

# **SUMMER INTERNSHIP PROGRAM**

**at**

**GOVT. R. D. B. P JAIPURIA HOSPITAL, JAIPUR, RAJASTHAN**

**(Attached to RUHS College of Medical Sciences, Jaipur)**

From 15<sup>th</sup> May'2025 to 29<sup>th</sup> July'2025

**A REPORT BY**

**KOMAL GUPTA**

Master of Business Administration

(Hospital and Health Management)

Roll no- 1980

**2024-26**

Under the Mentorship of

**DR. SUSMIT JAIN**

Associate Professor



**Government of Rajasthan**

Govt. R. D. B. P. Jaipuria Hospital, Jaipur, Rajasthan

(Attached to RUHS College of Medical Sciences, Jaipur)

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Office dispatch No.: 1572

Date of issue: 30/07/2025

**CERTIFICATE**

This is to certify that Miss. Komal Gupta D/O Mr. S.R. Gupta (Enrollment No. IIMR- U/01/2024-26/1980) of Batch 2024-26, IIMR University, Jaipur, has worked with our organization for her summer internship from 15.05.2025 to 29.07.2025.

During the above period her work and conduct was good. To the best of my knowledge, she bears a good moral character.

Date :- 30.07.2025

Name – Dr. Mahesh Mangal

Designation – Medical Superintendent

Govt. R.D. B.P. Jaipuria Hospital, Jaipur

(DR. MAHESH MANGAL)

MEDICAL SUPERINTENDENT

Govt. R.D.B.P. Jaipuria Hospital

(Attached Hospital-RUHS CMS)

Jaipur (Raj.)

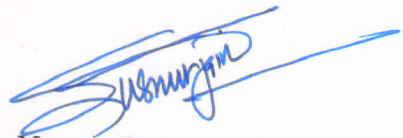
## IIHMR University Faculty Mentor Approval

This is to certify that **Komal Gupta** 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: 30.07.2025

(Signature of Faculty Mentor)

A handwritten signature in blue ink, appearing to read 'Susmit Jain', with a long horizontal flourish extending to the right.

Name: **Dr. Susmit Jain**

Designation: Associate Professor,  
IIHMR University, Jaipur.

## COMPILED REPORT (WEEK 1 TO 12)

### Reporting 1

**Name of the Organisation:** Rukmani Devi Beni Prasad Jaipuria Hospital

**Area/ Department/ Project of Summer Internship Program:** Department of Medical education , Rajasthan.

**Name of the Student:** Komal Gupta

**Roll no:** 1980

**Stream:** MBA HM

**Week no:01 From:** 15/05/2025 to 17/05/2025

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| <ul style="list-style-type: none"><li>• <b>Activity Done</b></li></ul>        | <ul style="list-style-type: none"><li>• Induction to hospital's work culture and organizational structure. Observation of daily functioning of the Outpatient Department and Inpatient Department .<br/><b>Collected and analyzed KPI data from various departments:</b></li><li>• Average waiting time for doctor consultation in OPD. Waiting time for laboratory sample collection. Waiting time for MRI, X-Ray, CT Scan, and USG. Percentage of claims submitted and rejected under MAA Yojana and RGHS. Bed occupancy percentage in hospital departments. Hands-on experience with JSSY, MAA Yojana, and RGHS schemes . Interacted with staff managing OPD and IPD processes.</li></ul> |
| <b>Linking theory (Classroom learning) with practice at your organisation</b> | <ul style="list-style-type: none"><li>• Understood the structure and functioning of OPD and IPD departments.</li><li>• Observed inter-departmental coordination essential for smooth hospital operations.</li><li>• Applied classroom concepts of hospital workflow, patient journey, and resource utilization.</li><li>• Recognized the importance of KPIs and service quality in hospital management.</li></ul>                                                                                                                                                                                                                                                                            |
| <b>Gaps identified on the working area.</b>                                   | <ul style="list-style-type: none"><li>• Lack of proper mapping and directional signage to guide patients to respective departments.</li><li>• High average waiting time for doctor consultations and diagnostic services.</li><li>• Issues in bed occupancy management; sometimes beds remain underutilized or over-occupied.</li></ul>                                                                                                                                                                                                                                                                                                                                                      |

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|                                    | <ul style="list-style-type: none"> <li>• Absence of a structured feedback system post-treatment to evaluate patient satisfaction.</li> <li>• Token machine at registration counters is not functioning properly at times, causing delays and confusion.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <b>Suggestions for improvement</b> | <ul style="list-style-type: none"> <li>• Install clear signage and digital maps at key locations to help patients navigate the hospital easily.</li> <li>• Optimize appointment scheduling and implement a real-time queue management system to reduce patient waiting time.</li> <li>• Ensure proper bed utilization monitoring by integrating a digital bed management system.</li> <li>• Introduce a patient feedback system (digitaly, QR codes, or physical forms) to gather insights and improve service quality. Assign a staff member to assist during technical issues.</li> <li>• Assign floor coordinators to assist patients in locating departments and managing their visit smoothly.</li> </ul> |
| <b>Plan for the next week</b>      | <ul style="list-style-type: none"> <li>• Continue KPI data collection from additional departments.</li> <li>• Conduct root cause analysis for delays and inconsistencies.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |

**Signature of the Student**

**Approved by the IIHMR University's Mentor**

## Report 2

**Name of the Organisation:** Rukmani Devi Beni Prasad Jaipuria HospitalArea/ **Department/**  
**Project of Summer Internship Program:** Department of Medical Education, Rajasthan

**Name of the Student:** Komal Gupta

**Roll no:** 1980

**Stream:** MBA - HM

**Week no:** 02 **From:** 19/05/25 to 24/05/25

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| <b>Activity Done</b>                                                          | <ul style="list-style-type: none"><li>• Observed CT Scan &amp; MRI departments</li><li>• Observed Emergency Department, ICU, and OT</li><li>• Studied and observed BMW (Bio-Medical Waste) protocols</li><li>• Learned about Disaster Codes</li><li>• Studied 3 Observation Sheets (Inpatient, BMW rules, Disaster Management Protocol)</li></ul> |
| <b>Linking theory (Classroom learning) with practice at your organisation</b> | <ul style="list-style-type: none"><li>• Applied theoretical knowledge of hospital operations, BMW management, and disaster preparedness.</li><li>• Identified alignment of theory &amp; practice in hygiene compliance and waste segregation.</li></ul>                                                                                           |
| <b>Gaps identified on the working area.</b>                                   | <ul style="list-style-type: none"><li>• No medical alert signage</li><li>• Incomplete BMW segregation in some areas</li><li>• Poor hygiene in lifts &amp; washrooms</li></ul>                                                                                                                                                                     |
| <b>Suggestions for improvement</b>                                            | <ul style="list-style-type: none"><li>• Display disaster codes clearly</li><li>• Ensure color-coded BMW segregation in all functional areas</li><li>• Increase frequency of cleaning rounds</li></ul>                                                                                                                                             |
| <b>Plan for the next week</b>                                                 | <ul style="list-style-type: none"><li>• Personally monitor step-by-step processes from patient arrival to OPD consultation</li><li>• Study hospital demographics</li><li>• Identify operational gaps and potential improvements</li><li>• Interact with patients and staff for insights</li></ul>                                                 |

**Signature of the Student**

**Approved by the IIHMR University's Mentor**

### Reporting 3

**Name of the Organisation:** Rukmani Devi Beni Prasad Jaipuria Hospital

**Area/ Department/ Project of Summer Internship Program:** Department of Medical education , Rajasthan.

**Name of the Student:** Komal Gupta

**Roll no:** 1980

**Stream:** MBA HM

**Week no:**03    **From:** 26/05/2025 to 31/05/2025

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| <b>Activity Done</b>                                                          | <ul style="list-style-type: none"><li>• Conducted a detailed study on Biomedical Waste Management protocols and compliance.</li><li>• Reviewed and analyzed Disaster Codes and their alternative usage at the hospital.</li><li>• Studied the Queue Management System; conducted a survey on its effectiveness.</li><li>• Identified infrastructure gaps such as missing display monitors for queue management in some areas.</li><li>• Assessed hygiene and cleanliness issues in common patient areas.</li><li>• Worked on designing a detailed hospital map (floor-wise) to support easier departmental identification for patients.</li></ul> |
| <b>Linking theory (Classroom learning) with practice at your organisation</b> | <ul style="list-style-type: none"><li>• Applied theoretical knowledge from Hospital Operations Management to assess biomedical waste segregation and handling.</li><li>• Implemented disaster management learning by evaluating color-coded code systems (Code Red, Code Blue, etc.).</li><li>• Used principles from healthcare quality and patient flow management to study the Queue Management System.</li><li>• Applied knowledge of facility layout planning to propose better signage and mapping solutions</li></ul>                                                                                                                       |
| <b>Gaps identified on the working area.</b>                                   | <ul style="list-style-type: none"><li>• Incomplete Queue Management System: missing or non-functional display monitors in key departments.</li><li>• Inadequate cleanliness and hygiene in certain patient-waiting areas.</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                               |

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|                                    | <ul style="list-style-type: none"> <li>• Lack of clear, patient-friendly hospital maps and direction signage leading to confusion among visitors.</li> <li>• Disaster codes are not followed.</li> </ul>                                                                                                                                                                                                                                                |
| <b>Suggestions for improvement</b> | <ul style="list-style-type: none"> <li>• Ensure installation and maintenance of all digital monitors for queue display.</li> <li>• Improve regular monitoring and accountability for hygiene in common areas.</li> <li>• Organize regular training/refresher sessions for staff on disaster codes and emergency responses.</li> <li>• Implement floor-wise, color-coded, patient-friendly hospital mapping at major entrances and elevators.</li> </ul> |
| <b>Plan for the next week</b>      | <ul style="list-style-type: none"> <li>• Finalize and present a detailed Komaltrupter hospital map with department-wise layout for implementation.</li> <li>• Follow up on queue management system upgrades.</li> <li>• Conduct brief staff interviews to assess awareness on disaster codes and hygiene protocols.</li> </ul>                                                                                                                          |

**Signature of the Student**

**Approved by the IIHMR University's Mentor**

## Report 4

**Name of the Organisation:** Rukmani Devi Beni Prasad Jaipuria Hospital

**Area/ Department/ Project of Summer Internship Program:** Department of Medical education , Rajasthan.

**Name of the Student:** Komal Gupta

**Roll no:** 1980

**Stream:** MBA HM

**Week no:**04 **From:** 02/06/2025 to 07/06/2025

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| <b>Activity Done</b>                                                          | <ul style="list-style-type: none"><li>Constructed a detailed hospital mapping layout based on:<ol style="list-style-type: none"><li>Dimensions</li><li>Department-wise distribution</li><li>Ward number-wise and floor-wise categorization</li></ol>This initiative is aimed at reducing patient confusion regarding ward location and movement within the hospital.</li><li>Visited Kawatiya Hospital to study their Quality Management System (QMS) and prepared a report.</li><li>Proposed conversion of empty space near the MRI and CT scan room into a resting area for patient attendants with nominal fees, to address overcrowding and hygiene issues caused by people sleeping in corridors.</li><li>Suggested installation of help desks on each floor with trained staff to guide patients effectively.</li><li>Created a poster-based patient flowchart from token generation to doctor consultation, proposed for installation at the hospital entrance to streamline patient flow.</li></ul> |
| <b>Linking theory (Classroom learning) with practice at your organisation</b> | <ul style="list-style-type: none"><li>Applied knowledge from hospital operations, layout design, and process mapping.</li><li>Observed real-world implementation of QMS and patient navigation practices.</li><li>Understood the role of visual aids (maps and flowcharts) in enhancing healthcare service delivery.</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |

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| <b>Gaps identified on the working area.</b> | <ul style="list-style-type: none"> <li>• Absence of floor-wise and ward-wise visual hospital mapping creates confusion among patients.</li> <li>• No designated space for attendants, resulting in people sleeping around corridors.</li> <li>• Inadequate help desks on hospital floors; patients struggle to locate departments.</li> <li>• Lack of clear flow guidance for the patient journey from registration to consultation.</li> <li>• No QMS standardization observed in operational workflow compared to other government hospitals.</li> </ul>                               |
| <b>Suggestions for improvement</b>          | <ul style="list-style-type: none"> <li>• Implement wall-mounted and printed hospital maps floor-wise and ward-wise.</li> <li>• Modify the vacant room near MRI/CT area into a rest lounge with minimal charges for attendants.</li> <li>• Set up staffed help desks on every floor with visible signboards for direction and support.</li> <li>• Install flowchart posters guiding patients through token generation, registration, and consultation process.</li> <li>• Apply observed QMS practices from Kawatiya Hospital to reduce waiting time and improve coordination.</li> </ul> |
| <b>Plan for the next week</b>               | <ul style="list-style-type: none"> <li>• Present and seek approval for patient flowchart posters and rest room proposal.</li> <li>• Work on implementing basic signage and wayfinding tools based on mapping.</li> <li>• Begin planning for digital feedback collection model from patients.</li> <li>• Continue to assess additional areas for operational improvement through benchmarking visits.</li> </ul>                                                                                                                                                                          |

**Signature of the Student**

**Approved by the IIHMR University's Mentor**

### **Report 5**

**Name of the Organisation:** Rukmani Devi Beni Prasad Jaipuria Hospital

**Area/ Department/ Project of Summer Internship Program:** Department of Medical education , Rajasthan.

**Name of the Student:** Komal Gupta

**Roll no:** 1980

**Stream:** MBA HM

**Week no:**05 **From:** 09/06/2025 to 14/06/2025

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| <b>Activity Done</b>                                                          | <ul style="list-style-type: none"><li>• Studied the hospital's electrical department and observed the distribution of power and backup systems in critical areas like OT, ICU, wards, basements, and parking zones.</li><li>• Visited electrical panel rooms and diesel generator (DG) sites to understand emergency preparedness.</li><li>• Investigated the common reasons for rejection or pendency in MAA Yojana claims at the billing and claim desk.</li></ul>                                                                                                                                                                                                                                                                                                                                   |
| <b>Linking theory (Classroom learning) with practice at your organisation</b> | <ul style="list-style-type: none"><li>• Applied concepts from hospital support services and infrastructure management to assess electrical system planning.</li><li>• Used classroom knowledge of health schemes and insurance to analyze the operational aspects and challenges of MAA Yojana implementation.</li><li>• Quality management principles were used to evaluate service delivery gaps affecting claim processing.</li></ul>                                                                                                                                                                                                                                                                                                                                                               |
| <b>Gaps identified on the working area.</b>                                   | <ul style="list-style-type: none"><li>• MAA Yojana Claims:<ol style="list-style-type: none"><li>1. Codes not available .</li><li>2. Incomplete lab or diagnostic reports uploaded.</li><li>3. Jan Aadhar card not linked or not activated.</li><li>4. Patients from other states are not eligible for the scheme.</li><li>5. Missing patient photograph in system.</li><li>6. Improper or mismatched diagnosis with actual treatment.</li><li>7. Jan Aadhar activation initiated, but patients do not return after 24-hour waiting period.</li><li>8. ID merging (especially wife's Jan Aadhar with husband's) is essential but often incomplete.</li></ol></li><li>• Electrical Department:<ol style="list-style-type: none"><li>1. No centralized monitoring for DG performance.</li></ol></li></ul> |

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|                                    | 2. Limited signage for emergency electrical panels.                                                                                                                                                                                                                                                                                                                                                                              |
| <b>Suggestions for improvement</b> | <ul style="list-style-type: none"> <li>• Create a claim eligibility checklist for the admission counter to ensure all documentation (code, reports, photo, diagnosis, ID linking) is complete at entry point.</li> <li>• Provide counseling to patients on Jan Aadhar activation importance and scheme rules.</li> <li>• Improve visual mapping of electrical panels with labeled access instructions.</li> </ul>                |
| <b>Plan for the next week</b>      | <ul style="list-style-type: none"> <li>• Observe the solar panel setup integrated with the hospital's electrical system and assess its contribution to hospital energy needs.</li> <li>• Begin sanitation and housekeeping observations to understand cleaning schedules, protocols, and infection control compliances.</li> <li>• Identify key sanitation gaps and hygiene issues affecting patient and staff areas.</li> </ul> |

**Signature of the Student**

**Approved by the IIHMR University's Mentor**

## Report 6

**Name of the Organisation:** Rukmani Devi Beni Prasad Jaipuria Hospital

**Area/ Department/ Project of Summer Internship Program:** Department of Medical education , Rajasthan.

**Name of the Student:** Komal Gupta

**Roll no:** 1980

**Stream:** MBA HM

**Week no:**06 **From:** 16/06/2025 **To:** 21/06/2025

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| <b>Activity Done</b>                                                          | <ul style="list-style-type: none"><li>• Studied the electrical department setup and conducted a detailed audit of power distribution.</li><li>• Prepared a comprehensive proposed solution document addressing key issues identified.</li><li>• Carried out routine floor visits covering OPD entrance, general ward, washrooms, and other hospital premises.</li><li>• Observed food distribution practices for patients and attendants during breakfast and lunch provided free of cost by charitable trusts.</li></ul> |
| <b>Linking theory (Classroom learning) with practice at your organisation</b> | <ul style="list-style-type: none"><li>• Applied hospital operations management and QMS concepts to assess utility infrastructure like electrical systems.</li><li>• Used audit techniques learned in class to prepare the Electrical Department Audit.</li><li>• Real-life exposure to stakeholder management while evaluating food distribution via external trusts.</li></ul>                                                                                                                                           |
| <b>Gaps identified on the working area.</b>                                   | <ul style="list-style-type: none"><li>• No designated resting area for attendants causing crowding in corridors.</li><li>• Queue mismanagement at registration and OPD areas.</li><li>• Lack of hygiene monitoring in public washrooms.</li></ul>                                                                                                                                                                                                                                                                         |
| <b>Suggestions for improvement</b>                                            | <ul style="list-style-type: none"><li>• Implement hand band tracking and controlled entry as per proposed solution.</li><li>• Convert the space near MRI/CT into a resting zone for attendants.</li><li>• Develop a digital queue management system near the MS room.</li></ul>                                                                                                                                                                                                                                           |

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|                               | <ul style="list-style-type: none"> <li>• Improve monitoring of washroom hygiene and cleanliness.</li> <li>• Display awareness posters on electrical safety and fire hazard prevention.</li> </ul>    |
| <b>Plan for the next week</b> | <ul style="list-style-type: none"> <li>• Audit sanitation and general facility hygiene across hospital premises.</li> <li>• Prepare documentation for mid-internship review presentation.</li> </ul> |

**Signature of the Student**

**Approved by the IIHMR University's Mentor**

## Report 7

**Name of the Organisation:** Rukmani Devi Beni Prasad Jaipuria Hospital

**Area/ Department/ Project of Summer Internship Program:** Department of Medical education , Rajasthan.

**Name of the Student:** Komal Gupta

**Roll no:** 1980

**Stream:** MBA HM

**Week no:**07 **From:** 23/06/2025 to 28/06/2025

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| <b>Activity Done</b>                                                          | <ul style="list-style-type: none"><li>• Conducted daily hospital rounds to inspect cleaning, garbage disposal, plumbing issues.</li><li>• Proposed a wristband colour-coded system for OPD, and IPD to improve patient flow and security.</li><li>• Prepared a detailed report on the complaint and feedback system.</li><li>• Held a meeting with the Nursing Superintendent regarding staff deployment and housekeeping issues.</li><li>• Inspected water logging areas across hospital premises.</li><li>• Observed and prepared a detailed report on DDCs (Drug Distribution Centres) highlighting issues of wrong medicines being dispensed to patients.</li><li>• Verified and found that Anti Diphtheria Serum (ADS) is not available in the MCDW Warehouse.</li></ul> |
| <b>Linking theory (Classroom learning) with practice at your organisation</b> | <ul style="list-style-type: none"><li>• Applied hospital facility management concepts in real-time inspections to identify gaps related to cleanliness, infrastructure maintenance, medicine dispensing, and emergency stock availability.</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>Gaps identified on the working area.</b>                                   | <ul style="list-style-type: none"><li>• Seepage and drainage issues identified in various areas of the hospital.</li><li>• Nursing interns are being deployed in excess numbers at DDCs — only 2 interns should be appointed per DDC, not more.</li><li>• Windows in several areas are either missing glass panes or have broken glass, posing safety and hygiene concerns.</li><li>• Some lifts are not in working condition and lack proper ventilation and cleaning.</li></ul>                                                                                                                                                                                                                                                                                             |

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|                                    | <ul style="list-style-type: none"> <li>• Incidents of wrong medicine being dispensed to patients at DDCs.</li> <li>• Anti Diphtheria Serum (ADS) is not available in the MCDW Warehouse.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>Suggestions for improvement</b> | <ul style="list-style-type: none"> <li>• Limit the number of nursing interns appointed to each DDC to a maximum of 2 for better efficiency and supervision.</li> <li>• Immediate repairs for broken windows and installation of glass panes where missing.</li> <li>• Regular maintenance and servicing of lifts to ensure functionality, ventilation, and hygiene.</li> <li>• Strict monitoring and double-checking procedures to prevent mis-dispensing of medicines at DDCs.</li> <li>• Ensure timely procurement and availability of critical medicines like ADS in the MCDW Warehouse.</li> <li>• Daily update and verification of cleanliness checklists by in-charge staff.</li> </ul> |
| <b>Plan for the next week</b>      | <ul style="list-style-type: none"> <li>• CSSD Audit</li> <li>• BMW Audit</li> <li>• Sanitation Audit</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |

**Signature of the Student**

**Approved by the IIHMR University's Mentor**

### **Report 8**

**Name of the Organisation:** Rukmani Devi Beni Prasad Jaipuria Hospital

**Area/ Department/ Project of Summer Internship Program:** Department of Medical education , Rajasthan.

**Name of the Student:** Komal Gupta

**Roll no:** 1980

**Stream:** MBA HM

**Week no:**08 **From:** 30/06/2025 to 05/07/2025

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| <b>Activity Done</b>                                                          | <ul style="list-style-type: none"><li>• Conducted daily visits to various hospital departments, observing patient flow and infrastructure.</li><li>• Observed a significant lack of adequate sitting space near the Physical Medicine and Rehabilitation (PMR) room, leading to patient discomfort and overcrowding.</li><li>• Studied the Integrated Hospital Management System (IHMS) and E-Ausadhi software, with a focus on pharmaceutical management modules.</li><li>• Attempted OPD registration through QR codes using the RajUpchaar app.</li><li>• Conducted an awareness drive for all regarding online registration through the RajUpchaar app.</li><li>• Identified and documented the hospital's Vision and Mission statements.</li></ul> |
| <b>Linking theory (Classroom learning) with practice at your organisation</b> | <ul style="list-style-type: none"><li>• <b>Lack of Seating:</b> Relates to space planning and patient flow management.</li><li>• <b>IHMS &amp; E-Ausadhi Study:</b> Provides practical insight into Hospital Information Systems (HIS) and Pharmacy Management Systems.</li><li>• <b>RajUpchaar App Activities:</b> Demonstrates application of digital healthcare initiatives and understanding patient convenience.</li><li>• <b>Hospital Structure &amp; Vision/Mission:</b> Links to organizational management principles and strategic planning in healthcare.</li></ul>                                                                                                                                                                           |
| <b>Gaps identified on the working area.</b>                                   | <ul style="list-style-type: none"><li>• Insufficient sitting space near the PMR room, causing patient discomfort and congestion.</li><li>• Potential for further integration between IHMS and E-Ausadhi for more streamlined pharmaceutical management.</li><li>• Limited patient awareness regarding the RajUpchaar app for online registration.</li><li>• Occasional technical glitches or slow processing observed during QR code scans for registration.</li></ul>                                                                                                                                                                                                                                                                                  |

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| <b>Suggestions for improvement</b> | <ul style="list-style-type: none"> <li>• Install additional seating benches in the waiting area adjacent to the PMR room.</li> <li>• Explore real-time stock updates and automated reordering within IHMS/E-Ausadhi.</li> <li>• Conduct widespread awareness campaigns for patients (posters, pamphlets, verbal guidance) on using the RajUpchaar app.</li> <li>• Establish dedicated assistance counters for patients needing help with the RajUpchaar app.</li> <li>• Report technical issues with the RajUpchaar app to the IT department for prompt resolution.</li> </ul> |
| <b>Plan for the next week</b>      | <ul style="list-style-type: none"> <li>• Continue promoting the RajUpchaar app for OPD registration, collecting patient and staff feedback.</li> <li>• Analyze common issues encountered during QR code registration.</li> </ul>                                                                                                                                                                                                                                                                                                                                               |

**Signature of the Student**

**Approved by the IIHMR University's Mentor**

## Report 9

**Name of the Organisation:** Rukmani Devi Beni Prasad Jaipuria Hospital

**Area/ Department/ Project of Summer Internship Program:** Department of Medical education , Rajasthan.

**Name of the Student:** Komal Gupta

**Roll no:** 1980

**Stream:** MBA HM

**Week no:09 From:** 07/07/2025 **to** 12/07/2025

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| <b>Activity Done</b>                                                          | <ul style="list-style-type: none"><li>• Hospital daily rounds — Observed patient flow, waiting area crowding, housekeeping status, washroom cleaning, garbage bins placement, and general sanitation conditions.</li><li>• Conducted awareness campaign for patients and attendants about the ABHA App to promote online OPD token generation and help them avoid long queues at the hospital registration counters.</li><li>• Personally guided patients in downloading the ABHA App, registering with Aadhaar &amp; mobile number, generating their ABHA ID, and scanning the QR code for token generation.</li><li>• Assisted elderly and less tech-savvy patients in using the app step-by-step and encouraged them to generate tokens from home to reduce overcrowding.</li><li>• Collected patient feedback about the new system and noted practical challenges faced during registration.</li><li>• Prepared a step-wise flow chart in bilingual format (English &amp; Hindi) showing the complete ABHA App registration and token generation process in an easy-to-understand way.</li><li>• Coordinated with the help desk to manage any issues faced by patients during the online registration process.</li></ul> |
| <b>Linking theory (Classroom learning) with practice at your organisation</b> | <ul style="list-style-type: none"><li>• Queue management system</li><li>• Patient counselling and awareness drives</li><li>• Digital health ID and online health service systems</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |

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|                                             | <ul style="list-style-type: none"> <li>• Visual communication tools (flow charts, posters) for patient education</li> </ul>                                                                                                                                                                                                                                                                                                                                                                           |
| <b>Gaps identified on the working area.</b> | <ul style="list-style-type: none"> <li>• Many patients are still unaware of the ABHA App and online token system.</li> <li>• Elderly patients face difficulty in downloading and registering without help ( do not have smartphone).</li> <li>• Not enough visible instructions in local language for easy understanding.</li> <li>• Some patients do not have Aadhaar-linked mobile numbers which creates delays.</li> <li>• Internet connectivity issues near the registration area.</li> </ul>     |
| <b>Suggestions for improvement</b>          | <ul style="list-style-type: none"> <li>• Regular awareness campaigns at OPD entrance and waiting area.</li> <li>• Deploy volunteers or interns to help patients with app installation daily.</li> <li>• Put up more clear bilingual posters and flow charts with step-wise visuals for easier understanding.</li> <li>• Arrange help desks with Wi-Fi or mobile hotspot to assist patients on the spot.</li> <li>• Inform patients during appointment calls to generate tokens beforehand.</li> </ul> |
| <b>Plan for the next week</b>               | <ul style="list-style-type: none"> <li>• Continue promoting the RajUpchaar app and ABHA app for OPD registration and token generation respectively, collecting patient and staff feedback.</li> <li>• Analyze common issues encountered during QR code registration.</li> <li>• Mental health and burnout in medical profession.</li> </ul>                                                                                                                                                           |

**Signature of the Student**

**Approved by the IIHMR University's Mentor**

### **Report 10**

**Name of the Organisation:** Rukmani Devi Beni Prasad Jaipuria Hospital

**Area/ Department/ Project of Summer Internship Program:** Department of Medical education , Rajasthan.

**Name of the Student:** Komal Gupta

**Roll no:** 1980

**Stream:** MBA HM

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

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| <b>Activity Done</b>                                                          | <ul style="list-style-type: none"><li>• Conducted a study on Mental Health and Burnout in the Medical Profession through: One-on-one interviews, staff surveys, and informal interactions.</li><li>• Identified key stressors and coping strategies used by physicians.</li><li>• Performed a detailed audit of the Surgical Department and CSSD (Central Sterile Services Department).</li><li>• Observed the working principles and sterilization process in CSSD: Only 2 autoclaves in use, 1 ETO machine.</li><li>• Recorded process durations: cleaning (15 min), drying (30 min), implant sterilization (40 min), vacuum (10–15 min).</li></ul> |
| <b>Linking theory (Classroom learning) with practice at your organisation</b> | <ul style="list-style-type: none"><li>• Applied concepts of stress management in healthcare and workflow analysis in real-time.</li><li>• Gained practical exposure to sterile processing, turnaround efficiency, and infection control protocols.</li></ul>                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>Gaps identified on the working area.</b>                                   | <ul style="list-style-type: none"><li>• Only 2 autoclaves available—insufficient for surgical load.</li><li>• No structured burnout support system for healthcare professionals.</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>Suggestions for improvement</b>                                            | <ul style="list-style-type: none"><li>• Recommend installation of an additional autoclave to reduce sterilization delays.</li><li>• Propose a staff well-being initiative including confidential mental health check-ins.</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>Plan for the next week</b>                                                 | <ul style="list-style-type: none"><li>• Compile final internship report and documentation.</li><li>• Take final feedback from hospital staff and supervisors.</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |

**Signature of the Student**

**Approved by the IIHMR University's Mentor**

## Report 11

**Name of the Organisation:** Rukmani Devi Beni Prasad Jaipuria Hospital

**Area/ Department/ Project of Summer Internship Program:** Department of Medical education , Rajasthan.

**Name of the Student:** Komal Gupta

**Roll no:** 1980

**Stream:** MBA HM

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

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| <b>Activity Done</b>                                                          | <ul style="list-style-type: none"><li>• Conducted a Patient Satisfaction Survey to gather valuable feedback regarding the quality of healthcare services and the overall patient experience.</li><li>• Identified the organizational structure, aims, goals, and core values of Rukmani Devi Beni Prasad Jaipuria Hospital to understand its vision and operational framework.</li><li>• Compiled the final report based on collected data and insights from the activities performed during the internship.</li></ul> |
| <b>Linking theory (Classroom learning) with practice at your organisation</b> | <ul style="list-style-type: none"><li>• Applied theoretical knowledge from <b>organizational behaviour, healthcare management</b>, and identify improvement areas.</li><li>• Utilized concepts learned in the classroom to assess how the hospital's organizational structure and values align with its goals and patient care practices.</li></ul>                                                                                                                                                                    |
| <b>Gaps identified on the working area.</b>                                   | <ul style="list-style-type: none"><li>• A lack of consistent and detailed tracking of patient satisfaction data over time.</li><li>• Limited interaction between departments in assessing and improving patient satisfaction metrics.</li><li>• Some gaps in communication regarding the hospital's core values and their impact on daily operations.</li></ul>                                                                                                                                                        |
| <b>Suggestions for improvement</b>                                            | <ul style="list-style-type: none"><li>• Implement a continuous feedback system for patients to enhance the monitoring of satisfaction and quality improvements.</li></ul>                                                                                                                                                                                                                                                                                                                                              |

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|                               | <ul style="list-style-type: none"> <li>• Foster stronger cross-departmental collaboration to ensure that all teams align with the hospital's mission and goals.</li> <li>• Improve training programs for staff on effectively communicating the hospital's core values and ensuring they are reflected in daily activities.</li> </ul> |
| <b>Plan for the next week</b> | <ul style="list-style-type: none"> <li>• Summarizing key findings and final report.</li> </ul>                                                                                                                                                                                                                                         |

**Signature of the Student**

**Approved by the IIHMR University's Mentor**

## Report 12

**Name of Internship of the Organisation:** Rukmani Devi Beni Prasad Jaipuria Hospital

**Area/ Department/ Project of Summer Internship Program:** Department of Medical education , Rajasthan.

**Name of the Student:** Komal Gupta

**Roll no:** 1980

**Stream:** MBA HM

**Week no:**12 **From:** 28/07/2025 **to** 29/07/2025

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| <b>Activity Done</b> | <ul style="list-style-type: none"><li>• Final report compilation, summarizing all activities, findings, and insights gathered throughout the internship period.</li><li>• Submitted the diary report, documenting daily tasks, key learnings, and reflections during the entire internship.</li><li>• Signed off on the internship documentation with the mentor and received the internship certificate.</li></ul> |
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**Signature of the Student**

**Approved by the IIHMR University's Mentor**

## COMPILED REPORT

**Name of the Organisation:** Rukmani Devi Beni Prasad Jaipuria Hospital

**Area/ Department/ Project of Summer Internship Program:** Department of Medical education , Rajasthan.

**Name of the Student:** Komal Gupta

**Roll no:** 1980

**Stream:** MBA HM

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| <b>Activity Done</b> | <ol style="list-style-type: none"><li><b>1. Induction to Hospital's Work Culture &amp; Organizational Structure:</b><ul style="list-style-type: none"><li>○ The first week was dedicated to understanding the organizational culture and structure of the hospital. I attended orientation sessions that helped familiarize me with the hospital's core values, goals, departments, and hierarchical setup.</li></ul></li><li><b>2. Observation of OPD &amp; IPD Functioning:</b><ul style="list-style-type: none"><li>○ I observed the day-to-day operations of the Outpatient Department (OPD) and Inpatient Department (IPD). I noted the patient registration process, patient flow through departments, waiting times, and the interactions between patients and healthcare providers.</li></ul></li><li><b>3. Collected and Analyzed KPI Data:</b><ul style="list-style-type: none"><li>○ I gathered Key Performance Indicator (KPI) data from various departments, such as the average waiting time for doctor consultations in OPD, waiting times for laboratory sample collection, and diagnostic services like MRI, X-Ray, CT scans, and USGs. I also assessed the percentage of claims submitted and rejected under the MAA Yojana and RGHS schemes.</li></ul></li><li><b>4. Hands-on Experience with JSSY, MAA Yojana, RGHS Schemes:</b><ul style="list-style-type: none"><li>○ I worked with hospital staff managing the JSSY, MAA Yojana, and RGHS schemes, learning about the financial assistance programs for eligible patients and the paperwork associated with processing claims.</li><li>○</li></ul></li><li><b>5. Interactions with OPD &amp; IPD Staff:</b><ul style="list-style-type: none"><li>○ I interacted with staff from various hospital departments, including nurses, administrative personnel, and doctors, to understand the workflow, responsibilities, and challenges faced by healthcare providers and administrative staff.</li></ul></li></ol> |
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|  | <p><b>6. Observations in CT Scan, MRI, Emergency Department, ICU, and OT:</b></p> <ul style="list-style-type: none"> <li>○ I observed the functioning of critical departments like CT Scan, MRI, Emergency, ICU, and the Operation Theatre (OT). This involved understanding the workflow, the equipment used, and the challenges faced by staff in these high-pressure areas.</li> </ul> <p><b>7. Studied Bio-Medical Waste (BMW) Protocols:</b></p> <ul style="list-style-type: none"> <li>○ I closely studied the hospital's BMW management protocols, focusing on waste segregation, disposal procedures, and compliance with legal standards.</li> </ul> <p><b>8. Learned About Disaster Codes:</b></p> <ul style="list-style-type: none"> <li>○ I attended a training session on disaster management codes such as Code Red, Code Blue, etc., and observed their implementation during mock drills.</li> </ul> <p><b>9. Studied Observation Sheets:</b></p> <ul style="list-style-type: none"> <li>○ I reviewed three different observation sheets related to inpatient management, BMW handling, and disaster management protocols, learning about documentation practices in these areas.</li> </ul> <p><b>10. Studied Biomedical Waste Management (BMW) Compliance:</b></p> <ul style="list-style-type: none"> <li>○ I conducted an in-depth study on the hospital's BMW protocols and compliance with national standards. I observed how staff segregate waste at the source and manage disposal.</li> </ul> <p><b>11. Analyzed Disaster Codes and Their Implementation:</b></p> <ul style="list-style-type: none"> <li>○ I analyzed how disaster codes are applied in the hospital, including staff training, equipment readiness, and overall hospital preparedness for emergencies.</li> </ul> <p><b>12. Survey on Queue Management System:</b></p> <ul style="list-style-type: none"> <li>○ I conducted a survey among patients and hospital staff regarding the effectiveness of the Queue Management System. I gathered feedback on areas for improvement.</li> </ul> <p><b>13. Identified Infrastructure Gaps:</b></p> <ul style="list-style-type: none"> <li>○ I identified gaps in infrastructure, such as missing display monitors for queue management in some departments, which affected patient flow and caused delays.</li> </ul> <p><b>14. Designed a Hospital Map:</b></p> <ul style="list-style-type: none"> <li>○ I worked on creating a hospital map that clearly outlines the locations of all departments, wards, and key hospital services to help guide patients more effectively.</li> </ul> |
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|  | <p><b>15. Developed a Hospital Map for Patient Navigation:</b></p> <ul style="list-style-type: none"> <li>○ I finalized the hospital map, incorporating key departments and services, and ensuring it was user-friendly and clear.</li> </ul> <p><b>16. Proposed Conversion of Empty Space into Rest Area for Attendants:</b></p> <ul style="list-style-type: none"> <li>○ I suggested converting the unused space near the MRI/CT scan room into a comfortable resting area for patient attendants, addressing issues like overcrowding in the corridors.</li> </ul> <p><b>17. Installed Help Desks on Each Floor:</b></p> <ul style="list-style-type: none"> <li>○ I proposed setting up help desks staffed with trained personnel on every floor to assist patients in navigating the hospital and locating departments.</li> </ul> <p><b>18. Created a Patient Flowchart:</b></p> <ul style="list-style-type: none"> <li>○ I designed a flowchart to guide patients from registration to doctor consultation, which I proposed for installation at the hospital entrance to streamline patient movement.</li> </ul> <p><b>19. Studied Electrical Systems and Emergency Backup:</b></p> <ul style="list-style-type: none"> <li>○ I studied the hospital's electrical infrastructure, focusing on power distribution, emergency backup systems, and the critical role of electricity in areas like the OT and ICU.</li> </ul> <p><b>20. Investigated MAA Yojana Claims Rejections:</b></p> <ul style="list-style-type: none"> <li>○ I reviewed the MAA Yojana claims process and identified common reasons for rejection, including incomplete documentation and missing patient information.</li> </ul> <p><b>21. Routine Sanitation &amp; Hygiene Audits:</b></p> <ul style="list-style-type: none"> <li>○ I conducted daily inspections of various departments to check for sanitation and cleanliness, focusing on common patient areas like waiting rooms, washrooms, and corridors.</li> </ul> <p><b>22. Assessed Food Distribution Practices:</b></p> <ul style="list-style-type: none"> <li>○ I observed the processes involved in providing free meals to patients and attendants, focusing on quality and timing, and ensuring compliance with food safety standards.</li> </ul> <p><b>23. Proposed Wristband Color-Coded System:</b></p> <ul style="list-style-type: none"> <li>○ I proposed the introduction of a color-coded wristband system for OPD and IPD patients. This would help improve patient flow by allowing hospital staff to easily identify the patient's department, medical requirements, and level of priority.</li> </ul> <p><b>24. Meeting with Nursing Superintendent:</b></p> <ul style="list-style-type: none"> <li>○ I held a meeting with the Nursing Superintendent to discuss staff deployment,</li> </ul> |
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|                                                                        | <p>housekeeping issues, and sanitation gaps. This involved identifying areas where more resources were required and addressing staff-related challenges in the hospital.</p> <p><b>25. Inspection of Water Logging Areas:</b></p> <ul style="list-style-type: none"> <li>○ I inspected the hospital premises for areas with water logging, which could lead to hygiene issues and potential slip hazards. I identified key spots that required immediate intervention.</li> </ul> <p><b>26. DDC (Drug Distribution Centre) Inspection:</b></p> <ul style="list-style-type: none"> <li>○ I inspected the Drug Distribution Centers (DDCs) to check for any discrepancies in the medication dispensing process. I noted issues such as incorrect medicines being dispensed to patients, which posed a significant risk to patient safety.</li> </ul> <p><b>27. Anti Diphtheria Serum (ADS) Availability:</b></p> <ul style="list-style-type: none"> <li>○ During my inspection, I found that the Anti-Diphtheria Serum (ADS) was unavailable in the MCDW Warehouse, which is a critical gap in the hospital's preparedness for handling medical emergencies.</li> </ul> <p><b>28. Inspected Integrated Hospital Management System (IHMS):</b></p> <ul style="list-style-type: none"> <li>○ I studied the IHMS and E-Ausadhi software systems in place for managing pharmaceutical operations. I observed their use for inventory management, prescription tracking, and integration of information across departments.</li> </ul> <p><b>29. RajUpchaar App Awareness Campaign:</b></p> <ul style="list-style-type: none"> <li>○ I participated in an awareness campaign promoting the RajUpchaar app, which allows patients to generate OPD tokens online. I helped guide patients through the process of downloading and registering the app, focusing on the benefits of using the app to reduce wait times.</li> </ul> <p><b>30. Evaluating Patient Experience &amp; Staff Feedback:</b></p> <ul style="list-style-type: none"> <li>○ I gathered feedback from patients and hospital staff regarding the RajUpchaar app. I noted both positive and negative feedback to understand the common challenges faced during registration.</li> </ul> <p><b>31. Performed a detailed audit of the Surgical Department and CSSD (Central Sterile Services Department).</b></p> |
| Linking theory (Classroom learning) with practice at your organisation | 1. <a href="#">Research Methods</a>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |

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|  | <ul style="list-style-type: none"> <li>• <b>Data Collection &amp; KPI Analysis:</b> Applied research methods like data collection, surveys, and statistical analysis to assess hospital performance indicators.</li> <li>• <b>Patient Satisfaction Survey:</b> Used survey design techniques for gathering data on patient experiences.</li> </ul> <p>2. Essentials of Hospital Services</p> <ul style="list-style-type: none"> <li>• <b>OPD &amp; IPD Observation:</b> Observed hospital service delivery, applying theories on patient flow, hospital operations, and service quality.</li> <li>• <b>BMW &amp; Disaster Codes:</b> Applied hospital service management principles, focusing on safety, hygiene, and regulatory compliance.</li> </ul> <p>3. Digital Health</p> <ul style="list-style-type: none"> <li>• <b>RajUpchaar &amp; ABHA App Awareness:</b> Linked with digital health theories, focusing on enhancing patient access and hospital efficiency through technology.</li> <li>• <b>IHMS &amp; E-Ausadhi Systems:</b> Studied the integration of digital systems for pharmaceutical management and patient data.</li> </ul> <p>4. Communication Planning and Management</p> <ul style="list-style-type: none"> <li>• <b>App Awareness Campaigns:</b> Used communication strategies to promote digital health tools and educate patients.</li> <li>• <b>Patient &amp; Staff Interaction:</b> Applied communication principles to gather feedback and improve hospital communication.</li> </ul> <p>5. National Health Programmes</p> <ul style="list-style-type: none"> <li>• <b>MAA Yojana &amp; RGHS Observation:</b> Applied theories of public health programs and their operational challenges in hospital settings.</li> </ul> <p>6. Organisational Behaviour</p> <ul style="list-style-type: none"> <li>• <b>Staff Interaction &amp; Stress Management:</b> Observed staff dynamics and applied organizational behavior theories to understand workplace stress and teamwork.</li> <li>• <b>Burnout Study:</b> Applied stress management theories to address mental health issues in healthcare professionals.</li> </ul> <p>7. Human Resource Management</p> |
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|                                         | <ul style="list-style-type: none"> <li>• <b>Staff Deployment &amp; Housekeeping:</b> Applied HRM principles to optimize staff allocation and operational efficiency.</li> <li>• <b>Mental Health Programs for Staff:</b> Linked HRM theories with employee well-being programs to prevent burnout.</li> </ul> <p>8. Marketing Management</p> <ul style="list-style-type: none"> <li>• <b>App Promotion Campaigns:</b> Used marketing principles to promote digital tools and improve patient engagement.</li> <li>• <b>Patient Feedback:</b> Applied service marketing strategies to assess and enhance patient satisfaction.</li> </ul> <p>9. Essentials of Health Economics and Financing</p> <ul style="list-style-type: none"> <li>• <b>MAA Yojana Claims:</b> Applied healthcare financing concepts, analyzing cost control and efficiency in government schemes.</li> <li>• <b>Health Financing Models:</b> Connected economic sustainability and financial management theories with healthcare programs.</li> </ul> <p>10. Financial Management</p> <ul style="list-style-type: none"> <li>• <b>Patient Claims &amp; Rejections:</b> Applied financial auditing and cost management theories to identify inefficiencies in the claims process.</li> </ul> |
| 1. Gaps identified on the working area. | <ol style="list-style-type: none"> <li>2. <b>Lack of Clear Signage:</b> Patients often had trouble locating different departments, leading to confusion and frustration.</li> <li>3. <b>High Waiting Times:</b> Waiting times for consultations and diagnostics were significantly high, affecting patient satisfaction.</li> <li>4. <b>Absence of Feedback Mechanism:</b> The hospital lacked a structured system to gather patient feedback after treatment, hindering the continuous improvement of services.</li> <li>5. <b>Inadequate BMW Segregation:</b> Some areas had incomplete segregation, violating regulatory standards.</li> <li>6. <b>Poor Hygiene in Public Areas:</b> Areas such as lifts and washrooms were not properly cleaned, potentially contributing to cross-contamination.</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                 |

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|  | <ol style="list-style-type: none"> <li>7. <b>Lack of Disaster Signage:</b> Medical alert signage was missing in some critical areas, making it difficult for staff to act swiftly during emergencies.</li> <li>8. <b>Incomplete Queue Management System:</b> Some areas lacked the necessary infrastructure, such as non-functional display monitors, leading to patient confusion.</li> <li>9. <b>Lack of Patient-Friendly Maps:</b> There were no detailed, accessible maps for patients to easily navigate the hospital.</li> <li>10. <b>Hygiene Issues:</b> Cleanliness in waiting areas was substandard, contributing to an uncomfortable patient experience.</li> <li>11. <b>Lack of Rest Areas for Attendants:</b> There were no designated places for patient attendants to rest, leading to overcrowding.</li> <li>12. <b>No Help Desks on Floors:</b> Patients had difficulty finding departments due to the absence of help desks.</li> <li>13. <b>Incomplete Claim Documentation:</b> Missing or incomplete documentation was a major reason for claim rejections.</li> <li>14. <b>No Centralized Monitoring for Electrical Panels:</b> There was no centralized monitoring system for the backup generators and electrical systems.</li> <li>15. <b>Poor Hygiene in Washrooms:</b> Some public washrooms were not cleaned properly.</li> <li>16. <b>Lack of Rest Areas for Attendants:</b> Attendants had nowhere to sit comfortably during long waits, resulting in overcrowding.</li> <li>17. <b>Over deployment of Nursing Interns:</b> Too many interns were assigned to Drug Distribution Centers, leading to inefficiency.</li> <li>18. <b>Water Logging Issues:</b> Several areas had water logging, leading to potential sanitation problems.</li> <li>19. <b>Incorrect Dispensing of Medicines:</b> Wrong medicines were dispensed at DDCs, which raised concerns regarding patient safety.</li> <li>20. <b>Insufficient Seating Near PMR Room:</b> There was limited seating available for patients in the Physical Medicine and Rehabilitation (PMR) room area, leading to overcrowding and patient discomfort.</li> <li>21. <b>App Technical Glitches:</b> Some patients faced technical issues when using the RajUpchaar app for registration,</li> </ol> |
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|                                               | <p>such as slow processing times and difficulty scanning QR codes.</p> <p>22. <b>Limited Awareness About the ABHA App:</b> Many patients were not aware of the app, which contributed to overcrowding at the hospital's registration counters.</p> <p>23. <b>Insufficient Autoclave Capacity:</b> Only two autoclaves were used, which delayed sterilization processes and caused a backlog of surgical instruments.</p> <p>24. <b>Lack of Mental Health Support for Staff:</b> No structured support system for mental health or burnout prevention among healthcare staff.</p> <p>25. <b>Lack of Continuous Patient Satisfaction Monitoring:</b> There was no system in place to track patient satisfaction over time, limiting the hospital's ability to make ongoing improvements.</p> <p>26. <b>Limited Inter-departmental Communication:</b> There was insufficient communication between departments regarding patient feedback and organizational goals.</p>                                                                                                                                                                             |
| <p><b>27. Suggestions for improvement</b></p> | <ol style="list-style-type: none"> <li>1. Implement clear directional signage to guide patients.</li> <li>2. Optimize appointment scheduling and integrate a real-time queue management system to reduce waiting times.</li> <li>3. Introduce a patient feedback system through digital or physical forms to gather insights and improve service quality.</li> <li>4. Ensure complete and color-coded BMW segregation in all hospital areas.</li> <li>5. Increase cleaning rounds and implement better hygiene protocols, especially in common areas.</li> <li>6. Display disaster codes and medical alert signage prominently in all relevant areas.</li> <li>7. Install digital monitors in all departments for queue management.</li> <li>8. Provide printed and digital hospital maps at entrances and key locations.</li> <li>9. Improve the cleanliness of waiting areas and public spaces through more frequent cleaning.</li> <li>10. Implement floor-wise hospital maps and signage.</li> <li>11. Convert unused spaces into lounges for attendants.</li> <li>12. Install help desks with trained staff for patient support.</li> </ol> |

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|  | <ol style="list-style-type: none"> <li>13. Introduce a claim documentation checklist to ensure all necessary details are collected at the time of patient admission.</li> <li>14. Improve signage and labeling for electrical panels for faster response during emergencies.</li> <li>15. Ensure regular cleaning of washrooms and common areas.</li> <li>16. Implement a structured rest area for attendants to reduce crowding.</li> <li>17. Limit the number of nursing interns assigned to each DDC to two to improve operational efficiency and supervision.</li> <li>18. Immediate repairs for water logging areas to prevent accidents.</li> <li>19. Introduce double-checking procedures to prevent mis-dispensing of medicines.</li> <li>20. Ensure timely procurement of critical medicines, such as ADS, and maintain a reliable stock.</li> <li>21. Install additional seating in the waiting area adjacent to the PMR room to improve patient comfort and reduce overcrowding.</li> <li>22. Promote real-time stock updates and automated reordering within IHMS/E-Ausadhi to improve pharmaceutical management.</li> <li>23. Conduct widespread awareness campaigns on the RajUpchaar app, including step-by-step assistance for patients, especially those less familiar with technology</li> <li>28. Continue to resolve technical issues with the app to ensure smooth operation and enhance the user experience.</li> <li>29. Install an additional autoclave to reduce delays and improve turnaround times for surgical instruments.</li> <li>30. Introduce a mental health support program that includes confidential check-ins and stress management workshops for medical professionals.</li> <li>31. Implement continuous feedback mechanisms to track patient satisfaction.</li> <li>32. Foster cross-departmental collaboration to align all teams with the hospital's mission and values.</li> </ol> |
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**Signature of the Student**

**Approved by the IIHMR University's Mentor**