NEW MEDICAL COLLEGE HOSPITAL (GMC KOTA)

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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.

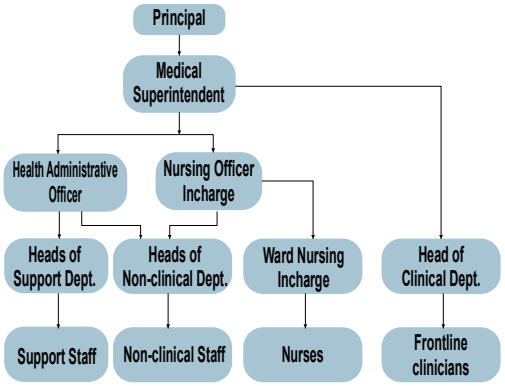
MISSION:

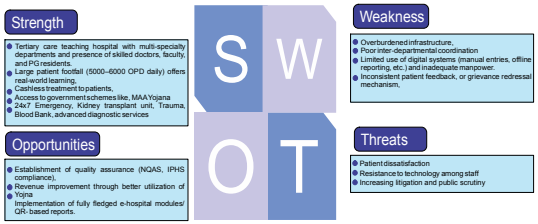
The mission is to provide excellent medical education and promote equitable healthcare in underserved areas.

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

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

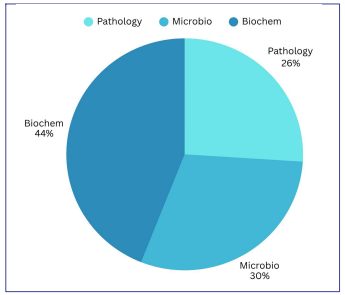


FIG. 1 Average OPD non-report retrieval rate of resp. departments (CENTRAL LABORATORY)

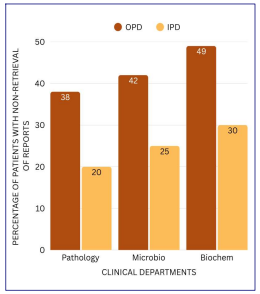


FIG. 2 Comparison between the non-report retrieveal rate of OPD v/s IPD in the resp. departments

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,

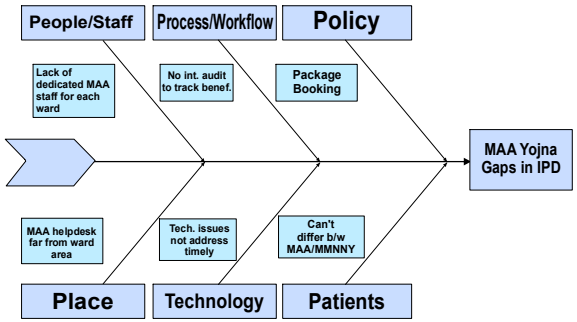


FIG. 3 Fish Bone Analysis of MAA Yojna

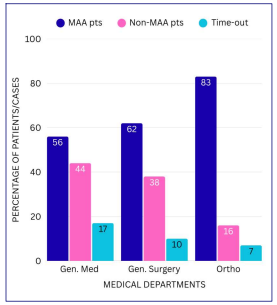


FIG. 4 Comparison of Utilization of MAA Yojna in resp.dept.among IPD patients

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.