# SUMMER INTERNSHIP PROGRAM

at

# NEW MEDICAL COLLEGE HOSPITAL (GMC KOTA)

**From 15/05/2025 to 29/07/2025**


A REPORT BY

Dr. Richa Sharma

Master of Business Administration

MBA HM-29

Roll no-2052


**2024-2026**

**Under the Mentorship of**

**Dr. Susmit Jain, Associate Professor**

IIHMR UNIVERSITY

**OFFICE OF THE SUPERINTENDENT NEW HOSPITAL MEDICAL COLLEGE CAMPUS, KOTA**
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NMCH/General/2025/2087 Date : 29.07.2025

# Completion Certification from the Organization

# CERTIFICATE

This is to certify that **Dr. Richa Sharma** of batch of **2024-2026 from IIHMR UNIVERSITY, JAIPUR** (Department of **MBA HOSPITAL AND HEALTH MANAGEMENT**) has worked with our organization for her summer internship from **15 MAY 2025 to 29 JULY 2025**. The overall performance shown by her during the period was excellent.

Date :- 29-07-2025

(Dr. Ashutosh Sharma)
Medical Superintendent
New Hospital Medical
College Campus, Kota

IIHMR UNIVERSITY

# IIHMR University Faculty Mentor Approval

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

She has carried out work as per the guidelines. Her poster is approved for presentation.

Date: 30.07.2025

(Signature of Faculty Mentor)

Name: **Dr. Susmit Jain**

Designation: Associate Professor,
IIHMR University, Jaipur.

# NEW MEDICAL COLLEGE HOSPITAL (GMC KOTA)

Dr. Richa Sharma | Roll No. 2052 | MBAHM 29 | Batch 2024-26
Faculty Mentor : Dr. Susmit Jain | Organization Mentor : Dr. Ashutosh Sharma

NMCH Kota is a government tertiary care teaching hospital affiliated with Government Medical College, serving a population of over 5 districts. It caters to 5000–6000 OPD patients per day, with full-fledged diagnostic, emergency, inpatient, and specialist services along with ICU, OT, blood bank, kidney transplant units and oxygen plant.

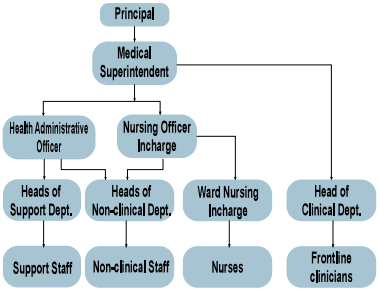
## MISSION:

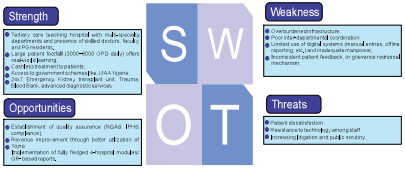
The mission is to provide excellent medical education and promote equitable healthcare in underserved areas.

## VISION:

The vision is to deliver affordable, ethical, and quality medical care to all sections of society and produce skilled, ethical, and compassionate doctors committed to serve the community.

## ORGANOGRAM




## STUDY 1 : STUDY ON AUDIT OF THE LABORATORY REPORT RETRIEVAL AMONG OPD AND IPD PATIENTS IN GOV. HOSPITAL

### RESEARCH METHODOLOGY

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|---|---|---|
| **Location of study** | : | New Medical College Hospital (GMC Kota) |
| **Study design** | : | Descriptive cross-sectional |
| **Study period** | : | 30 days |
| **Sample size** | : | 1000 patients (OPD and IPD) report audited from 3 departments. |
| **Data type** | : | Both quantitative and qualitative data Data collection procedure |
| **Data collection Tool:** | | Manual registers/logbooks, informal interviews |
| **Data analysing Tool:** | | MS excel |

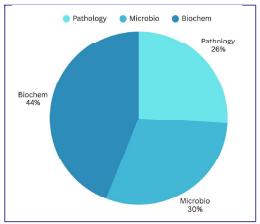


*FIG. 1 Average OPD non-report retrieval rate of resp. departments (CENTRAL LABORATORY)*

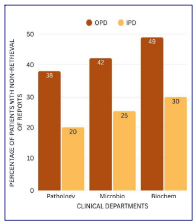


*FIG. 2 Comparison between the non-report retrieval rate of OPD v/s IPD in the resp. departments*

### DISCUSSION

- ✓ Unawareness of report availability. (What time, Where available)
- ✓ Physical inconvenience in revisiting.
- ✓ Poor wayfinding to lab and lack of guidance (report collection for same day reports occur post OPD
  Lack of online access to reports

### SUGGESTIONS

- ✓ Integrate report status in IHMS,
- ✓ Enable SMS alerts to notify patients when reports are ready.
- ✓ Install a report kiosk or a small digital helpdesk at OPD exit for easy retrieval of reports both manually and digitally.

### TOWS

| | Opportunities | Threats |
|---|---|---|
| Strengths | Leverage Capacity | Mitigate Shortages |
| Weaknesses | Digitize Systems | Fix Gaps |

### IMPLEMENTED

**Hospital transitioned to online lab. reporting for IPD (pilot project)**

## STUDY 2 : STUDY ON ASSESSMENT OF MAA SCHEME UTILIZATION AND QUERY PATTERNS AMONG IPD PATIENTS

### RESEARCH METHODOLOGY

Descriptive observational 1000 inpatient cases admitted across 3 major wards during a 1-month period was reviewed to assess MAA Yojana eligibility, enrolment status, and package utilization.

TYPE OF DATA : Quantitative data (admission count, enrolment figures and packages booked) and qualitative insights (staff responses, patient interaction, and system observation).

DATA COLLECTION TOOLS : Manual record audit, portal-based package verification, informal interviews with staff and patients,

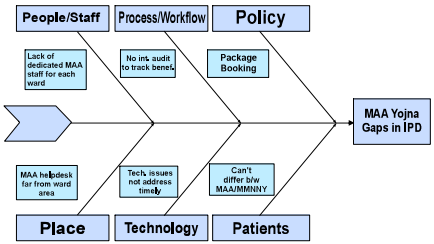


*FIG. 3 Fish Bone Analysis of MAA Yojna*

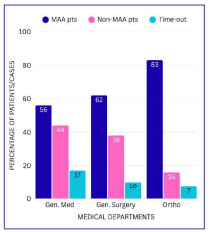


*FIG. 4 Comparison of Utilization of MAA Yojna in resp.dept.among IPD patients*

### SUGGESTIONS

- ✓ Floor wise chambers for MAA Yojna process
- ✓ Monthly review of query trends
- ✓ Package training for doctors
- ✓ Improve inter departmental coordination and develop a digital tracking system to ensure easy mapping of pts.
- ✓ New tablet for photo capturing and finger verification machine ( making ward to ward MAA admission easy)

### OTHER TASKS : PROJECT ON BLOOD BANK COSTING

- Cost calculated for per unit bag.
- Taken 3 Guest lectures .
- Assisted in blood donation camp
- Speaker in kidney awareness donation drives.

### IMPLEMENTED

**"Photo and fingerprint verification for TID in wards has commenced. Tablets and biometric verification machines have been procured and deployed. Additionally, the Request for Construction (RC) regarding floor-wise chambers has been approved."**

### THEORETICAL LEARNING

- Learned concepts like lean healthcare, health schemes, patient flow,
- Digital health systems like IHMS
- Ideal patient journey models
- Conceptual framework of national schemes
- Concepts of health economics and financing

### PRACTICAL LEARNING

- Observed real barriers like digital illiteracy, poor patient guidance, and resistance to tech adoption.
- Real OPD/IPD flow marked by confusion,
- Ground-level gaps in compliance due to manpower shortage,
- Leadership, communication, and improvisation matter more than paper protocols in real-time decision-making.

### LEARNING & USEFULNESS

- ✓ Learned about the real-world health system gaps.
- ✓ Financial Understanding in public hospitals
- ✓ Designing low-cost implementable solutions
- ✓ Patient behaviour and flow analysis
- ✓ Self-development of soft skills like communication, negotiation and conflict resolution skills.

### CHALLENGES FACED

- ✓ Operational Challenges, Infrastructure & Facility Gaps, Technological & Systemic Issues, Human Resource Constraints
- ✓ Manual data collection for my projects as there was no record for how many reports left uncollected,
- ✓ Went ward to ward for collection of MAA Yojna data as there is no single compilation of that data for the scheme.
- ✓ Very slow escalation of processes and resistance to change in gov sector for any improvements.

# WEEKLY REPORT ONE (1):

**Name of the Organisation: NEW HOSPITAL MEDICAL COLLEGE CAMPUS (GMC KOTA)**

**Area/ Department/ Project of Summer Internship Program: MANAGEMENT INTERN**

**Name of the Student: Dr. Richa Sharma**

**Roll no: 2052**

**Stream: MBA (Hospital and Health Management)**

**Week no:1 From:15/05/2025 to 17/05/2025**

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| **Activity Done** | ➢ On the first day, the formalities and hospital joining were completed. **Reported to MS** (Medical Superintendent of the hospital) and given a brief about myself with an introduction.<br>➢ On the second day, a **brief visit** to the hospital was made. The **nursing superintendent** gave an orientation of the hospital.<br>➢ On the third day, a task was assigned from the secretary's office for the upcoming three days, requiring me to collect data for various KPIs (Key Performance Indicators), such as average waiting time in the OPD, laboratory, and claim beneficiary data, among others. Data was collected regarding the same. |
| **Linking theory (Classroom learning) with practice at your organisation** | ➢ Learned about **health performance indicators** in class and applied this knowledge by collecting and analysing data as analyzing average waiting times across OPD, laboratory, and radiology. |
| **Gaps were identified in the working area.** | ➢ Significant **delays** have been observed in the average waiting time of patients across the OPD, laboratory, and radiology.<br>➢ More keen observation will start from next week. |
| **Suggestions for improvement** | ➢ As I have observed for a very short period, there are not many suggestions for this week.<br>➢ **The long average waiting time** of patients can be reduced by applying a token system of **QMS** |

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| | **(Queue management system),** and the same can be started for the lab as well as the radiology department later. |
| **Plan for the next week** | ➢ Next week, the observation of the other departments, which will serve as a laboratory, diagnostics, will be done.<br>➢ The Allotted Superintendent has planned an **order** for observing various departments in line so that, after keen observation, loopholes can be assessed more clearly, and work can be done for removing those gaps.<br>➢ Apart from that timely tasks coming from the secretary's office are to be dealt with. |

## WEEKLY REPORT 2 (SECOND WEEK)

**Name of the Organisation: NEW MEDICAL COLLEGE HOSPITAL (GMC KOTA)**

**Area/ Department/ Project of Summer Internship Program: MANAGEMENT INTERN**

**Name of the Student: Dr. Richa Sharma**

**Roll no: 2052**

**Stream: MBA (Hospital and Health Management)**

**Week no: 2 From:19/05/2025 to 24/05/2025**

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| **Activity Done** | ➢ During the first day, data collection for the KPI's (as mentioned in my last report) was done as the deadline to submit the report on the same was drawing near. A brief report on the KPI's like average waiting time in OPD and laboratory, for CT-SCAN/MRI, **bed occupancy rates,** etc, was sent after calculating the parameters.<br>➢ During the second day, **OPD observation** was done, **IPHS** standards were studied, and then, according to the checklist by IPHS for the medical colleges, OPD was visited, the registration process using the **IHMS portal** was understood, and gaps were found.<br>➢ During the third day, various OPD departments were observed, like General Medicine, Skin, and Paediatrics, and a whole mapping of the patient journey was done from OPD to lab/radio/DDC.<br>➢ During the fourth day, the **JSSY** registration process, its beneficiaries, and the functions were understood from the **programme officer** of the scheme.<br>➢ During the fifth day, a task for calculating the average waiting time for the patient on **DDC** was allotted by the secretary, sir, and data regarding the same was collected and sent to the office.<br>➢ During the sixth day, the rest of the OPD departments, like **ortho, psychiatry,** were observed. |

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| **Linking theory (Classroom learning) with practice at your organisation** | ➢ Used knowledge from the **National Health Programs** module for understanding the JSSY (Janani Shishu Suraksha Yojna).<br>➢ Used knowledge from the **quality** standards, studied IPHS guidelines, and practically observed them. |
| **Gaps were identified in the working area.** | ➢ Various gaps were being identified in the **OPD** department. There is no proper sitting or **waiting space** for OPD patients, and no **queue management** system.<br>➢ Lack of **digital literacy** among patients regarding the IHMS app (digital appointment system). |
| **Suggestions for improvement** | ➢ The waiting area can be **increased,** and an adequate no. of benches can be used there. For QMS, a **token system** or a system of **digital appointment** can be used; awareness among the patients can be created regarding the online IHMS appointment.<br>➢ Banners/scanners or **kiosks** can be placed at the main gate, which can convey the benefits of using the online system to the patient and create awareness among them, and help them.<br>➢ Proper large **posters** with signage and large alphabets in the **local language** should be present at the main gate regarding the OPD days of the respective hospital. Doctors.<br>(TENDER FOR THE IEC WAS APPROVED DUE TO THE SUGGESTIONS GIVEN) |
| **Plan for the next week** | ➢ Next week, observation of other departments like pharmacy and accident, emergency, and trauma will be done. |

# WEEKLY REPORT 3 (THIRD WEEK)

**Name of the Organisation: NEW MEDICAL COLLEGE HOSPITAL (GMC KOTA)**

**Area/ Department/ Project of Summer Internship Program: MANAGEMENT INTERN**

**Name of the Student: Dr. Richa Sharma**

**Roll no: 2052**

**Stream: MBA (Hospital and Health Management)**

**Week no: 3 From:26/05/2025 to 31/05/2025**

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| **Activity Done** | ➢ On the first day, detailed observations and documentation of the respective departments in the OPD were conducted. Parameters like **Footfall** in respective OPDs of the day, average consultation time, and arrival time of the patient were calculated. Gap analysis was done. Also, **DOTS** therapy was understood at various levels.<br>➢ During the second day, the **immunization** process was understood in that department, and the plaster room was visited and audited. Later, a process of data collection and storage (on **JSSY** - Janani Shishu Suraksha Yojna) was explained by one of the program coordinators of the scheme, and the coverage of the scheme was understood.<br>➢ During the third day, **DDCs (Drug Delivery Counters)** were visited, and the investigation registration desk was visited, and the process of cash flow was understood there, and an audit was carried out in DDCs in compliance with the IPHS guidelines.<br>➢ On the fourth day, a brief round of laboratory work was conducted, and the process flow was understood for the biochemistry, microbiology, and pathology labs. A gap analysis was also performed in this regard.<br>➢ During the fifth day, a notice for inspection to check the **cleaning** services of the hospital was being circulated from the secretary's office, and an inspection was conducted. The team from Jaipur |

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| | was accompanied, and a round of the full premises was taken with them.<br>➢ During the sixth day, the admission process for (**MAA Yojna**- Mukhyamantri Arogya Yojna) was understood, and a visit to **CMS** (Central Medical Store) was conducted, and the process of drug delivery from the store to DDCs through E-Aushdhi was investigated. |
| **Linking theory (Classroom learning) with practice at your organisation** | ➢ Schemes like **JSSY,** etc, were understood and delved deeply into due to the strong foundation of National Health Programs.<br>➢ **Health Economics** and Financial Management subjects have given a base for understanding the cash flow process, etc. |
| **Gaps were identified in the working area.** | ➢ Various gaps were being identified in the respective OPDs. The average waiting time and arrival time were way more than the average consultation time. The patient must stand in **long queues,** starting from registration to the investigation process.<br>➢ Only some of the benefits of the JSSY scheme were being provided by the hospital, and it is observed that there is a certain lag in the process of JSSY. **Documentation** of the scheme was not proper and was poorly managed.<br>➢ In some departments like Medicine and Skin OPD, a poor no. of staff on **busy days** (Monday, Tuesday, and Wednesday) was being observed. Not an adequate no. of **staffing** of resident doctors is there compared to the footfall on busy days.<br>➢ Poor **basic facilities** like coolers, water campers, etc, were not present in the DDCs, which are situated just at the front gate of the hospital. **CMS** (Central Medical Store) of the hospital doesn't have a well-built infrastructure, and no cooling system is there for the medicines that are to be stored at a cool temperature. (Certain DDCs lack any kind of cooling system, leading to **wastage** of medicine.) |

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| **Suggestions for improvement** | ➢ Duration of **internal audits** for DDCs can be increased (once every 3 months) to check the proper functioning and supply chain management of DDCs and CMS (Central Medical Store).<br>➢ Enough **security guards** /volunteers for queue management on busy days should be appointed at the front gate in the OPD.<br>➢ More paramedics and doctors **staffing** in OPD during the busiest days of the week. (Manpower increase)<br>➢ A proper cooling system/ **ILR** can be provided to keep the medicines at optimum temperature and storage conditions. |
| **Plan for the next week** | ➢ Next week, observation of other departments like the blood bank, the accident and emergency, and the trauma will be done.<br>➢ Apart from it, the timely tasks coming from the secretary's office are to be dealt with. |

# WEEKLY REPORT 4 (FOURTH WEEK)

**Name of the Organisation: NEW MEDICAL COLLEGE HOSPITAL (GMC KOTA)**

**Area/ Department/ Project of Summer Internship Program: MANAGEMENT INTERN**

**Name of the Student: Dr. Richa Sharma**

**Roll no: 2052**

**Stream: MBA (Hospital and Health Management)**

**Week no: 4 From:02/06/2025 to 07/06/2025**

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| **Activity Done** | ➢ During the first day, the **MAA Yojna** admission process and online registration process/desk were observed. Understood the process of MAA admission and the claim submission process.<br>➢ During the second day, the **RGHS** (Rajasthan Government Health Scheme) process flow and discharge process of the MAA Yojna patients were further investigated and understood.<br>➢ During the third day, a visit to the **blood bank** was done, and processes like sample collection of recipients to donor cross-matching were understood. **E-rakhthkosh** working was observed and understood.<br>➢ During the fourth day, the process of admission for patients under **PM-JAY** (Pradhan Mantri Jan Arogya Yojna) was studied and learnt. The discharge process for them was also understood. Later, A **VC (video** conferencing) with the **secretary, sir** held, and a task to do data analysis for the MAA yojana for one week was given to us.<br>➢ During the fifth day, **the emergency DDC procedure**, the procedure for **Noc** issue, and the **emergency x–ray room** were visited.<br>➢ On the sixth day, a visit to the **radiology** department was made, and a gap analysis was done there. CT-scan, MRI, sonography, and X-ray rooms were seen. |

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| **Linking theory (Classroom learning) with practice at your organisation** | ➢ **Digital health** made the understanding of portals like IHMS**, E-aushadi,** E**-rakhtkosh,** etc easier.<br>➢ **Inventory management** studied in the class was done practically, and ground-level observations were made. |
| **Gaps were identified in the working area.** | ➢ **Poor quality** of DMP printers and shortage of manpower are leading to crowding at the MAA Yojna admission desk. **Improper mentioning** of proper package codes by doctors and a lack of awareness of the package codes among the staff are leading to **queries raised** and **delays in the discharge process** of patients as well.<br>➢ **Improper coordination** between the blood bank and the investigation slips desk leads to unnecessary patient movement from one place to another, causing **patient inconvenience**. |
| **Suggestions for improvement** | ➢ **Use of Laser printers** for the MAA desk is suggested.<br>➢ **DDC** near the emergency DDC must also run for some time after 2 p.m., so that the whole rush doesn't only get concentrated on that very DDC post OPD hours.<br>➢ **One separate chamber**/line for IPD admission for pregnant women/senior citizens. |
| **Plan for the next week** | ➢ Next week, observation of other departments like and accident, emergency, and trauma will be done. |

# WEEKLY REPORT 5 (FIFTH WEEK)

**Name of the Organisation: NEW MEDICAL COLLEGE HOSPITAL (GMC KOTA)**

**Area/ Department/ Project of Summer Internship Program: MANAGEMENT INTERN**

**Name of the Student: Dr. Richa Sharma**

**Roll no: 2052**

**Stream: MBA (Hospital and Health Management)**

**Week no: 5 From:09/06/2025 to 14/06/2025**

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| **Activity Done** | ➢ During the first day, the **Emergency Department** and the emergency ward were observed. Preparation of the emergency department for handling the **mass casualties** was seen.<br>➢ During the second day, **MAA Yojna** data collection was done for the three days. Different wards **(IPD**) were visited, and data collection for the same was done.<br>➢ During the third day, the **trauma ward** was visited, and the remaining process of data collection for MAA Yojna was done.<br>➢ During the fourth day, the **Emergency OT** and Emergency X-ray rooms were observed. Various gaps were analysed in these processes.<br>➢ During the fifth day**, the Surgical ICU** was examined and observed. The process flow for ICU, staffing, and the functioning of necessary equipment was investigated.<br>➢ On the sixth day **was World Blood Donor Day,** and the management of the **blood camps** was done, as two camps were organized by the hospital. |
| **Linking theory (Classroom learning) with practice at your organisation** | ➢ I understand emergency preparedness and disaster management.<br>➢ **The Essentials of Hospital Services** module gave an insight into the workings of different departments. |

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| **Gaps were identified in the working area.** | ➢ A smaller number of conversions of IPD patients into MAA patients due to **non-renewal** of the scheme by the patients, equal health facilities are available in the Domicile of Rajasthan (free of cost treatment), so patients avoid any kind of inconvenience involved in the process of MAA Yojna admission.<br>➢ **No triage** or coding in the emergency department as well, and no senior doctor examines the patient in the emergency department. (Instead, Junior PG residents do.) |
| **Suggestions for improvement** | ➢ A minimal **user charge** for the patients receiving treatment services from the Domicile of Rajasthan**. Floor-wise** setup of MAA counters can be done so that the MAA documentation process can be feasible for the patient/attendant.<br>➢ A separate system of **triage** can be set up, and paramedics/triage officers can be posted there to do the process of triaging process.<br>➢ Volunteer members or **regular rounds** of authorities can be there during the peak hours of emergency, and strict rules to **monitor** the respective staff on duty should be there. |
| **Plan for the next week** | ➢ Next week, observation of other departments like the Kidney Transplantation Unit, General Medicine, and General Surgery Wards is planned.<br>➢ Also, selection of the project topic with the discussion and synopsis is to be made by the end of the week.<br>➢ Apart from it, the timely tasks coming from the secretary's office are to be dealt with. |

# WEEKLY REPORT 6 (SIXTH WEEK)

**Name of the Organisation: NEW MEDICAL COLLEGE HOSPITAL (GMC KOTA)**

**Area/ Department/ Project of Summer Internship Program: MANAGEMENT INTERN**

**Name of the Student: Dr. Richa Sharma**

**Roll no: 2052**

**Stream: MBA (Hospital and Health Management)**

**Week no: 6 From:16/06/2025 to 21/06/2025**

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| **Activity Done** | ➢ During the first day**,** problems related to **QNS** (Quantity of samples insufficient) were investigated, and the data for the previous month of the **biochemistry lab** were collected and analysed, and the suggestions were presented before MS.<br>➢ During the second day, **radiology** gap analysis was discussed with the doctor in charge there, and implementation of the suggestions given for MAA Yojna was seen.<br>➢ During the third day, **RICU (Respiratory ICU)** was observed, and the process flow was understood there.<br>➢ During the fourth day, data for the **conversion** to OPD>>IPD and IPD >>MAA Yojna beneficiary (previous month) were collected, analysed, and the results were reported to the MS.<br>➢ During the fifth day**, the Kidney Transplant Unit (KTU**) was observed and understood.<br>➢ On the sixth day**, the Geriatric**/senior citizen wing was observed, and a gap analysis for the same was done. Geriatric OPD, cash counter, and geriatric medical store were visited, and an audit was carried by NQAS checklist. |
| **Linking theory (Classroom learning) with practice at your organisation** | ➢ Built a foundation for understanding operational efficiency and the hospital management system.<br>➢ Insights into the NQAS standards and checklist. |

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| **Gaps identified in the working area** | ➢ MAA Yojna IPD data for the other state candidates and some APL patients were **missing/incomplete** in certain departments.<br>➢ No tacrolimus levels **screening tests** done in **HLA lab** (significant tests during kidney transplant), costly outside.<br>➢ **No separate unit** of X-ray in geriatric wing, no **wheelchairs**/walkers/stretchers available at the main door on the wing, **under awareness** of the senior citizens for a separate department for them, **no senior doctor**/resident for the OPD in geriatric wing.<br>➢ **No guard/**volunteer for guiding/providing support to geriatric patients coming alone. |
| **Suggestions for improvement** | ➢ Tie-ups can be done with the nearby private hospital regarding the screening of the tacrolimus levels.<br>➢ Different stickers or an online tracking system for tracking MAA patients can be used.<br>➢ Some wheelchairs/trolleys can be placed at the front gate of the geriatric wing, and a ward boy/guard can be deployed for the safe movement of old patients. |
| **Plan for the next week** | ➢ Next week, observation of other departments like Major OT, General Medicine, and General Surgery Wards is conducted.<br>➢ Apart from it, the timely tasks coming from the secretary's office are to be dealt with. |

# WEEKLY REPORT 7 (SEVENTH WEEK)

**Name of the Organisation: NEW MEDICAL COLLEGE HOSPITAL (GMC KOTA)**

**Area/ Department/ Project of Summer Internship Program: MANAGEMENT INTERN**

**Name of the Student: Dr. Richa Sharma**

**Roll no: 2052**

**Stream: MBA (Hospital and Health Management)**

**Week no: 7 From: 23/06/2025 to 28/06/2025**

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| **Activity Done** | ➢ During the first day, observation of the **Major OT** was done, and process flow, sterilization, and **WHO** Surgical Safety guidelines were understood and observed to see if they are followed in the Major OT.<br>➢ During the second day, the **Geriatric** Department was observed, and the laboratory, physiotherapy, and IPD Wards in the geriatric department were investigated.<br>➢ During the third day, the **NICU/PICU (Neonatal ICU)** was observed, and the process flow was understood there.<br>➢ During the fourth day, the process of **MNDY** (Mukhya mantri Nishulk Dawa Yojna), **MNJY** (Mukhyamantri Nishulk Jaanch Yojna) was understood, and the portals associated with them were learnt.<br>➢ During the fifth day**, the minor OT** and **TCC** room (Tobacco Cessation Centre) was covered, and work was observed there. Counsellors were approached and asked about the usefulness of the centre and the type of documentation there.<br>➢ On the sixth day**,** gap analysis was done for the laboratory departments and discussed with the doctor-in-charge there. |

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| **Linking theory (Classroom learning) with practice at your organisation** | ➢ Strategic management and operational management were learnt and practically implemented here.<br>➢ Learned about the zoning in OT, infection control<br>➢ Learned about the standards for NABH and NQAS in quality assurance. |
| **Gaps identified in the working area** | ➢ **No separate** X-ray unit in the geriatric ward, and **improper** biomedical **waste** management in the same ward.<br>➢ A **smaller** number of incubators in the NICU compared to the number of patients. Two babies were placed in one incubator, and **no proper sterilisation** of the NICU was maintained. |
| **Suggestions for improvement** | ➢ Use **color-coded floor** signage from the main entry to guide elderly patients to the geriatric section.<br>➢ One -two **senior doctors** should sit in the geriatric wing at least two days a week.<br>➢ Already **conducted an informal session** on how to reduce **patient falls** among geriatric patients. |
| **Plan for the next week** | ➢ Next week, observation of other departments like General Medicine, General Surgery Wards is seen into.<br>➢ Apart from it, the timely tasks coming from the secretary's office are to be dealt with. |

# WEEKLY REPORT 8 (EIGHTH WEEK)

**Name of the Organisation: NEW MEDICAL COLLEGE HOSPITAL (GMC KOTA)**

**Area/ Department/ Project of Summer Internship Program: MANAGEMENT INTERN**

**Name of the Student: Dr. Richa Sharma**

**Roll no: 2052**

**Stream: MBA (Hospital and Health Management)**

**Week no: 8 From:30 /06/2025 to 05/07/2025**

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| **Activity Done** | ➢ During the first day, observation of the HLA lab was done, and general surgery, general medicine wards were visited for collecting MAA Yojna data.<br>➢ During the second day, **patient movement** of the transplant patient was tracked, and the **inter-coordination** among the laboratory, radiology, blood bank, and KTU was understood.<br>➢ During the third day, a **synopsis** of the upcoming projects was finalized, and an overall IPD round was done.<br>➢ During the fourth day, **data collection** for the **projec**t on wastage and underutilization of diagnostic services was done.<br>➢ During the fifth day**,** a report on the **quantity of ADS** available in the **central store** was sent to the headquarters.<br>➢ On the sixth day**, the ART (anti-retroviral therapy) centre** was visited, and the process flow of counselling and documentation was understood there. |
| **Linking theory (Classroom learning) with practice at your organisation** | ➢ Service delivery optimization and process mapping were understood.<br>➢ IPHS guidelines and NQAS standards were studied.<br>➢ Data collection tools were understood, and inventory management was learnt. |

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| **Gaps identified in the working area** | ➢ **Delayed** and incomplete entry was found in the documentation of the ART process.<br>➢ **The feedback** and **referral process** were not in line with DOTS, ICSH, and lower centres.<br>➢ In the laboratory, there is **wastage** of diagnostic reporting, as there is **poor retrieval** of offline reports by patients.<br>➢ **Delay** in receiving patients for IPD wards due to poor coordination among departments and trolley unavailability on time. |
| **Suggestions for improvement** | ➢ All the data must be **verified** at the end of the day by assigned doctors, and **coloured markers** or flags can be used for incomplete files.<br>➢ **Logbook maintenance** should be there to maintain complete referral and tracking of patients.<br>➢ **Streamlining patient flow** and an adequate number of trolleys/wheelchairs at the front gate can solve many issues. |
| **Plan for the next week** | ➢ Next week, observation of other departments like Gynae wards, Psychiatry wards, etc, will be done, and ortho wards will be seen.<br>➢ Apart from it, the timely tasks coming from the secretary's office are to be dealt with. |

# WEEKLY REPORT 9 (NINTH WEEK)

**Name of the Organisation: NEW MEDICAL COLLEGE HOSPITAL (GMC KOTA)**

**Area/ Department/ Project of Summer Internship Program: MANAGEMENT INTERN**

**Name of the Student: Dr. Richa Sharma**

**Roll no: 2052**

**Stream: MBA (Hospital and Health Management)**

**Week no: 9 From:07/06/2025 to 12/07/2025**

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| **Activity Done** | ➢ During the first day**,** a visit to **the MRD** (Medical Records Department) was made, and **data collection** was done for the blood banking costing project.<br>➢ During the second day, patient movement from and to the **blood bank** was observed, and inter-departmental coordination was understood between the blood bank and other departments.<br>➢ During the third day, data collection for the laboratory project (IPD patients) was done, and the Common Biomedical Waste Treatment Facility **(CBWTF)** was visited.<br>➢ During the fourth day, data analysis for the MAA Yojna project was done, and the **discharge process** was understood comprehensively.<br>➢ During the fifth day, **the IHMS** module of biomedical waste management **(BMW)** was understood, and a visit to the Annapurna kitchen was done.<br>➢ On the sixth day**, a guest lecture on BMW management** was given by me in the blood bank, and **sensitization of staff** was done on the same day. |

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| **Linking theory (Classroom learning) with practice at your organisation** | ➢ **Biomedical Waste Management** concepts were briefly understood, and ground-level management of biomedical waste was observed.<br>➢ Learnt about the reimbursement documentation in health economics. |
| **Gaps identified in the working area** | ➢ Despite the availability of photo capture tablets and finger verification machines**, lack of staff** to go for verification of emergency TIDs in the wards of MAA Yojna.<br>➢ Quite a **delay in coordination** between the wards and the discharge process desk. (MAA Yojna patients).<br>➢ **Less awareness** among patients regarding TCC (Tobacco cessation centre) and its **underutilization**.<br>➢ **Improper segregation** of waste in some wards and less awareness regarding BMW rules and guidelines. |
| **Suggestions for improvement** | ➢ Any volunteer or **staff** needed to assist in ward-to-ward verification of MAA Yojna patients.<br>➢ **Regular training** at intervals of Biomedical waste handling to lower-class workers as well.<br>➢ **IEC required** for creating awareness regarding the TCC room, and proper staff/ counsellors required there in OPD hours. |
| **Plan for the next week** | ➢ Next week, observation of other departments like the Post Gynae ward and the Dermatology ward will be done.<br>➢ A guest lecture on some topic must be planned with MS. |

# WEEKLY REPORT 10 (TENTH WEEK)

**Name of the Organisation: NEW MEDICAL COLLEGE HOSPITAL (GMC KOTA)**

**Area/ Department/ Project of Summer Internship Program: MANAGEMENT INTERN**

**Name of the Student: Dr. Richa Sharma**

**Roll no: 2052 Stream: MBA (Hospital and Health Management)**

**Week no: 10 From:14/06/2025 to 19/07/2025**

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| **Activity Done** | ➢ During the first day, **an** observation of the **oxygen plant** room and **laundry** building was done.<br>➢ During the second day, data for the blood bank project was collected, and **costing insights** were taken from the in-charge there.<br>➢ During the third day, a **guest lecture on NQAS standards in the blood bank was given by me,** and sensitization of the doctors and PG residents on quality standards was done.<br>➢ During the fourth day, a visit to the Mortuary and hospital kitchen was done for hygiene and cleanliness.<br>➢ During the fifth day, **a guest lecture on PATIENT SAFETY was given by me** for nurses and ward bo**ys**, to sensitize people on Patient Safety, and one task of collecting EDL from DDCs and stockouts was completed.<br>➢ On the sixth day, **there was a KIDNEY DONATION AWARENESS CAMPAIGN, assisted by me, wherein I was one of the speakers,** and insights about the NOTTO and the system were understood. |
| **Linking theory (Classroom learning) with practice at your organisation** | ➢ Understood the concepts of hospital financing and economics.<br>➢ Practical experience of quality standards and IPHS checklists, etc.<br>➢ Gained insights on communication skills and BCC. |

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| **Gaps identified in the working area** | ➢ The roof of the laundry building was **leaking** due to poor maintenance of the building. (Many other areas in the hospital have the same leakage problem in the rain.)<br>➢ Hesitation/**Resistance to change** among staff to proceed to the online lab reporting system.<br>➢ **Poor signage** and wayfinding of patients post OPD hours for laboratory report retrieval (comes to gate no 1 and 2 and is directed to gate no 4). |
| **Suggestions for improvement** | ➢ **Maintenance** of the hospital infrastructure should be done from time to time, with the fixation of leakages.<br>➢ **Server room** staff members can motivate and give **training** to some motivated/tech-savvy persons and designate them as peer trainers for others.<br>➢ A **red line concept** can be started, wherein the red line can guide patients across the hospital to the laboratory. |
| **Plan for the next week** | ➢ Next week seminar on other topics will be held.<br>➢ Also, some more kidney awareness campaign drives will be assisted, and project work will be finalized.<br>➢ Apart from it, the timely tasks coming from the secretary's office are to be dealt with. |

# COMPILED REPORTING FORMAT

**Name of the Organisation: NEW MEDICAL COLLEGE HOSPITAL (GMC KOTA)**

**Area/ Department/ Project of Summer Internship Program: MANAGEMENT INTERN**

**Name of the Student: Dr. Richa Sharma**

**Roll no: 2052**

**Stream: MBA (Hospital and Health Management)**

**From: 15/05/2025 to 29/07/2025**

| Activity Done | **DEPARTMENT VISIT AND LEARNINGS** |
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**OPD:**

- Patient movement tracked from OPD to consultation and registration process in the OPD was understood, time-motion **key performance indicators (KPI's)** were calculated.
- Different **OPD departments** like General Medicine, General Surgery, Gynecology, and Ortho were visited, and the process flow was understood there.
- Observed patient flow, crowd and **queue management** (QMS), prepared a gap analysis for the OPD department, and presented it.
- Understood the process of registration through the IHMS portal, as the **RGHS/MAA** desk and online query window, and patients' feedback were taken on the same.

**DIAGNOSTICS (MRI, CT, X-RAY, USG):**

- I learned about diagnostic procedures like X-ray registration, MRI, CT-scan registration process, and report retrieval process.
- Process-mapping, token system, and **QMS** were observed there. Patient movement from the OPD to the diagnostics was understood.
- **Crowd** management in the diagnostics was done, and an internal audit was conducted based on the checklist by NQAS standards.
- Documented various **gaps** and presented them to MS.

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| | **LABORATORY:**<br>• Microbiology, Pathology, and Biochemistry labs were visited, and the **registration process** and waiting area were observed there.<br>• The laboratory **reports retrieval** and collection process was understood, and sample collection, distribution, and labeling were observed in all three labs.<br>• A brief report on **QNS** (Quantity not sufficient) was prepared after data collection for one month and submitted to MS.<br>• Readiness of the labs regarding **LIMS** was assessed, and information was given to the server room.<br><br>**DRUG DISTRIBUTION COUNTER(DDC):**<br>• Understood the process of **dispensing** medicines and tracked the queue flow of patients in OPD hours.<br>• Patient journeys from OPD registration to DDC were mapped, and an int. **audit** in different DDCs was done by taking the NQAS checklist for DDCs.<br>• Interaction with registered **pharmacists**, helpers, and patients helped in understanding the DDC workflow.<br>• **The E-aushadhi** portal was learnt.<br><br>**IPD:**<br>• **The admission** and **discharge** process of the IPD ward was understood comprehensively, and the MAA Yojna admission process was also understood for each department.<br>• Patient record maintenance and **rounds** of nursing staff and doctors were observed.<br>• **Infection control** and **biomedical waste management** measures were observed and understood.<br>• **Cleanliness** of ward and linens, maintenance of crash cart with Essential Drug List, etc, was noticed.<br>• According to NQAS guidelines, **patient safety** standards were observed and assessed.<br><br>**EMERGENCIES AND TRAUMA:**<br>• The emergency **flow entry** and registration process was understood. |

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| | • I interviewed emergency staff regarding triage and emergency codes, if there were any.<br>• Movement to the **trauma ward** and emergency patient reception was learnt.<br>• **Documentation** and patient records were reviewed concerning patient handovers.<br>• Talked to staff regarding **MLC** cases (Medicolegal cases) handling and casualty referrals.<br><br>**MOT/EOT (MAJOR OPERATION THEATRE):**<br>• Sterilization protocols were observed, the **CSSD** room was visited, and the process flow was understood in OT.<br>• Patient - doctors movement, OT preparation, pre-operation, and **WHO** Surgical safety checklist were understood.<br>• Biomedical waste handling post-operation was understood.<br>• Scheduling of elective and emergency **surgeries** in EOT/MOT was learnt.<br><br>**ICU (MICU, NICU/PICU, RICU):**<br>• Ventilation protocols and nurse-patient ratio were reviewed.<br>• Understood the procedure of ICU admission and transfer out.<br>• Interviewed staff on **hospital**-acquired **infection** and sterilization protocols.<br><br>**MEDICAL RECORDS DEPARTMENT:**<br>• Patient **IPD files** were tracked from different wards to the medical records room.<br>• Gained insights into the digitalization, data entry, retrieval, and storage process.<br>• Assessed how **discharge tickets**, IPD files, and audit files were handled and kept.<br><br>**BLOOD BANK:**<br>• **Patient movement** was understood in the blood bank along with the inter-coordination of other departments with the blood center.<br>• **Donor screening** and the Component separation process flow were understood.<br>• Cross-matching procedures and TTI testing procedures were observed and learnt. **E-rakhtkosh** portal understood.<br>• **HLA Lab** was visited and observed, and |

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| | plasma separation was observed.<br><br>**KIDNEY TRANSPLANT UNIT(KTU):**<br>• I visited the transplant unit and understood the **inter-sectoral** functions and patient journey from and to KTU.<br>• Protocol related to infection control was understood, and the pre- and post-operation wards were also observed.<br>• **NOTTO functioning** and the knowledge of the portal were taken, and staff were asked about the follow-up patients.<br>• Donor-receiver **documentation** was checked, and the process of that was learnt.<br><br>**GERIATRIC WING:**<br>• **Geriatric OPD** registration process and patient movement were seen in the geriatric wing.<br>• The geriatric physiotherapy room, laboratory, DDC, and geriatric IPD ward were also visited, and various gaps were found during the observation.<br><br>**BIO-MEDICAL WASTE MANAGEMENT:**<br>• Biomedical waste management and general waste **segregation** were observed throughout the hospital, in laboratories, diagnostics, pharmacies, as well as wards.<br>• Knowledge of the staff and nurses was assessed by interacting with them.<br>• The **IHMS** portal of the BMW management was understood, and the collection by the trolley system was observed.<br><br>**HOUSE-KEEPING AND LAUNDRY SERVICES:**<br>• An audit was done of the hospital with **KAYAKALP** guidelines for cleanliness and hygiene.<br>• Cleaning of the wards was investigated, SOPs were reviewed, and **sweeping schedules** were observed.<br>• The supervisor was asked to train Class 4 staff on the SOP provided by Kaya Kalp.<br>• In the laundry, clean and **dirty utility** segregation was noticed.<br>• The **distribution** schedule of linen was |

discussed, and washing and drying instructions were assessed as per the SOPs.

**ART CENTRE:**

- Gained insights into the **registration** process, counselling, and medicine dispensing of ART.
- Referral process to ICTC and **linkages** were understood.

**TOBACCO CESSATION CENTER:**

- **Patient counselling,** as well as the OPD referral process, was understood.
- Documentation of the history of tobacco and the process was reviewed, and **challenges** were discussed with the counsellors.

## EVENTS AND PROJECTS:

- A **PROJECT 1** audit of the laboratory reports and a study regarding the report retrieval rate in three labs, namely Biochemistry, Pathology, and Microbiology, was done.
- Data collection, followed by data analysis of that study in the laboratory, was done, and the results were presented to MS.
- **PROJECT 2,** a study on the Utilization of MAA Yojna among IPD patients was also done, followed by data collection, data analysis, and results and recommendations were discussed with MS.
- **PROJECT 3** Costing of the blood bank, in which the cost for preparing one bag/unit of blood was calculated and compared with the reimbursement rate provided to the bank for one bag.
- Three **guest lectures** were also given on the topics **NQAS Standards in Blood Bank, Biomedical waste management,** and **Patient Safety with Quality of care**.
- Actively **managed blood camps** held at the blood center and **active speakers** in the Kidney Donation Awareness Drive held at Ethos and Kota Heart Hospital.
- A comprehensive gap analysis concerning the NQAS standards was done, and a written report was submitted to MS.

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| **Linking theory (Classroom learning) with practice at your organization** | • Concepts taught in class for National Health Programs helped in assessing the MAA Yojna and other gov schemes.<br>• Organizational Behavior helped a lot in managing the workflow and understanding of the hospital's operations.<br>• Health Economics laid the concepts for claims and reimbursement process clarity.<br>• Financial Management helped with the calculation of blood bank costing tasks.<br>• Understood the importance of BCC in centers like the Tobacco Cessation Center and the ART Center.<br>• Essentials of hospital services provided a base for understanding the day-to-day operations of the hospital.<br>• Quality assurance standards like NQAS/IPHS guidelines were understood thoroughly and applied.<br>• Digital health and related concepts helped in understanding how HIMS and other digital portals work.<br>• Time-motion concepts gave an understanding of the TAT and QMS.<br>• Supply and inventory chain management helped in having clarity on the pharmacy and the central medical store work.<br>• Biomedical waste management theory gave insights into observing waste management at ground level. |
| **Gaps were identified in the working area.** | • In OPD, there is **no Queue Management** System (QMS) or token system, a lack of waiting space for patients, leading to overcrowding during busy hours.<br>• **No priority line** in the OPD for pregnant females or the elderly, even in laboratory and diagnostics, the IHMS Server crashes at regular intervals during the busy hours, causing inconvenience and delay in the process for patients as well as staff.<br>• The unclear **signage,** confusion among patients, and wayfinding are very poor due to poorly designed infrastructure with |

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| | emergency services at the nook of the corner.<br>• **Poor** inter-coordination among DDCs regarding stockout information leads to patients' inconvenience and unnecessary movement.<br>• Some DDCs have **no cooling** system, causing changes in the texture and efficacy of medicines during excessive heat.<br>• **Lack of manpower** in almost every department of the hospital, thereby increasing the workload and burnout of staff (non-motivated staff).<br>• **Manual form** registration in the laboratory and diagnostics, as well as an offline system of laboratory report retrieval, leads to wastage of diagnostic services.<br>• After OPD hours, **patient confusion** peaks as they won't be able to find the emergency gate (the only gate remains open after OPD hours), causing discomfort.<br>• Lack of any internal system of **feedback** and **grievance** redressal for patients. No complaint desk or feedback desk inside the hospital, except for a meeting with MS.<br>• No system of **triage**/emergency coding in the hospital, waiting time (TAT) for diagnostics/ laboratory procedures is long.<br>• No **digital system** for tracking MAA Yojna patients and their journey between different wards, a lack of awareness among doctors/residents regarding the package codes for treatment, leading to queries and revenue loss for the hospital.<br>• **No communication** regarding interventions to the patient's family, from time to time, and no system of maintaining patient rights in the hospital.<br>• **No digitalization** of old IPD files in MRD<br>• **Delay** in verifying MAA patients due to system failure occurs frequently.<br>• **No privacy**/confidentiality of the patient is maintained in the OPD checkup.<br>• **IEC** materials are outdated and not updated regularly.<br>• There is **no real-time**/digital tracking as to how much stock availability there is.<br>• **No barcode** over the blood bag makes the incident reporting of ADR difficult.<br>• No separate **CSSD** department in the |

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| | hospital, **color coding** for biomedical waste management is not strictly followed in the ward, and at the sources of waste generation.<br>• **Very low awareness** regarding biomedical waste management protocols among sweepers and class 4 workers.<br>• **Mixing of the bags**, general waste, and biomedical waste, and improper segregation of waste by trolley workers carrying waste, and closure of bins is not proper.<br>• **No documentation** of patient falls or hospital-acquired infections, and no record of uncollected laboratory reports.<br>• **No quality** improvement system guidelines and no training about standards, unawareness among nurses and ward boys regarding patient safety.<br>• In the laundry, **delays** happen in returning the clean linen to the ward, as well as mixing of general and infected linen during transport is observed.<br>• **Staff shortage** in the ward and emergency, and OT, especially during the night shift.<br>• **Lack of awareness** regarding a separate geriatric wing among the patients, no senior doctor's availability in the emergency, as well as not all specialty doctors present in the emergency. |
| **Suggestions for improvement** | • **Pictorial signage** and IEC can be improved, and Security guards can be increased during peak hours and rush days in the OPD.<br>• The **triage** and emergency code system can be set up in the emergency which will make the treatment easy for patients as well as staff.<br>• The **token system** can be started for QMS with OPD days, and the doctor's name will be displayed on the LED, thus Controlling crowd management.<br>• **Priority slotting** should be done in the OPD for pregnant females, the elderly, and emergency patients.<br>• For laboratory reports, an **online system** using the IHMS portal for OPD reports can be started, which will counter the issue of wastage of lab reports. Services.<br>• **LED display** can be done outside DDCs, |

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| | showing stock-out of medicines, or a common WhatsApp group can be created for all DDC's where stockout reports can be sent, minimizing the patient inconvenience.<br>• A **green line** system with floor markings can be started to increase awareness regarding geriatric wing block.<br>• The same system of **light signage** as currently used in OPD can be used for laboratory as well as diagnostics.<br>• A system of **patient feedback** with offline forms in the local language can be started, or a digital kiosk can be installed in the OPD for patients' feedback.<br>• **Biomedical sensitization** of staff should be done, especially with sweepers, etc., to sensitize them about BMW protocols and color coding.<br>• A system of **internal audit** at regular intervals should be started by MS to check the quality of procedures internally.<br>• Nurses and ward boys should be trained For **patient safety** and **NQAS sensitization** should be done from time to time.<br>• An **app** can be used for digital tracking of MAA Yojna patients, and their data can be stored in one place.<br>• **Colored stamps**/slips can be used for discharge tickets to track them through the medical records room.<br>• A **minimum of user charges** should be started for IPD registration for MNNY so that IPD conversion of MAA Yojna can be increased, benefiting hospital funding. |
| **Key Learnings** | • Many learnings were there, as it was the first real-time experience of the organization, very different.<br>• Learned about the **hospital workflow**, understood the various hospital processes, and day-to-day **operations**.<br>• Learnt about the **management** principles and how to apply them at the ground level.<br>• Learnt about the **organization's behavior**, the importance of leadership and communication lessons at ground level.<br>• **Ground-level** health care was understood, |

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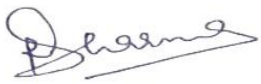
| | and knowledge about the Government Yojana and schemes was inculcated.<br>• The **policy framework** and working of government systems were understood.<br>• Learned about the **challenges** of healthcare in the government hospital system.<br>• Learned about the resistance to change and the **slow escalation** of processes in the government system.<br>• Gained insights into the documentation process of **JSSY, MAA Yojna**, and **PM-JAY**.<br>• **Blood bank** and **Kidney Transplant Units** were observed, and management was learnt there.<br>• Management of the **whole hospital**, as **a single intern**, was learnt.<br>• **Seminars** and **training sessions** were organized. Three guest lectures were given on different topics.<br>• **Communication** and its importance were understood and applied to the real setting. |

**Signature of the Student**



**Approved by the IIHMR University's Mentor**

# SIP FINAL COMPILATION REPORT.DOCX

ORIGINALITY REPORT

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