SUMMER INTERNSHIP PROGRAM

at

Government of Rajasthan

Directorate Medical Education

Jaipur (Rajasthan)

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

A REPORT BY

Parth Sarthi Dixit

Master of Business Administration

(Hospital and Health Management)

Role no 2017

2024-26

Under the Mentorship of

Dr. Sanjay Gupta

(Professor and Dean of Hospital Management)

IIHMR UNIVERSITY

राजस्थान सरकार
निदेशालय चिकित्सा शिक्षा, जयपुर
चिकित्सा शिक्षा भवन, जनता कॉलोनी, गोविन्द मार्ग जयपुर – 302004
Email: dme.dydirha@rajasthan.gov.in **Phone no.: 0141-2601727**
Website: https://medicaleducation.rajasthan.gov.in

CERTIFICATE

This is to certify that Mr. **PARTH SARTHI DIXIT** of **MBA Hospital and Health Management (2024-26)** of **IIHMR University, Jaipur** has worked with our organization for his summer internship from **15/05/2025** to **29/07/2025**. The overall performance shown by his during the period was excellent.

Date: - **29/07/2025**

(Iqbal Khan)
Commissioner,
Medical Education

IIHMR UNIVERSITY

IIHMR University Faculty Mentor Approval

This is to certify that **Mr. Parth Sarthi Dixit** 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.

Dr. Sanjay Gupta

(Professor & Dean)

IIHMR University, Jaipur

Date: 30/07/25

A Practical Insight into KPI Designing and Emergency Triage Analysis in Tertiary Healthcare Facility

Faculty Mentor: Dr. Sanjay Gupta(Dean of Hospital Management,IIHMR University, Jaipur)

Presented by Parth Sarthi Dixit(MBA Hospital and Health Management) Roll number- 2017

Organization Mentor: Dr. Vandana Sharma (Deputy Director of Directorate of Medical Education, Jaipur)

About the Organization

- The Directorate of Medical Education (DME) functions under the Department of Medical Education, Jaipur. It was established to strengthen and regulate medical, dental, nursing, and paramedical education across the state
- DME oversees government medical colleges, teaching hospitals, and training institutions, ensuring quality education and infrastructure development.
- It ensures high-quality training, building infrastructure, and implementing policies through government hospitals

Vision

To be a leading department in developing competent healthcare professionals and delivering excellence in medical education and patient care across Rajasthan.

Mission

The Department aims to strengthen government medical and dental colleges, along with their affiliated hospitals, to ensure the availability of a skilled healthcare workforce across Rajasthan. Committed to providing quality medical education and services.

Organization Structure

Secretary → Commisioner → Additional Director

Additional Director → Deputy Director

Deputy Director → Principals and Directors of Medical Colleges

Projects

1. KPI Designing in Healthcare

This project focused on designing Key Performance Indicators (KPIs) to evaluate hospital performance across departments. It involved identifying relevant metrics, aligning them with healthcare goals, and collecting data through field visits.

2. Triage and Re-triage Analysis

This project studied the triage and re-triage process in a tertiary hospital's accident and emergency department. It assessed patient categorization, workflow, and response time. The objective was to identify gaps and suggest improvements for better patient care.

Objectives

KPI Designing –

Location: DME

- To identify and develop relevant Key Performance Indicators (KPIs) for various hospital departments.
- To align KPIs with healthcare quality, efficiency, and patient care goals.

Triage Analysis –

Location: Trauma center, SMS hospital

- To assess the existing triage and re-triage workflow.
- To identify gaps, delays, or inefficiencies in patient prioritization and care delivery.

Methodology

KPI Designing – Descriptive and observational study using a cross-sectional design.

Triage Analysis – Observational study using a time-motion

Study period for KPI designing - 15 May 2025 to 15 July 2025 (62 days)

Study period for triage analysis - 8 July to 22 July 2025 (15 days)

Data collection method for KPI: average waiting time in OPD and other departments, a format was circulated in 18 tertiary-level hospitals all over Rajasthan.

data collection method for triage analysis: A format design based on the SMS hospital SOP..

S

- SMS Hospital has strong brand value as a tertiary-level hospital
- DME is the administrative backbone for all medical and dental colleges in Rajasthan.
  - Strong leadership by the Secretary

W

- Over patient load in SMS,
- Gaps in coordination between headquarters and hospitals.
- Poor management system in the entire SMS hospital.

T

- Slow implementation of new infrastructure, yojana, etc.
- increase patient burden, causing heavy use of resources.
- Poor management is affecting patient care and staff burnout.

O

- DME is in a strong position to expand medical and dental colleges.
- Data for Research in SMS Hospital.
- Community Outreach Programs via the hospital in rural fields to strengthen public health.

Result

KPI :

- Average waiting time for OPD consultation: 24 (min)
- Average waiting time for lab sample collection: 30 (min)
- Average waiting time for radiology: 50 (min)
- Rejection rate of MAAY: 7.6 percent

Triage :

- Average response time for red zone patients: 10 seconds to 30 seconds
- Peak hour patient flow: morning and night at the trauma center.
- A delay was observed in a few cases due to patient load

Knowledge Acquired, Learnings, and Key Challenges

Theoretical Knowledge

- **triage-**Prioritizing patients according to the severity of their conditions, and it is used to guarantee prompt and adequate medical care, particularly in emergencies.
- **KPI-** Measurable numbers that represent the effectiveness, performance of healthcare services that help monitor departmental operations, quality in hospital settings

Practical Knowledge

- By watching real-time patient care and how actions performed in triage were put into practice. Similarly, a field visit was done to develop quantifiable indicators.

Key Learnings

- Worked cooperatively in healthcare environments, developing communication and teamwork skills.
- recognized the significance of protocol-based emergency care and real-time triage operations.

Challenges

- Resistance from the staff to share the data, mostly sensitive data like BOR, MAAY data.
- Environmental factors like overcrowding in emergency departments also impact triage efficiency and real-time observations.
- Balancing work between HQ visits, hospital rounds, data analysis, and documentation was demanding.

Suggestions

- Organize periodic training sessions to improve staff awareness of triage protocols
- Develop a centralized digital dashboard to visualize hospital KPIs, compare performance across departments, to support strategic decision-making.
- Need a proper disaster trolley for the triage zone.

Name of the Organization: Head Quarter (Directorate of Medical Education)

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

Name of the Student: Parth Sarthi Dixit

Roll no: 2017

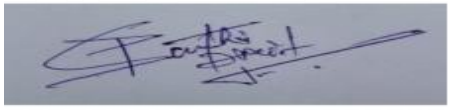
Stream: MBA (Hospital and Health Management)

Week no: 1 **From: 15/05/2025 to 24/05/2025**

Activity Done	● We (as two interns in hospital and health field in DME) were assigned to collect the data for some parameters of KPI from all government hospitals in Rajasthan. We selected random hospitals and set benchmark. ● Start working on designing KPI ● Our first step was to gather the data from the hospitals. We communicated with our counter parts , explained them the task and how to collect data. ● Same day we attained a meeting with commissioner of medical education department, Where we were assigned the LMS project along with KPI. ● Continue monitoring KPI data collection and we got basic insights of what is LMS and how it works. ● Monitoring the data and communicating with counter parts for updates. ● From 19 may to 23 may: I was working to collecting data for KPI, monitoring, analysis and refining the crude / raw data include average waiting time in OPD and radiology tests, and For another project like LMS we are still working to get insight about LMS.

Linking theory (Classroom learning) with practice at your organization	● DME has well defined hierarchy (organization structure) . ● We are learning in a team under proper guidance. ● They have well defined management system.
Gaps identified on the working area.	● I didn't find any major gap in the area yet except cleanliness of some restrooms.
Suggestions for improvement	● No major improvement needed as per my point of view in the working area(DME)
Plan for the next week	● Filtering data ● Setting new KPI indicators covering hospital's operations, quality, HR, administration. ● Further LMS task will be assigned.

Signature of the student



Approved by the IIHMR University's Mentor

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Name of the Student: Parth Sarthi Dixit

Roll no: 2017

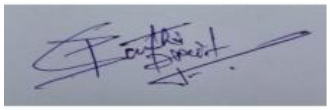
Stream: MBA (Hospital and Health Management)

Week no: 2 **From 26/05/202 to 30/05/2025**

Activity Done	● Finalizing current KPI and still working to find other KPI that covers the operation, quality, and administration domains of the hospital. ● Visited the SMS hospital to understand its daily operation and patient flow. ● We were part of an inspection team specially formed to assess the cleanliness and maintenance of the government hospitals. We covered three hospitals, Kawatiya Hospital, Super Specialty Hospital near the ortho and trauma center, and the state cancer institution.
Linking theory (Classroom learning) with practice at your organization	● In theory, there is total quality management. We are trying to cover every domain of the hospital to finalize KPI. Also, it's a part of the SMART goal framework we are working on.(specific, measurable, attainable, relevant and time bound) ● Hospital inspection indicates how the hospital should be in terms of Cleanliness and maintenance of equipments. ● For selecting an individual project, we visited the hospital as practical exposure to identify the gaps we can work on to select a project or to get insights.

Gaps identified on the working area.	● 1. In KPI, unable to access sensitive data or proper details, which hinders the quality of data for certain KPI. ● 2. Certain hospitals like Kawatiya are doing excellent, but due to their old infrastructure, IPHS guidelines can't be fully implemented there. Also, they have less manpower yet are trying to operate daily activities efficiently.
Suggestions for improvement	● For KPI data, we can cover non-sensitive KPI to ensure the organization's sensitive data remains intact. ● For old hospitals like Kawatiya, they need to improve their manpower based on the cadre system. ● In a super-specialty hospital, apart from inspection of cleanliness and maintenance, I noticed other issues during the inspection, which included a lack of sufficient parking spaces and inadequate seating arrangements in the OPD.
Plan for the next week	● For next week, I am likely to get a solo project as well. ● I will continue my work on the KPI project. ● I will prepare reports of the inspection with my intern colleague.

Signature of the student



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

Name of the Student: Parth Sarthi Dixit

Roll no: 2017

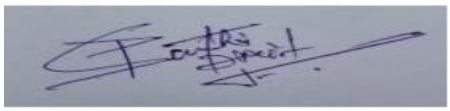
Stream: MBA Hospital and Health Management

Week no: 3 From: 02/06/2025 to 07/06/2025

Activity Done	• This week, I submitted detailed inspection reports for the three hospitals visited previously, summarizing observations on cleanliness, maintenance, and compliance with infrastructure standards. I continued refining the new Key Performance Indicators (KPI) designed to enhance hospital performance. • My colleague and I visited the **Rajasthan State Health Assurance Agency (RSHAA)** to understand how the **Mukhyamantri Chiranjeevi Swasthya Bima Yojana (MAA Yojana)** functions from a systems perspective for understanding the process of eligibility criteria, claims, etc. Additionally, my colleague and I visited the **National Health Mission (NHM)** office to understand how non-communicable disease (NCD) screening data is recorded and used. Where we explored how cancer screening (particularly for breast, cervical, and oral cancers) is tracked through the **NP-NCD portal**, and how this data supports referrals, diagnostics, and follow-up care. Lastly, I created a research framework focused on understanding **why patients drop out during different stages of the cancer screening process**. I outlined the research objectives, proposed a field strategy for data collection, and designed a basic sampling format that would suit both

	urban and rural healthcare settings. Although it's an individual research project that still not finalized.
Linking theory (Classroom learning) with practice at your organization	● The field visits reinforced our understanding of public health financing and digital data management systems covered in class. ● Designing the research template for cancer screening dropouts helped me use practical tools from our health research methodology coursework.
Gaps were identified in the working area.	● For NP-NCD oral and breast cancer screening most of the cases are no follow up, after screening are they taking any treatment from any other healthcare facility or in the same healthcare body? ● Unable to track those patients who got cancer screening but didn't came back for proper treatment or went to other facility. ● I think it's an another reason of increasing the NCD cases specially cancer because those patients who didn't came back we have no tracking system for them. ● Most of rural girls are not aware about BSE examination as well.
Suggestions for improvement	● Develop a tracking system specially for those who didn't came back to follow up after screening ● This can help to identify their current status either taking treatment from other facility(government or private). ● Need to improve public health awareness.
Plan for the next week	● The objective is to finalize the newly developed KPI parameters and present them to the mentor and joint director for discussion and feedback. ● To start mapping how patient data flows from initial screening to diagnosis and treatment. I planned to go with the cancer van screening, and treatment drop out.

Signature of the student



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Roll no: 2017

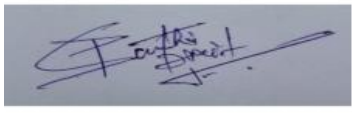
Stream: MBA Hospital and Health Management

Week no: 4 **From: 09/06/202 to 14/06/2025**

Activity Done	● This week I mostly visited the SMS hospital regarding collecting MAA yojana data and to get insight about the MAA yojana registration. I am working on collecting data to analyses the claims in MAA yojana. ● Additionally, I attended a meeting regarding DDC issues, including why patients are not receiving medicines and how to apply the push down method, and addressed other DOC-related issues as well. So I visited DDC 11 of the SMS hospital to understand its workflow. I also visited the blood bank to understand the basic procedures work workflow. ● Visited Dhanwantari block OPD and registration center.
Linking theory (Classroom learning) with practice at your organization	● Observation is the main key that I linked in practical field. ● Theory of operation management focuses on resource allocation,workflow and some bottlenecks.
Gaps identified on the working area.	● Long waiting time in DDC 11 to get medicines in SMS hospital. ● DDC doesn't have adequate space to store drugs. ● Server issues in IHMS system even for drug distribution, registration issue when system gets overwhelming patient

	flow as result increase rush and patient dissatisfaction.. ● Signage issues for example, from the main gate most of public have no idea where is Dhanwantari, Bangad and Charakh Bhavan. ● They don't have idea about what kind of the facilities available in particular buildings. ● There is no facility for handicapped vehicle parking neither in the main entrance nor in parking zone. ● Blind spots in SMS that can increase the rate of crime.
Suggestions for improvement	● We can use AV ads for patients to guide them in the hospital but only in premises to guide them to reach main buildings. ● We can use a single board just to guide them building with required service, that we can mention on that sign board too. ● There should a parking system for near main SMS and Dhanvantri building for handicapped patient vehicle and for the parking area a reserved space near the lift in the basement. ● There are lots of blind spots in the hospital that need improvement and CCTV installation and deployment of guards as well where CCTV installation is not possible.
Plan for the next week	I will try to get some mini projects for myself in the hospital. Additionally, KPI is finalized so will try circulate the KPI to all the hospitals of Rajasthan to get data by our counter parts after the approval from the mentor.

Signature of the student



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Roll no: 2017

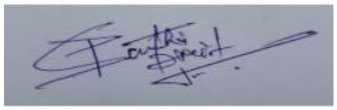
Stream: MBA Hospital and Health Management

Week no: 5 **From 16/06/2025 to 21/06/2025**

Activity Done	● Visited blood-bank, emergency department remaining wards, OPD, in the SMS hospital to understand basic operations and management and key areas in the hospital for developing complete KPI. ● Visited trauma and emergency centre for understanding of this facility. ● In LMS project, currently I am working the on data collection (faculty and students data on-boarding) the details of medical colleges of Rajasthan. ● Attended BLS workshop in SMS trauma center where we learn about the basic life support technique to ensure how to perform immediate lifesaving procedure. ● Tracking MAA yojana patients. Our task was to track those patients who are beneficiary for MAAY but got rejected, basically tracking the query generation reasons.
Linking theory (Classroom learning) with practice at your organization	● Understanding various functional areas and their patient management system ● Assessing clinical and non-clinical services. ● Observation of various departments.

Gaps identified on the working area.	● In trauma center, male Orthopedic ward there is cleanliness issues ● Manpower issues ● Dampness in wards ● Staffs are getting BLS training but there is no separate record in the ward that creates lag in system because as per rotation system, ward in charge doesn't know about the trained staff and their BLS training.
Suggestions for improvement	● Need HR rationalization to track exact number of manpower. ● There was a bar code for feedback system which is not working which need an improvement.
Plan for the next week	● Planning for Triage analysis of trauma and emergency department.

Signature of the student



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Roll no: 2017

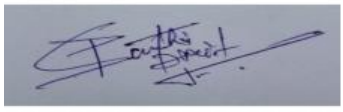
Stream: MBA Hospital and Health Management

Week no: 6 From: 23/06/ 2025 to 28/06/2025

Activity Done	● Visited SMS hospital to understand workflow, departments. ● Picked a solo project based on analysis of triage and re-triage system in trauma and emergency center. ● Prepared a plan to initiate the project. ● For LMS project, I am still working on data collection of 1st year MBBS students and faculty from various medical colleges of Rajasthan. ● Currently working on improving signage system of the SMS hospital cumulatively with our counter parts posted in the SMS hospital.
Linking theory (Classroom learning) with practice at your organization	● Analyzed NABH and WHO standards to develop tools for my Triage project. According to theory secondary data can be useful to set certain standards as well.
Gaps identified on the working area.	● People cannot read even Hindi language and numbers of sign board. ● There is lack of clarity in sign boards too in the SMS hospital. In some IPD there are male and female toilets but no proper sign board.

	● Also in trauma and emergency centre, there is an observation ward near Accident and emergency department but there are all male and female patients admitted for observation. ● To go trauma and emergency centre via underpass, there is sign board far way behind the normal person's approach.
Suggestions for improvement	● We are working on a sign board and other possible solutions for signage mostly for approaching main buildings of the SMS hospital. Sign board should be in different colors indicating difference in buildings, this will helpful for illiterates. ● Also use sign board as a banner, poster with stand in that manner, so normal people can notice the underpass facility. ● In SMS there is signage set too high on the wall near OPD 82, that need to be shifted at patient eye site level. ● Need correction of the sign board of male observation ward in AE department.
Plan for the next week	I will start my triage analysis project in the SMS trauma center and will continue administration's work that is KPI and LMS project as well.

Signature of the student



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Name of the Student: Parth Sarthi Dixit

Roll no: 2017

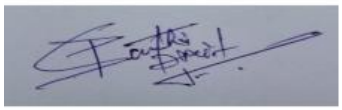
Stream: MBA Hospital and Health Management

Week no: 7 **From: 30 June 2025 to 5 July 2025**

Activity Done	● Visited emergency trauma ICU to understand workflow in emergency and trauma center, where we discussed about the admission process, patient load, resources availability etc. ● Started my solo project triage system analysis where I understand basic workflow for 3-4 days and got insight about how triage system works. Where I understood the admission process, entry points, exit points, how to handle patient and how to do zoning. ●
Linking theory (Classroom learning) with practice at your organization	● Applied theoretical knowledge of hospital quality management and tried to find out prioritization protocol of triage based.where I analyzed various protocol for performing triage. ● I have developed some tools to collect triage data after proper understanding of the Accident and emergency department.

Gaps identified on the working area.	● There is hygiene issue in trauma ICU. It's a big failure because ICU is a sensitive and important part of IPD. ● There is no proper BMW waste management as well. ` ● Noticed insects as well.
Suggestions for improvement	● As for improvement they should work on renovation. Because most of departments I have noticed dampness and insects in emergency and trauma center wards and trauma ICU. ● Need to work of infection and waste management system.
Plan for the next week	● I have collected basic information for triage. ● From next week I will work on observing the procedure to collect the data. After that I will start collecting the real time data for my project.

Signature of the student



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Name of the Student: Parth Sarthi Dixit

Roll no: 2017

Stream: MBA Hospital and Health Management

Week no: 8 **From: 07/07/202 to 12/07/2025..**

Activity Done	● I worked on understanding the triage procedure in accident and emergency department by communicating with staff and doctors(basic details) ● Done observation in the morning shift of triage procedure that how they handle patient flow and how they set priority to send patient in red, yellow or green zone. I was able to collect 12-14 cases in 2 days this week. ● KPI has been finalized but need approval from higher authority to circulate in other tertiary level government hospitals of Rajasthan. ● Continuously collecting data for LMS.
Linking theory (Classroom learning) with practice at your organization	I have checked IPHS, WHO guidelines for triage to understand it better how it works. For KPI we visited hospital as well to find and assess accurate key indicators that can reflect hospital efficiency and effectiveness in operations, qualities etc.

Gaps identified on the working area.	● In accident and emergency department, most of staff are not trained in BLS. ● There is not proper resuscitation bay in red zone ● Don't have proper trolley cart in AE department.
Suggestions for improvement	● Staff needs BLS training. ● Triage periodically training required. ● Need proper resuscitation bay in red zone.
Plan for the next week	● Continue observation to assess the triage system. ● I will try to fix a meeting to get an approval of KPI we have designed. ● I will continue data collection for LMS initial phase.

Signature of the student

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Roll no: 2017

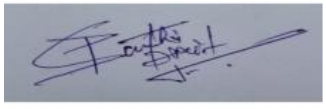
Stream: MBA Hospital and Health Management

Week no: 9 **From: 14/07/ 2025 to 19/07/2025**

Activity Done	● Assessed drug availability in triage zone. Also assessed equipment and instruments availability for triage ● Visited Mahila hospital for MAAY yojana to get insight about y there is higher number of rejection and non-beneficiaries. Our goal was to analyses 1 day data to get the idea about the major reasons. ● I have Visited Zanana hospital for same reason to get insight about MAAY implementation and its rejection reasons and we assessed hospital services at Zanana hospital like equipment availability and its working order, infrastructure, patient services etc.
Linking theory (Classroom learning) with practice at your organization	● Zanana hospital work can be linked as health care quality assessment, how to analyze the data, how public health system works, how they perform daily basic hospital operations. ● As for WHO and DME SOP for triage system, I have got an idea about triage protocols and when to assign different kind of zones to patient, hoe to shift from red to yellow and vice versa.

Gaps identified on the working area.	● For triage, there is no proper cart of medicines. They claimed we have heat resistant vials but some of them are heat sensitive and no proper closed storage system. ● For unknown patients, there was a case I have observed no one attend the patient from the gate to the AE ward. Even didn't provide wheel chair, no nursing assessment even no initial JRD attention.
Suggestions for improvement	● Need an extra level of management and monitoring system to supervise such incidents at micro level. ● Poor manpower and one of the reasons is lack of standard salary level among nurses and ward boys. Because of this I think lack of empathy, poor dedication to work and turn off cases is most prominent.
Plan for the next week	● I will still try to get some patient data in triage to hit certain limit for better analysis because of handling multiple tasks simultaneously. ● I will try to visit at night as well if I got a chance so I can assess night shift workflow and efficiency in triage as well. ● I will do whole department analysis as well where I will cover manpower, equipment availability and their working order. ● For KPI, I will form a whole hospital based KPI as well from every aspect of hospital system. This will help the HQ in future to go and select the KPI from it for analysis.

Signature of the student



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Name of the Student: Parth Sarthi Dixit

Roll no: 2017

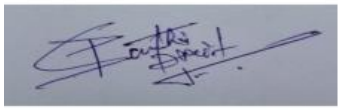
Stream: MBA Hospital and Health Management

Week no: 10 **From: 21/07/2025 to 29/07/2025**

Activity Done	● This week, I have done my triage project with department analysis ● LMS phase one is completed with all required data collection. ● KPI project has completed and I have designed new KPI as well based on NABH and Delphi technique on that basis with hospital visit the new Key performance indicators are ready. Approval is pending.
Linking theory (Classroom learning) with practice at your organization	● Research is one of the important factors I have learned about. Observation is also a key to implement right decisions based actions. ● I have used the same research skills to design KPI based on NABH and my field visits thus i have created a New KPI that covers most of operational, quality and patient centric KPI to measure Hospital performance.
Gaps identified on the working area.	● In AE department, there is lack of staff facility in plaster room as well. ● There is no proper monitoring system or level in the department Most of procedures perform without hand

	sensitization in triage zone. ● Wheel chairs are placed into red triage zone. ● For documentation at initial basis there is no timing mentioned in the digital and manual records.
Suggestions for improvement	● Government hospital like SMS hospital has its own SOP which need to be circulated in the department top to lower level to understand proper triage protocols. ● There should be a proper disaster trolley to keep medicines safe from the sunlight. ● All wheel chairs are kept in the red zone as storage area.
Plan for the next week	● Reporting back to university ● Preparing posters and reports.

Signature of the student



Approved by the IIHMR University's Mentor

Name of the Organization: Head Quarter (Directorate of Medical Education)

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

Name of the Student: Parth Sarthi Dixit

Roll no: 2017

Stream: MBA Hospital and Health Management

Week no: 1 to 10 **From: 15/06/ 2025 to 29/07/2025**

Activity Done	● We were assigned to collect the data for some of KPI provided by DME for all government hospitals in Rajasthan. We selected random hospitals and set benchmark. Our first step was to gather the data from the hospitals. ● Same day we attained a meeting with commissioner of medical education department, Where we were assigned the Learning management system project along with KPI. ● Continue monitoring KPI data collection and we got basic insights of what is LMS. ● Monitoring the KPI data for 1 week and refining the crude / raw data include average waiting time in OPD and radiology tests. ● Finalizing current KPI and still working to find other KPI that covers the operation, quality, and administration domains of the hospital. ● Visited the SMS hospital to understand its daily operation and patient flow. ● Done inspection with team specially to assess the cleanliness and maintenance of the government hospitals. We covered three hospitals, Kawatiya Hospital, Super Specialty Hospital near the ortho and trauma center, and the state cancer institution.

	● This week, I submitted detailed inspection reports for the three hospitals visited previously, summarizing observations on cleanliness, maintenance, and compliance with infrastructure standards. ● Visited the **Rajasthan State Health Assurance Agency (RSHAA)** to understand how the **Mukhyamantri Chiranjeevi Swasthya Bima Yojana (MAA Yojana)**Additionally, visited the **National Health Mission (NHM).** ● Visited the SMS hospital regarding collecting MAA yojana data and to get insight about the MAA yojana registration and claim rejection. ● Additionally, I attended a meeting regarding DDC issues ● Visited Dhanwantri block OPD and registration center to understand the process. ● Visited SMS blood bank, attend BLS class in trauma centre ● Trauma center department analysis. ● MBBS first year and first year faculty data collection for LMS project ● Continue hospital visits for understand operations, quality to design complete KPI. ● Visited Mahila hospital identify the real reason behind MAAY yojana rejection. ● Worked on signage analysis ● Worked on solo project triage analysis ● Proposed QR based navigation system idea in the hospital to reach various departments, labs, DDC easily.
Linking theory (Classroom learning) with practice at your organization	● Systematic way to analyze data collection, filtering, refining, cleaning and analyzing for KPI we circulated in the government hospitals. ● Team work implemented in hospital field to analyse the departments. ● Leverage the knowledge of public health financing in

	MAAY implementation, claim rejection and beneficiary criteria, gaps in MAAY rejection. ● Data driven decision making used in inspection and KPI analysis. ● Applied best way possible communication skills to connect with the staff and other officials. ● Use SMART technique to design KPI designing. ● Learned prioritizing the protocol for data collection in triage system, procedures and other operations in triage. ● Focused on observational based study and work for data collection. ● Improving the accessibility and effective and easy use of technology centric approach on QR based navigation. ● Observed staff skills, service qualities while delivering care to patients.
Gaps identified on the working area.	● Some of the hospitals are still using manual data entry like Zanana hospital.it's a fragmented data system leading errors. It indicates poor use of IHMS system and adaptability leading data error ● For triage there is no proper documentation format provided by DME circular. Lots of medicines are stored openly exposing direct to sunlight. There is no proper resuscitation bay in red zone and wheel chairs also stored in red zone. Disaster trolley sign board is mentioned but there is no trolley as well. In red zone using same o2 mask to every patient in red zone. ● In triage, Nursing officers are not actively engaging. There is no time mentioned when patient enters in the AE department . ● There is lag in manual data entry in triage system. When I cross checked the digital records it was no up to date. ● For KPI designing we were no able to get ICU, NICU etc

	department visit for observation. ● Most of hospitals improved their cleanliness conditions just because of inspection. Yet in Kawatiya we found sewage issues near entrance, outdated electric wiring system, cleanliness issue in water coolers etc. ● In SSH there is no curtains in general ward between male and female ward. ● Most of staff don't have BLS and ATLS training certificate in triage and even entire SMS hospital and those who have attended BLS training have no common register details showing staff certification or skills details. ● We found malingering issue in the SMS hospital where most of the patients were just for random visit. ● In MAAY, there are many gaps like there is high risk package listed but not normal delivery package have mentioned,high number of non beneficiary cases, leading rejection of MAAY. ● Dampness seen in every ward in trauma and emergency building. ● We noticed insects in male general ward and male ICU in the trauma and emergency center. ● Found signage issues as well. Some of sign boards are way to high to be seen by patients.Main building has no direction sign to guide patients to 4 main building entrance.
Suggestions for improvement	● Need direct entry of data for transparency and authenticity in the Zanana hospital. ● In IHMS system, we need to optimize the system time to time for better server response in case of high rate of patient admission. ● Need to develop a QR based navigation system to guide patient. Idea is to link QR code with general website or SMS system and with the help of navigation system patients can find their way to reach their desirable area/location. This will help to cut the crowd and easy accessibility in the hospital for finding location on their

	own. ● In triage we need proper trolley cart, proper admission records, direct digital entry in triage station with DME SOP based protocols. ● Need to apply BLS training periodically to enhance the skills . ● In triage, staff need ATLS training as well to give quality care to patients. There is periodical training as well. ● Need separate space for wheel chairs because they keep wheel chairs in red zone. ● For MAAY, we need to improvise the packages. ● A separate help desk should be established to deal with the MAAY issues. ● We need to develop MAAY IEC materials to aware people about the Yojana and its benefits so that they can avail the benefits. ● Need proper digital entry for MAAY data entry because manual registration causing data errors.\ ● for signage, need one board to be placed at the main entry to guide people to reach 4 major building of SMS. ● Also need coloured arrow sign to guide them simultaneously. ● Need to replace some sign boards at patient eye level in Dhanwantri OPD block. ● One sign board should be use after entry to the main gate to guide people to go to trauma center via underpass.Existing signboard is not too observing. ● Need to apply proper BMW management skills among the staff. Some of the wards in hospital there was BMW proper waste management issues.

Key learnings	● I gained experience of conducting audit/ inspections ● Gained experience to design particular tools based on goal, requirements. ● Developed first hand understanding policy related issues to find out root cause of the problem. ● On of the major key learning is keep documentation and data as clean and systematic as possible. Minor mistakes can cause huge gap in the system. ● Applying different type of communication skills are the important factor to get desirable results and building trust specially in government setting. ● Analysis of various department helped us to understand what operational and quality based factors we should focus on. ● Learned major gaps in public health system specially in NHM visit. ● Witnessed real time issues in meeting where I have learned how to conduct official meetings, how to convey your idea assertively. ● I attended a meeting where i documented issues, point of view of various members, this helped me to get idea how to make concise notes with max details. ● As I worked in hospital too with my counter parts, I have learned the importance of team work.

Signature of the Student

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