SUMMER INTERNSHIP PROGRAM

at

Maharana Bhupal Government Hospital,

Udaipur, Rajasthan

From 15th May 2025 to 29th July 2025

A REPORT BY

Sahil Yadav

Master of Business Administration

Health and Hospital Management

Roll no: 2065

2024-26

Under the Mentorship of

Dr. Mamta Chauhan

Professor, IIHMR University, Jaipur

OFFICE OF SUPERINTEDENT

M.B. Government Hospital, Udaipur

Certificate

This is to certify that **Mr. Sahil Yadav** of batch of **HM-29 of IIHMR UNIVERSITY, Jaipur** has worked with our organization for his summer internship from **15th May 2025 to 29th July 2025**. I found him very sincere, honest and dedicated student.

I wish him a very bright future.

Dr. R. L. Suman
Suprintendent
M.B. Govt. Hospital
Udaipur

No. S.O./General/F. Certificate/2025/74
Date : 29.07.2025

IIHMR UNIVERSITY

IIHMR University Faculty Mentor Approval

This is to certify that **Mr Sahil Yadav** of academic year 2024-26 **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: 31-07-2025

Dr. Mamta Chauhan

Professor

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Summer Internship Program: Maharana Bhupal Government Hospital Udaipur

Presented By-Sahil Yadav(2065,HM29)University
Mentor-Dr. Mamta Chauhan

About the organization

- Established in 1887, renamed after Maharana Bhupal Singh post-independence, affiliated with RNT Medical College since 1961.
- NABH-accredited multi-specialty government hospital offering digital and cancer care services.
- Operates a milk donation centre since 2013, saving over 13,000 newborns.
- Serves over 15 lakh OPD patients annually, including Udaipur and nearby districts

Vision To excel in all spheres of health services with an aim to serve humanity.

Mission Scientific medical approach for serving the humanity by quality care to everyone.

SWOT ANALYSIS OF ORGANIZATION

Strength
1. Multi-specialty care in over 10 medical fields.
2. Government-funded with free/subsidized treatment.
3. Affiliated with RNT Medical College for clinical training.
4. Equipped with advanced diagnostics (e.g., digital pathology).
5. High public trust with large patient inflow.

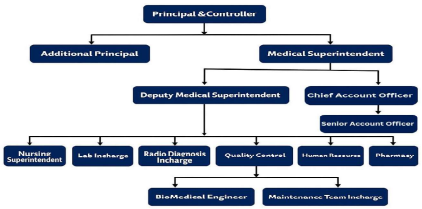
Weaknesses
1. Overcrowding leads to long waiting times.
2. Insufficient bed capacity during peak times.
3. Aged infrastructure in need of renovation.
4. Shortage of medical and support staff.
5. Incomplete digitization across departments

SWOT

Threats
1. Increasing rural patient burden on infrastructure.
2. Risk of infections due to overcrowding.
3. Loss of talent to private sector.
4. Outdated equipment without regular upgrades.
5. Dependence on government budget allocations.

Opportunities
1. Smart hospital upgrade through digital health systems.
2. Public-private partnerships for service expansion.
3. Growing scope for telemedicine and outreach.
4. Potential for research and clinical trials.
5. Medical tourism from nearby regions.

Organizational Structure



Project Undertaken

PARKING ANALYSIS

Introduction

This project focuses on analyzing the current parking infrastructure at RNT Medical College & MB Hospital, Udaipur — Rajasthan's first government institution to implement a free and digitally enabled parking system. Through fieldwork, data collection, and feedback from guards and staff, the project highlights real issues like congestion, underutilized space, and manual entry gaps. Recommendations include capacity building, staff training, technology upgrades, and policy enforcement to build a safer and more efficient parking system.

Objectives:

- To assess the current status and efficiency of the hospital's parking infrastructure.
- To identify operational issues and gaps in cooperation among staff, guards, and departments.
- To analyze data for inconsistencies between digital logs and real-time usage.
- To recommend practical, technology-driven, and policy-based improvements.

Methodology

- **Type of Study**: Applied, descriptive, and analytical (mixed-method).
- **Sample Size:** 40 (Parking Guards and staff)
- **Tools**: Excel, Data Analysis (Python)
- **Sampling Technique:** Non-Probability Purposive Sampling.
- Field visits to all parking gates to observe real-time vehicle flow.
- Manual data entry system implemented with gate guards to collect entry/exit data.
- Informal discussions with parking staff to identify operational difficulties.
- Analysis of collected data to identify gaps, system contradictions, and behavioral patterns.

Problem Statement

Despite having a digitally enabled parking system, the hospital continues to face challenges like congestion, staff non-cooperation, and underutilization of available parking spaces.
There is also a significant mismatch between digital entries and actual on-ground usage.
These gaps highlight the urgent need for infrastructure improvement, better monitoring, and system-level integration.

Suggestion for Improvement

- Expand parking as per vehicle inflow data.
- Open upper floor with roofing and signage.
- Deploy 50–60 trained guards for complete coverage.
- Train guards in digital tools and occupancy monitoring.
- Install ANPR cameras, LED displays, and automated boom barriers.
- Improve signage for patient and staff navigation.
- Enforce parking zones and staff rules.
- Use parking data for future planning and policy.

Challenges

- During Internship Resistance from government staff to adopt new systems.
- Initial pushback from computer operators in Single Window operations.
- No fixed role assignment and weak monitoring of staff duties.
- Difficulty accessing data due to reluctance from staff.
- Slow interdepartmental coordination due to excessive paperwork and approvals.

Theoretical Study vs Practical Exposure

Theoretical Study	Practical Exposure
Studied hospital administration models and patient flow systems.	Implemented a Single Window System to streamline patient entry (applied theory from admin models).
Learned about government health schemes like Janani Suraksha & Maa Yojna.	Worked directly on Maa Yojna, resolved operational challenges, and assisted patients.
Understood data collection methods and report preparation techniques.	Created a detailed DPR (parking management report) from raw data through recommendations.
Covered the importance of Queue Management Systems (QMS).	Designed and proposed a complete QMS layout and workflow based on theoretical principles.
Studied referral frameworks such as SETU.	Visited hospital departments to evaluate SETU's functionality in real-world settings.
Learned coordination and resource management principles	Collaborated with staff and guards to execute actual hospital projects, showcasing resource management application.

Major Learnings

1. Understood how hospital-wide systems (parking, QMS) impact patient experience and operations.
2. Gained insight into real-world policy execution (e.g., Maa Yojna) and administrative challenges.
3. Translated academic concepts into actionable plans (Single Window System, Parking DPR).
4. Used field data to identify gaps and suggest improvements in parking infrastructure.
5. Enhanced communication and coordination with staff and administration to implement changes.

FIG.1

FIG. 2

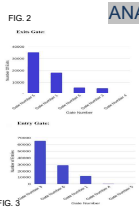


FIG. 3

ANALYSIS

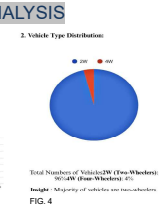


FIG. 4

Week 1

Name of the Organisation: Department of Medical Education, Rajasthan, Maharana Bhupat Government Hospital RNT Udaipur

Area/ Department/ Project of Summer Internship Program: Hospital Admin Intern

Name of the Student: Sahil Yadav

Roll No: 2065 Stream: HM (B)

Week No1: From:15/05/2025 to 21/05/2025

Activity Done	Our team joined on May 15th, and we've made significant progress in our first week. Week 1 Highlights: - Day 1 (May 15th): Completed joining formalities - Day 2 (May 16th): Attended hospital orientation - Day 3 (May 17th): Conducted hospital tour, identified areas for improvement, and began formulating suggestions
Linking theory (Classroom learning) with practice at your organisation	Hospital Hygiene and Sanitation Protocols • Biomedical Waste Management Rules • Patient Flow and Service • Infrastructure Management
Gaps identified on the working area.	- Cleanliness issues - Unpleasant odors

	- Lack of parking facilities - The cancer department has only a black dustbin - The pathology department has only a yellow dustbin - Proper signage is not there - Counters for sample collection should increase
Suggestions for improvement	• The cleanliness in charge should train the staff to keep all three dustbins in all departments properly (yellow, black, and blue) • There should be proper signage for parking vehicles outside the hospital so that there is no traffic in front of the hospital • Counters for sample collection should increase
Plan for the next week	To work on all these things and will try to implement the suggestions.

Signature of the Student

Sahil yadav

Week 2

Name of the Organisation:Department of Medical Education, Rajasthan, Maharana Bhupal Government Hospital RNT Udaipur

Area/ Department/ Project of Summer Internship Program: Hospital Admin Intern

Name of the Student: Sahil Yadav

Roll no: 2065 **Stream: MBA (Hospital and Health Management)**

Week no2: From:19/05/2025 to 25/05/2025

Activity Done	Observed RGHS Scheme and MAA Yojna Scheme counter operations, such as patient admissions, discharges, and TID generation. • Determined how many OPD, IPD, MAA, and RGHS counters there were at each location and evaluated the staffing levels. • Performed ward rounds in the surgery department to confirm admission, package booking, and discharge protocols, and look for process flaws. • Noted 25 patients' average waiting times at OPD, sample collection, X-ray/CT scan, USG, and MAA Yojna,RGHS services, ID registrations, and bed occupancy. • Collected data on patient waiting time for dispensing of medicines from DDC counters. • Examined the hospital's justifications for rejecting MAA Yojna claims. -Cross verified the IHMS data from on-bed patient in hospital by visiting ward to ward and showing in the system.
Linking theory (Classroom learning) with practice at your organisation	Resource and Manpower Allocation • Operational Workflow Analysis • Quality and Process Auditing • Service Efficiency Evaluation • Pharmacy and Supply Chain Insight

	• Health Information Systems • Health Scheme Operations
Gaps identified on the working area.	Lack of Jan Aadhaar Card: Patients eligible for the MAA Yojana scheme were unable to avail of benefits due to not having a Jan Aadhaar card, which is mandatory for scheme enrollment and service access. • Unresolved Queries Post-Discharge: Queries related to discharged patients under MAA Yojana were not resolved timely manner because: 1. The contact numbers provided by patients were often non-functional. 2. Patients took their reports home, leaving the hospital without the necessary documentation to respond to MAA Yojana queries. 3. Identified a process gap where MB Hospital requires patient relatives to handle discharge formalities at the MAA Yojana counter, unlike the Super Speciality Hospital, where staff manage the process, ensuring a smoother and more efficient discharge experience.
Suggestions for improvement	• Mandatory Jan Aadhaar Awareness: • Pre-Discharge Documentation Check • Uniform Discharge Protocol • Centralized Helpdesk or Support Team • Training for Staff on Scheme Protocols
Plan for the next week	To work on all these mentioned point more efficiently and will try to solve these within next week

Signature of the Student

Week 3

Name of the Organisation: Department of Medical Education, Rajasthan, Maharana Bhupat Government Hospital RNT Udaipur

Area/ Department/ Project of Summer Internship Program: Hospital Admin Intern

Name of the Student: sahil yadav

Roll no: 2065 Stream: MBA Hospital and Health Management

Week no: 3 From:24/05/2025 to 31/05/2025

Activity Done	Worked on creating a single window for registration of IPD, OPD, MAA Yojana, RGHS, IHMS Worked on abscond cases/patients because cases of abscond is too much and hospital is making a loss. Analysed time for dispensing of medicines- meaning how much time patient is waiting once he handed over his/ her prescription. Also collected patient data on waiting time in the hospital and worked on the report identified key issues, and noted them down and system loopholes independently and work on improvements. Noted areas for improvement in patient service and admin areas. Visited ward to ward collected and matched the data and checked the on-bed patient in the hospital in all departments –Medicine, Surgery, Orthopaedics. Presented a report in hospital regarding implementation of laser printers in hospital in OPD and IPD counters Time Saving per Patient=12seconds Weekly Hours Saved=15.6hours across 5,459patients Worked on Parking Facilities improvement in the hospital. Working on cue management.
Linking theory (Classroom learning)	Applied Hospital Operations Management concepts. Used Lean Management to identify potential solutions.

with practice at your organisation	Observed staff-patient interactions and workflow patterns.
Gaps identified on the working area.	Delays in discharge summary and billing. Insufficient OPD patient tracking. Communication gaps between departments. Poor signage for patients in OPD. Cleanliness issues and unpleasant odours Lack of parking facilities (a significant concern) Abscond cases are too much in the government setup
Suggestions for improvement	Reduced waiting times Increased patient satisfaction Enhanced communication between departments Improved signage and navigation Better staff-patient interactions Increased efficiency Reduced errors Improved overall quality of care Attention to cleanliness, maintenance, and infrastructure (including parking) is crucial to further enhance patient experiences

Signature of the Student

Sahil yadav

Approved by the IIHMR University's Mentor

Week 4

Name of the Organisation: Department of Medical Education, Rajasthan, Maharana Bhupal Government Hospital RNT Udaipur

Area/ Department/ Project of Summer Internship Program: Hospital Admin Intern

Name of the Student: Sahil Yadav

Roll no: 2065 Stream: MBA (Hospital and Health Management)

Week no 4: From:02/06/2025 to 08/06/2025

Activity Done	Critical Analysis of MAA yojana transition Implementation of single window system for patients of maa yojana, RGHS, Ayushmaan bharat yojana Submitted a report for implementation of laser printer as dot matrix printer was taking 10 seconds more than laser printer. Total time saved 15.16 working hours per week
Linking theory (Classroom learning) with practice at your organisation	Applied Hospital Operations Management concepts. Used Lean Management to identify potential solutions. Observed staff-patient interactions and workflow patterns.
Gaps identified on the working area.	Delays in discharge summary and billing. Insufficient OPD patient tracking. Communication gaps between departments. Poor signage for patients in OPD. Cleanliness issues and unpleasant odours Lack of parking facilities (a significant concern) Abscond cases are too much in the government setup.
Suggestions for improvement	Reduced waiting times Increased patient satisfaction Enhanced communication between departments Improved signage and navigation

	Better staff-patient interactions Increased efficiency Reduced errors Improved overall quality of care Attention to cleanliness, maintenance, and infrastructure (including parking) is crucial to further enhance patient experiences
Plan for the next week	Sustainability efforts Staff training Parking Solutions Feedback collection Waste Management SETU Triple R Rapid Referral System A QR code-based innovation connecting peripheral healthcare centers with tertiary care facilities for faster emergency care. Still working on all these from past weeks.

Signature of the Student

Sahil yadav

Week 5

Name of the Organisation: Department of Medical Science Rajasthan MB Government Hospital, Udaipur

Area/ Department/ Project of Summer Internship Program: Hospital Admin Intern

Name of the Student: sahil yadav

Roll no: 2065 **Stream: MBA(HM)**

Week no 5: From 5/06/2025 to 14/06/2025

Activity Done	◦Implemented Single Window system, replacing dot matrix printers with laser printers. ◦Conducted meetings with staff to brief them on the project. ◦ Delivered a presentation on workflow and implementation. ◦Attended a video call with Hitachi regarding digitizing attendance. ◦Prepared meeting minutes and compiled patient data (OPD, IPD, MA Yojna, RGHS). ◦Gained hands-on experience in government hospital processes, from drafting orders to implementation.
Linking theory (Classroom learning) with practice at your organisation	◦Organizational Behaviours helped me understand people dynamics, behaviours, and resistance, enabling effective project implementation in a government hospital. ◦Human Resource Management enabled efficient resource allocation for the Single Window setup, improving service delivery. ◦National Health Programmes provided insight into government schemes (Maa Yojana, RGHS), facilitating data collection
Gaps identified on the working area.	◦Some operators had a narrow perspective, believing their roles were limited to specific schemes (MA Yojna or OPD). This misconception led to resistance when asked to adapt to broader responsibilities, hindering the Single Window system's implementation.

Suggestions for improvement	◦Clear communication can motivate staff by highlighting their capabilities. ◦Assuring equal workload distribution can reduce hesitation. ◦Building confidence through transparency can ensure smooth project implementation.
Plan for the next week	◦Assessed Single Window system and laser printer implementation to identify areas for improvement. Upcoming goals: ◦ Implement Queue Management System (QMS) within 15 days. Initiate individual summer internship project

Signature of the Student

Sahil yadav

Week 6

Name of the Organisation: Department of Medical Education, Rajasthan

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

Name of the Student: sahil yadav

Roll no: 2065 Stream: MBA Hospital and Health Management

Week no:6 From:16/06/2025 to21/06/2025

Activity Done	Queue Management System (QMS) Planning: Initiated planning for QMS implementation, expected to take more time. Individual Summer Internship Project Initiation: Started working on the project, focusing on critical analysis of Maa Yojana and Setu. Implemented Single Window System: Streamlined patient services by introducing a single window system, reducing wait times and improving efficiency. Laser Printer Installation: Replaced dot matrix printers with laser printers, enhancing printing speed and quality. Staff Briefing and Presentation: Conducted meetings and delivered presentations to brief staff on the project, ensuring smooth implementation. Video Call with Hitachi: Attended a video call regarding digitising attendance, exploring opportunities for process improvement. Meeting Minutes and Data Compilation: Prepared meeting minutes and compiled patient data (OPD, IPD,

	MA Yojana, RGHS), gaining insights into hospital operations.
Linking theory (Classroom learning) with practice at your organisation	Organisation Behaviour: Understanding people dynamics, behaviours, and resistance enabled effective project implementation. Human Resource Management: Efficient resource allocation for the Single Window setup improved service delivery. National Health Programs: Insight into government schemes facilitated data collection and project implementation
Gaps identified on the working area.	Narrow Perspective: Some operators believed their roles were limited to specific schemes, leading to resistance and hindering implementation. Resistance to Change: Staff hesitation due to lack of understanding and confidence in new responsibilities.
Suggestions for improvement	Suggestions for Improvement Clear Communication: Motivating staff by highlighting their capabilities and benefits. Workload Distribution: Assuring equal workload distribution to reduce hesitation. Transparency and Confidence Building: Ensuring smooth project implementation through transparency and confidence building.

Plan for the next week	Parking analysis (Personal Project) Objective: Analysing the current parking condition, and suggesting suitable solutions Methodology: Data collection, stakeholder interviews, process mapping Expected Outcomes: Insights into current parking effectiveness, recommendations for improvement

Week 7

Name of the Organisation: Department of Medical Education, Rajasthan RNT medical college Udaipur

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

Name of the Student: sahil yadav

Roll no: 2065 Stream: MBA Hospital and Health Management

Week no:7 From:23/06/2025 to 29/06/2025

Activity Done	Patient Arrival Time Recording: Documenting the time taken for patients to arrive at the emergency department after referral and assessing the timeliness of care provided. -Doctor-Patient Interaction Observation: Observing doctor-patient interactions to evaluate the quality of care, attention, and communication provided. - Setu System Data Analysis: Analysing data from the Setu system to understand referral patterns, patient outcomes, and potential areas for improvement. Queue Management System (QMS) Planning: Initiated planning for QMS implementation, expected to take more time. Individual Summer Internship Project Initiation: Started working on the project, focusing on critical analysis of Maa Yojana and Setu. Implemented Single Window System: Streamlined patient services by introducing a single window system, reducing wait times and improving efficiency.

	Laser Printer Installation: Replaced dot matrix printers with laser printers, enhancing printing speed and quality. Staff Briefing and Presentation: Conducted meetings and delivered presentations to brief staff on the project, ensuring smooth implementation. Video Call with Hitachi: Attended a video call regarding digitising attendance, exploring opportunities for process improvement. Meeting Minutes and Data Compilation: Prepared meeting minutes and compiled patient data (OPD, IPD, MA Yojana, RGHS), gaining insights into hospital operations.
Linking theory (Classroom learning) with practice at your organisation	Essential of hospital services Staff behaviour, Insight understanding of staff support Organisation Behaviour: Understanding people dynamics, behaviours, and resistance enabled effective project implementation. Human Resource Management: Efficient resource allocation for the Single Window setup improved service delivery. National Health Programs: Insight into government schemes facilitated data collection and project implementation
Gaps identified on the working area.	Narrow Perspective: Some operators believed their roles were limited to specific schemes, leading to resistance and hindering implementation.

	Resistance to Change: Staff hesitation due to lack of understanding and confidence in new responsibilities.
Suggestions for improvement	Suggestions for Improvement Clear Communication: Motivating staff by highlighting their capabilities and benefits. Workload Distribution: Assuring equal workload distribution to reduce hesitation. Transparency and Confidence Building: Ensuring smooth project implementation through transparency and confidence building.
Plan for the next week	Parking analysis (Personal Project) Objective: Analysing the current situation of parking and suggestion suitable solutions for better outcomes Methodology: Data collection, stakeholder interviews, process mapping Expected Outcomes: Insights into parking analysis effectiveness, recommendations for improvement have done all of this but will plan same for next week also so can gather more information regarding it for my personal exposure.

Week 8

Name of the Organisation: Department of Medical Education, Rajasthan Maharana Bhupal Hospital Udaipur

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

Name of the Student: sahil yadav

Roll no: 2065 Stream: MBA Hospital and Health Management

Week no: 8 From:29/06/2025 to 06/07/2025

Activity Done	Critical Analysis parking management Staffing assessment Data Collection: A comprehensive gate to gate survey was conducted to gather data on the number of gurads present during different shifts (morning, evening, and night). Data collection:B In survey data for the equipments used , working conditions of equipment, uniform check, problems faced by guards during duty is collected Deficit Analysis: The analysis identified the deficit in parking management staff and highlighted areas requiring improvement. Parking Staff taff Deficit: The analysis revealed a significant deficit in parking staff across various shifts, with the most pronounced shortage observed during (specify shifts). After completion of survey I found that according to the need of staff there is less staff which is working
Linking theory (Classroom learning) with practice at your organisation	Observed staff-patient interactions and workflow patterns. Human Resource Management: Effective staffing and workforce planning are essential for delivering quality healthcare services.

Gaps identified on the working area.	Shift-wise Staffing Challenges: The existing staffing levels may not be sufficient to maintain the required ratio during all shifts, potentially affecting patient care and safety.
Suggestions for improvement	Staffing Augmentation: Increase the number of parking staff to meet the patient safety and for better parking management , prioritizing areas with the most significant deficits. Shift-wise Staffing: Ensure adequate staffing during all shifts, with a focus on maintaining consistent ratios during peak hours. Training and Capacity Building: Provide ongoing training and capacity-building programs to enhance the skills and competencies of existing parking staff. Monitoring and Evaluation: Establish a system for regular monitoring and evaluation of parking staffing .
Plan for the next week	Survey and collection of data of current parking capacity and locations Collecting data of current parking capacity Data analysis: collecting data of number of bikes and cars which are in the rnt campus by using their own digital marketing system which is based on giving receipts Monitoring and Evaluation: Establish a system to regularly monitor and evaluate staffing levels, adjusting as needed.

Signature of the Student

Sahil yadav

Approved by the IIHMR University's Mentor

Week 9

Name of the Organisation: Department of Medical Education, Rajasthan Maharana Bhupal Hospital Udaipur

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

Name of the Student: sahil yadav

Roll no: 2065 Stream: MBA (hm)

Week no: 9 From:07/07/2025 to 12/07/2025

Activity Done	Single Window System Implementation Initiated the implementation of the Single Window System on Monday to streamline patient registration and service delivery. CM Ayushman Arogya Yojana Review Meeting Participated in the review meeting at the Medical College level to support the effective rollout of the Chief Minister Ayushman Arogya Yojana. Action Taken: Prepared and submitted the minutes of the meeting for official record and follow-up. Guideline for Bed Unavailability Situations Drafted a comprehensive guideline to manage patient admissions and care during periods of bed shortages, ensuring smooth coordination and patient safety. Vision, Mission & Scope of Services Display Submitted geotagged photographs showcasing the display of the organization's Vision, Mission, and Values. Submitted geotagged photographs of the Scope of Services display within the organization. Staff Scheduling Review and Optimization

	Review of Current Practices: Conducted a detailed review of existing staff scheduling to identify coverage gaps and avoid overburdening any team member. Engagement with Nursing Staff: Held focused discussions with nursing personnel to understand their challenges and gather feedback for fairer, more balanced schedules. Contingency Planning: Developed a plan to handle unexpected staff absences, ensuring uninterrupted patient care. Cross-Training Opportunities: Identified areas where staff can be trained for multiple roles, increasing flexibility and reducing workload pressure during peak times. Ongoing Monitoring System: Established a mechanism to regularly monitor staffing levels and schedule effectiveness, allowing for proactive adjustments.
Linking theory (Classroom learning) with practice at your organisation	Staff Scheduling and Operations Management While reviewing shift patterns, I was able to directly apply concepts from hospital operations management. Using principles like workload balancing and efficient resource allocation, we aimed to align staff availability with patient care demands throughout the day, improving both service delivery and staff well-being. Team Engagement and HR Theories Engaging with the nursing staff highlighted the real-world value of human resource management theories. Drawing on Maslow's Hierarchy of Needs and Herzberg's Two-Factor Theory, I recognized how addressing staff concerns and involving them in scheduling decisions fosters a positive

	work environment, improves morale, and enhances team collaboration. Contingency Planning and Risk Handling Developing a backup plan for unexpected absences gave me a chance to apply risk management and contingency theory. By preparing for staffing shortfalls in advance, we ensured that patient care could continue without disruption—reinforcing the importance of proactive planning in healthcare operations. Cross-Training and Staff Flexibility Identifying opportunities for cross-training echoed what we learned in strategic human resource management. Empowering staff with multi-skilled roles not only enhances team adaptability during high-demand periods but also strengthens overall organizational resilience. Monitoring and Continuous Improvement Setting up a monitoring system for staffing and scheduling effectiveness connected well with our lessons on quality management. Applying frameworks like the PDCA (Plan-Do-Check-Act) cycle and principles of Total Quality Management helped us establish a structured, data-informed approach to ongoing improvement in workforce management.
Gaps identified on the working area.	Uneven Staff Distribution Across Shifts Staffing levels were noticeably imbalanced, particularly during night and weekend shifts. This created excessive workload for the available team and impacted the consistency and quality of patient care during those hours. Lack of a Clear Backup Plan for Absences

	In cases of unplanned absences, there was no predefined contingency plan. As a result, last-minute adjustments were common, causing stress for both staff and supervisors and occasionally disrupting the patient care process. Limited Staff Involvement in Scheduling The existing scheduling process did not actively involve the nursing team. Their availability, preferences, and real-time experience were often overlooked, leading to dissatisfaction, occasional scheduling conflicts, and reduced ownership. Restricted Flexibility Due to Role-Specific Training Most staff members were trained for specific roles only. This lack of cross-functional capability limited the team's flexibility and created operational slowdowns when any one role was left unfilled. Outdated and Static Scheduling Practices Once rosters were created, they were rarely reviewed or updated based on real-time feedback or performance. This lack of continuous assessment made it difficult to adapt to evolving needs or challenges effectively. Weak Communication During Shift Handovers The handover process between shifts was inconsistent, with gaps in communication leading to delays, repeated work, or missed follow-ups. Strengthening this transition is crucial to maintaining continuity of care and workflow efficiency.
Suggestions for improvement	Ensure Fair Staffing Across All Shifts Distribute staff more evenly across morning, evening, and night shifts to avoid overburdening specific teams. Implementing a fair rotation system can help prevent fatigue and promote work-life balance.

	Establish a Backup Pool for Absences Create a standby list of trained staff who can be called in during last-minute absences. This approach ensures continuity in patient care without placing additional stress on the regular team. Involve Staff in Schedule Planning Encourage staff participation when preparing duty rosters. Gathering input on individual preferences and constraints helps reduce scheduling conflicts, increases job satisfaction, and strengthens team morale. Promote Cross-Training for Role Flexibility Provide training opportunities that allow staff to learn and perform multiple roles. A multi-skilled workforce enhances adaptability, particularly during peak hours or in cases of unexpected absences. Implement Regular Schedule Reviews Monitor and evaluate staffing schedules continuously. Collect feedback, assess outcomes, and make necessary adjustments to ensure the schedule remains responsive to patient and staff needs. Strengthen Communication Between Shifts Improve shift handovers by standardizing the exchange of critical information. Simple tools like handover checklists, brief written notes, or structured verbal updates can enhance continuity and reduce errors.
Plan for the next week	We are initiating the setup of the Queue Management System (QMS) with the primary objective of streamlining patient flow and significantly reducing waiting times across departments.

	The process will begin with the installation and technical testing of the system to ensure proper functionality. This will be followed by hands-on training sessions for staff to ensure smooth operation and familiarity with the new workflow. A trial run will be conducted to identify and resolve any issues before the full-scale rollout. Our target is to have the QMS fully operational by the end of the week, delivering improved efficiency and a better experience for both patients and staff.

Signature of the Student

Sahil yadav

Approved by the IIHMR University's Mentor

Week 10

Name of the Organisation: Department of Medical Education, Rajasthan Maharana Bhupal Hospital Udaipur

Area/ Department/ Project of Summer Internship Program: Hospital Admin Intern

Name of the Student: sahil yadav

Roll no: 2065 Stream: MBA Hospital and Health Management

Week no: 10 From:14/07/2025 to 19/07/2025

Activity Done	Reviewed the (CoP) document of our hospital and made necessary revisions in alignment with NABH 6th Edition standards. Developed the **IT Maintenance Plan** for the hospital to ensure the seamless functioning of information systems. Prepared a **Contingency Plan for IT** to address unexpected technical failures and ensure business continuity. Framed **Guidelines on Authorized Personnel for Entries in Medical Records** within the IMS, ensuring data integrity and compliance. Drafted a comprehensive **Risk Management Plan** in accordance with **NABH 6th Edition** guidelines to identify, assess, and mitigate organizational risks. Developed the **Service Standards of the Organization**, focusing on patient-centric, safe, and quality care delivery. Formulated **Guidelines for Initiatives Towards Energy Efficiency and Environment-Friendliness**, promoting sustainability in hospital operations as per NABH recommendations. Reviewed and updated the existing ROM and IMS frameworks to ensure alignment with NABH 6th Edition standards. Developed and incorporated new guidelines related to medical record documentation, data security, user access control, and audit Reviewed and updated the existing ROM and IMS frameworks to ensure alignment with NABH 6th Edition standards. Developed and incorporated new guidelines related to medical record documentation, data security, user access control, and audit trail maintenance. The updates aimed to enhance data accuracy, confidentiality, integrity, and ease of retrieval for clinical and administrative use. Also QMS The implementation of the Queue Management System is scheduled for next week. This system is designed to streamline patient flow, minimize waiting times, and enhance the overall efficiency of

	service delivery across hospital departments. Although initially planned for this week, the rollout was postponed due to unforeseen operational constraints Collected all the data for the capacity of parking Did survey for more locations and need for guard staff
Linking theory (Classroom learning) with practice at your organisation	Applied **Lean/Just-in-Time concepts** through the planned Queue Management System to cut wait times and improve patient flow. Used **Communication Planning & Management** to coordinate with clinical, IT, and administrative teams for policy and system rollouts. Also **Research Methods** to identify gaps through observation and analysis, and propose evidence-based improvements. These applications show a clear bridge between classroom learning and real-world hospital quality, efficiency, and patient-centered care.
Gaps identified on the working area.	**IT Maintenance Procedures Not Standardized** There was no formal documentation outlining routine IT maintenance tasks, leading to inconsistent practices. **Lack of a Defined IT Contingency Framework** A structured plan for responding to IT system failures or data loss incidents was missing. Roles and responsibilities regarding who can update records in the IMS were not clearly defined, risking data accuracy. **Risk Management Processes Outdated** The existing risk assessment protocols were not fully aligned with current NABH 6th Edition requirements. **Service Standards Not Uniform Across Departments** Inconsistent or missing departmental service standards led to varied levels of patient care delivery. **Limited Initiatives for Environmental Sustainability** There was a noticeable gap in practices related to energy conservation and eco-friendly hospital operations.

	Postponed Queue Management System (QMS) Rollout Due to operational hurdles, the implementation of QMS was delayed, affecting patient flow improvement plans. **Incomplete NABH Compliance in Some Areas** Several operational areas lacked full adherence to NABH guidelines, especially concerning documentation and quality protocols.
Suggestions for improvement	Implement a standardized IT maintenance schedule. Develop a comprehensive IT contingency and backup plan. Define clear guidelines for authorized medical record entries. Update the risk management plan as per NABH 6th Edition. Create department-specific service standards. Promote energy-efficient and environment-friendly practices. Resolve issues delaying QMS implementation and prioritize rollout. Conduct internal audits to identify and close NABH compliance gaps.
Plan for the next week	We will begin setting up the Queue Management System (QMS) to make patient flow smoother and reduce waiting time. We'll start by installing and testing the system, followed by training the staff on how to use it. A trial run will help us fix any issues before going live. By the end of the week, our goal is to have the system fully ready and working well for both staff and patients.Same as previous week.

Signature of the Student

Sahil yadav

Approved by the IIHMR University's Mentor

Compile Report

Name of the Organisation: Department of Medical Education, Rajasthan Maharana Bhupal Hospital Udaipur

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

Name of the Student: Sahil Yadav

Roll no: 2065 Stream: MBA (HM)

Activity Done	● Attended onboarding, orientation, and explored hospital infrastructure and workflows. ● Implemented the Single Window Registration System across OPD, IPD, MAA Yojana, and RGHS services. ● Switched dot matrix printers to laser printers, improving efficiency and saving working hours. ● Conducted queue management planning and initiated partial setup to streamline patient movement. ● Performed surveys on parking staff, security, and shift-wise guard deployment. ● Collected and analyzed data on waiting times, abscond cases, patient flow, and staff resistance. ● Participated in meetings (including one with Hitachi) on digitization and HR digitization plans. ● Reviewed and drafted hospital policies (IT maintenance, contingency planning, energy efficiency) as per NABH guidelines. ● Completed a personal project analyzing parking effectiveness and staffing requirements.

	• Collaborated with hospital staff on staff scheduling, cross-training, and standardizing shift handovers.
Linking theory (Classroom learning) with practice at your organisation	• Applied Hospital Operations Management in redesigning registration, discharge, and scheduling workflows. • Used Lean Management concepts to reduce patient waiting time and identify system inefficiencies. • Integrated Human Resource Management for task allocation, staff planning, and training needs. • Utilized Organizational Behavior theories to manage resistance and improve staff cooperation. • Applied National Health Programme learnings to analyze and support MAA Yojana and RGHS schemes. • Used Strategic HR theories (Maslow, Herzberg) to improve motivation, team engagement, and staff morale. • Implemented Communication Planning during system changes and team briefings. • Used Research and Quality Management principles (PDCA, TQM) for data-driven decision making. • Practiced Contingency and Risk Management while drafting backup plans for IT and staff gaps. • Leveraged Real-time observation and feedback mechanisms to suggest practical and sustainable improvements.

Gaps identified on the working area.	• Lack of proper waste segregation (missing color-coded bins in departments). • Delay in discharge summaries, patient billing, and documentation processes. • Weak interdepartmental coordination and lack of proper signage for patient navigation. • Insufficient staffing during night and weekend shifts, especially in parking and support services. • Resistance to adopting new systems like Single Window and Queue Management due to role confusion. • No backup plans for absenteeism; shift handovers often lacked clear communication. • Incomplete NABH compliance in areas like IT maintenance, record management, and service protocols. • Staff lacked cross-functional training, affecting flexibility during peak times. • Poor parking staff deployment and inadequate monitoring of parking spaces. • Environmental sustainability practices were limited across hospital operations.
Suggestions for improvement	• Train staff on color-coded waste disposal and reinforce hygiene protocols. • Establish uniform discharge processes and ensure real-time verification of documentation. • Introduce digital signage and navigation aids in patient-heavy areas.

	• Ensure balanced staffing across all shifts and create a standby pool for sudden absences. • Promote staff cross-training to increase flexibility and reduce single-role dependency. • Include staff in scheduling decisions to boost engagement and reduce conflict. • Develop contingency frameworks for IT and service operations to avoid disruptions. • Prioritize the full rollout of Queue Management System and monitor its performance. • Promote eco-friendly practices through awareness and infrastructure updates. • Conduct regular internal audits to ensure compliance with NABH standards.
Learning during Internship	• I learned how hospital operations and workflow systems are practically implemented, going beyond textbook concepts. • Understood the structure and functioning of government health schemes like MAA Yojana, RGHS, and Ayushman Bharat. • Applied principles of Hospital Operations Management, Human Resource Management, and Organizational Behavior in real settings. • Experienced how Lean Management and Quality Improvement frameworks (like PDCA) are used to optimize processes. • Gained a practical understanding of risk management, contingency planning, and NABH accreditation guidelines. • Learned how communication planning and team coordination strategies can reduce delays and resistance in large organizations.

	• I learned how to function and adapt in a government hospital setup, where change is often met with resistance. • Learned how to choose a project, plan its execution, and gather stakeholder support before implementation. • Understood how to communicate with different levels of staff — from computer operators to senior doctors and administration. • Developed skills in conducting field surveys, collecting data, and preparing actionable reports based on ground realities. • Gained confidence in presenting my findings, leading briefings, and responding to feedback from senior officials. • Experienced the importance of patience and persistence when working on long-term improvements in public sector healthcare. • Learned how to manage time and tasks effectively, especially while balancing personal projects with institutional duties. • Improved my decision-making and leadership skills while coordinating cross-functional tasks like Single Window setup and QMS planning. • Understood the value of documentation, follow-up, and proper handovers in ensuring sustainable changes in hospital systems. • Got hands-on exposure to the difference between policy and on-ground execution, which will shape my future work in health management.

Signature of the Student

Sahil Yadav