SUMMER INTERNSHIP PROGRAM

at

Headquarters (Directorate of Medical Education)

From 15-05-25 to 29-07-25

A REPORT BY

Natasha Bangari

Master of Business Administration

(Hospital and Health Management)

Roll no – 2003

2024-26

Under the Mentorship of

Ritu Vashistha

IIHMR UNIVERSITY

राजस्थान सरकार
निदेशालय चिकित्सा शिक्षा, जयपुर
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CERTIFICATE

This is to certify that **Dr. NATASHA BANGARI** of **MBA Hospital and Health Management (2024-26)** of **IIHMR University, Jaipur** has worked with our organization for her summer internship from **15/05/2025** to **29/07/2025**. The overall performance shown by her 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 **Dr Natasha Bangari** of the academic year 2024-26 **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

Dr Ritu Vashistha

Assistant Pofessor

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Government of Rajasthan Directorate of Medical Education, Jaipur

IIHMR UNIVERSITY
NATASHA BANGARI
MBA HM-29 (2003)
UNIVERSITY MENTOR- RITU VASHISTHA
ORGANISATION MENTOR- DR. VANDANA SHARMA

Department of Medical Education
सत्यमेव जयते
राजस्थान सरकार
Government of Rajasthan

ORGANISATION STRUCTURE

- SECRETARY
- COMMISSIONER
- ADDITIONAL DIRECTOR
- DEPUTY DIRECTOR
- PRINCIPALS & DIRECTORS OF MEDICAL COLLEGES

SWOT

STRENGTH
- Extensive network of medical and dental colleges
- Strong government support
- Focus on healthcare workforce development
- Associated hospitals provide real-time training

WEAKNESS
- Manual and inconsistent data systems
- Uneven infrastructure and staffing
- Limited digital integration

OPPORTUNITIES
- Digital health and LMS expansion
- Public–private collaboration
- Scope for infrastructure development

THREATS
- Digital health and LMS expansion
- Public–private collaboration
- Scope for infrastructure development
- Policy-driven innovation

ABOUT THE ORGANIZATION

The Directorate of Medical Education (DME) manages government medical and dental colleges in Rajasthan, along with their associated hospitals. It plays a key role in training healthcare professionals and delivering advanced patient care.

VISION

To be a leading authority in medical education and healthcare service delivery by developing skilled professionals and strengthening public health institutions across Rajasthan.

MISSION

- Administer and expand government medical and dental colleges.
- Provide quality medical education and human resource development.
- Support associated hospitals in delivering advanced patient care.
- Promote digital transformation and academic excellence.
- Ensure equitable access to medical education across the state.

CHALLENGES

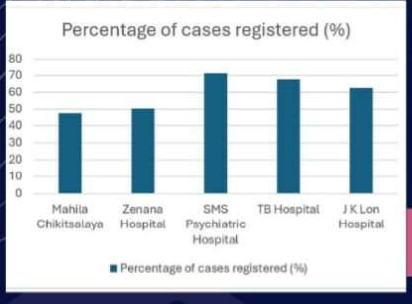
- Manual and inconsistent data formats across hospitals.
- Lack of staff training in digital systems.
- Low public awareness about schemes like MAA Yojana.
- Cleanliness protocols often met only during inspections.
- Triage practices and emergency handling not standardized.

SUGGESTIONS

- Standardize data entry through digital health record systems and staff training.
- Enhance digital skills with regular workshops and support staff.
- Increase MAA Yojana awareness via IEC materials and helpdesks.
- Ensure cleanliness with surprise audits and patient feedback tools.
- Standardize triage by enforcing protocols and training emergency staff.

KEY LEARNINGS

- KPI Benchmarking: Designed and analysed hospital KPIs across Rajasthan.
- MAA Yojana Analysis: Studied scheme implementation in over 5 hospitals.
- OPD Systems: Identified bottlenecks and proposed queue management reforms.
- Health System Gaps: Observed critical issues in coordination, awareness, and feedback mechanisms.



OBJECTIVE

To assess and compare the percentage of IPD cases registered under the beneficiary scheme across five selected hospitals

Name of Hospitals	Total IPD	Total No. of Beneficiaries	Total no. of non-beneficiaries	Percentage of cases registered (%)
Mahila Chikitsalaya	125	60	65	48
Zenana Hospital	172	87	85	50.58139535
SMS Psychiatric Hospital	7	5	2	71.42857143
TB Hospital	34	23	11	67.64705882
J K Lon Hospital	166	104	62	62.65060241

Observations:

SMS Psychiatric Hospital had the highest registration rate (71.43%), while Mahila Chikitsalaya had the lowest (48%). High-IPD hospitals showed relatively lower registration rates, indicating potential gaps in implementation. Overall registration rates indicate moderate awareness and execution of the scheme.

CONCLUSION

While some hospitals perform well in registering beneficiaries, others lag due to operational or awareness-related issues. Strengthening IEC efforts and streamlining registration processes can improve coverage.

Annexure-E

Reporting Format

(Weekly)

Name of the Organisation: Head Quarters (Directorate of medical education)

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

Name of the Student: Natasha Bangari

Roll no: 2003 **Stream:** MBA Hospital and Health Management.

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

Activity Done	- This week, the two of us interning from the hospital and health management field were given a hands-on task—to identify and set benchmarks for selected Key Performance Indicators (KPIs) from various government hospitals across Rajasthan. - We began by randomly selecting a sample of hospitals and reaching out to their administrative staff. We explained the purpose of our study, shared our methodology, and requested the necessary data. Our goal was to understand how hospitals were currently performing on key metrics and set a baseline for comparison. - Later that same day, we were fortunate to get the opportunity to meet with the Commissioner of the Department of Medical Education. It was an insightful interaction where we not only introduced our ongoing work but were also entrusted with a new assignment—contributing to the Learning Management System (LMS) project.
Linking theory (Classroom learning) with practice at your organisation	- We applied classroom concepts like KPIs and healthcare data analysis in a real-world setting. - exploring how the LMS project is being implemented gave us a peek into the evolving tech-based learning environment in the public health sector.

Gaps identified on the working area.	- Some important records were either incomplete or missing, affecting data quality and reliability while collecting data from government hospitals - Limited use of technology for recording data was observed in government hospitals.
Suggestions for improvement	- Assign a designated staff member to cross-check entries regularly for completeness and accuracy. - Ensure all hospitals use templates with mandatory fields to avoid missing information.
Plan for the next week	- Compiling and analysing the KPI data we've received and preparing a comprehensive benchmarking report. - Understanding the real-time status of LMS implementation in different government hospitals. - Staying open to new learning opportunities or projects that may come our way, as we continue to grow through this internship experience.

Signature of the Student

Natasha Bangari

HM 29

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Approved by the IIHMR University's Mentor

Annexure-E

Reporting Format

(Weekly)

Name of the Organisation: Head Quarters (Directorate of medical education)

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

Name of the Student: Natasha Bangari

Roll no: 2003 **Stream:** MBA Hospital and Health Management.

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

Activity Done	- Throughout the week, we focused on collecting and analysing key performance data from various government hospitals in Rajasthan. Working as a team, we coordinated with our subordinates posted in different government hospitals in Rajasthan. We took their help to get our hands on the relevant data required to set benchmarking for key performance indicators for all hospitals. As part of the project, we also identified and set benchmarks for selected KPIs to help evaluate hospital performance more effectively. - We were introduced to a Learning Management System (LMS) project,
Linking theory (Classroom learning) with practice at your organisation	- The Department of Medical Education has a structured organizational hierarchy. - We are working collaboratively under the mentorship of experienced professionals. - A key learning was the use of biostatistics to make sense of hospital performance data, helping us analyse trends, set benchmarks, and support data-driven decisions.
Gaps identified on the working area.	- Some hospitals still rely on manual data entry and documentation, which increases the chances of human error and slows down data processing.

Suggestions for improvement	- Shifting from manual to digital data entry can make daily operations smoother and more reliable. Introducing simple digital systems will help reduce errors and save time for hospital staff.
Plan for the next week	- Keep refining and organizing the data we've gathered to make sure it's clear and useful. - Create new KPI indicators that focus on hospital operations, HR, and administrative tasks - Continue working on the tasks assigned for the LMS project and make steady progress.

Signature of the Student

Natasha Bangari

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Annexure-E

Reporting Format

(Weekly)

Name of the Organisation: Head Quarters (Directorate of medical education)

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

Name of the Student: Natasha Bangari

Roll no: 2003 **Stream:** MBA Hospital and Health Management.

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

Activity Done	- This week, I focused on developing new Key Performance Indicators (KPIs) to improve how we measure and track hospital performance. I worked on identifying critical areas where existing metrics needed enhancement and drafted new indicators that better reflect operational and quality benchmarks. - I assisted the inspection process for cleanliness and facility maintenance at three major hospitals: the State Cancer Institute at SMS Medical College, Kawatiya Hospital, and the Super-Specialty Care unit at SMS Hospital. These visits involved assessing hygiene conditions, maintenance standards, and compliance with cleanliness protocols. Post-inspection, I prepared detailed reports for each hospital, outlining observations, strengths, and key areas that require improvement
Linking theory (Classroom learning) with practice at your organisation	- The hospital inspections are connected directly with what we've studied about infection control and standards of hospital hygiene. - Preparing reports helped me put theoretical frameworks of healthcare evaluation and documentation into actual practice.
Gaps identified on the working area.	- Since the hospitals were informed about the inspections in advance, many appeared to be at their best, which may have masked the actual day-to-day conditions and operational challenges

Suggestions for improvement	- Plan unannounced inspections periodically to capture the actual ground reality and ensure that cleanliness and maintenance standards are consistently upheld—not just during scheduled visits.
Plan for the next week	- Finalize the newly developed KPI parameters and present them to the team for discussion and feedback. - Plan visits to a few more hospitals to get a clearer picture of the ground-level realities outside of scheduled inspections. - Visit the Rajasthan State Health Assurance Agency (RSHAA) office to learn more about the implementation of this government-sponsored health insurance scheme in Rajasthan and explore how it impacts hospital administration and patient coverage.

Signature of the Student

Natasha Bangari

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Annexure-E

Reporting Format

(Weekly)

Name of the Organisation: Head Quarters (Directorate of medical education)

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

Name of the Student: Natasha Bangari

Roll no: 2003 **Stream:** MBA Hospital and Health Management.

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

Activity Done	- Submitted a detailed inspection report covering findings from hospital visits and benchmarking exercises. - Visited **RSHAA (Rajasthan State Health Assurance Agency)** to gain a deeper understanding of the **MAA Yojana**, including its objectives, implementation framework, and challenges in enrolment and claim processing. - Attended a meeting at the **NHM Office**, Jaipur, to learn about the ongoing **Cancer Screening Programme**, its integration with community health initiatives, and its linkage with secondary and tertiary care services.
Linking theory (Classroom learning) with practice at your organisation	- Classroom concepts such as **health insurance models**, **government scheme design**, and **public health programme implementation** were directly connected to field observations. - Learning about **national health policies** like MAA Yojana and NHM's cancer screening initiatives provided insight into how theoretical policy frameworks translate into operational reality. - Additionally, report-writing skills gained during academic sessions were put into practice while compiling the inspection summary with structured observations and actionable recommendations.

Gaps identified on the working area.	- Lack of clear IEC (Information, Education, and Communication) materials at public interfaces for schemes like MAA Yojana, which may result in low beneficiary awareness. - Limited inter-departmental coordination between scheme nodal officers and the on-ground implementers, such as frontline health workers.
Suggestions for improvement	- Strengthen awareness strategies by displaying updated IEC posters and standees in outpatient and registration areas to promote scheme visibility. - Organise periodic joint meetings among NHM, RSHAA, and hospital representatives to improve communication flow and clarity of responsibilities.
Plan for the next week	- Plan visits to a few more hospitals to get a clearer picture of the ground-level realities outside of scheduled inspections.

Signature of the Student

Natasha Bangari

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Annexure-E

Reporting Format

(Weekly)

Name of the Organisation: Head Quarters (Directorate of medical education)

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

Name of the Student: Natasha Bangari

Roll no: 2003 **Stream:** MBA Hospital and Health Management.

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

Activity Done	- Conducted a focused visit to SMS Hospital, Jaipur, to observe the functioning of the MAA Yojana at the institutional level. - Reviewed the hospital database to assess how patient enrolment, treatment tracking, and claim processing are managed under the scheme. - Identified preliminary gaps in data documentation and follow-up systems for enrolled patients. - Undertook rounds across OPD and IPD departments to observe patient flow, service documentation, and the treatment pathway of insured patients. - Visited the Blood Bank Department to understand its protocols, workflow, and integration with hospital operations—this was an independent learning activity, not directly related to MAA Yojana.
Linking theory (Classroom learning) with practice at your organisation	- The hospital-level exposure to the MAA Yojana helped apply classroom knowledge about public health insurance models, healthcare databases, and hospital systems management. - The Blood Bank visit further supplemented understanding of hospital supportive service departments and their crucial role in patient care and emergency response.

Gaps identified on the working area.	- Lack of uniformity in data entry formats for patients enrolled under the MAA Yojana. - Limited technical training of staff on **updated digital systems** used for documentation.
Suggestions for improvement	- Develop an **integrated dashboard** that links patient enrolment, treatment status, and claim progress in real time. Conduct **department-wise sensitisation workshops** on the operational updates and documentation requirements of MAA Yojana. - Conducting training programs for staff on updating the digital system used and documentation.
Plan for the next week	- I plan to finalise the tracking framework for MAA Yojana patients, analyse patterns in claim processing delays, and begin drafting key insights and recommendations for the final report.

Signature of the Student

Natasha Bangari

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Annexure-E

Reporting Format

(Weekly)

Name of the Organisation: Head Quarters (Directorate of medical education)

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

Name of the Student: Natasha Bangari

Roll no: 2003 **Stream:** MBA Hospital and Health Management.

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

Activity Done	- Visited SMS Medical College and conducted rounds in various departments of the Emergency and Trauma building of SMS hospital. - Assessed hospital conditions with a focus on cleanliness, infrastructure gaps, and documentation practices. - Participated in and assisted with data collection for the LMS (Learning Management System) being implemented in government medical colleges. - Attended Basic Life Support (BLS) Training session at SMS Trauma Centre
Linking theory (Classroom learning) with practice at your organisation	- Applied theoretical knowledge from Healthcare Quality Management, Human Resource Management, and Training & Development to practical challenges such as staff training needs and digital implementation (LMS). - Understood the integration of clinical protocols with hospital administrative workflows. - Learned about real-time application of infection control, triage, and emergency response standards as taught in academic modules.
Gaps identified on the working area.	- Shortage of trained staff, especially in critical areas like the Emergency Department. - No existing tracking mechanism for BLS-certified personnel, leading to ineffective utilisation. - The patient feedback barcoding system is non-functional, limiting the scope for quality improvement.

Suggestions for improvement	- Regular cleanliness audits and immediate repair of areas with damp or infrastructure issues. - Introduce rosters aligned with staff skills and training, especially in emergency and trauma care. - Reactivate and simplify the barcode-based patient feedback system to gather service-level insights.
Plan for the next week	- Complete the triage system analysis report. - Staying open to new learning opportunities or projects that may come our way, as we continue to grow through this internship experience.

Signature of the Student

Natasha Bangari

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Annexure-E

Reporting Format

(Weekly)

Name of the Organisation: Head Quarters (Directorate of medical education)

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

Name of the Student: Natasha Bangari

Roll no: 2003 **Stream:** MBA Hospital and Health Management.

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

Activity Done	- Conducted detailed inspections of the Emergency and Trauma Wards at SMS Hospital: o Assessed triage process and patient flow o Evaluated staffing patterns and shift rotations o Observed coordination between emergency physicians, nurses, and support staff o Observed triage categorization and response prioritization - Conducted a **survey-based staff interview** in the Emergency and Trauma building: o Assessed whether medical, nursing, and support staff have received **certified Basic Life Support (BLS) training**
Linking theory (Classroom learning) with practice at your organisation	- Applied classroom concepts from Hospital Operations Management, especially regarding triage, emergency preparedness, and HR deployment in high-stress departments. - Used knowledge from Training & Development and Quality Assurance to evaluate gaps in skill coverage, like BLS/CPR, among frontline healthcare workers.
Gaps identified on the working area.	- Triage protocols are not being followed uniformly, leading to delays in critical care. - Many staff members were not trained or certified in BLS or CPR, posing a risk during emergencies.

	- No centralised tracking mechanism to monitor department-wise training coverage
Suggestions for improvement	- Enforce strict adherence to triage protocol through regular audits and supervision. - Maintain an updated department-wise registry of BLS/CPR certified staff - Display signage and reminders on triage steps and resuscitation procedures
Plan for the next week	- Conduct a triage system analysis and map it against standard operating procedures. - Visit the new Emergency Department in the SMS Main Building for comparative observations.

Signature of the Student

Natasha Bangari

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Annexure-E

Reporting Format

(Weekly)

Name of the Organisation: Head Quarters (Directorate of medical education)

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

Name of the Student: Natasha Bangari

Roll no: 2003 **Stream:** MBA Hospital and Health Management.

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

Activity Done	- Visited various Outpatient Departments (OPDs) at SMS Hospital and conducted interviews with attending doctors: o Discussed challenges related to high patient load, appointment bottlenecks, and long waiting times. o Explored existing queue management strategies - Continued study of the Emergency Department's functioning: o Observed triage response times, internal patient transfer mechanisms, and communication with OPDs. o Analysed linkages between OPD referrals and emergency admissions.
Linking theory (Classroom learning) with practice at your organisation	- Used frameworks from **healthcare delivery systems** to examine coordination between emergency and OPD units
Gaps identified on the working area.	- Overreliance on manual patient registration and tracking in peak hours - Lack of integrated data on OPD-emergency transfers to optimize resource allocation

Suggestions for improvement	- Recruit additional medical officers during peak OPD hours - Implement data dashboards for patient load prediction and dynamic staffing
Plan for the next week	- Compiling MAA yojana data and doing gap analysis.

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Annexure-E

Reporting Format

(Weekly)

Name of the Organisation: Head Quarters (Directorate of medical education)

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

Name of the Student: Natasha Bangari

Roll no: 2003 **Stream:** MBA Hospital and Health Management.

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

Activity Done	- Visited emergency departments at the emergency and trauma unit of SMS Hospital to observe triage functioning and patient flow for KPI benchmarking. - Updated student and faculty data from various government medical colleges (MBBS 1st year).
Linking theory (Classroom learning) with practice at your organisation	- Applied classroom concepts related to Key Performance Indicators (KPI) in triage functioning and benchmarking practices. - Experienced the project proposal and planning process as part of health systems research and management.
Gaps identified on the working area.	- Lack of digitized and centralized record-keeping for student and faculty data in government colleges.
Suggestions for improvement	- Encourage and implement digital record systems for student/faculty data in government medical colleges

Plan for the next week	- Get KPI format approved and validated. - Complete Excel database for LMB data and proceed with further analysis

Signature of the Student

Natasha Bangari

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Annexure-E

Reporting Format

(Weekly)

Name of the Organisation: Head Quarters (Directorate of medical education)

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

Name of the Student: Natasha Bangari

Roll no: 2003 **Stream:** MBA Hospital and Health Management.

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

Activity Done	- As part of assigned tasks, visited Zenana Hospital, Jaipur, to observe hospital processes and collect institutional data. - Carried out a **one-day task at Mahila Chikitsalaya, Jaipur**, assigned by the department, to analyse the causes behind patient rejection or non-registration under **MAA Yojna**. - Started reviewing and analysing patterns across hospitals, especially regarding MAA Yojna coverage.
Linking theory (Classroom learning) with practice at your organisation	- Connected real-time hospital process gaps to **health policy and program management** topics studied in class. - Gained practical insight into how theory translates into field challenges, especially in public scheme implementation.
Gaps identified on the working area.	- Patients were often unaware of the MAA Yojana. Noted frequent issues such as lack of domicile proof, awareness gaps, and system rejections in Mahila Chikitsalaya. - IEC (Information, Education, Communication) materials were missing or insufficient in visibility and clarity. - Frontline staff lacked adequate training to handle errors and guide patients correctly.
Suggestions for improvement	- Display **clear, multilingual posters and IEC materials** about MAA Yojna in all major patient areas. - Assign trained personnel or set up a **dedicated help desk** for scheme-related queries and documentation support. - Conduct **brief refresher training** for registration and data entry staff to reduce errors and improve enrolment accuracy.

Plan for the next week	- Finalise all weekly and thematic internship reports, incorporating suggestions and feedback from internal and field mentors. - Submit compiled reports for formal **review and approval** by the department and assigned institutional guide. - Obtain the **completion certificate** and official acknowledgment from the organisation as part of the internship exit process. - Prepare for the final project presentation and self-reflection to summarise key learnings and outcomes from the internship experience.

Signature of the Student

Natasha Bangari

HM 29

2003

Approved by the IIHMR University's Mentor

Annexure-E

Reporting Format

(Weekly)

Name of the Organisation: Head Quarters (Directorate of medical education)

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

Name of the Student: Natasha Bangari

Roll no: 2003 **Stream:** MBA Hospital and Health Management.

Week no: 11 **From:** 21/07/2025 to 26/07/2025

Activity Done	- The primary focus for Week 11 will be to conduct a one-day data analysis regarding the MAA Yojna at three key institutions in Jaipur: - Conducted a one-day field visit at JK Lon Hospital, Jaipur, a tertiary-level pediatric hospital, to assess MAA Yojana implementation: observed registration flow, documentation issues, and scheme visibility in pediatric and maternal wards. - Visited Manochikitsa Kendra (Psychiatric Hospital), Jaipur, to understand mental health facility functioning, patient care pathways, and gaps in public health schemes' integration (including MAA Yojana). - Attended a short assessment at TB Hospital, Jaipur, to examine infrastructure and document-level challenges under public health schemes. - Collected one-day data on MAA Yojana beneficiaries and rejections from all three hospitals. - Documented comparative insights across hospitals regarding how MAA Yojana is implemented in special units (pediatrics, psychiatry, and communicable diseases).
Linking theory (Classroom learning) with practice at your organisation	- Applied health scheme evaluation frameworks and policy mapping from coursework to hospital-level assessments. - Understood challenges in scheme rollout for special patient populations, integrating public health management and mental health policy learnings.

Gaps identified on the working area.	- Low awareness of MAA Yojana - Inconsistent IEC material availability, particularly in specialized hospitals. - Data handling challenges due to manual entries, lack of real-time verification, and staff unawareness.
Suggestions for improvement	- Integrate basic IEC displays and periodic awareness talks even in non-obstetric hospitals. - Create a standardized training module for front desk and registration staff across departments to handle all schemes. - Use digital dashboards to flag eligible but unregistered patients using admission and diagnostic data.

Signature of the Student

Natasha Bangari

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2003

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Compiled Reporting Format

Name of the Organisation: Head Quarters (Directorate of medical education)

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

Name of the Student: Natasha Bangari

Stream: MBA Hospital and Health Management.

Roll no: 2003

Activity Done	- During my 10-week summer internship at the Directorate of Medical Education, I had the opportunity to immerse myself in a range of meaningful activities that spanned fieldwork, analysis, collaboration, and policy review. - **Benchmark Key Performance Indicators (KPIs)** o Benchmarking Key Performance Indicators (KPI) across multiple government hospitals in Rajasthan to assess performance in patient flow, cleanliness, emergency response, HR deployment, and digital record-keeping. o This task included designing KPI and formulating benchmarking o For benchmarking, data were collected from various government hospitals, compiled, and analyzed to reach benchmarks. - **Inspections at the State Cancer Institute, Kawatiya Hospital, and Super Specialty Hospital** o These visits involved assessing hygiene conditions, maintenance standards, and compliance with cleanliness protocols. o Post-inspection, I prepared detailed reports for each hospital, outlining observations, strengths, and key areas that require improvement - **Visit to RSHAA (Rajasthan State Health Assurance Agency)** o gain a deeper understanding of the **MAA Yojana**, including its objectives,

	implementation framework, and challenges in enrolment and claim processing. - **NHM Office visit** o learn about the ongoing **Cancer Screening Program**, its integration with community health initiatives, and its linkage with secondary and tertiary care services. - **MAA Yojana analysis** o Participated in data gathering and evaluation for MAA Yojana implementation, focusing on beneficiary registration, claim processing, and rejection causes. - **Learning Management System (LMS)** o Contributed to the development and update of the Learning Management System (LMS) used in government medical colleges. - **Visit to SMS Hospital** o Engaged in OPD process evaluation, queue management discussions, and staff interviews to identify system inefficiencies. o Undertook rounds across IPD departments to observe patient flow, service documentation, and the treatment pathway of insured patients. o Visited the Blood Bank Department to understand its protocols, workflow, and integration with hospital operations. o Discussed challenges related to high patient load, appointment bottlenecks, and long waiting times. o Explored existing queue management strategies - **Visit to Trauma Center SMS Hospital** o Assessed triage protocol and emergency response standards in trauma and emergency departments. o Assessed hospital conditions with a focus on cleanliness, infrastructure gaps, and documentation practices. o Evaluated staff training on Basic Life Support (BLS). o Attended BLS-certified training. o Analysed linkages between OPD referrals and emergency admissions

	- **Visit to Zenana Hospital, and Mahila Chikitsalaya** o Carried out a one-day task at Mahila Chikitsalaya, Jaipur, assigned by the department, to analyze the causes behind patient rejection or non-registration under MAA Yojna. o Visited Zenana Hospital, Jaipur, to observe hospital processes and collect institutional data. Prepared a review presentation. - **Conducted a one-day data analysis regarding the MAA Yojna** o Conducted a one-day field visit at JK Lon Hospital, Jaipur, a tertiary-level pediatric hospital, to assess MAA Yojana implementation: observed registration flow, documentation issues, and scheme visibility in pediatric and maternal wards. o Visited Manochikitsa Kendra (Psychiatric Hospital), Jaipur, to understand mental health facility functioning, patient care pathways, and gaps in public health schemes' integration (including MAA Yojana). o I attended a short assessment at TB Hospital, Jaipur, to examine infrastructure and document-level challenges under public health schemes.
Linking theory (Classroom learning) with practice at your organization	What made this internship especially impactful was how naturally theory translated into practice. As an MBA student in Hospital and Health Management, I've studied frameworks like hospital process flows, quality standards, health economics, and health policy. In the field, these came alive. - **Health System Performance & Biostatistics** o Applied concepts of performance measurement while designing and benchmarking Key Performance Indicators (KPIs) for multiple government hospitals. o Used biostatistical techniques for data analysis, normalization, and trend identification while compiling and interpreting hospital data. - **Hospital Operations & Quality Management**

	o Implemented quality audit frameworks during inspections at SMS, Kawatiya, and Super Specialty Hospitals. o Applied infection control and environmental health concepts to evaluate hygiene standards and facility upkeep. - **Health Policy, Insurance & Public Scheme Management** o Leveraged knowledge from public health financing and health policy modules to evaluate MAA Yojana implementation. o Analysed scheme enrolment processes, claim rejections, and beneficiary communication challenges through a policy lens. - **Information Systems & Digital Health** o Contributed to the Learning Management System (LMS) project using understanding from Health Information Systems coursework. o Identified gaps in data consistency, user adaptability, and system training, aligning with lessons on digital transformation in healthcare. - **Emergency Preparedness & Triage Management** o Applied principles from Emergency and Trauma Care Management to assess triage categorization and emergency protocols at the Trauma Centre. o Evaluated staff readiness and BLS certification processes, reflecting classroom discussions on clinical risk management and response systems. - **Human Resource Management & Staff Deployment** o Used HR concepts while assessing staff distribution in emergency and OPD areas, highlighting the need for shift-based deployment during peak hours. o Observed real-life implications of staffing gaps and skill mismatches on service quality.

	- **Queue Management & Patient Flow** o Applied tools from Hospital Operations Management to study OPD queue systems, appointment delays, and flow bottlenecks. o Evaluated strategies for improving patient movement, wait times, and overall service efficiency. - **Program Monitoring & Evaluation** o While visiting RSHAA and NHM offices, applied frameworks of program planning and monitoring to assess implementation status of schemes like cancer screening and MAA Yojana. o Understood the coordination challenges between different health departments and service levels. - **Community Health & Access Equity** o During visits to Zenana Hospital and Mahila Chikitsalaya, connected field realities with classroom learning on health access, gender equity, and scheme awareness. o Identified real-world implementation barriers such as missing documents, poor IEC display, and low beneficiary literacy. - **Professional Skills Development** o Strengthened competencies in report writing, stakeholder communication, documentation, and gap analysis—all integral to hospital and health management education. o Translated theoretical knowledge into actionable recommendations with clarity and confidence.
Gaps identified on the working area.	- **Fragmented Data Systems**: Most hospitals still rely on manual data entry, leading to inconsistent, error-prone records. This made KPI benchmarking a challenge, especially when different formats were used. - **Public Scheme Awareness and Access**: A significant number of eligible patients were unaware of their MAA Yojana entitlements. IEC

	materials were either missing or outdated. Staff often lacked the time and training to assist patients in resolving documentation issues. - **Cleanliness Compliance**: Many facilities improved conditions just before scheduled inspections, meaning actual daily standards often remained below par. There was no active patient feedback system for hygiene quality. - **Training & HR**: Lack of tracking of BLS-certified staff; uneven deployment in critical departments like emergency wards. - **Staffing Challenges in OPDs**: Departments faced heavy patient loads, especially during peak hours. However, staff deployment remained static, leading to long waiting times and bottlenecks in patient care - **Queue and Patient Load Management**: High patient load in OPDs, with limited dynamic staffing or use of predictive tools; bottlenecks in registration and consultation queues. - **Emergency Services**: Non-standardised triage practices; delays in high-priority case management; absence of real-time monitoring systems. - **Limited Interdepartmental Coordination**: Gaps were seen between administrative and clinical teams, especially in the execution of digital systems (like LMS) and data updates.
Suggestions for improvement	- **Fragmented Data Systems** o Transition to a unified Electronic Health Record (EHR) system across all departments with standardized data entry formats. o Provide hands-on training to administrative staff on digital tools to reduce human error and ensure data consistency. o Establish routine data audits to identify entry gaps and ensure validation protocols for KPI tracking. - **Public Scheme Awareness and Access (MAA**

	Yojana) o Design and display multilingual, visually clear IEC (Information, Education & Communication) materials in all patient-facing areas like OPDs, IPDs, and registration desks. o Set up dedicated helpdesks at high-footfall locations to assist patients with documentation, scheme eligibility queries, and claim support. o Conduct refresher training sessions for registration and nursing staff on eligibility criteria and documentation correction workflows. - **Cleanliness Compliance** o Implement unannounced inspections on a rotational basis to get a true picture of hygiene and housekeeping practices. o Reinstate and digitize the patient feedback system (e.g., barcode-based surveys) to assess real-time cleanliness satisfaction. o Assign hygiene officers for regular internal audits and link them to performance appraisal indicators. - **Training & Human Resources** o Create a centralized BLS/CPR certification registry at the institutional level, accessible to emergency supervisors and HR managers. o Introduce quarterly refresher training and simulation drills for all emergency staff and ensure recruits are certified before deployment. - **Staffing Challenges in OPDs** o Analyze historical patient load data to predict peak hours and adjust staffing dynamically using a tiered shift system. o Authorize part-time or contract-based auxiliary staff during known rush hours to assist in patient flow and documentation. o Empower nursing supervisors to redistribute team members between slow and high-load counters in real time. - **Queue and Patient Load Management** o Install digital queue management kiosks at registration desks with token-based appointment systems and real-time wait-time display boards.

	o Develop mobile or web-based OPD appointment portals to reduce physical overcrowding and waiting room stress. o Designate dedicated staff for triage and fast-track lanes for elderly, pregnant women, and high-risk patients. - **Emergency Services** o Standardize triage protocols and ensure consistent training for medical officers, nursing, and paramedical staff. o Integrate triage dashboards for real-time patient tracking and prioritization within Emergency and Trauma units. o Introduce a supervisory role (e.g., triage coordinator) during all shifts to ensure triage fidelity and SOP adherence. - **Limited Interdepartmental Coordination** o Organize monthly cross-functional review meetings between administrative, clinical, and IT teams to align priorities and share implementation updates. o Nominate departmental 'Digital Champions' who will act as liaisons for updates, training, and issue resolution on platforms like LMS. o Introduce shared performance metrics that incentivize cooperation and accountability between functional units.
Key Learnings	This internship was more than a field posting—it was a deep, hands-on education in how public health systems function under pressure and how thoughtful management can bridge the gap between need and delivery. - I gained confidence in working with real data, conducting audits, writing policy-oriented reports, and interacting with hospital staff at various levels. - I developed a first-hand understanding of how schemes like MAA Yojana, when properly implemented, can transform access to care, but also how minor documentation gaps can derail those benefits. - I learned that **data is only as good as the system that generates it**. For policies to work, the processes behind the scenes—from record-keeping to reporting—must be robust and transparent. - Understood the operational challenges faced by public hospitals, especially in emergency handling, data reporting, and scheme enrolment. - Most importantly, I learned the value of listening.

	Whether it was from patients facing scheme rejection or a nurse juggling documentation with triage, these voices shaped my understanding of what needs fixing. - Gained exposure to the structure of government health administration and inter-agency collaboration (NHM, RSHAA, hospital units). - Improved communication and reporting skills through interactions with staff and formal presentations of observations. - Recognized the importance of digital health transformation in improving patient care delivery and administrative efficiency. - Learned to identify performance gaps and formulate evidence-based, practical recommendations under real-world constraints. - Developed a comprehensive understanding of how policy, training, and system-level design impact public healthcare outcomes.

Signature of the Student

Natasha Bangari

HM 29

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Approved by the IIHMR University's Mentor