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

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

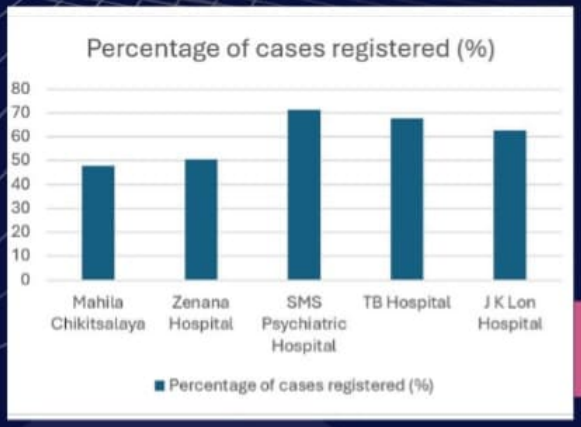
- Manual and inconsistent data formats across hospitals.
- Lack of staff training in digital systems.
- Low public awareness about schemes like MAA Yojana.
- Cleanliness protocols often met only during inspections.
- Triage practices and emergency handling not standardized.

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.