SUMMER INTERNSHIP PROGRAM

at

AIIMS BHOPAL

From 13/05/2025 to 21/07/2025

A REPORT BY

Dr. Shreyash Prajapati

Master of Business Administration

MBA HOSPITAL AND HEALTH MANAGEMENT

Roll no. 2088

2024-26

Under the Mentorship of

Dr. Goutam Sadhu

IIHMR UNIVERSITY

अखिल भारतीय आयुर्विज्ञान संस्थान भोपाल

(स्वास्थ्य एवं परिवार कल्याण मंत्रालय भारत सरकार के अधीन राष्ट्रीय महत्व का संस्थान)
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No.AIIMS/BPL/Dean(A)/2025/ 8399 **Dated :**22**/07/2025**

CERTIFICATE

This is to certify that **Dr. Shreyash Prajapati S/o Dr. R C Prajapati** has successfully completed Non-MBBS/BDS Internship in the Department of **Hospital Administration** at AIIMS, Bhopal from **13/05/2025 to 21/07/2025** under guidance of **Dr. Kawal Krishan Pandita,** AIIMS Bhopal.

The details of achievements during skill up-gradation are detailed in the enclosed logbook.

Supervisor/Mentor Faculty

डॉ. कवल कृष्ण / Dr. KAWAL KRISHAN
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अपर प्राध्यापक
Additional Professor
अस्पताल प्रशासन विभाग, एम्स, भोपाल
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Head of the concerned Department

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Professor & HoD
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To,

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1. HOD (Concerned), AIIMS Bhopal
2. Registrar, AIIMS Bhopal
3. Supervisor/Mentor Faculty
4. Guard File

IIHMR UNIVERSITY

IIHMR University Faculty Mentor Approval

This is to certify that **Dr. Shreyash Prajapati** of academic year 2024-26 of Institute of Health Management Research has prepared a poster with respect to his summer internship held during May-July 2025.

He has carried out work as per the guidelines. His poster is approved for presentation.

Date: 29/07/2025

Dr. Goutam Sadhu
Professor

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EVALUATING DIGITAL INNOVATIONS FOR PATIENT EXPERIENCE: AN OBSERVATIONAL STUDY AT AIIMS BHOPAL.

IIHMR UNIVERSITY

Name - Dr. Shreyash Prajapati
Roll no - 2088(MBAHM 29)
Faculty Mentor - Dr. Goutam Sadhu
Organization Mentor - Dr. Kawal Krisha Pandita

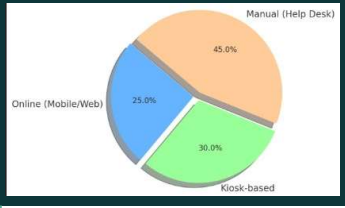
About Organization

AIIMS Bhopal, established in 2012 under Pradhan Mantri Swasthya Suraksha Yojana PMSSY, is a leading medical and teaching institute modeled after AIIMS Delhi. With a 1,250-bed modern hospital, it offers advanced care including robotic surgeries, organ transplants, cancer and cardiac treatments. The facility features 20 modular OTs, ICUs, digital records, and dedicated zones for trauma, maternity, and emergencies. It also runs community clinics and supports national health programs. Backed by expert departments and modern infrastructure, AIIMS Bhopal is a key center for healthcare, research, and outreach in Central India.

Introduction

With increased focus on digitalization in the healthcare sector, institutions such as AIIMS Bhopal have initiated digital interventions to improve service delivery and patients' experience. This project aims at assessing the efficacy of digital innovation in the OPD registration process. By direct observation and patient contact, the study evaluates system usability, identifies gaps in operations, and provides recommendations to enhance digital registration within a tertiary care setup.

Key Findings



Vision

To provide good and affordable healthcare in all regions, train skilled doctors and staff, and support research on important health problems in India.

Mission

To become a top medical institute by providing quality education, research, and caring healthcare with a scientific approach.

Objective

To evaluate the role of digital tools in enhancing OPD registration at Aiims Bhopal, and identify barriers affecting their optimal utilization.

Difference between practical exposure at sip organization and theoretical understanding from IHMR UNIVERSITY

At IIHMR, I learned structured concepts of hospital operations, digital health, and management theories.

- During my sip at AIIMS BHOPAL, I saw the gap between ideal processes and actual on-ground implementation.
- While theory emphasized smooth digital workflows, I observed challenges like low digital literacy, system downtimes, and resistance to change.
- Research methodology taught in class was hard to fully apply due to confidentiality, time limitations, and coordination issues.
- The experience highlighted the importance of adaptability, communication skills, and practical problem-solving beyond textbook knowledge.
- Overall, the internship helped me connect academic learning with real-world healthcare delivery challenges

Organization Structure

President, Governing Body
↓
Director
↓
| Dean (Academics) | Dean (Research) | Dean (Examination) |
↓
Associate Deans (respective domains)
↓
Medical Superintendent (Hospital Operations)
↓
Heads of Departments (Clinical & Non-Clinical)
↓
Administrative Heads:
- Additional Director (Administration)
- Financial Advisor
- Registrar
- Chief Security Officer
- Deputy Director (I)
- Senior Store Officer
- Superintendent Engineer
↓
Supporting Staff:
- Department Officers (HR, Finance, Stores, Maintenance, etc.)

SWOT

S
- Established digital systems (e-Hospital, kiosks).
- High patient volume enabling real-time observations.
- Institutional support for innovation and research.

W
- Low digital awareness among some patients.
- Manual processes still dominate during system issues.
- Limited staff training on digital facilitation.

O
- Scope for patient digital literacy campaigns.
- Potential model for other government hospitals.
- Integration with national digital health platforms (ABDM).

T
- Technical glitches and system downtime.
- Resistance to digital shift by patients/staff.
- Budget and manpower constraints.

TOWS analysis

S–T Utilize institutional support and real-time data to proactively address technical glitches and build trust among hesitant users.

S–O Leverage existing digital systems and high patient inflow to promote awareness campaigns and integrate with national platforms like ABDM.

W–T Develop a backup protocol and allocate budget to reduce dependence on manual fallback and minimize disruption during downtimes.

W–O Enhance staff training and improve patient digital literacy to maximize the benefit of existing digital infrastructure.

Challenges Faced During Internship

- Data Collection & Privacy: Limited access because of confidentiality issues.
- Limited Time Exposure: Brief duration of internship with very restricted time provided across the departments blocked in-depth understanding.

Departmental Coordination: Lack of coordination resulted in delays in information sharing and process observation.

Major Learnings During Internship

Patient Communication: clear, multilingual communication enhances digital adoption.
Coordination: effective interdepartmental coordination results in smooth operations.
Manpower Utilization: appropriate staffing and training enhance the efficiency of services.
Operational Efficiency: efficient workflows minimize waiting time and congestions.
Budget Management: sufficient funding is critical for the sustenance of digital infrastructure.

Suggestions

- Install a Real-Time Feedback System Gather patient feedback through SMS, QR codes, or touch screens following registration.
- Hybrid Model Approach Continue to provide manual registration for patients who cannot access digital platforms. Develop an integrated, parallel workflow to provide inclusivity without compromising on service delays.
- Digital Literacy and Inclusion Campaigns Conduct short digital literacy training in OPD or through community outreach. Engage local health workers (ASHA/ANMs) to create awareness in rural settings.
- Deploy Digital Help Desks Station trained staff or volunteers adjacent to kiosks to assist and instruct patients with digital registration, particularly during busy hours. Deliver brief tutorials on the use of online booking or kiosks.

Enhance Patient Awareness and Communication

Results

The research identified that OPD registration innovations in the form of digital solutions, like e-Hospital systems and self-registration kiosks, have augmented operational effectiveness and minimized waiting hours. Nevertheless, constrained patient awareness, uneven digital uptake, and infrastructure deficiencies remain the major constraints to maximizing utilization. The initiative indicated that there is a requirement for improved patient support, staff training, and upgrading of systems to enhance the overall digital experience for patients.

Table Of Contents

4.Compiled Internship Report: AIIMS Bhopal

Student Name: Dr. Shreyash Prajapati

Roll No.: 2088

Stream: MBA (Hospital and Health Management)

Organization: AIIMS, Bhopal

Introduction to Hospital

This report summarizes an extensive internship experience at AIIMS, Bhopal, focusing on various facets of hospital administration and support services. The internship provided a practical understanding of daily operations, departmental workflows, and the challenges faced in a large healthcare institution. The observations and insights gained were consistently linked to theoretical knowledge acquired during academic studies, highlighting the practical application of hospital management principles.

1. Activity Done

During my internship at AIIMS, Bhopal, I engaged in a wide range of activities across various departments, gaining comprehensive insights into hospital operations and management.

Medical Records Department (MRD):

- Observed manual record-keeping and filing processes, including physical storage, retrieval, and movement of patient files.
- Noted the current outsourced and non-operational in-house scanning of medical records.

Engineering Department (Hospital Support Services):

- Reviewed hospital power supply and backup systems (UPS, DG set, transformers).
- Visited the HVAC plant, observing water-cooled chillers and zonal air conditioning systems.
- Examined fire safety systems, including sprinklers, hydrants, alarms, and control panels.

Intensive Care Unit (ICU) Operations:

- Gained an introduction to the ICU and understood its overall workflow.
- Studied ICU management processes, inventory, and pharmacy systems specific to the unit.
- Acquired knowledge of patient diet planning and distribution.
- Understood patient safety protocols and observed documentation and record-keeping procedures.

Dietary Services Department:

- Received orientation and familiarization with the dietary services department.
- Gained practical insights into the processing, packaging, storage, and overall management of dietary services.
- Observed meal preparation, food distribution, and patient diet review sessions.
- Initiated work on the Summer Internship Project (SIP).

Outpatient Department (OPD) and Patient Flow:

- Studied the overall functioning of the OPD and observed the patient flow from registration to consultation, diagnostics, and pharmacy.
- Understood the complete registration process for both new and follow-up patients.
- Analysed the implementation of digital tools such as HMIS, ORS (Online Registration System), ABHA ID integration, and QR code systems.
- Observed token system management and patient queue flow across departments.
- Reviewed the UHID (Unique Health Identification) generation process and its linkage with Ayushman Bharat and ABHA systems.
- Evaluated existing infrastructure, including signage, help desks, and waiting areas.
- Examined real-time use of electronic health records and patient data capture during registration.

Trauma & Emergency Department (TEM):

- Received orientation and departmental overview of Trauma & Emergency.
- Observed the triage system and categorization of patients.
- Understood patient registration and initial assessment protocols.
- Studied the workflow of emergency admissions and referrals.
- Observed interaction between clinical and non-clinical teams (doctors, nurses, paramedics, and administrative staff).
- Studied resource allocation and crowd management strategies.
- Analysed data recording, medico-legal documentation, and registration in trauma cases.
- Observed the storage of medicine in the department.

Laundry Services Department:

- Received an introduction to the Laundry Department and its scope within hospital support services.
- Understood linen collection, segregation, washing, drying, ironing, folding, and distribution processes.
- Observed handling of soiled, infected, and non-infected linen as per hospital infection control protocols.

- Studied the workflow from hospital units (wards, OT, ICU) to the laundry and back.
- Examined the use of industrial washing machines, dryers, and calendar rollers.
- Gained insight into manpower allocation, shift duties, and workload distribution.
- Analysed logistics and scheduling of linen pickup and delivery.
- Understood the linen inventory management system and linen reuse policy.
- Observed compliance with safety and hygiene standards for laundry staff.

Public Relations (PR) Cell and Hospital Infection Control (HIC):

- Observed internal communication workflows related to public awareness campaigns and hospital achievements like NABH accreditation in the PR Cell.
- Observed the infrastructure and layout of the Nuclear Medicine department, noting its non-operational status due to lack of technical staff.
- Observed routine infection control rounds conducted by the HIC team in inpatient wards.

Central Sterile Services Department (CSSD):

- Observed sterilization processes, including autoclaving and packaging.
- Understood the workflow of receiving pre-cleaned instruments from departments.
- Monitored the use of green sterile cloth and handling protocols.
- Understood documentation and quality control processes.

Central Pharmacy Department:

- Observed the complete workflow of the Central Pharmacy, including request, procurement, and storage.
- Studied the procedure for handling unavailable drugs and the role of Amrit Pharmacy (external vendors).
- Learned how narcotic drugs and expired medicines are handled.

Operation Theatre (OT) and Sample Collection Area:

- Observed how files are handled manually in MRD, including storage, retrieval, and movement.
- Observed how OT staff prepares before surgeries, maintains sterile conditions, and handles instruments.
- Noticed the workflow of patient sample collection and dispatch for testing in the sample collection area.

2. Linking theory (classroom learning) with practice at your organization

The internship provided a valuable opportunity to bridge theoretical knowledge from classroom learning with practical application in a real-world hospital setting.

General Hospital Operations:

- Applied classroom knowledge of digital and manual health record management in the MRD.
- Related theory to practice regarding ICU, OT, and other departments' supply chain and safety protocols.
- Reviewed emergency response procedures (e.g., code red situations).
- Understood workflow management concepts in departmental operations.
- Observed staffing patterns and deployment strategies.
- Experienced interdepartmental coordination essential for operational efficiency.
- Understood the significance of teamwork and communication in delivering healthcare.

Specific Departmental Linkages:

- **ICU:** Applied concepts of zoning in hospitals, SOPs, and ICU physical layout and workflow.
- **OPD:** Observed the practical importance of HIS system usage, patient flow and workflow management, staff training, leadership, collaboration practices, communication, and behavior management.
- **Trauma & Emergency:** Applied knowledge of triage systems, patient handling, quick response units, patient registration and interaction, and communication with patients and relatives, as well as medicine storage protocols.
- **Laundry:** Linked observations to workflow management, staff training, leadership and collaboration practices, hygiene maintenance, SOPs for the respective department, infection control management, and the role of outsourcing vendors and logistics.
- **PR Cell & HIC:** Connected activities to health communication and public relations strategies, promotion of hospital services and training initiatives, infrastructure and service delivery planning, regulatory compliance in radiation-based diagnostics, infection prevention practices and monitoring, and quality improvement and hospital safety indicators.
- **CSSD:** Applied knowledge of infection control and sterile techniques. Observed implementation of hospital operations management and quality assurance, and related concepts of workflow efficiency and resource planning to real-time practice.
- **Central Pharmacy:** Linked observations to procurement and vendor management (delays in vendor delivery highlighting gaps in SLA enforcement and the importance of strategic vendor partnerships), FIFO Technique (practical use for expired stock reflecting warehouse and inventory control practices), and communication flow (departmental email-based medicine requests showing formal communication channels).
- **OT & Sample Collection:** Related observations in OT to infection control protocols studied in class. Understood challenges of manual recordkeeping in MRD from hospital operations classes.

3. Gaps identified on working area

Throughout the internship, several areas for improvement and operational gaps were identified across various departments.

Medical Records Department (MRD):

- Manual record-keeping is prone to human error and takes time, with a risk of misplacing files.
- Scanning of medical records is not currently conducted in-house and is outsourced, leading to inefficiencies.

Engineering Department:

- Limited use of renewable energy sources like solar power.
- Potential fire and electrical risks due to the current setup of electricity storage.

Intensive Care Unit (ICU):

- Not much use of digital methods for patient entry and monitoring.
- APL (Above Poverty Line) patients are self-responsible for their medication, which can lead to inconsistencies.

Dietary Services Department:

- Dietary services are outsourced to a third-party vendor, introducing coordination challenges and potential communication gaps.
- Record maintenance is predominantly manual, leading to a higher probability of human error (a 5% deduction in payment to the vendor is currently followed for human errors).

Outpatient Department (OPD):

- Absence of digital signages.
- Long waiting queues persist even after digital token generation.
- Crowded infrastructure.
- Less staff to manage the huge patient flow.

Trauma & Emergency Department (TEM):

- Gaps in patient communication, extended waiting times, and challenges in emergency transport coordination.
- Limited digitization.
- Absence of a central monitoring unit.

Laundry Services Department:

- Limited digital system uses for tracking linen.
- Manual registers are used for stock and movement records, which are prone to errors.

Public Relations (PR) Cell and Hospital Infection Control (HIC):

- Absence of a dedicated Public Relations Officer (PRO); communication duties are handled by other staff alongside primary roles.
- Limited interdepartmental coordination for event visibility.
- No technical staff available to operate nuclear medicine equipment, leading to departmental services being on hold and impacting patient access and diagnosis timelines.
- Major infection prevention workload is dependent on housekeeping staff, with limited cross-functional support from clinical teams.

Central Sterile Services Department (CSSD):

- Manpower shortage: Only 6-7 staff members handle all CSSD activities.
- Instrument cleaning and washing are done at the departmental level before reaching CSSD, leading to inconsistency in preparation standards.

Central Pharmacy Department:

- Delay in medicine supply from Amrit Pharmacy (24+ hours).
- Approval process for unavailable drugs takes 15-20+ days.
- Limited manpower in Central Pharmacy.

Operation Theatre (OT) and Sample Collection Area:

- MRD is working well, but manual processes are time-consuming and carry a risk of misplacing files.
- In OT, there is limited manpower, and coordination with pharmacy sometimes becomes difficult.
- In the sample collection area, there are few staff and limited resources, causing some delays.

4. Suggestions for improvement

Based on the identified gaps, several suggestions are proposed to enhance efficiency, safety, and patient experience at AIIMS, Bhopal.

Medical Records Department (MRD):

- Introduce EMR or some form of digitization to make things faster and safer.
- Initiate in-house scanning of medical records; currently outsourced and not operational.
- Allocate additional manpower to support record digitization.

Engineering Department:

- Install solar panels for electricity generation and storage.
- Set up an isolated electricity storage room to minimize fire and electrical risks.

Intensive Care Unit (ICU):

- Increase the use of digital systems for entry and monitoring.
- Implement more awareness programs on nurse burnout and well-being.

Dietary Services Department:

- Improve ventilation systems across departments for better air quality and comfort.
- Enhance sterilization protocols and hygiene practices to meet optimal standards.
- Install digital display boards and signage to streamline patient navigation and reduce dependency on manual directions.

Outpatient Department (OPD):

- Conduct regular soft-skill training for front-desk staff to improve patient interaction.
- Implement improved signage and visual aids in multiple languages to ease the process for new patients.

Trauma & Emergency Department (TEM):

- Use more digital equipment.
- Implement staff training and regular checking of improvements.

Laundry Services Department:

- Digitize inventory and tracking with linen management software or RFID.
- Schedule preventive maintenance and invest in energy-efficient machines.
- Implement green laundry practices (e.g., water recycling, biodegradable detergents).

Public Relations (PR) Cell and Hospital Infection Control (HIC):

- Appoint a qualified Public Relations Officer (PRO) to streamline communication strategies and strengthen the institution's visibility.
- Create interdepartmental PR coordination committees to ensure timely promotion of clinical initiatives, trainings, and patient education drives.
- Expedite technician recruitment or partner with external diagnostic service providers for the Nuclear Medicine department.
- Develop a temporary referral workflow until Nuclear Medicine services are resumed.
- Conduct regular refresher training sessions for all cadres, including nurses and clinical staff, to share infection control responsibilities.

Central Sterile Services Department (CSSD):

- Increase manpower to manage workload and improve efficiency.
- Centralize instrument cleaning within CSSD to maintain consistent sterilization standards.
- Conduct training sessions for departmental staff on pre-sterilization cleaning protocols.

Central Pharmacy Department:

- The delivery time from Amrit Pharmacy should be reduced by setting a proper timeline.
- The approval process for unavailable medicines should be made faster, maybe using online systems.
- More staff should be added to the Central Pharmacy to manage the workload better.

Operation Theatre (OT) and Sample Collection Area:

- Introducing EMR or some form of digitization in MRD can make things faster and safer.
- OT should ideally have more support staff and better communication with pharmacy for timely availability of drugs.
- Sample collection areas need more manpower and maybe a small, dedicated team to handle transport of samples efficiently.

5. Key Learnings

The internship at AIIMS, Bhopal, provided an invaluable and holistic learning experience, bridging the gap between theoretical knowledge and practical application in a dynamic healthcare environment. Several key learnings emerged from observing various departments and their interconnected operations:

- **Criticality of Digitization:** A pervasive need for increased digitization was observed across almost all departments, from patient records (MRD, OPD) to inventory management (Laundry, Pharmacy) and patient monitoring (ICU, TEM). Implementing comprehensive digital solutions is crucial for

improving efficiency, reducing human error, enhancing data security, and streamlining patient flow. This includes EMR, digital tracking systems, and online approval processes.

- **Impact of Manpower Allocation:** Consistent manpower shortages were a significant challenge, directly impacting service delivery, staff workload, and the operational status of specialized units like Nuclear Medicine. Effective strategic workforce planning and recruitment are essential for optimal hospital functioning.
- **Importance of Inter-Departmental Coordination:** Smooth hospital operations heavily rely on seamless communication and coordination between departments (e.g., pharmacy and OT, dietary services and clinical teams, PR and other initiatives). Gaps in this coordination lead to delays, inefficiencies, and potential patient dissatisfaction. Establishing formal communication channels and coordination committees is vital.
- **Infrastructure and Safety as Foundations:** The engineering department's role highlighted the critical importance of robust infrastructure, power backup systems, and fire safety. Additionally, the need for improved ventilation, modern sterilization protocols, and sustainable energy solutions underscores the continuous investment required in physical infrastructure for a safe and comfortable environment.
- **Patient-Centric Approach:** Observing patient flow in OPD and TEM emphasized the need for patient-centric improvements, such as clear signage, reduced waiting times, and effective communication with patients and their families. Staff training in soft skills is fundamental to enhancing patient interaction.
- **Quality Assurance and Infection Control:** Departments like CSSD and HIC underscored the absolute necessity of stringent quality control and infection prevention protocols. Standardizing processes, centralizing critical functions (like instrument cleaning), and ensuring continuous staff training are paramount to patient safety and quality care.
- **Vendor Management and Supply Chain:** The Central Pharmacy's operations shed light on the complexities of procurement, vendor management, and supply chain logistics in a hospital setting. Efficient management of external vendors and internal approval processes directly impacts the availability of critical medicines.
- **Real-world Application of Management Principles:** Concepts learned in hospital operations, supply chain management, human resource management, and communication strategies found direct application. The internship provided a practical understanding of how theoretical frameworks translate into daily challenges and solutions in a large healthcare ecosystem.

These learnings will be instrumental in future endeavours within hospital and health management, providing a strong foundation for understanding and addressing complex operational challenges in healthcare.

5. Weekly Report

REPORT 01

Name of the Organisation: AIIMS, BHOPAL

Area/ Department/ Project of Summer Internship Program: MRD, Engineering Department (rotational internship).

Name of the Student: Dr. SHREYASH PRAJAPATI

Roll no: 2088 **Stream: MBA (hospital and health management)**

Week no: 01 From: 13/05/2025 to 17/05/2025

Activity Done	• Observed manual record-keeping and filing processes in the MRD (Medical Records Department). • Reviewed hospital power supply and backup systems (UPS, DG set, transformers). • Visited HVAC plant (water-cooled chillers and zonal air conditioning systems). • Examined fire safety systems, including sprinklers, hydrants, alarms, and control panels.
Linking theory (Classroom learning) with practice at your organisation	• Applied classroom knowledge of digital and manual health record management in the MRD. • Related theory to practice regarding ICU, OT, and other departments' supply chain and safety protocols. • Reviewed emergency response procedures (e.g., code red situations).
Gaps identified on the working area.	• Manual record-keeping in MRD is prone to human error. • Scanning of medical records is not currently conducted. • Limited use of renewable energy sources like solar power.
Suggestions for improvement	• In-house scanning of medical records should be initiated; currently outsourced and not operational. • Allocate additional manpower to support record digitization. • Install solar panels for electricity generation and storage. • Set up an isolated electricity storage room to minimize fire and electrical risks.
Plan for the next week	• Continue observation in Engineering Department (Hospital Support Services) till 20th May. • Rotation to ICU department scheduled for 20th to 24th May.

Signature of the Student Dr SHREYASH PRAJAPATI

REPORT 02

Name of the Organisation: AIIMS, BHOPAL

Area/ Department/ Project of Summer Internship Program: HOSPITAL ADMINISTRATION

Name of the Student: Dr. SHREYASH PRAJAPATI

Roll no: 2088 **Stream: MBA (hospital and health management)**

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

Activity Done	• Introduction to ICU • Understood workflow in ICU • ICU management process • Studied ICU inventory and pharmacy system • Gained knowledge of patient diet planning and distribution • Understood patient safety protocols • Observed documentation and record-keeping procedures
Linking theory (Classroom learning) with practice at your organisation	• Zoning in hospitals • SOP • ICU physical layout and workflow
Gaps identified on the working area.	• Not much use of digital methods • APL patients are self-responsible for their medication
Suggestions for improvement	• Increased use of digital systems for entry and monitoring • More awareness programs on nurse burnout and well-being
Plan for the next week	• Study dietary services in detail • Understand nutritional assessment and planning • Observe meal preparation and food distribution • Participate in patient diet review and counselling sessions • Assist in diet-related education for patients • Coordinate with medical and nursing staff • Compare paediatric and adult dietary workflows • Study food safety and hygiene protocols • Assist with record keeping and reporting tasks

Signature of the Student Dr SHREYASH PRAJAPATI

REPORT 03

Name of the Organisation: AIIMS, BHOPAL

Area/ Department/ Project of Summer Internship Program: HOSPITAL ADMINISTRATION (Rotational Internship)

Name of the Student: Dr. SHREYASH PRAJAPATI

Roll no: 2088 **Stream: MBA (hospital and health management)**

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

Activity Done	• Orientation and familiarization with the dietary services department • Gained practical insights into the processing, packaging, storage, and overall management of dietary services • Initiated work on the Summer Internship Project (SIP) • Acquired understanding of ICU functioning and observed processes at OPD counters
Linking theory (Classroom learning) with practice at your organisation	• concepts of workflow management in understanding departmental operations • Observed staffing patterns and deployment strategies • Experienced interdepartmental coordination essential for operational efficiency • Understood the significance of teamwork and communication in delivering healthcare setting
Gaps identified on the working area.	• The dietary services are outsourced to a third-party vendor, which introduces coordination challenges and potential communication gaps • Record maintenance is predominantly manual, leading to a higher probability of human error *(A clause indicating a 5% deduction in payment to the vendor in case of human errors which is being currently followed)*
Suggestions for improvement	• Improved ventilation systems across departments for better air quality and comfort • Enhance sterilization protocols and hygiene practices to meet optimal standards

	• Install digital display boards and signage to streamline patient navigation and reduce dependency on manual directions
Plan for the next week	• Introduction to the Registration and OPD Departments • Observation and understanding of the patient admission process • Continued data collection and departmental observation relevant to the SIP project • Data collection from OPD and MRD departments for project analysis

Signature of the Student Dr SHREYASH PRAJAPATI

REPORT 04

Name of the Organisation: AIIMS, BHOPAL

Area/ Department/ Project of Summer Internship Program: HOSPITAL ADMINISTRATION (Rotational Internship)

Name of the Student: Dr. SHREYASH PRAJAPATI

Roll no: 2088 **Stream: MBA (hospital and health management)**

Week no: 04 **From: 02/06/2025 to 07/06/2025**

Activity Done	• Studied the overall functioning of the OPD • Observed the patient flow: registration → waiting → consultation → diagnostics → pharmacy • Understood the complete registration process for both new and follow-up patients. • Analysed the implementation of digital tools such as HMIS, ORS (Online Registration System), ABHA ID integration, and QR code systems. • Observed token system management and patient queue flow across departments. • Reviewed UHID generation process and linkage with Ayushman Bharat and ABHA systems. • Evaluated existing infrastructure including signage, help desks, and waiting areas. • Examined real-time use of electronic health records and patient data capture during registration.
Linking theory (Classroom learning) with practice at your organisation	• Usage of HIS system and its practical importance • Patient flow and workflow management • Staff training, leadership and collaboration practices • Communication and behaviour management practices
Gaps identified on the working area.	• Absence of digital signages • Long waiting que even after digital token generation • Crowded infrastructure • Less staff to manage such a huge patient flow

Suggestions for improvement	• Conduct regular soft-skill training for front-desk staff to improve patient interaction. • Improved signage and visual aids in multiple languages can ease the process for new patients.
Plan for the next week	• Introduction to TEM department • Its working and functions • Coordinating with MRD department for Summer Internship Project data and insights • Physical observation in AIIMS BHOPAL

Signature of the Student Dr SHREYASH PRAJAPATI

REPORT 05

Name of the Organisation: AIIMS, BHOPAL

Area/ Department/ Project of Summer Internship Program: HOSPITAL ADMINISTRATION (Rotational Internship)

Name of the Student: Dr. SHREYASH PRAJAPATI

Roll no: 2088 **Stream: MBA (hospital and health management)**

Week no: 05 **From: 08/06/2025 to 15/06/2025**

Activity Done	• Orientation and departmental overview of Trauma & Emergency • Observed triage system and categorization of patients • Understood patient registration and initial assessment protocols • Studied the workflow of emergency admissions and referrals • Observed interaction between clinical and non-clinical teams (doctors, nurses, paramedics, and administrative staff) • Studied resource allocation and crowd management strategies • Analysed data recording, medico-legal documentation, and registration in trauma cases • Storage of medicine in the department
Linking theory (Classroom learning) with practice at your organisation	• Triage system: - its uses, practicality and functioning • Patient handling • Quick response units, teams • Patient registration and interaction • Communication with patients and relatives • Storage of medicines
Gaps identified on the working area.	• gaps in patient communication, waiting time, and emergency transport coordination. • Less digitization. • Absence of central monitoring unit.
Suggestions for improvement	• Using more digital equipment's • Staff training and checking of regular improvements

Plan for the next week	• Insight to laundry services in AIIMS Bhopal • Coordinating with the concerned department for the summer internship project

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REPORT 06

Name of the Organisation: AIIMS, BHOPAL

Area/ Department/ Project of Summer Internship Program: HOSPITAL ADMINISTRATION (Rotational Internship)

Name of the Student: Dr. SHREYASH PRAJAPATI

Roll no: 2088 **Stream: MBA (hospital and health management)**

Week no: 06 **From: 15/06/2025 to 21/06/2025**

Activity Done	• Introduction to the Laundry Department and its scope within hospital support services • Understood linen collection, segregation, washing, drying, ironing, folding, and distribution processes • Observed handling of soiled, infected, and non-infected linen as per hospital infection control protocols • Studied the workflow from hospital units (wards, OT, ICU) to the laundry and back • Examined the use of industrial washing machines, dryers, and calendar rollers • Gained insight into manpower allocation, shift duties, and workload distribution • Analysed logistics and scheduling of linen pickup and delivery • Understood the linen inventory management system and linen reuse policy • Observed compliance with safety and hygiene standards for laundry staff
Linking theory (Classroom learning) with practice at your organisation	• workflow management • Staff training, leadership and collaboration practices • Hygiene maintenance • SOPs for the respective department • Infection control management • Outsourcing vendors and logistics
Gaps identified on the working area.	• limited digital system use • digital Tracking of linen

	• Manual registers used for stock and movement records — prone to errors.
Suggestions for improvement	• Digitize inventory and tracking with linen management software or RFID. • Schedule preventive maintenance and invest in energy-efficient machines. • Implement green laundry practices (e.g., water recycling, biodegradable detergents).
Plan for the next week	• Introduction to PR Cell • Its working and functions

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REPORT 07

Name of the Organisation: AIIMS Bhopal

Area/ Department/ Project of Summer Internship Program: Hospital Administration

Name of the Student: Dr. Shreyash Prajapati

Roll no: 2088 **Stream:** MBA – Hospital and Health Management

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

Activity Done	• PR Cell
	  ○ Observed internal communication workflows related to public awareness campaigns and hospital achievements like NABH accreditation
	• Nuclear Medicine
	  ○ Observed the infrastructure and layout of the department, which has been non-operational for the past 6–7 months due to lack of technical staff.
	• HIC (Hospital Infection Control)
	  ○ Observed routine infection control rounds conducted by the HIC team in inpatient ward

Linking theory (Classroom learning) with practice at your organisation	• Health communication and public relations strategies. • Promotion of hospital services and training initiatives. • Infrastructure and service delivery planning. • Regulatory compliance in radiation-based diagnostics. • Infection prevention practices and monitoring. • Quality improvement and hospital safety indicators.
Gaps identified on the working area.	• Absence of a dedicated Public Relations Officer (PRO) currently, communication duties are being handled by other staff alongside their primary roles. • Limited interdepartmental coordination for event visibility. • No technical staff available to operate nuclear medicine equipment. • Departmental services have been on hold, impacting patient access and diagnosis timelines.

	• Major infection prevention workload is dependent on housekeeping staff, with limited cross-functional support from clinical teams.
Suggestions for improvement	• Appoint a qualified Public Relations Officer (PRO) to streamline communication strategies and strengthen the institution's visibility. • Create interdepartmental PR coordination committees to ensure timely promotion of clinical initiatives, trainings, and patient education drives. • Expedite technician recruitment or partner with external diagnostic service providers. • Develop a temporary referral workflow until services are resumed. • Conduct regular refresher training sessions for all cadres, including nurses and clinical staff, to share infection control responsibilities.
Plan for the next week	Introduction to CSSD Continue developing content and analysis for my poster presentation topic.

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REPORT 08

Name of the Organisation: AIIMS Bhopal

Area/ Department/ Project of Summer Internship Program: Hospital Administration

Name of the Student: Dr. Shreyash Prajapati

Roll no: 2088 **Stream:** MBA – Hospital and Health Management

Week no 8: From: 1/07/25 to 8/07/25

Activity Done	• Observed sterilization processes including autoclaving and packaging. • Understood workflow of receiving pre-cleaned instruments from departments. • Monitored use of green sterile cloth and handling protocols. • Understood documentation and quality control processes.
Linking theory (Classroom learning) with practice at your organisation	• Applied knowledge of infection control and sterile techniques. • Observed implementation of hospital operations management and quality assurance. • Related concepts of workflow efficiency and resource planning to real-time practice.
Gaps identified on the working area.	• Manpower shortage: Only 6–7 staff members handling all CSSD activities. • Instrument cleaning and washing done at departmental level before reaching CSSD, leading to inconsistency in preparation standards.
Suggestions for improvement	• Increase manpower to manage workload and improve efficiency. • Centralize instrument cleaning within CSSD to maintain consistent sterilization standards. • Conduct training sessions for departmental staff on pre-sterilization cleaning protocols.
Plan for the next week	• Posted in Central Pharmacy Department. • Will observe drug inventory management, issue and indent processes. • Continue developing content and analysis for my poster presentation topic.

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REPORT 09

Name of the Organisation: AIIMS Bhopal

Area/ Department/ Project of Summer Internship Program: Hospital administration department

Name of the Student: Dr. Shreyash prajapati

Roll no: 2088 **Stream:** MBA – Hospital and Health Management

Week no: 9 **From: 9/07/25 to 12/07/25**

Activity Done	Observed the complete workflow of the Central Pharmacy including request, procurement, and storage. Studied the procedure for handling unavailable drugs and the role of Amrit Pharmacy (external vendors). Learned how narcotic drugs and expired medicines are handled.
Linking theory (Classroom learning) with practice at your organisation	• Procurement & Vendor Management: Delays in vendor delivery highlight gaps in SLA enforcement and the importance of strategic vendor partnerships taught in materials management. • FIFO Technique (First-In First-Out): Practical use of FIFO method for expired stock reflects warehouse and inventory control practices covered in classroom learning. • Communication Flow: Departmental email-based medicine requests show how formal communication channels function in hospital administration—supporting modules on hospital communication systems.
Gaps identified on the working area.	• Delay in medicine supply from Amrit Pharmacy (24+ hours) • Approval process for unavailable drugs takes 15–20+ days • Limited manpower in Central Pharmacy
Suggestions for improvement	• The delivery time from Amrit Pharmacy should be reduced by setting a proper timeline. • The approval process for unavailable medicines should be made faster, maybe using online systems. • More staff should be added to the Central Pharmacy to manage the workload better.
Plan for the next week	• I will be posted in the Medical Records Department (MRD), Operation Theatre (OT) section. • The focus will be on understanding the documentation workflow specific to OT cases. • I will finalize and review my internship poster based on the observational study.

	• Final corrections, formatting, and feedback incorporation for the poster will be completed.

Signature of the Student Shreyash prajapati

REPORT 10

Name of the Organisation: AIIMS Bhopal

Area/ Department/ Project of Summer Internship Program: Hospital Administration

Name of the Student: Dr Shreyash Prajapati

Roll no: 2088 **Stream: MBA – Hospital and Health Management**

Week no: 10 From: 14/07/25 to 21/07/25

Activity Done	This week, I was posted in MRD, OT, and the sample collection area. In MRD, I observed how files are handled manually — including storage, retrieval, and movement. In OT, I got to see how the staff prepares before surgeries, maintains sterile conditions, and handles instruments. At the sample collection area, I noticed the workflow of how patient samples are collected and sent for testing.
Linking theory (Classroom learning) with practice at your organisation	From our hospital operations classes, I had some idea of how MRD functions — and seeing it in person helped me understand the challenges of manual recordkeeping. In OT, I could relate it with infection control protocols we studied.
Gaps identified on the working area.	• MRD is working well, but since everything is manual, it takes time and there's a risk of misplacing files. • In OT, there is limited manpower and sometimes coordination with pharmacy becomes difficult. • In the sample collection area, there are few staff and limited resources, which causes some delays.
Suggestions for improvement	• Introducing EMR or some form of digitization in MRD can make things faster and safer. • OT should ideally have more support staff and better communication with pharmacy for timely availability of drugs. • Sample collection areas need more manpower and maybe a small, dedicated team to handle transport of samples efficiently.

Signature of the Student: Shreyash Prajapati

Approved by the IIHMR University's Mentor: