SUMMER INTERNSHIP PROGRAM

at

National Health Mission, Gujarat

Department – Medical Services

(12th May to 21st July 2025)

A REPORT BY -

Neha

Master of Business Administration

Health and Hospital Administration

Roll number – 2005

2024-26

UNDER THE MENTORSHIP OF-

Dr. Vidya Bhushan Tripathi

Assistant Professor, IIHMR University

Ministry of Health & Family Welfare
Government of India

NATIONAL HEALTH MISSION
राष्ट्रीय स्वास्थ्य मिशन

Certificate of Internship

This is to certify that Mr./Miss. NEHA student of Indian Institute of Health Management Reasearch Jaipur (IIHMR), has successfully completed the Internship/Dissertation of MBA (Hospital And Health Management, From 12.05.2025 to 25.07.2025 MS Division, COH, Gandhinagar
During the period his/her internship programme with us,He/She has been exposed to different processes and was found diligent, hardworking & inquisitive.

We wish him/her every success in life & career.

Ratnoo

Commissioner Of Health (Rural)

&

Mission Director,

National Health Mission,Gujarat

IIHMR University Faculty Mentor Approval

This is to certify that **Miss. Neha** 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: 28/07/2025

Dr. Vidya Bhushan Tripathi

Assistant Professor

Building a Responsive Health System: Linking Trauma Program with Smart Referral System

Name:Neha , MBA Hospital and Health Management , Roll No. 2005 , Under the guidance of Dr. Divya Gupta , Dr. Vidya Bhushan Tripathi

ABOUT ORGANIZATION

Introduction:

The Medical Services Division, under the Health & Family Welfare Department, Government of Gujarat, leads the delivery of secondary healthcare across the state . It is established in 1951,the Medical services Divisonis the oldest and the most foundational divisions under the (NHM),Gujarat . It bridges clinical services with infrastructure and innovation through its various key programs. It is primarily responsible for ensuring quality healthcare delivery at District and Sub-District Hospitals, functioning as the cornerstone for accessible and reliable curative care. It also oversees the implementation and management of a range of essential health programs and interventions aimed at strengthening the healthcare ecosystem.

Key Responsibilities

- Upgradation of District and Sub-District Hospitals
- Management of Emergency Medical Services (108 EMRI)
- Operation of Specialized Services (Midwifery Units, Mental Health Programs, Smart Referral System)
- Implementation of Health Schemes like PMNDP and Trauma Care Yojanas
- Monitoring Quality Standards, Biomedical Equipment, Emergency Preparedness, and Health IT Systems

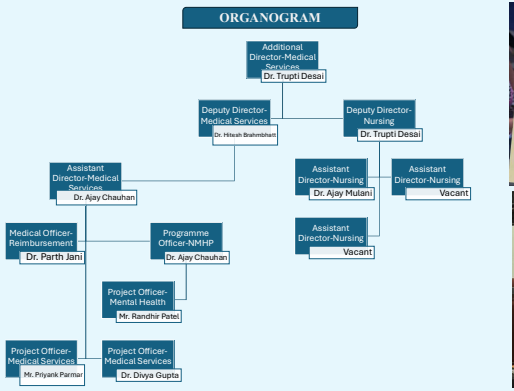
Vision: To build a responsive and patient-centric secondary healthcare system across Gujarat through timely, equitable, and quality medical services.

Mission : To deliver timely, equitable, and quality secondary healthcare through robust infrastructure, skilled workforce, and innovative hospital management.

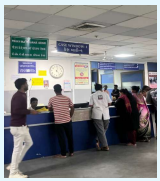
Objective

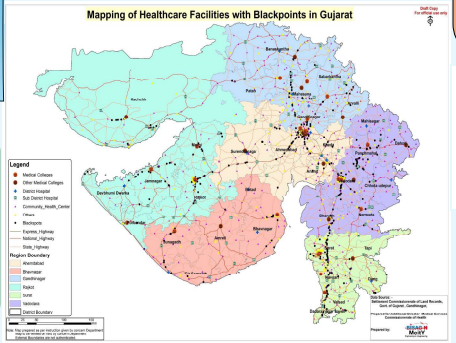
- **Secondary Healthcare Infrastructure –** Strengthen and upgrade District and Sub-District Hospitals.
- **Emergency Medical Services –** Enhance the 108 EMRI ambulance network under Green Health Services.
- **Access to Life-saving Treatments –** Expand PMNDP and Vahan Akasmat Sahay Yojana for critical care.
- **Specialized Care Models & Mental Health –** Scale midwifery-led units and integrate mental health services.
- **Smart Referrals, Quality Standards, Equipment Maintenance, Emergency Preparedness & Data Systems –** Implement Smart Referral System, enforce quality standards, ensure biomedical uptime, support public event readiness, and leverage health IT for decision-making.

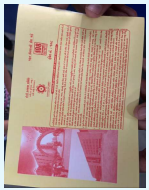
ORGANOGRAM

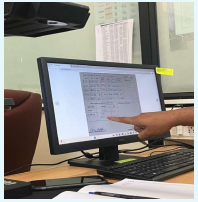


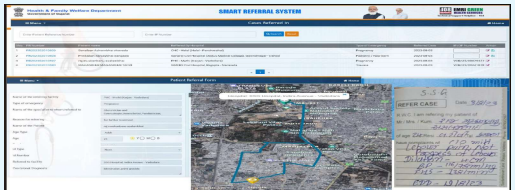
Objective : 1. To identify the key challenges and gaps faced in the Smart Referral System (SRS) portal and processes, and to explore potential solutions for enhancing its efficiency and usability.
Objective: 2. To study the integration of the Smart Referral System with trauma care services in order to strengthen and streamline emergency referrals for better patient outcomes.





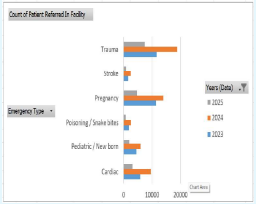


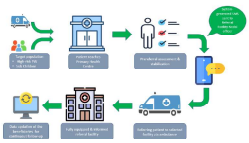




Challenges faced during Internship

- Difficulty in obtaining accurate, complete data from MIS portals and field units.
- Required persistent follow-up with multiple levels of officers.
- Juggling data analysis, report writing, and field visits within limited duration was demanding.





Practical learning Vs Theoretical Understanding

While theoretical learning gave me a structured understanding of healthcare delivery systems, practical exposure revealed the challenges, gaps, and human factors that affect how these systems function in real life. It helped me develop a more realistic, problem-solving perspective.

In theory, the Smart Referral System ensures real-time updates and smooth coordination. But in practice, many facilities don't update the portal regularly, especially for bed availability, causing delays and manual intervention.

This showed me the gap between system design and on-ground implementation

SWOT ANALYSIS

STRENGTHS

- 21 trauma centres at identified blackspots
- Real-time 108 integration via Smart Referral
- Faster response & seamless patient transfer
- Ambulances, trained staff & communication tools

WEAKNESSES

- Low awareness of referral protocols
- Capacity gaps at some trauma centres
- Overload on tertiary care due to weak stabilization
- Private hospitals not fully integrated

OPPORTUNITIES

- AI-enabled triage & referral prioritization
- Expand network to rural/semi-urban zones
- Train CHC/SDH teams in emergency care

THREATS

- Delayed activation of new trauma centres
- Resistance to standard referral protocols
- Infrastructure/connectivity issues
- Manual data entry hampers speed

Top 10 Hospitals from where the patient has reffered out	Count of Patient Referred Out
General Civil Hospital, Godhra - Panchmahal	3646
GMERS Civil Hospital, Rajpipla - Narmada	2430
General Civil Hospital, Bharuch City - Bharuch	2290
Sub District Civil Hospital(SDH), Jetpur - Rajkot	2237
UCHC - Bamroli (Surat City - Surat)	2108
General Civil Hospital, Ahwa - The Dang	2100
General Civil Hospital, Nr District Court - Amreli	2023
General Civil Hospital, Vyara - Tapi	2016
Bhavsinhji General Civil Hospital, Rani Baug - Porbandar	1905
CHC - Shehra (Shehra - Panchmahal)	1790

Major Learnings

- Gained practical understanding of NHM, Trauma Care, SRS , Dialysis Programs.
- Learned how dashboards and health indicators guide planning and policy.
- Observed real-world implementation challenges like staffing and logistics.
- Understood the value of coordination between technical and administrative teams.

Suggestions

- Last Updated Timestamp for Live Facility Info
- Smart Alert System Based on Traffic + Distance + Facility Load
- Flag Top Referring Facilities for SRS Strengthening.
- Public Dashboard for Trauma Centre Availability
- GIS-Based Live Trauma Routing via BISAG Integration.
- Build a **voice/typing-based chatbot** in SRS (or mobile app) that answers.
- MIC Activation Protocol Button on SRS for Trauma Centers.
- A dual mode alert system should be implemented WhatsApp for high-connectivity zones and **auto-triggered SMS fallback** for rural/remote areas.
- Traffic-Integrated Trauma Routing with Live Diversions
- Auto-Training Module in SRS for New MOs

Weekly Report

Name of the Organisation: National Health Mission (Gandhinagar)

Area/ Department/ Project of Summer Internship Program: MEDICAL SERVICES

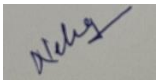
Name of the Student: Neha

Roll no: 2005 Stream: MBA – HM

Week no: 1 From: 19 MAY 2025 to 23 MAY 2025

Activity Done	• Investigated the organization and roles of the Medical Services (MS) department, which included a thorough examination of the organogram. • Participated in an NHM meeting where various health IT portals were showcased to Gujarat's Health Secretary, Shri Harshad Kumar Ratilal Patel. • Attended the Arogya Samiksha Kendra, set to be inaugurated by the Hon'ble Chief Minister of Gujarat. • Took part in a health screening event at the NHM office, which included BP and diabetes tests; found out that my blood pressure was low. • Researched different NHM programs like 108 EMRI Green Health Services, Smart Referral System (SRS), trauma care, midwifery services, IPHL, and others.
Linking theory (Classroom learning) with practice at your organisation	• The visit and observations were closely related to modules discussed in Health IT Systems, Emergency Medical Services, and Health Program Planning and Implementation. • Gaining knowledge about the Smart Referral System and 108 services provided valuable information regarding emergency referral processes covered in class. • Engagement with departmental frameworks and collaboration between departments enhanced theoretical understanding of health system improvement.
Gaps Identified	• Requirement for enhanced comprehension of real-time collaboration between health portals and field systems. • Some departments have staff who are unaware of or do not utilize digital tools. • Restricted interaction between program executors and on-ground healthcare personnel

Suggestions for Improvement	• Enhance training on the use of the Smart Referral System at both district and facility levels. • Enhance orientation sessions for healthcare personnel regarding accessible NHM digital resources. • Establish more effective communication protocols between administrative and clinical tiers.
Plan for the Next Week	• Will be working on the project.



Signature of the Student

Weekly Report

Name of the Organisation: National Health Mission (Gandhinagar)

Area/ Department/ Project of Summer Internship Program: MEDICAL SERVICES

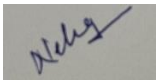
Name of the Student: Neha

Roll no: 2005 Stream: MBA – HM

Week no: 2 From: 19 MAY 2025 to 23 MAY 2025

Activity Done	• Conducted a gap assessment of numerous District and Sub-District Hospitals using the IPHS (Indian Public Health Standards) criteria. • Evaluated and identified the number of Sanctioned (S), Functional (F), and Vacant (V) positions at each of the Facilities. • Retrieved and analyzed human resources and infrastructure data to assess compliance with IPHS benchmarks. • Completed phone interviews with several Chief District Medical Officers (CDMO) to obtain needed documents. • Developed new professional networks by addressing operational bottlenecks faced by CDMO offices during data collection. • Formulated and documented internal conclusions and recommendations for prospective actions.
Linking theory (Classroom learning) with practice at your organisation	• The activity aligned effectively with the theoretical concepts studied in Hospital Planning and Administration, particularly the modules on Health Infrastructure Standards (IPHS), Stakeholder Communication, and Data-Driven Decision Making.. • The hands-on application of health data analysis strengthened our in-class activities related to healthcare service planning and staffing.
Gaps Identified	• Lack of up-to-date real-time data from various facilities. • Ineffective interdepartmental cooperation. • There were no standardized reporting templates in CDMO offices. • Communication tensions between field staff and administrative staff

Suggestions for Improvement	• Create an integrated digital dashboard to provide real-time updates. • Conduct training sessions on data maintenance for hospital administrators • Use a consistent style of communication and reporting for promoting consistency.
Plan for the Next Week	• Will be working on the project.



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Weekly Report

Name of the Organisation: National Health Mission (Gandhinagar)

Area/ Department/ Project of Summer Internship Program: MEDICAL SERVICES

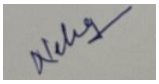
Name of the Student: Neha

Roll no: 2005 Stream: MBA - HM

Week no: 3 From: 26 MAY 2025 to 31 MAY 2025

Activity Done	• Started on the development of a Smart Referral System to improve patient transfers and service delivery. • Worked with other health institutions' directors on behalf of the Government of Gujarat to identify business and cooperation opportunities. • Initiated collection of dialysis treatment data to establish demand, capacity, and geographic coverage of facilities. • Performed initial stakeholder mapping and analysis to determine the referral system and dialysis project key individuals. • Collaborated with the IT department to research potential digital solutions and data integration tools for the Smart Referral System. • Attended internal team sessions to familiarize with the operational challenges in healthcare-government collaborations. Referenced relevant policy documents and past project reports to find out and provide context.
Linking theory (Classroom learning) with practice at your organisation	• Applied concepts of digital health systems from coursework to understand the framework for smart referrals. • Utilised healthcare marketing and policy communication skills in stakeholder interactions with directors and institutions. • Concepts from Operations Research and Hospital Planning helped in initiating structured data collection processes for dialysis services.
Gaps Identified	• Lack of integrated referral pathways between primary, secondary, and tertiary levels of care. • Absence of a unified data registry for dialysis patients and centres in the region. • Delays in stakeholder responsiveness due to bureaucratic formalities.

Suggestions for Improvement	• Propose a standardised data collection and reporting framework for dialysis centres. • Establish a follow-up mechanism or nodal officer to maintain communication with stakeholders efficiently • Merging of health facilities with the administrative unit.
Plan for the Next Week	• Finalise referral system framework and prepare preliminary documentation. • Continue engaging with additional healthcare providers and finalise MoUs where applicable • Begin preliminary analysis of dialysis data and identify potential intervention points.



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Approved by the IIHMR University's Mentor

Weekly Report

Name of the Organisation: National Health Mission (Gandhinagar)

Area/ Department/ Project of Summer Internship Program: MEDICAL SERVICES

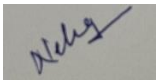
Name of the Student: Neha

Roll no: 2005 Stream: MBA - HM

Week no: 4 From: 9 JUNE 2025 to 15 JUNE 2025

Activity Done	• Finalized and submitted the structured HR and equipment data sheet for integration into the Smart Referral System (SRS). • Drafted and submitted a detailed report on referral gaps observed across visited facilities, including suggestions for system-wide improvements. • Conducted additional virtual and telephonic follow-ups with key healthcare facilities to verify the latest staffing and equipment status. • Engaged with district-level officials to discuss potential updates in MoUs for smoother referral coordination. • Assisted in a workshop on data standardisation and mapping techniques for NHM staff.
Linking theory (Classroom learning) with practice at your organisation	• Applied learnings from Strategic Management to suggest policy interventions for referral process optimisation. • Utilised Monitoring & Evaluation frameworks to assess the quality and consistency of staffing and referral data. • Connected lessons from Public Health Policy with real-world administrative protocols during discussions with district health officers.
Gaps Identified	• Delayed updates in HR data from some facilities, leading to planning mismatches. • Limited understanding among facility managers about the importance of digital data management. • Inconsistent communication between primary and secondary referral units, especially during emergencies.

Suggestions for Improvement	• Establish real-time data update protocols at all facility levels. • Develop brief training modules for hospital managers on data reporting and digital tracking tools. • Create a referral alert system using WhatsApp groups or SMS for urgent coordination.
Plan for the Next Week	• Continue work on Trauma and SRS



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Weekly Report

Name of the Organisation: National Health Mission (Gandhinagar)

Area/ Department/ Project of Summer Internship Program: MEDICAL SERVICES

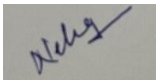
Name of the Student: Neha

Roll no: 2005 Stream: MBA - HM

Week no: 5 From: 9 JUNE 2025 to 14 JUNE 2025

Activity Done	• Finalised and submitted the structured HR and equipment data sheet for integration into the Smart Referral System (SRS). • Drafted and submitted a detailed report on referral gaps observed across visited facilities, including suggestions for system-wide improvements. • Conducted additional virtual and telephonic follow-ups with key healthcare facilities to verify the latest staffing and equipment status. • Engaged with district-level officials to discuss potential updates in MoUs for smoother referral coordination. • Assisted in a workshop on data standardisation and mapping techniques for NHM staff. •
Linking theory (Classroom learning) with practice at your organisation	• Applied learnings from Strategic Management to suggest policy interventions for referral process optimisation. • Utilised Monitoring & Evaluation frameworks to assess the quality and consistency of staffing and referral data. • Connected lessons from Public Health Policy with real-world administrative protocols during discussions with district health officers.
Gaps Identified	• Delayed updates in HR data from some facilities, leading to planning mismatches. • Limited understanding among facility managers about the importance of digital data management. • Inconsistent communication between primary and secondary referral units, especially during emergencies.

Suggestions for Improvement	• Establish real-time data update protocols at all facility levels. • Develop brief training modules for hospital managers on data reporting and digital tracking tools. • Create a referral alert system using WhatsApp groups or SMS for urgent coordination.
Plan for the Next Week	• Will visit the IKDRC, Ahmedabad, to understand more about dialysis. • Will continue work on SRS.



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Weekly Report

Name of the Organisation: National Health Mission (Gandhinagar)

Area/ Department/ Project of Summer Internship Program: MEDICAL SERVICES

Name of the Student: Neha

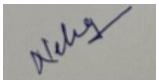
Roll no: 2005 Stream: MBA - HM

Week no: 6 From: 15 JUNE 2025 to 21 JUNE 2025

Activity Done	• Visited the dialysis unit at **IKDRC Ahmedabad** under PMNDP (Pradhan Mantri National Dialysis Programme). • Closely observed the dialysis process and operations, with insights into the differences and challenges in **adult vs pediatric dialysis**. • Studied how the dialysis portal is maintained, including in-house dialysis session counts, slot allotment, and patient data entry. • Learned how **HIV-positive and HIV-negative patients are allocated separate wards** to prevent infection transmission through shared equipment. • Identified a critical issue: patients often travel and undergo dialysis at other centers, then return without informing their original facility. If an **HIV-positive** patient receives dialysis in a general (negative) ward unknowingly, it can **pose serious infection risks** for others using the same machine. • Observed how **back-entry delays** in data updating can lead to coordination gaps and patient safety concerns. • Understood session scheduling and administrative challenges in managing patient movement.
Linking theory (Classroom learning) with practice at your organisation	• Applied principles from **Health Information Systems** to analyze real-time data entry and dialysis tracking on the PMNDP portal. • Used **Hospital Administration** learning to assess infection control measures and patient slot management. • Related classroom knowledge of **public health safety** to high-risk patient tracking and inter-facility communication.

Gaps Identified	• Lack of systematic tracking of patients receiving dialysis at external centers and returning without proper disclosure. • **Risk of HIV cross-infection** due to miscommunication or delayed status update. • **Delayed portal data entries** lead to incomplete visibility of patient status. • Limited patient awareness on the implications of not reporting dialysis done elsewhere.

Suggestions for Improvement	• Introduce a **mandatory re-screening protocol** for returning patients before allotting machines. • Add a **red-flag alert system** in the PMNDP portal to mark high-risk or externally dialyzed patients. • Create an inter-facility **notification system** to share dialysis history and HIV status updates (with consent). • Train hospital staff on **prompt digital data entry** and infection prevention measures. • Explore use of **dedicated color-coded machines or buffer wards** for patients with unknown or pending status.
Plan for the Next Week	• Draft a short report highlighting risks associated with untracked dialysis migration and HIV safety lapses. • Suggest enhancements to the dialysis portal including alert features and travel history tracking. • Coordinate with the IT/data team and healthcare providers for practical feedback on current data challenges. • Propose a pilot workflow for re-screening and infection control protocols.



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Weekly Report

Name of the Organisation: National Health Mission (Gandhinagar)

Area/ Department/ Project of Summer Internship Program: MEDICAL SERVICES

Name of the Student: Neha

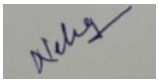
Roll no: 2005 Stream: MBA - HM

Week no: 7 From: 29 JUNE 2025 to 05 JULY 2025

Activity Done	• Engaged in drafting a comprehensive report highlighting risks associated with untracked dialysis migration and HIV safety concerns. • Coordinated with the data and IT teams to understand the feasibility of new features like alert flags and travel history in the PMNDP portal • Participated in discussions with healthcare professionals on implementing a re-screening protocol for returning dialysis patients • Analyzed feedback from multiple facilities to identify common administrative challenges in patient data management. • Visited another dialysis unit to compare infection control protocols and machine allocation strategies.
Linking theory (Classroom learning) with practice at your organisation	• Applied healthcare quality management principles to assess the effectiveness of current infection prevention measures. • Utilized learnings from Health Information Systems to evaluate how delays in data entry affect patient tracking. • Connected the concept of patient safety from Public Health courses with the real-world implications of dialysis migration and cross-infection risk. • PMNDP portal to mark high-risk or traveling patients.

Gaps Identified	• No standard operating procedure (SOP) for re-screening returning patients. • Poor integration between dialysis centers, leading to insufficient communication of patient history. • Staff hesitation or lack of awareness in updating portal data immediately. • Absence of digital alerts in the PMNDP portal to mark high-risk or traveling patients.

Suggestions for Improvement	• Develop and circulate a draft SOP for patient re-screening and infection control. • Initiate a pilot alert feature in the dialysis portal to flag patients with external dialysis history. • Create awareness among patients about the importance of disclosing outside
Plan for the Next Week	• Continue work on Trauma and SRS • Finalize and share ideas containing proposed solutions and portal enhancement ideas



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Weekly Report

Name of the Organisation: National Health Mission (Gandhinagar)

Area/ Department/ Project of Summer Internship Program: MEDICAL SERVICES

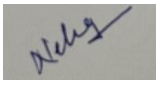
Name of the Student: Neha

Roll no: 2005 Stream: MBA - HM

Week no: 8 From: 30 JUNE 2025 to 05 JULY 2025

Activity Done	• Continued work on the project SRS (Smart referral System). • This past week has been a crucial step from observation to actively shaping solutions. • Considerable time was spent suggesting enhancements for the PMNDP portal, aiming for a more robust system with features like improved travel history tracking. • This work involved coordinating with the IT/data team and healthcare providers, which has provided valuable insights into practical data management challenges. • My field engagement continues, providing invaluable, day-to-day understanding of dialysis operations, which helps in proposing truly scalable solutions.
Linking theory (Classroom learning) with practice at your organisation	• Applied principles of project management from coursework to organise and finalise proposed solutions and portal enhancements. • Utilised knowledge of health policy and administration to draft the SOP for patient re-screening and infection control, considering practical implementation challenges. • Connected concepts of communication strategies from organisational behaviour studies to plan awareness campaigns for patients and training for staff.
Gaps Identified	• Resistance or slow adoption from some staff members regarding immediate data updates. • Absence of patient undergoing dialysis number.

Suggestions for Improvement	• Implement a system of regular reminders and performance monitoring for data entry to encourage prompt updates. • Explore additional channels and materials for patient awareness, such as informational brochures or digital notices.
Plan for the Next Week	• Continue work on Trauma and SRS



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Area/ Department/ Project of Summer Internship Program: MEDICAL SERVICES

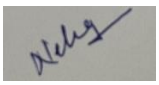
Name of the Student: Neha

Roll no: 2005 Stream: MBA - HM

Week no: 9 From: 7 JULY 2025 to 12 JULY 2025

Activity Done	• Continued work on interlinking the SRS (Smart Referral System) with trauma. • Analysed data from previous months and years that highlighted the deaths of trauma cases remain on the top. • Analysed the blackspotted areas of the various regions in Gujarat • Worked on HR/Equipment Analysis of Trauma centres . • Prepared plan for the upcoming field visit to Ahemdabad Trauma Centre.
Linking theory (Classroom learning) with practice at your organisation	• Applied concepts of public health planning and Data Analytics. • Understanded how emergency response systems and triage protocols work in real world setting.
Gaps Identified	• Gaps in real time collection of data from the existing trauma centres. • Unavailability of Trauma centres near many blackspotted areas, • Field staff are often unaware about the functionality of SRS and Trauma referral protocols .

Suggestions for Improvement	• Integrate the blackspot data into SRS system for auto routing of trauma centres. • Organise on ground training sessions for staff and ambulance team on trauma module use in SRS.
Plan for the Next Week	• Will Visit Ahmedabad Trauma Centre. • Idnetify and document further functional and systemic gaps for trauma referrals in emergency.



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Area/ Department/ Project of Summer Internship Program: MEDICAL SERVICES

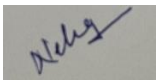
Name of the Student: Neha

Roll no: 2005 Stream: MBA – HM

Week no: 10 From: 14 JULY 2025 to 19 JULY 2025

Activity Done	• Visited the Civil Hospital Ahmedabad Trauma Centre to understand emergency healthcare operations. • Observed interdepartmental coordination in trauma care, including emergency, surgical, medical, and general wards. • Learned how the **triage system** functions to prioritize patient care based on severity. • Understood how the hospital manages **overcrowding** by shifting general ward beds and optimizing space. • Studied differences between **surgical and medical wards**, including the nature of cases, staff roles, and workflow. • Gained insights into smooth coordination between trauma teams, nursing staff, and doctors under pressure.
Linking theory (Classroom learning) with practice at your organisation	• The field visit supported our academic learning on **Hospital Administration**, especially in areas of **Triage Protocols**, **Emergency Planning**, and **Interdepartmental Coordination**. • The practical application of theories on **bed management**, **resource allocation**, and **crowd control** reflected real-world emergency preparedness taught in class. • The division between surgical and medical wards reinforced classroom knowledge on **clinical workflow**, patient categorization, and unit-specific management.
Gaps Identified	• No major operational challenges were observed. • Minor delays noted in peak hours during triage due to sudden patient influx. • Limited signage for patient flow direction in some parts of the trauma centre.

Suggestions for Improvement	• Install more clear and visible **signage** to guide patient movement during emergencies. • Continue internal reviews on triage timing efficiency during high-volume hours. • Introduce real-time dashboards for better visibility of available beds in critical care and general wards.
Plan for the Next Week	• Will compile learnings from the field visits and continue work on the final project report.



Signature of the Student

Approved by the IIHMR University's Mentor

Compiled Report

Name of the Organisation: National Health Mission (Gandhinagar)

Area/ Department/ Project of Summer Internship Program: MEDICAL SERVICES

Name of the Student: Neha

Roll no: 2005 Stream: MBA – HM

Week no: 9 From: 14 JULY 2025 to 19 JULY 2025

Activity Done	• Understood MS departmental hierarchy, organogram, and health IT portals. • Participated in NHM meeting, Arogya Samiksha Kendra visit, and BP/diabetes camp. • Conducted IPHS gap analysis in DH/SDH; collected HR/infrastructure data. • Implemented and released Smart Referral System (SRS) framework. • Collected dialysis reports, processed PMNDP portal transactions, and determined cross-infection risks. • Recommended portal alerts for HIV/travel history. • Participated in stakeholder meetings and training. • Field visit sites: IKDRC and Ahmedabad Trauma Centre. • Learned bed management and emergency triage. • Identified linked trauma referral issues with SRS gaps through blackspot analysis.
Linking theory (Classroom learning) with practice at your organisation	• Emergency Medical Services and Health IT Systems theories applied via SRS development. •Public health policy and hospital planning were integrated into IPHS analysis and planning for trauma centres. • Monitoring & Evaluation and Operations Research guided data collection and monitoring of quality. • Project and Strategic Management skills applied in SOP designing, portal improvement, and final documentation. •Infection Control, Health Information Systems, and Organisational Behaviour principles of dialysis safety and interdepartmental coordination
Gaps Identified	• Failure to update and integrate in real-time between digital health platforms.

	• Lack of a centralized dialysis data registry; HIV cross-infection risks owing to unmonitored migration. • Disconcordant communication across healthcare levels (PHC/CHC to tertiary). • Inadequate field-level awareness of SRS and trauma procedures. • Staff reluctance in prompt data input and inadequate training on computer aids. • Insufficient signs and occasional triage delay during rush hours in trauma centre.

Suggestions for Improvement	• Build an integrated dashboard to monitor trauma blackspot regions and route patients automatically through the SRS. • Implement red-flag indicators in the dialysis portal to identify high-risk or traveling patients and establish SOPs for infection control. • Conduct targeted training programs and awareness campaigns for field staff and patients. • Improve hospital signage and introduce real-time bed tracking dashboards, especially in trauma and emergency wards. • Set up regular monitoring, evaluation, and follow-up mechanisms to ensure timely data entry and overall system efficiency.
Plan for the Next Week	• Acquired a comprehensive understanding of hospital systems, both at administrative and clinical levels. • Developed practical skills in team coordination, digital health system assessment, and emergency planning. • Experienced direct stakeholder communication and policy-level involvement during public health evaluations. • Learned the importance of maintaining accurate and up-to-date data, especially in infection control and emergency response. • Understood how field-level realities influence healthcare delivery, making implementation strategies crucial to policy success.

Neha

Signature of the Student

Approved by the IIHMR University's Mentor