediatric Health (SPINPH), Jaipur

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

A REPORT BY

Isha Rajesh Shukla

Master of Business Administration

(Hospital and Health Management)

Roll no - 1961

2024-26

under the Mentorship of

Jagajeet Prasad Singh



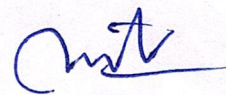
Sir Padampat Institute of Neonatology and Pediatric Health.

S.No./Gen/M.S/ 2901

Dated : 28/7/25

Completion Certification from the Organization

As per order of Directorate Medical Education Department क्रमांक F.21(124)DME/HA/IHMR/2025-00037/833 दिनांक: 13.05.25. Ms. **ISHA SHUKLA** pursuing MBA in Hospital And Health Management 2024-26 from IIHMR, Jaipur has worked in **Sir Padampat Institute of Neonatology and Pediatric Health** for her summer internship from 15-05-25 to 29-07-25 The overall performance shown by her during the period was Excellent.



Superintendent
Sir Padampat Institute of
Neonatology and Pediatric Health
Jaipur

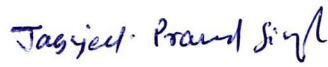
अधीक्षक
सर पदमपत् मातृ एवं शिशु स्वास्थ्य संस्थान
जयपुर

IIHMR University Faculty Mentor Approval

This is to certify that **Ms. Isha Rajesh Shukla** 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


Jagjeet Prasad Singh

Professor



Name of the Organization

Sir Padampat Institute of Neonatology and Pediatric Health (SPINPH), Jaipur

Presented by : Isha Rajesh Shukla

Roll No : 1961

Stream/ Batch : HM-29

University Mentor : Jagajeet Prasad Singh

Organisation Mentor : Dr. Umesh Gurjar

ORGANISATION PROFILE

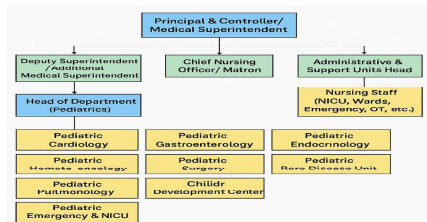
BRIEF HISTORY

The Sir Padampat Institute of Neonatology and Pediatric Health (SPINPH), formerly known as JK Lon Hospital, is the largest pediatric hospital in India today, with 894 beds and over 110 faculty members. It began in 1962 as a pediatric ward in SMS Hospital, became JK Lon Hospital in 1979, initially offering maternal and child services. Later, it shifted focus to exclusive pediatric care and was renamed SPINPH. Today, it offers 200 NICU beds, a 3-bed emergency unit, advanced pediatric sub-specialties, and sees over 5 lakh patients annually, with 82% satisfaction (Govt. of India survey). It was awarded Best Hospital in Jaipur in 2019.

VISION & MISSION

SPINPH envisions being a leading center of excellence in pediatric healthcare, delivering compassionate, affordable, and quality care to every child. Its mission is to provide 24x7 specialized services, ensure ethical and patient-centered treatment, promote continuous training and research, and serve all sections of society with equity and empathy.

ORGANISATIONAL STRUCTURE



LEARNINGS AND VALUE ADDITIONS

Theoretical concepts

- Studied MusQan guidelines and quality care standards in pediatrics.
- Learned about ideal hospital structure and role distribution.
- Understood the process of baseline assessment and data collection tools

Practical Learnings

- Observed real-time gaps in MusQan implementation at the facility.
- Experienced coordination and workflow issues in a live hospital setting.
- Conducted on-ground assessments and interacted directly with staff.

KEY FINDINGS

SNCU

High compliance in infection control protocols (80%), but gaps in staff training frequency

OPD

Partial implementation of patient-friendly amenities; long waiting times reported.

Paediatric Ward

Basic infrastructure adequate but child-safety features (railings, flooring) lacking.

NRC

Found non-functional, lacking infrastructure and dedicated staff.

ABOUT MUSQAN GUIDELINES

MusQan Guidelines, by MoHFW under NHM, aim to ensure safe, respectful, and child-friendly pediatric care. Assessment is done using a scorecard across four departments i.e. SNCU, OPD, Pediatric Ward, and NRC. Focusing on protocols, infrastructure, infection control, and staff competency.



OBJECTIVE

- To assess the current implementation status of MusQan Guidelines at SPINPH, Jaipur.
- To identify gaps in pediatric care services across SNCU, OPD, Pediatric Ward, and NRC.
- To generate a baseline scorecard for guiding quality improvement interventions.

METHODOLOGY

- Study Design:** Cross-sectional baseline assessment.
- Study Sites:** SNCU, OPD, Pediatric Ward, and NRC at SPINPH.
- Tools Used:** MusQan checklists, staff interviews, and facility observations.
- Scoring:** Each parameter rated on a 0–1–2 scale
0 = Not Practiced, 1 = Partially Practiced, 2 = Fully Practiced
- Data Collection:** Observed infrastructure, infection control, and staff practices; conducted structured interviews with key staff members.
- Output:** Department-wise scorecards to highlight strengths and gaps.

SWOT ANALYSIS

STRENGTHS

- Largest Paediatric hospital in India with 894 beds and advanced NICU facilities.
- High patient volume (5 lakh/year) with trained paediatric specialists.
- Established protocols for infection control and neonatal care.
- Recognition as Best Hospital in Jaipur(2019)

WEAKNESSES

- NRC is non-functional and lacks infrastructure.
- Inadequate child-safety features (anti-slip flooring, low railings, fire safety gaps).
- Lack of regular staff training on MusQan guidelines.
- Poor OPD waiting area management and patient friendly amenities.



OPPORTUNITIES

- Government Support for MusQan implementation under NHM.
- Potential for funding to upgrade NRC and infrastructure.
- Scope for digital health interventions (queue systems, health education).
- Collaborations with training institutes for regular staff skill upgradation.

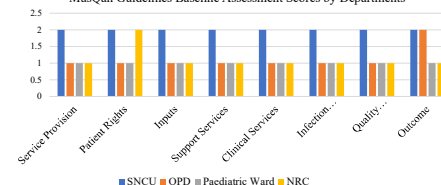
THREATS

- Risk of losing patient trust if quality gaps remain unaddressed.
- Overburdened staff due to high patient inflow.
- Infection outbreaks due to partial protocol adherence.
- Competition from emerging private paediatric hospitals.

OBSERVATIONS

Assessment Domain	SNCU	OPD	Paediatric Ward	NRC
Service Provision	2	1	1	1
Patient Rights	2	1	1	1
Inputs (Infrastructure, HR, Equipment)	2	1	1	2
Support services (Dietary,Laundry, Sanitation)	2	1	1	1
Clinical services (Protocols, care, referral)	2	1	1	1
Infection Prevention & Control	2	1	1	1
Quality Management (Monitoring Review)	2	1	1	1
Outcomes(Records, Mortality)	2	1	1	1

MusQan Guidelines Baseline Assessment Scores by Departments



Challenges Faced

- Incomplete documentation in several departments.
- Difficulty in coordinating with busy clinical staff for interviews.
- Inconsistent adherence to MusQan standards

Major Learnings

- Learned to assess hospital services using national quality guidelines.
- Understood practical gaps in pediatric care delivery.
- Enhanced skills in observation, documentation, and stakeholder interaction.

SUGGESTIONS TO THE ORGANISATION

Short-Term

- Conduct regular staff training on MusQan protocols and infection control.
- Display visual health education materials in OPD and wards.
- Implement digital queue system in OPD to reduce waiting time.

Medium-Term

- Re-establish NRC with child-friendly infrastructure and adequate staff.
- Install anti-slip flooring, low-height railings, and fire safety systems in pediatric wards.

Long-Term

- Develop structured quality monitoring with periodic MusQan assessments.
- Allocate separate parking zones for staff, visitors, and ambulances to reduce congestion.

Weekly report 1

Name of the Organisation: Sir Padampat Institute of Neonatology and Paediatric Health

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

Name of the Student: Isha Rajesh Shukla

Roll no: 1961

Stream: Hospital and Health Management

Week no: 01 **From:** 15/05/2025 **to:** 18/05/ 2025

Activity Done	Day-1: Joining Formalities Day-2: Department Visit / observed daily operations Day-3: Completed task given by Dr. Vandana and observed working of IHMS and helped in making QR Code for cleanliness related grievance redressal.
Linking theory (Classroom learning) with practice at your organisation	Applied Knowledge gained during hospital services module, Get to know government organisational hierarchy, Practical knowledge about National health schemes, it's registration, no of claims and no of rejection etc, and got to know how the health policies are delivered which was taught in health policy and delivery system.
Gaps identified on the working area.	Communication gap, Inter- department interaction, service delivery gaps, Technological gaps, lack of real time data entries in IHMS.
Suggestions for improvement	Proper signages, Washroom facility in waiting areas, maintenance of waiting area, improve data collection in IHMS, data quality audits, need to increase human resource.
Plan for the next week	I have been assigned the task of inspecting all washrooms across the hospital, over 196 in total. To assess their maintenance, hygiene, cleanliness, and compliance with all relevant parameters, and to compile a comprehensive status report based on the findings.



Signature of the Student

Approved by the IIHMR University's Mentor

Weekly report 2

Name of the Organisation: Sir Padampat Institute of Neonatology and Pediatric Health

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

Name of the Student: Isha Rajesh Shukla

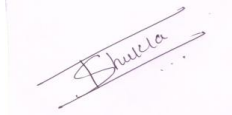
Roll no: 1961 **Stream:** Hospital and Health Management

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

Activity Done	Day 1 - Conducted inspection of washrooms on the 2nd and 3rd floors of the hospital as per organizational mentor's instruction. Evaluated 206 washrooms in total on parameters like cleanliness, tap/flush functionality, tile condition, door latches, and any infrastructural damage. Issues were documented in detail. Day 2 - Continued washroom inspections on the Ground and 1st floors. Observations were recorded for all washrooms following the same parameters to ensure consistency and comprehensiveness. Day 3- Prepared a detailed status report of all inspected washrooms. Added specific remarks and categorized washrooms based on required cleaning, maintenance, repairs, or renovation. Key observation: staff washrooms were mostly clean, while patient washrooms (especially in medical wards) were poorly maintained and required immediate attention. Day 4 - Assigned by Dr. Vandana (DME HQ) to collect hospital data for April: • IPD & OPD admissions • Total RGHS claims (from system records) • Total Maa Yojana claims (from respective counter) • Also attended a review meeting chaired by Mr. Ambrish Kumar sir at DME HQ, Jaipur. Agenda included: PSA plant maintenance, medical & non-medical equipment upkeep, Sulabh-managed toilets, hospital parking, auction of scrap, and e-Upkaran software revisions. All Medical Superintendents attended via hybrid mode. Conclusion: All agenda items to be acted upon before the next review. Day 5- Collected real-time data for 25 patients on waiting time for dispensing medicines. Observations indicated an average wait of 2–3 minutes per patient. Data was recorded accurately and submitted by the 5:00 PM deadline. Day 6- Was absent due to the SWAYAM examination.
Linking theory (Classroom learning) with practice at your organisation	-Hospital Services & Healthcare Delivery Module: The washroom audit highlighted practical aspects of facility management, hygiene standards, and their impact on patient satisfaction—core elements of quality hospital services. -National Health Programs & Policies Module: Collecting data on RGHS and Maa Yojana provided hands-on experience with public health schemes, reinforcing classroom concepts of healthcare financing and policy implementation. -Communication Planning & Management Module: The DME HQ meeting reflected effective communication strategies—agenda setting, time management, hybrid mode coordination, stakeholder involvement, and actionable outcomes—directly aligning with classroom learning.
Gaps identified on the working area.	-Sanitation Inequality: Staff washrooms were maintained better than patient washrooms, reflecting unequal upkeep. -Poor Hygiene Practices Outside ICU: Despite available infrastructure (shoe rack), the area remains cluttered with footwear. -Limited Monitoring: Absence of designated personnel to oversee cleanliness in high-traffic areas like ICU entrances. Manual Data Dependency: Data collection processes for health schemes rely heavily on manual records from multiple sources.

Suggestions for improvement	-Infrastructure Maintenance: Implement a digital feedback and inspection checklist system. Assign accountability to housekeeping supervisors. -ICU Area Management Proposal: Install a wall-mounted shoe rack labeled by ICU bed numbers (25 beds). Place a luggage rack to manage personal belongings. Add awareness posters to guide usage. Deploy a monitoring staff/guard to ensure compliance. Implement a daily cleaning log system for continuous upkeep. -Behavioral Interventions: Use signs, visual cues, and floor graphics to direct usage of shoe racks and encourage hygiene behavior.
Plan for the next week	-Objective: Design and submit a proposal to maintain cleanliness and order in front of the ICU. -Key Elements to Include: Design of wall-mounted shoe rack with 25 clearly labeled sections (based on ICU bed numbers). - Installation of Luggage rack for patient attendants. -Posters for hygiene awareness and system usage. -Suggest deployment of staff/guard for supervision and compliance. -Propose a daily cleaning schedule, with a monitored logbook. -Include basic cost estimate and visual layout for implementation. -Proposal to be submitted to the mentor within the coming week.

Signature of the Student



Approved by the IIHMR University's Mentor

Weekly report 3

Name of the Organisation: Sir Padampat Institute of Neonatology and Pediatric Health
Area/ Department/ Project of Summer Internship Program: Department of Medical Education.
Name of the Student: Isha Rajesh Shukla
Roll no: 1961 **Stream:** Hospital and Health Management
Week no: 03 **From:** 26/05/2025 to 31/05/2025

Activity Done	Day 1: Assigned by Dr. Umesh Gurjar sir to observe the area in front of ICU. It was untidy with footwear scattered around, patients and visitors not following hygiene protocols. Tasked with identifying the root cause and suggesting a structured solution. Day 2: Closely observed behavior patterns of patients and attendants—how they placed footwear/luggage, frequency of cleaning, and usage of space. Drafted a detailed proposal including a wall-mounted shoe and luggage rack with 25 compartments (matching ICU beds), installation of awareness posters, and need for area renovation and guard deployment. Day 3: Submitted the proposal with an AI-based visual design to Dr. Umesh Gurjar sir. It was appreciated and approved. The proposal was forwarded to the PWD department. Carpenters have been assigned and work on rack installation will begin soon. Day 4: Government Holiday Day 5: Given a new task to inspect two pediatric play areas misused as resting spaces by patient attendants. Mattresses, clothes, and food created an unhygienic environment. Swings meant for children were being misused by adults. Documented misuse and safety concerns. Day 6: Drafted a proposal for reclaiming the pediatric play area—suggested regular maintenance of swings, safety checks, guard supervision, awareness signboards, and designated cleaning schedules to ensure safe and exclusive usage by children.
Linking theory (Classroom learning) with practice at your organisation	Hospital Services & Healthcare Delivery Module: Applied concepts of facility planning, hygiene standards, and patient experience in ICU and play area assessments. - Human Resource Management & OB: Coordination with hospital staff and guards for task execution, monitoring, and behavior management reflected practical HR and communication skills. - Principles of Management & Lean Healthcare: Drafting actionable proposals, identifying non-value-adding activities (clutter, misuse of space), and proposing efficient layouts aligned with lean and 5S principles.
Gaps identified on the working area.	Lack of infrastructure and clutter in front of ICU. -Pediatric play areas misused, creating safety hazards. -Biomedical waste mixing at dumping site despite ward-level segregation. -No dedicated staff for enforcing cleanliness protocols in high-traffic zones.
Suggestions for improvement	ICU front area to be organized with a structured shoe/luggage rack and supervised by a designated guard. -Install clear signage and maintain a cleaning logbook for the pediatric play area. -Ensure proper disposal and monitoring of biomedical waste from wards to the dumping point. -Regular safety audits and maintenance of child play equipment.
Plan for the next week	Oversee and support the implementation of the ICU shoe/luggage rack project. -Coordinate with maintenance for renovation and cleanliness improvement. -Initiate groundwork for the play area proposal—liaise with concerned staff for execution and ensure awareness materials and monitoring systems are set in place

Signature of the Student

Shweta

Approved by the IIHMR University's Mentor

Weekly report 4

Name of the Organisation: Sir Padampat Institute of Neonatology and Pediatric Health

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

Name of the Student: Isha Rajesh Shukla

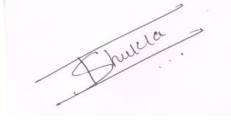
Roll no: 1961

Stream: Hospital and Health Management

Week no: 04 **From:**02/06/2021**5 to** 08/06/2025

Activity Done	Day 1- Observed the mapping and implementation process of the newly integrated IHMS (Integrated Hospital Management System) module for Kitchen and Laundry departments. Understood the module layout, data entry flows, and integration points with other service departments. Day 2- : Visited Kawatiya Hospital to study the implementation of the Queue Management System (QMS). Interacted with Dr. Sumit Mathur, who shared a detailed roadmap of the QMS planning and execution, including hardware setup, timeline, and staff training conducted by the DOIT team. Noted key insights into resource allocation and implementation strategy. Day 3- Observed OPD crowd flow and queue behavior at JK Lon Hospital. Noted gaps and challenges in crowd handling and compared them with the Kawatiya model. Attended a review meeting chaired by Ambrish Sir (Secretary, Medical Department) from 4:30 PM to 6:30 PM. All Medical Superintendents and interns presented project status updates, shared field issues, and brainstormed solution. Day 4- Was unwell and marked absent for the day. Day 5- Accompanied PWD staff and hospital in-charges for a detailed internal inspection across all hospital floors and wards. Documented infrastructural damages, including damp walls, broken tiles, and malfunctioning washrooms in the medical units. Revised and submitted the updated cleanliness and repair status report to the respective in-charge. Day 6- Government holiday
Linking theory (Classroom learning) with practice at your organisation	-Hospital Support Services Module: Observing IHMS integration in kitchen and laundry services provided real-world exposure to service workflows, digital records, and process automation. - Digital Health Module: The QMS planning at Kawatiya Hospital and its comparison with JK Lon's OPD helped contextualize queue dynamics, patient flow optimization, and service delivery models. - Health Policy and Systems Module: The review meeting emphasized leadership, interdepartmental communication, reporting mechanisms, and timely intervention—closely related to policy-level execution and governance.
Gaps identified on the working area.	Lack of QMS at JK Lone OPD leads to crowd mismanagement and delays. - Significant infrastructural issues like damp walls, poor maintenance of washrooms, and outdated fixtures. - No centralized tracking system for submitted maintenance requests.
Suggestions for improvement	QMS Implementation: Propose pilot installation of a basic token system in JK Lon OPD to study crowd flow and reduce waiting time. -Training Plan: Arrange training sessions for support staff on IHMS usage to ensure efficient implementation. -Infrastructure Log System: Maintain a digital complaint and resolution logbook accessible to PWD and hospital staff. -Awareness Posters: Display visual instructions and service updates near OPD and high-traffic areas to keep staff/patients informd.
Plan for the next week	Objective: Observe and analyze the number of MAA Yojana claims rejected in the past 2 months. -Collect data from the MAA counter and verify entries with physical files. Categorize rejection reasons (documentation errors, eligibility issues, system delay, etc.)

Signature of the Student

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Approved by the IIHMR University's Mentor

Weekly report 5

Name of the Organisation: Sir Padampat Institute of Neonatology and Pediatric Health

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

Name of the Student: Isha Rajesh Shukla

Roll no: 1961

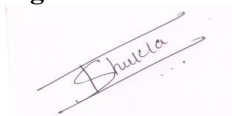
Stream: Hospital and Health Management

Week no: 05 **From:**09/06/2021**5 to** 13/06/2025

Activity Done	Day 1- Revised and updated the infrastructural and washroom needs status report. Categorized the tasks based on the responsible departments: cleanliness tasks allotted to housekeeping, structural repairs to PWD, and electrical issues to the workshop team. Ensured a clear delegation of duties for timely action. Day 2- Created a detailed proposal for the redevelopment of the pediatric play area. The proposal outlined: The current unhygienic state (overflowing dustbins, lack of benches, misuse of play equipment, no shoe racks or security). A comprehensive implementation plan including deep cleaning, new installations (shoe racks, dustbins, benches), staff deployment, regular maintenance, and awareness signage. Expected outcomes such as improved hygiene, restricted misuse, and enhanced child safety. Concluded with the importance of low-cost, high-impact strategies to create a safer and more development-friendly environment for pediatric patients. Day 3- Submitted the play area proposal to the mentor and RMO, Dr. Umesh Gurjar. The plan was appreciated and considered for implementation. Additionally, a temporary issue was resolved regarding water stagnation in front of the ICU. The problem affected shoe rack usage, so a non-absorbent mat (similar to swimming pool flooring) was ordered and placed to address the water blockage and maintain hygiene. Day 4-Collected and reviewed data related to MAA Yojana claim rejections. Began categorizing rejection causes such as documentation errors, eligibility issues, and technical delays for further analysis. Day 5: Studied the MUSKAAN guidelines and began observing their implementation status within various pediatric units of the hospital. Focused on parameters like child-friendly spaces, staff behavior, breastfeeding support, and waiting area conditions. Day 6- Holiday
Linking theory (Classroom learning) with practice at your organisation	Organizational Behavior: Task delegation to housekeeping, PWD, and workshop teams reflects role clarity, coordination, and interdepartmental communication taught in this module. - Hospital Services: The play area proposal and infrastructure review align with planning and management of hospital support services, focusing on hygiene, safety, and patient experience. - Communication Planning and Management: Drafting proposals, presenting ideas to mentors, and suggesting awareness posters apply principles of structured health communication and stakeholder engagement.
Gaps identified on the working area.	- Lack of maintenance logs and unclear departmental ownership of repair tasks delayed infrastructure fixes. - Poor hygiene and misuse of pediatric play areas due to lack of supervision and awareness. - Stagnant water near ICU entrances created unhygienic and unsafe conditions. - MAA Yojana claim rejections were not tracked systematically for trend analysis. - Partial or inconsistent implementation of MUSKAAN guidelines.
Suggestions for improvement	- Develop a centralized digital log for tracking repair and maintenance requests by department. - Implement the play area proposal in a phased manner and appoint a staff member to monitor its daily condition. - Introduce physical mats and drainage solutions in water stagnation-prone zones near ICU and high-traffic corridors. - Design a rejection analysis template for MAA Yojana claims to identify and rectify recurring documentation or process errors.

	- Conduct orientation sessions on MUSKAAN guidelines for pediatric staff to strengthen child-friendly practices.
Plan for the next week	Objective: Analyze MAA Yojana rejection data and identify patterns. Conduct a gap assessment for MUSKAAN guideline implementation in selected wards.

Signature of the Student



Approved by the IIHMR University's Mentor

Weekly report 6

Name of the Organisation: Sir Padampat Institute of Neonatology and Pediatric Health

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

Name of the Student: Isha Rajesh Shukla

Roll no: 1961

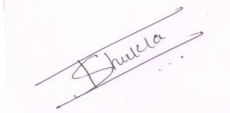
Stream: Hospital and Health Management

Week no: 06 **From:** 16/06/2021 **To:** 21/06/2025

Activity Done	Day 1- I began by gaining a thorough understanding of the MAA Yojana scheme. On Day 1, I studied its objectives, eligibility criteria, benefits offered, and the official documentation and guidelines associated with the scheme. This foundational knowledge was essential for understanding how the scheme functions within the hospital setting. Day 2- I focused on collecting data from both physical hospital registers and the MAA Yojana software system. This included details such as the number of infants who received free healthcare services under the scheme, including vaccinations, diagnostics, and medicines. The data collection process offered insight into the scheme's actual reach and implementation. Day 3- Involved field observation and informal interactions with patients and staff. I visited different service points where MAA Yojana benefits were being delivered and tried to understand the ground-level experience of the beneficiaries. Several accessibility and awareness-related issues were noted, particularly in the context of service delivery and patients' understanding of entitlements under the scheme. Day 4- I carried out data entry and began analyzing the collected information. My focus was primarily on understanding the common causes of claim rejections in the MAA Yojana. Through this analysis, I found several patterns and discrepancies, indicating a need for better documentation and beneficiary awareness. Day 5- I helped the staff with data entry work as they were facing difficulties in entering information into the Excel sheet. They approached me for assistance, and I guided them by first understanding the format and then organizing and entering the data accurately. This not only ensured error-free reporting but also strengthened coordination within the team. Day 6- I began work on my project to assess the implementation of Muskan Guidelines at JK Lone Hospital, Jaipur. I created a structured workflow checklist outlining key assessment parameters such as infrastructure, service delivery, staff involvement, and child-friendly practices, setting a clear and focused direction for the baseline assessment.
Linking theory (Classroom learning) with practice at your organisation	Hospital Services: Understanding and analyzing the implementation of the MAA Yojana and Muskan Guidelines helped me apply concepts of hospital-based program delivery, patient services, and scheme integration taught in this module. - Communication Planning and Management: Field interactions with patients and staff highlighted the importance of effective communication strategies, awareness generation, and feedback mechanisms, key elements of this module. - Human Resources Management: Helping staff with data entry and coordination reflected HR practices like team collaboration, skill support, and task management, as discussed in class.
Gaps identified on the working area.	- Low patient awareness about MAA Yojana benefits. - Service delivery issues at some hospital points. - Frequent claim rejections due to poor documentation. - Staff lacked technical skills for data entry. - No standardized checklist for Muskan Guidelines assessment.
Suggestions for improvement	- Conduct regular awareness drives for patients about MAA Yojana benefits. - Improve signage and staff guidance at service delivery points. - Organize training sessions on accurate documentation and claim procedures. - Provide basic computer training for staff involved in data entry. - Develop and implement a standardized checklist for Muskan Guidelines assessment.

	- Conduct orientation sessions on MUSKAAN guidelines for pediatric staff to strengthen child-friendly practices.
Plan for the next week	- I will focus on conducting the baseline assessment of Muskan Guidelines implementation at JK Lone Hospital. This includes using the checklist I developed to inspect key parameters such as infrastructure, staff behavior, service delivery, and child-friendly practices. I will collect field data, interact with relevant departments, document findings, and begin compiling a preliminary analysis report.

Signature of the Student



Approved by the IIHMR University's Mentor

Weekly report 7

Name of the Organisation: Sir Padampat Institute of Neonatology and Pediatric Health

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

Name of the Student: Isha Rajesh Shukla

Roll no:1961

Stream: Hospital and Health Management

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

Activity Done	Day 1 - I collected all the information related to MusQan guidelines and read them thoroughly. I downloaded the official checklist from the NHM (National Health Mission) website. The Excel-based checklist includes checkpoints across different hospital departments categorized under A - Service Provisions, B - Patient Rights, C - Inputs, and D - Support Services. Each checkpoint includes measurable elements, compliance scores (0, 1, 2), assessment methods, means of verification, and space for remarks. I understood how compliance scoring contributes to departmental performance evaluation. Day 2 – I read and took detailed notes on the Special Newborn Care Unit (SNCU) checklist, focusing on parameters such as thermal care, availability of equipment, infection control, and involvement of caregivers. Day 3- I studied the Pediatric Ward checklist and noted all measurable elements related to infrastructure, pain management, communication with children and guardians, and essential medicine availability. Day 4 – I reviewed the checklist of the Nutrition Rehabilitation Centre (NRC), focusing on areas such as nutrition services, trained personnel, feeding protocols, and dietary counselling. Day 5- I compiled the notes and data from the week and printed all necessary documents related to the MusQan guidelines and department-specific checklists Day 6- I developed a structured questionnaire based on the checklist's checkpoints to be used for field-level baseline assessment. The questionnaire was printed and prepared for use during the next week's departmental visits.
Linking theory (Classroom learning) with practice at your organisation	- Essentials of Hospital Services: The use of structured checklists and departmental scoring systems directly connects to the concepts of hospital quality assessment, patient safety, and infrastructure standards discussed in this module. -Human Resources Management: Observing staff practices and preparing for interactions during the assessment highlighted the importance of staff training, awareness, role clarity, and performance evaluation mechanisms. -Communication Planning and Management: Creating the questionnaire and preparing for department-level field visits involved understanding how effective communication tools can bridge the gap between guidelines and on-ground implementation
Gaps identified on the working area.	- The hospital is currently not MusQan-certified, which indicates that the formal implementation of child-friendly service standards is yet to be initiated. -There is no structured mechanism in place to evaluate MusQan compliance at the departmental level. -Limited awareness among healthcare staff regarding the MusQan guidelines and their importance. -Absence of visual or printed checklists in departments for daily practice reference.
Suggestions for improvement	Conduct training workshops to orient staff on MusQan checklist parameters. -Place simplified visual checklists within departments for routine reference. -Encourage periodic self-assessments using printed questionnaires. -Initiate steps toward applying for MusQan certification and improve preparedness for external assessment
Plan for the next week	- I will begin conducting the baseline assessment of MusQan Guideline implementation at JK Lone Hospital. Using the department-specific questionnaires, I will conduct observations, interact with healthcare staff, assess compliance, and start compiling data for preliminary analysis.

Signature of the Student

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Approved by the IIHMR University's Mentor

Weekly report 8

Name of the Organisation: Sir Padampat Institute of Neonatology and Pediatric Health

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

Name of the Student: Isha Rajesh Shukla

Roll no: 1961 **Stream:** Hospital and Health Management

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

Activity Done	Day 1 – I initiated the departmental baseline assessment under the MusQan Guideline implementation project. I began with the OPD department, closely observing operations and interactions using the official NHM checklist. The checkpoints were reviewed live through facility rounds to evaluate real-time compliance and service delivery. Day 2 – I compiled and documented observations from Day 1. Based on the availability and quality of services, I rated the OPD department’s checkpoints using the 0–1–2 scoring system as defined in the MusQan framework. Detailed remarks and justifications were added for each score to ensure objective assessment. Day 3 – I reviewed additional OPD-related checklist sections and planned the next steps. Since each area of concern includes multiple standards, I mapped out the workflow to align with each measurable element. This planning step helped break the complex assessment into manageable tasks. Day 4 – I specifically worked on Area of Concern B: Patient Rights, which includes six standards (B1–B6). I evaluated patient communication, information accessibility, financial protection, dignity, privacy, and sensitivity towards gender, religious, and cultural needs. I also ensured alignment with ethical practices, like informed consent and confidentiality maintenance. Day 5- Using my observation and interactions with the OPD in-charge, I translated complex technical checkpoint statements into Hindi/local language to improve staff understanding. I prepared a contextual questionnaire to extract practical insights from staff, facilitating deeper understanding and realistic scoring. Day 6- I finalized the ratings, wrote remarks, and filled the official MusQan Excel assessment sheet. I also analyzed means of verification (like visual proof, documentation, and staff responses). The data will form the basis for future performance tracking and gap analysis.
Linking theory (Classroom learning) with practice at your organisation	- Essentials of Hospital Services: The use of structured checklists and systematic scoring mirrors the quality indicators discussed in this module. Observing patient rights in practice underlines the real-world significance of infrastructure, service delivery, and policy adherence. -Human Resources Management: Translating the checklist into the local language and training staff reflects the importance of staff engagement, communication clarity, and empowerment. The process highlighted practical HR challenges, such as knowledge gaps and the need for behavior change. -Communication Planning and Management: Creating a localized questionnaire and interpreting staff behavior demonstrates the application of communication models learned in class. These helped in bridging the knowledge gap and increasing acceptance of quality frameworks like MusQan.
Gaps identified on the working area.	- Many staff members are unaware of the full purpose and expectations of the MusQan guidelines. - Staff do not understand the importance of concepts such as informed consent, privacy, or documentation of patient rights. - Checkpoints are available in English, making it difficult for ground-level staff to comprehend without translation. - There is a lack of standard operating procedures or visual cues that help embed quality practices in routine workflows.

Suggestions for improvement	- Translate the MusQan checklist into local languages and train staff through departmental briefings or visual posters. - Conduct practical, role-based workshops to sensitize staff on patient rights and confidentiality. - Develop a basic SOP for each department focusing on MusQan compliance. - Include audio-visual aids and simulations to train staff on communication and culturally sensitive care delivery. - Create a departmental champion system, where one trained staff member leads the initiative in each area.
Plan for the next week	- Continue departmental assessments of other areas (e.g., Emergency, SNCU, Pediatric Ward). -Interact with healthcare workers and collect feedback on implementation feasibility. -Compile data and initiate a comparative compliance analysis across departments. -Identify high-priority gaps and begin drafting a roadmap for MusQan preparedness.

Signature of the Student



Approved by the IIHMR University's Mentor

Weekly report 9

Name of the Organisation: Sir Padampat Institute of Neonatology and Pediatric Health

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

Name of the Student: Isha Rajesh Shukla

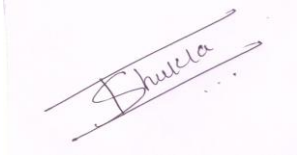
Roll no:1961 **Stream:** Hospital and Health Management

Week no: 09 **From:** 07/07/2025 **to** 11/07/2025

Activity Done	Day 1 - Continued the MusQan baseline assessment. Visited the Surgical OPD, observed processes including patient flow, sanitation, and patient rights indicators. Checked compliance against the NHM-provided checklist. Day 2 – Documented observations from Surgical OPD. Rated the department using the 0–1–2 scoring system, provided remarks and evidence in the official MusQan Excel format. Cross-verified physical indicators, staff responses, and documentation. Day 3 – Initiated assessment of the Special Newborn Care Unit (SNCU). Conducted a facility walkthrough and held a preliminary discussion with the ward in-charge to understand patient care practices, staff strength, and neonatal care protocols. Day 4 – Continued with the SNCU assessment. Asked checklist-based questions to the ward in-charge and staff. Focused on infrastructure (e.g., radiant warmers, infection control), patient safety, and family-centered care services. Day 5- Compiled and documented all SNCU observations. Finalized checklist ratings based on infrastructure availability, service quality, and feedback from the in-charge. Noted gaps and made remarks regarding service delivery bottlenecks. Day 6- Government Holiday (Second Saturday) – No fieldwork conducted
Linking theory (Classroom learning) with practice at your organisation	- Essentials of Hospital Services: The structured MusQan assessment applied quality assurance models discussed in class, such as Donabedian's model (structure-process-outcome). Evaluation of Surgical OPD and SNCU highlighted the importance of hospital planning and patient safety. -Human Resources Management: Interaction with ward staff uncovered skill gaps, undertraining, and low awareness levels, aligning with discussions on capacity building and HR development strategies. -Communication Planning and Management: During the MusQan assessment, I applied principles of communication planning by simplifying technical terms for better staff understanding and engagement. Two-way interactions with ward in-charges ensured accurate feedback and collaborative evaluation. Multiple communication channels—verbal, written, and observational—were used effectively. This approach reflected classroom learnings on audience-specific messaging and feedback loops.
Gaps identified on the working area.	- Lack of structured documentation for many quality indicators, especially in SNCU. - Patient feedback mechanisms and family-centered care practices were weak or missing. - Inadequate communication between departments regarding quality expectations. - Infrastructure disparities in neonatal care services (e.g., spacing, equipment). - Limited staff training on quality benchmarks and infection control protocols.
Suggestions for improvement	- Conduct regular staff training on MusQan benchmarks with department-specific SOPs. - Strengthen documentation practices to include infection control, family feedback, and neonatal health indicators. - Install visual aids and process maps for better staff and family orientation in SNCU. - Develop a staff sensitization module around respectful maternity and neonatal care. - Initiate inter-departmental quality review meetings to ensure alignment and ownership.

Plan for the next week	- Continue assessments in Emergency Room and Pediatric Ward. - Conduct comparative scoring analysis across assessed departments. - Identify high-risk non-compliance areas and propose draft improvement plans. - Begin forming a presentation/report draft for MusQan readiness overview.
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Signature of the Student



Approved by the IIHMR University's Mentor

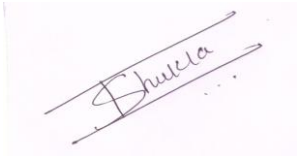
Weekly report 10

Name of the Organisation: Sir Padampat Institute of Neonatology and Pediatric Health
Area/ Department/ Project of Summer Internship Program: Department of Medical Education
Name of the Student: Isha Rajesh Shukla
Roll no:1961 **Stream:** Hospital and Health Management
Week no: 10 **From:** 14/07/2025 **to** 19/07/2025

Activity Done	Day 1- Continued baseline assessment of the Emergency Room and Pediatric Wards as per the official MusQan Guidelines Checklist. Focused on evaluating sanitation, patient safety, waiting area comfort, and presence of child-friendly elements. Observed staff responsiveness, infection control measures, and visibility of child rights-related IEC materials. Day 2 – Documented and compiled observations from Day 1. Used the official MusQan Excel checklist to rate each indicator on a 0–1–2 scale. Inserted remarks and photographic evidence. Ensured accuracy in linking the observed practices with MusQan requirements. Day 3 – Visited the Nutrition Rehabilitation Centre (NRC). Observed its functioning, services provided, patient admission criteria, diet management, health education sessions for caregivers, and discharge process. Interacted with the unit in-charge to understand operational challenges and service delivery details. All insights were mapped against the MusQan checklist. Day 4- Consolidated the NRC visit findings into the official Excel sheet. Rated the checklist items and added remarks for indicators such as therapeutic feeding, anthropometric measurements, infection control, and staff-to-patient ratio. Day 5- Compiled and analyzed the entire week’s collected data. Identified gaps and non-compliance areas in all visited departments (ER, Pediatric Ward, and NRC). Drafted a preliminary proposal with department-specific suggestions on how these gaps can be addressed to help the hospital achieve MusQan certification. Day 6- Reported weekly progress to the organisational mentor, discussing the documented observations, proposed actions, and readiness of departments for MusQan certification. Received valuable feedback for refinement.
Linking theory (Classroom learning) with practice at your organisation	-Hospital Services: The MusQan assessment used the structure-process-outcome model—e.g., assessing infrastructure (structure), observing clinical practices and infection control (process), and noting patient and caregiver satisfaction (outcome). -Human Resources Management: Gaps in staff training and role clarity reflected the need for skill-based HR planning, in-service training, and staff motivation strategies discussed in class. - National Health Programs: MusQan is part of the NHM and aligns with RMNCH+A, LaQshya, and Kayakalp. Field observations helped understand real-time implementation challenges in these hospital-based programs. -Digital Health: Use of the MusQan Excel checklist demonstrated how hospitals can apply digital tools for monitoring, documentation, and quality tracking—linking directly to NDHM goals.
Gaps identified on the working area.	- Incomplete or missing documentation for nutrition and pediatric care indicators. - Limited use of visual IEC materials promoting children’s rights and safety practices. - Low staff awareness of MusQan benchmarks, particularly in NRC and ER. - Absence of structured staff training sessions in assessed departments. - Inconsistent infection control practices and cleanliness protocols.
Suggestions for improvement	- Conduct hands-on orientation sessions for staff on MusQan checklist indicators. - Install child-friendly IEC material across all pediatric care areas. - Implement visual SOP charts in NRC to streamline patient care protocols. - Appoint MusQan champions from each ward/unit to ensure ownership. - Integrate feedback systems for caregivers in NRC to track satisfaction and outcomes. - Finalize rating sheets and update MusQan checklist entries for all visited areas.

Plan for the next week	- Finalize rating sheets and update MusQan checklist entries for all visited areas. - Start preparing a MusQan readiness report highlighting high-risk gaps and suggested interventions. - Coordinate with administrative staff for cross-departmental review sessions. - Assist the mentor in preparing a presentation/report for submission to the Department of Medical Education.
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Signature of the Student



Approved by the IIHMR University's Mentor

Compiled Reporting Format

Name of the Organisation: Sir Padampat Institute of Neonatology and Pediatric Health (JK Lon Hospital)

Area/ Department/ Project of Summer Internship

Program: Department of medical education

Rajasthan

Name of the Student: Isha Rajesh Shukla

Roll no: 1961

Stream: Hospital and Health Management

Activity Done	1. Completed joining formalities and orientation by visiting various hospital departments including OPD, IPD, ICU, and NRC, gaining firsthand exposure to hospital structure, daily operations, and the organizational hierarchy. 2. Observed interdepartmental workflows such as patient registration, diagnostics, pharmacy dispensing, and record management systems, which helped in understanding the hospital's functioning and areas needing intervention. 3. Contributed to digital hygiene management by assisting in the development of a QR code system for lodging cleanliness-related grievances, enhancing real-time feedback mechanisms for hospital sanitation. 4. Conducted a detailed inspection of 206 hospital washrooms, documenting parameters like cleanliness, infrastructure, and usability, followed by preparing a categorized report with recommendations for cleaning, repair, and renovation. 5. Identified hygiene and space management issues outside the ICU and developed a structured solution—including a wall-mounted shoe/luggage rack, awareness posters, and guard deployment—approved and initiated by PWD for implementation. 6. Inspected misused pediatric play areas, recorded safety and hygiene violations, and proposed actionable measures like restricted entry, proper signage, and regular cleaning to reclaim the space for child-friendly use. 7. Studied and compared Queue Management Systems by visiting another hospital (Kawatiya), analyzing
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	their OPD flow, digital token issuance, and staff coordination, and then assessing the current flow at JK Lone for improvement opportunities. 8. Collected and analyzed data on claim rejections under Maa Yojana, identifying root causes such as documentation gaps and patient unawareness, and supported staff in improving data entry accuracy for better claim approval. 9. Designed tools for MusQan baseline assessment after thoroughly reviewing NHM guidelines. Created customized questionnaires and formatted official Excel sheets to evaluate compliance in departments like SNCU, Pediatric Ward, ER, and NRC. 10. Executed a comprehensive MusQan assessment across multiple pediatric units, rated each area on a 0–1–2 scale, documented findings with photographic evidence, and submitted a preliminary gap-analysis report with department-specific recommendations.
Linking theory (Classroom learning) with practice at your organisation	1. Health Policy and Delivery System a. Theory: Policy implementation, health scheme delivery b. Application: Understood on-ground execution of MAA Yojana & MusQan; linked policy frameworks to claim processes and patient benefit delivery. 2. Hospital Services & Healthcare Delivery a. Theory: Facility planning, hygiene standards, patient-centric design b. Application: Assessed ICUs, play areas, and washrooms using planning concepts to improve safety, layout, and patient experience. 3. Principles of Management & Lean Healthcare a. Theory: Lean principles, 5S, non-value-adding activities b. Application: Identified clutter and inefficiencies; proposed layout improvements applying 5S for better space and workflow management. 4. Communication Planning and Management a. Theory: IEC tools, audience-specific messaging, feedback loops b. Application: Created posters,

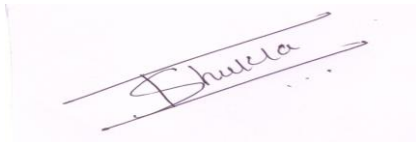
	questionnaires, and proposals to raise awareness and engage stakeholders, improving communication effectiveness. 5. Human Resource Management & Organizational Behavior a. Theory: Role clarity, delegation, capacity building b. Application: Coordinated with staff and translated tools; applied concepts of task management, behavior change, and interdepartmental collaboration. 6. Essentials of Hospital Services a. Theory: Donabedian's Structure-Process-Outcome model, quality standards b. Application: Used MusQan checklist to evaluate departments; linked assessments to quality assurance and patient safety frameworks 7. Digital Health a. Theory: Digital monitoring tools, NDHM framework b. Application: Used Excel-based tools for quality tracking; observed OPD queue systems, linking to digitalization and process automation.
Gaps identified on the working area.	1. Limited interdepartmental coordination Weak communication between departments affected service flow and problem-solving. 2. Poor hygiene in critical areas Footwear clutter, stagnant water near ICU, and lack of monitoring in high-traffic zones. 3. Delayed infrastructure maintenance Damp walls, broken fixtures, and no tracking system for maintenance requests. 4. Misuse of pediatric play areas Play zones used inappropriately due to lack of supervision and awareness. 5. Manual data entry and poor documentation Heavy reliance on manual records and errors in IHMS affecting data accuracy and claims. 6. Frequent scheme claim rejections Due to incomplete documentation and no system for tracking rejection trends (e.g.,

	MAA Yojana). 7. Lack of MusQan implementation Hospital not MusQan-certified, with no checklists, compliance tracking, or staff awareness. Untrained staff and technical skill gaps 8. Staff lacked knowledge of MusQan, infection control, and digital data handling. 9. Absence of feedback mechanisms No structured patient or caregiver feedback system in place for service improvement. 10. No standardized assessment tools Lack of visual or printed checklists for daily quality checks and MusQan compliance monitoring in departments.
Suggestions for improvement	1. Implement MusQan Champion System: Appoint trained MusQan champions in each ward/unit to lead compliance efforts, ensure ownership, and facilitate regular staff sensitization. 2. Strengthen Staff Training and Orientation: Conduct practical, hands-on workshops on MusQan checklist indicators, patient rights, documentation accuracy, and culturally sensitive care. 3. Standardize Infrastructure Maintenance & Feedback System: Introduce a centralized digital logbook for repair/maintenance requests, with tracking and accountability involving both hospital staff and PWD. 4. Enhance ICU Area Functionality & Cleanliness: Install wall-mounted shoe racks and luggage racks labeled by bed numbers in ICU, with visual cues, cleaning logbooks, and monitoring staff for upkeep. 5. Improve Data Collection & IHMS Usage: Provide basic computer and IHMS training for support/data entry staff, and conduct regular audits to improve real-time data quality and claim processes. 6. Implement Visual SOPs & Process Maps: Display visual standard operating procedures, checklists, and patient pathways in key departments like NRC, SNCU, OPD to improve clarity and consistency.

	7. Apply for MusQan Certification & Monitor Progress: Initiate the MusQan certification process, with routine internal assessments, department-specific SOPs, and rating sheets to track readiness. 8. Enhance Signage and Patient Guidance: Install clear, multilingual signages across departments, supported by IEC materials and audio-visual instructions to guide patients and improve experience. 9. Pilot OPD Token System to Manage Crowd Flow: Implement a basic token system in OPD as a QMS pilot project to reduce wait times, streamline service flow, and improve patient satisfaction. 10. Create Feedback & Rejection Analysis Mechanism: Design a claim rejection analysis template for MAA Yojana and integrate feedback systems from caregivers to identify process gaps and improve service delivery.
Key Learnings	1. Understanding Pediatric Health Systems Gained practical exposure to how a pediatric-exclusive government hospital operates, including departments like SNCU, OPD, NRC, and Pediatric Ward, and their interlinked functioning. 2. MusQan Guidelines Implementation & Assessment Acquired hands-on experience in assessing the implementation of MusQan Guidelines, using standardized checklists and scoring systems (0-1-2) to evaluate pediatric quality care indicators. 3. Gap Identification and Quality Improvement Learned to identify critical service delivery and infrastructure gaps—such as inadequate signage, under-maintained waiting areas, and lack of real-time data entry—while recommending feasible, actionable solutions. 4. Application of Theoretical Knowledge Effectively applied classroom learnings from modules like Hospital Services, Health Policy, and Quality Management, understanding their real-time application in public health systems.

	5. Data Collection and Analytical Skills Gained proficiency in collecting, validating, and interpreting hospital data from systems like IHMS, and participated in initiatives like QR-based feedback systems for service monitoring. 6. Interdepartmental Coordination and Communication Observed the importance of smooth communication across departments (clinical, administrative, housekeeping, etc.) for cohesive healthcare delivery, and identified existing coordination gaps. 7. Professionalism and Soft Skills Development Developed time management, adaptability, and professional interaction skills by working with multidisciplinary teams, attending departmental meetings, and interacting with hospital staff and patients' families.
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Signature of the Student



Approved by the IIHMR University's Mentor