# SUMMER INTERNSHIP PROGRAM

**at**

# Maharana Bhupal Government Hospital,

# Udaipur, Rajasthan

From 15th May 2025 to 29th July 2025

A REPORT BY

**Khushi Yadav**

Master of Business Administration

Health and Hospital Management

Roll no: 1978

**2024-26**

under the Mentorship of

**Dr. Sandesh Kumar Sharma**

**Associate Professor,**

**IIHMR University,**

**Jaipur**

## OFFICE OF SUPERINTEDENT M.B. GOVT. HOSPITAL, UDAIPUR

**No. S.O./General/F. Certificate/2025/72** **Date :-29-07-2025**

# CERTIFICATE

*This is to certify that* ***Miss. Khushi Yadav*** *of batch* ***HM-29 of IIHMR University, Jaipur*** *has worked with our organization for his summer internship* ***from 15-May-2025 to 29-July-2025.*** *I found her very sincere, honest and dedicated student.*

*I wish her a very bright future.*

**(Dr. R.L. Suman)**
**Superintendent**
**M.B. Govt. Hospital,**
**Udaipur**

IIHMR UNIVERSITY

# IIHMR University Faculty Mentor Approval

This is to certify that **Ms. Khushi Yadav** 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: 30th July 2025

**Dr. Sandesh Kumar Sharma**

**Associate Professor**

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# Summer Internship Program- Maharana Bhupal Government Hospital Udaipur
# Feedback Collection of Setu - A Rapid Referral Redressal System

Presented by Khushi Yadav (1978, HM 29)
University Mentor: Sandesh Kumar Sharma
Organization Mentor: Dr.RL Suman

## Project- Feedback Collection of Setu

## History & Description of Organization

Maharana Bhupal Government Hospital (MB Hospital), Udaipur, established in 1887, is one of Rajasthan's oldest and most prominent government-run healthcare institutions. Initially known as Willingdon Hospital, it was renamed post-independence and has since expanded its services significantly. In 1961, it affiliated with RNT Medical College, becoming a key center for both healthcare delivery and medical education in the region.

**Vision - To excel in all spheres of health services with an aim to serve humanity**

**Mission - Scientific medical approach for serving the Humanity by quality care to everyone**

## SWOT Analysis of Organization

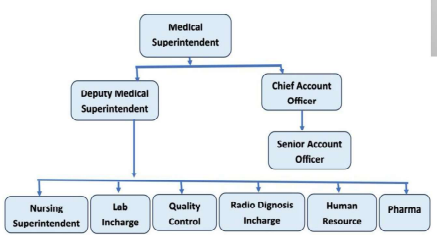
**Strengths**
- Oldest government hospital in Rajasthan (est. 1887) with strong public trust.
- Affiliated with RNT Medical College for clinical training.
- Affordable, multispecialty care for rural and urban populations.
- Experienced staff with high patient-handling capacity.

**Weaknesses**
- Overcrowding and long waiting times.
- Outdated infrastructure in some departments.
- Limited use of digital systems.
- Staffing shortages in critical areas during peak hours.

**Opportunities**
- Upgrade infrastructure via PM-ABHIM and CSR funding.
- Expand digital tools for better patient flow.
- Add advanced diagnostic and specialty services.
- Partner with NGOs for public health programs.

**Threats**
- Patient load may exceed current capacity.
- Risk of infections and service delays due to overcrowding.
- Increasing competition from private hospitals.
- Dependency on delayed government funds and approvals.

## Organization Structure-




## Introduction:

SETU (Rapid Referral Redressal System) is an innovative digital solution initiated by RNT Medical College, Udaipur, to improve emergency patient referrals. It allows healthcare providers at peripheral hospitals to refer critical patients by scanning a QR code, instantly transmitting essential patient details to the RNT emergency team. An alert system, including a siren and real-time notifications, ensures the team is prepared before the patient arrives. This process enables faster admission and quicker initiation of treatment. By reducing delays, SETU significantly enhances the quality and speed of emergency care services.

## Objectives:

- To create a streamlined and prompt digital referral pathway for emergency patients.
- To reduce admission delays and ensure immediate medical care upon arrival.
- To facilitate real-time data sharing and communication between referring units and RNT.
- To ensure pre-arrival preparation by informing staff and contacting patient relatives.
- To enhance the responsiveness and coordination of emergency healthcare systems.
- To improve patient outcomes through swift, technology-based intervention.

## Methodology

Type of Study: Descriptive Cross-Sectional Study (Quantitative)

Total Respondents: Feedback was gathered from 250 individuals who had interacted with or were part of the SETU referral process.

Who Participated:

Healthcare providers from referring hospitals, Emergency staff, Relatives of Patients, Support and administrative staff involved in the process

Method of Sampling: Data was collected using a convenient sampling approach through questionnaires and face-to-face interactions.

## Suggestions for Improvement in the SETU System:

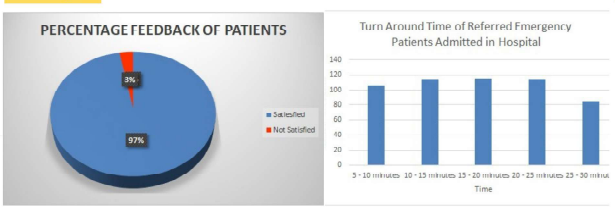
Create a mobile app version of SETU for easier and faster referrals on the go.

Include real-time tracking of referred patients for better coordination and transparency.

Conduct regular training sessions for staff at referring hospitals to ensure consistent use of the system.

Integrate feedback forms within the system to capture live responses from patient relatives and staff.

## Findings




## Suggestions

- Each department has a designated responsible authority (team lead/supervisor)
- Roles and responsibilities are clearly documented and assigned to every staff member
- Regular monitoring and evaluation ensures that staff are performing only the tasks related to their job profile
- This system would enhance efficiency, reduce workload imbalance, and ensure fair and professional working conditions for all

## Theoretical Exposure vs Practical Exposure

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| Learned how hospitals are structured and managed. | Worked on Single Window System, improving patient flow and service delivery. |
| Studied government health schemes like MAA Yojana and referral systems. | Worked on Single Window System, improving patient flow and service delivery. |
| Learned how to plan for IT support and hospital risks. | Created IT maintenance plans, contingency protocols, and risk management framework. |
| Understood how to streamline hospital operations. | Introduced Queue Management System and improved patient registration using practical tools. |
| Studied leadership, interdepartmental coordination, and communication. | Coordinated between admin, IT, and clinical departments to complete projects. |
| Learned about NABH guidelines, documentation, and audits. | Prepared NABH documents, worked on quality indicators, and participated in audit preparation. |

## Major learnings

1. Linking Theory to Practice:
   - I practically applied Organisational Behaviour, Human Resource Management, and National Health Programs in real scenarios such as single window systems, MAA Yojana, Setu referrals, etc.
2. Policy & System Development:
   - Drafted IT maintenance plans, contingency plans, risk management frameworks, and service standards aligned with NABH.
3. Improving Hospital Efficiency:
   - Introduced practical tools like laser printers, Queue Management Systems, and streamlined patient registration processes.
4. Interdepartmental Coordination:
   - Applied communication and leadership skills to manage interactions between admin, IT, and clinical staff for project execution.
5. First-hand Exposure to Accreditation Standards:
   - Worked on NABH documentation, understanding quality standards, data accuracy, and hospital audit requirements.

## Challenges Faced

Resistance to Change:

Staff were hesitant to adopt new responsibilities (e.g., Setu, QMS, Single Window) due to a lack of confidence and understanding.

Narrow Role Perception:

Many staff members believed they were responsible only for specific schemes, which led to resistance in cross-functional tasks.

Operational Delays:

Queue Management System (QMS) implementation was delayed due to unforeseen technical and operational hurdles.

Inconsistent Practices:

Lack of standardized IT maintenance, absence of a formal IT contingency plan, and non-uniform service standards across departments.

NABH Compliance Gaps:

Initially, some operational areas lacked full adherence to NABH 6th Edition, especially in documentation, risk management, and sustainability efforts.

Photo with the team of Setu

# Reporting Format (Week 1)

**Name of the Organisation: Department of Medical Education, Rajasthan, Maharana Bhupal Government Hospital RNT Udaipur**

**Area/ Department/ Project of Summer Internship Program: Hospital Admin Intern**

**Name of the Student: Khushi Yadav**

**Roll no: 1978** **Stream: MBA (HM)**

**Week no: 1 From:15/05/2025 to 18/05/2025**

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| **Activity Done** | Our team joined on May 15th, and we've made significant progress in our first week.<br>Week 1 Highlights:<br>- Day 1 (May 15th): Completed joining formalities<br>- Day 2 (May 16th): Attended hospital orientation<br>- Day 3 (May 17th): Conducted hospital tour, identified areas for improvement, and began formulating suggestions |
| **Linking theory (Classroom learning) with practice at your organisation** | Hospital Hygiene and Sanitation Protocols<br>• Biomedical Waste Management Rules<br>• Patient Flow and Service<br>• Infrastructure Management |
| **Gaps identified on the working area.** | - Cleanliness issues<br>- Unpleasant Odors<br>- Lack of parking facilities<br>- The cancer department has only a black dustbin<br>- The pathology department has only a yellow dustbin<br>- Proper signage is not there<br>- Counters for sample collection should increase |

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| **Suggestions for improvement** | • The cleanliness in charge should train the staff to keep all three dustbins in all departments properly (yellow, black, and blue)<br>• There should be proper signage for parking vehicles outside the hospital so that there is no traffic in front of the hospital<br>• Counters for sample collection should increase |
| **Plan for the next week** | To work on all these things and will try to implement the suggestions. |

**Signature of the Student**

# Reporting Format (Week 2 )

**Name of the Organisation:Department of Medical Education, Rajasthan, Maharana Bhupal Government Hospital RNT Udaipur**

**Area/ Department/ Project of Summer Internship Program: Hospital Admin Intern**

**Name of the Student: Khushi Yadav**

**Roll no: 1978** **Stream: MBA (Hospital and Health Management)**

**Week no: 2 From:19/05/2025 to 25/05/2025**

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| **Activity Done** | Observed RGHS Scheme and MAA Yojna Scheme counter operations, such as patient admissions, discharges, and TID generation.<br>• Determined how many OPD, IPD, MAA, and RGHS counters there were at each location and evaluated the staffing levels.<br>• Performed ward rounds in the surgery department to confirm admission, package booking, and discharge protocols, and look for process flaws.<br>• Noted 25 patients' average waiting times at OPD, sample collection, X-ray/CT scan, USG, and MAA Yojna,RGHS services, ID registrations, and bed occupancy.<br>• Collected data on patient waiting time for dispensing of medicines from DDC counters.<br>• Examined the hospital's justifications for rejecting MAA Yojna claims.<br>-Cross verified the IHMS data from on-bed patient in hospital by visiting ward to ward and showing in the system. |
| **Linking theory (Classroom learning) with practice at your organisation** | Resource and Manpower Allocation<br>• Operational Workflow Analysis |

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| | • Quality and Process Auditing<br>• Service Efficiency Evaluation<br>• Pharmacy and Supply Chain Insight<br>• Health Information Systems<br>• Health Scheme Operations |
| **Gaps identified on the working area.** | Lack of Jan Aadhaar Card: Patients eligible for the MAA Yojana scheme were unable to avail of benefits due to not having a Jan Aadhaar card, which is mandatory for scheme enrollment and service access.<br>• Unresolved Queries Post-Discharge: Queries related to discharged patients under MAA Yojana were not resolved timely manner because:<br>1. The contact numbers provided by patients were often non-functional.<br>2. Patients took their reports home, leaving the hospital without the necessary documentation to respond to MAA Yojana queries.<br>3. Identified a process gap where MB Hospital requires patient relatives to handle discharge formalities at the MAA Yojana counter, unlike the Super Speciality Hospital, where staff manage the process, ensuring a smoother and more efficient discharge experience. |
| **Suggestions for improvement** | • Mandatory Jan Aadhaar Awareness:<br>• Pre-Discharge Documentation Check<br>• Uniform Discharge Protocol<br>• Centralized Helpdesk or Support Team<br>• Training for Staff on Scheme Protocols |
| **Plan for the next week** | To work on all these mentioned point more efficiently and will try to solve these within next week |

**Signature of the Student**

# Reporting Format (Week 3)

**Name of the Organisation: Department of Medical Education, Rajasthan, Maharana Bhupal Government Hospital RNT Udaipur**

**Area/ Department/ Project of Summer Internship Program: Hospital Admin Intern**

**Name of the Student: Khushi Yadav**

**Roll no: 1978 Stream: MBA Hospital and Health Management**

**Week no: 3 From:24/05/2025 to31/05/2025**

**/2025**

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| **Activity Done** | Worked on creating a single window for registration of IPD, OPD, MAA Yojana, RGHS, IHMS<br><br>Worked on abscond cases/patients because cases of abscond is too much and hospital is making a loss.<br><br>Analysed time for dispensing of medicines- meaning how much time patient is waiting once he handed over his/ her prescription.<br><br>Also collected patient data on waiting time in the hospital and worked on the report identified key issues, and noted them down and system loopholes independently and work on improvements.<br><br>Noted areas for improvement in patient service and admin areas.<br><br>Visited ward to ward collected and matched the data and checked the on-bed patient in the hospital in all departments –Medicine, Surgery, Orthopaedics.<br><br>Presented a report in hospital regarding implementation of laser printers in hospital in OPD and IPD counters<br><br>Time Saving per Patient=12seconds<br><br>Weekly Hours Saved=15.6hours across 5,459patients |

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| | Worked on Parking Facilities improvement in the hospital.<br>Working on cue management. |
| **Linking theory (Classroom learning) with practice at your organisation** | Applied Hospital Operations Management concepts.<br>Used Lean Management to identify potential solutions.<br>Observed staff-patient interactions and workflow patterns. |
| **Gaps identified on the working area.** | Delays in discharge summary and billing.<br>Insufficient OPD patient tracking.<br>Communication gaps between departments.<br>Poor signage for patients in OPD.<br>Cleanliness issues and unpleasant odours<br>Lack of parking facilities (a significant concern)<br>Abscond cases are too much in the government setup |
| **Suggestions for improvement** | Reduced waiting times<br>Increased patient satisfaction<br>Enhanced communication between departments<br>Improved signage and navigation<br>Better staff-patient interactions<br>Increased efficiency<br>Reduced errors<br>Improved overall quality of care<br>Attention to cleanliness, maintenance, and infrastructure (including parking) is crucial to further enhance patient experiences |
| **Plan for the next week** | Sustainability efforts<br>Staff training<br>Parking Solutions<br>Feedback collection |

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| | Waste Management<br><br>SETU Triple R Rapid Referral System<br><br>A QR code-based innovation connecting peripheral healthcare centers with tertiary care facilities for faster emergency care. |

**Signature of the Student**

# Reporting Format (Week 4)

**Name of the Organisation: Department of Medical Education, Rajasthan, Maharana Bhupat Government Hospital RNT Udaipur**

**Area/ Department/ Project of Summer Internship Program: Hospital Admin Intern**

**Name of the Student: Khushi Yadav**

**Roll no: 1978** **Stream: MBA (Hospital and Health Management)**

**Week no: 4 From:02/06/2025 to 08/06/2025**

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| **Activity Done** | Critical Analysis of MAA yojana transition<br>Implementation of single window system for patients of maa yojana, RGHS, Ayushmaan bharat yojana<br>Submitted a report for implementation of laser printer as dot matrix printer was taking 10 seconds more than laser printer.<br>Total time saved 15.16 working hours per week |
| **Linking theory (Classroom learning) with practice at your organisation** | Applied Hospital Operations Management concepts.<br>Used Lean Management to identify potential solutions.<br>Observed staff-patient interactions and workflow patterns. |
| **Gaps identified on the working area.** | Delays in discharge summary and billing.<br>Insufficient OPD patient tracking.<br>Communication gaps between departments.<br>Poor signage for patients in OPD.<br>Cleanliness issues and unpleasant odours<br>Lack of parking facilities (a significant concern)<br>Abscond cases are too much in the government setup. |
| **Suggestions for improvement** | Reduced waiting times<br>Increased patient satisfaction<br>Enhanced communication between departments |

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| | Improved signage and navigation<br>Better staff-patient interactions<br>Increased efficiency<br>Reduced errors<br>Improved overall quality of care<br>Attention to cleanliness, maintenance, and infrastructure (including parking) is crucial to further enhance patient experiences |
| **Plan for the next week** | Sustainability efforts<br>Staff training<br>Parking Solutions<br>Feedback collection<br>Waste Management<br>SETU Triple R Rapid Referral System<br>A QR code-based innovation connecting peripheral healthcare centers with tertiary care facilities for faster emergency care.<br>Still working on all these from past weeks. |

**Signature of the Student**

# Reporting Format (Week 5)

**Name of the Organisation: Department of Medical Science Rajasthan MB Government Hospital, Udaipur**

**Area/ Department/ Project of Summer Internship Program: Hospital Admin Intern**

**Name of the Student: Khushi Yadav**

**Roll no: 1978** **Stream: MBA(HM)**

**Week no: 5 From09/06/2025 to 14/06/2025**

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| **Activity Done** | ◦Implemented Single Window system, replacing dot matrix printers with laser printers.<br>◦Conducted meetings with staff to brief them on the project.<br>◦ Delivered a presentation on workflow and implementation.<br>◦Attended a video call with Hitachi regarding digitizing attendance.<br>◦Prepared meeting minutes and compiled patient data (OPD, IPD, MA Yojna, RGHS).<br>◦Gained hands-on experience in government hospital processes, from drafting orders to implementation. |
| **Linking theory (Classroom learning) with practice at your organisation** | ◦Organizational Behaviours helped me understand people dynamics, behaviours, and resistance, enabling effective project implementation in a government hospital.<br>◦Human Resource Management enabled efficient resource allocation for the Single Window setup, improving service delivery.<br>◦National Health Programmes provided insight into government schemes (Maa Yojana, RGHS), facilitating data collection |
| **Gaps identified on the working area.** | ◦Some operators had a narrow perspective, believing their roles were limited to specific schemes (MA Yojna or OPD). This misconception led to resistance when asked to adapt to |

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| | broader responsibilities, hindering the Single Window system's implementation. |
| **Suggestions for improvement** | ◦Clear communication can motivate staff by highlighting their capabilities.<br>◦Assuring equal workload distribution can reduce hesitation.<br>◦Building confidence through transparency can ensure smooth project implementation. |
| **Plan for the next week** | ◦Assessed Single Window system and laser printer implementation to identify areas for improvement.<br>Upcoming goals:<br>◦ Implement Queue Management System (QMS) within 15 days.<br>Initiate individual summer internship project |

**Signature of the Student**

# Reporting Format (Week 6)

**Name of the Organisation: Department of Medical Education, Rajasthan**

**Area/ Department/ Project of Summer Internship Program: Hospital Admin**

**Name of the Student: Khushi Yadav**

**Roll no: 1978 Stream: MBA Hospital and Health Management**

**Week no:6 From:16/06/2025 to21/06/2025**

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| **Activity Done** | Queue Management System (QMS) Planning: Initiated planning for QMS implementation, expected to take more time.<br>Individual Summer Internship Project Initiation: Started working on the project, focusing on critical analysis of Maa Yojana and Setu.<br>Implemented Single Window System: Streamlined patient services by introducing a single window system, reducing wait times and improving efficiency.<br>Laser Printer Installation: Replaced dot matrix printers with laser printers, enhancing printing speed and quality.<br>Staff Briefing and Presentation: Conducted meetings and delivered presentations to brief staff on the project, ensuring smooth implementation.<br>Video Call with Hitachi: Attended a video call regarding digitising attendance, exploring opportunities for process improvement.<br>Meeting Minutes and Data Compilation: Prepared meeting minutes and compiled patient data (OPD, IPD, MA Yojana, RGHS), |

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| | gaining insights into hospital operations. |
| **Linking theory (Classroom learning) with practice at your organisation** | Organisation Behaviour: Understanding people dynamics, behaviours, and resistance enabled effective project implementation.<br>Human Resource Management: Efficient resource allocation for the Single Window setup improved service delivery.<br>National Health Programs: Insight into government schemes facilitated data collection and project implementation |
| **Gaps identified on the working area.** | Narrow Perspective: Some operators believed their roles were limited to specific schemes, leading to resistance and hindering implementation.<br>Resistance to Change: Staff hesitation due to lack of understanding and confidence in new responsibilities. |
| **Suggestions for improvement** | Suggestions for Improvement<br>Clear Communication: Motivating staff by highlighting their capabilities and benefits.<br>Workload Distribution: Assuring equal workload distribution to reduce hesitation.<br>Transparency and Confidence Building: Ensuring smooth project implementation through transparency and confidence building. |
| **Plan for the next week** | Setu (Personal Project)<br>Objective: Analyse the impact of Setu on patient care and hospital operations<br>Methodology: Data collection, stakeholder interviews, process mapping |

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| | Expected Outcomes: Insights into Setu's effectiveness, recommendations for improvement |

**Signature of the Student**

# Reporting Format (Week 7)

**Name of the Organisation: Department of Medical Education, Rajasthan RNT medical college Udaipur**

**Area/ Department/ Project of Summer Internship Program: Hospital Admin**

**Name of the Student: Khushi Yadav**

**Roll no: 1978 Stream: MBA Hospital and Health Management**

**Week no:7 From:23/06/2025 to29/06/2025**

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| **Activity Done** | Patient Arrival Time Recording: Documenting the time taken for patients to arrive at the emergency department after referral and assessing the timeliness of care provided.<br>-Doctor-Patient Interaction Observation: Observing doctor-patient interactions to evaluate the quality of care, attention, and communication provided.<br>- Setu System Data Analysis: Analysing data from the Setu system to understand referral patterns, patient outcomes, and potential areas for improvement.<br>Queue Management System (QMS) Planning: Initiated planning for QMS implementation, expected to take more time.<br>Individual Summer Internship Project Initiation: Started working on the project, focusing on critical analysis of Maa Yojana and Setu.<br>Implemented Single Window System: Streamlined patient services by introducing a single window system, reducing wait times and improving efficiency. |

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| | Laser Printer Installation: Replaced dot matrix printers with laser printers, enhancing printing speed and quality.<br>Staff Briefing and Presentation: Conducted meetings and delivered presentations to brief staff on the project, ensuring smooth implementation.<br>Video Call with Hitachi: Attended a video call regarding digitising attendance, exploring opportunities for process improvement.<br>Meeting Minutes and Data Compilation: Prepared meeting minutes and compiled patient data (OPD, IPD, MA Yojana, RGHS), gaining insights into hospital operations. |
| **Linking theory (Classroom learning) with practice at your organisation** | Essential of hospital services<br>Staff behaviour, Insight understanding of staff support<br>Organisation Behaviour: Understanding people dynamics, behaviours, and resistance enabled effective project implementation.<br>Human Resource Management: Efficient resource allocation for the Single Window setup improved service delivery.<br>National Health Programs: Insight into<br>government schemes facilitated data collection and project implementation |
| **Gaps identified on the working area.** | Narrow Perspective: Some operators believed their roles were limited to specific schemes, leading to resistance and hindering implementation.<br>Resistance to Change: Staff hesitation due to lack of |

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| | understanding and confidence in new responsibilities. |
| **Suggestions for improvement** | Suggestions for Improvement<br>Clear Communication: Motivating staff by highlighting their capabilities and benefits.<br>Workload Distribution: Assuring equal workload distribution to reduce hesitation.<br>Transparency and Confidence Building: Ensuring smooth project implementation through transparency and confidence building. |
| **Plan for the next week** | Setu (Personal Project)<br>Objective: Analyse the impact of Setu on patient care and hospital operations<br>Methodology: Data collection, stakeholder interviews, process mapping<br>Expected Outcomes: Insights into Setu's effectiveness, recommendations for improvement have done all of this but will plan same for next week also so can gather more information regarding it for my personal exposure. |

**Signature of the Student**

# Reporting Format (Week 8)

**Name of the Organisation: Department of Medical Education, Rajasthan Maharana Bhupal Hospital Udaipur**

**Area/ Department/ Project of Summer Internship Program: Hospital Admin**

**Name of the Student: Khushi Yadav**

**Roll no: 1978 Stream: MBA Hospital and Health Management**

**Week no: 8 From:29/06/2025 to06/07/2025**

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| **Activity Done** | Critical Analysis of Setu(a rapid redressal system)<br><br>Nursing Staffing assessment<br><br>Data Collection: A comprehensive ward-to-ward survey was conducted to gather data on the number of nurses present during different shifts (morning, evening, and night).<br><br>Comparison with INC Standards: The collected data was compared with the Indian Nursing Council (INC) guidelines for nursing staffing ratios.<br><br>Deficit Analysis: The analysis identified the deficit in nursing staff and highlighted areas requiring improvement.<br><br>Nursing Staff Deficit: The analysis revealed a significant deficit in nursing staff across various shifts, with the most pronounced shortage observed during (specify shifts).<br><br>Comparison with INC Standards-The study found that the current nursing staffing levels fall short of the INC-recommended ratios, potentially impacting patient care and safety. |
| **Linking theory (Classroom learning) with practice at your organisation** | Observed staff-patient interactions and workflow patterns.<br><br>Application of Donabedian's Model: Adequate staffing (structure) is crucial for achieving high-quality patient care (outcome). |

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| | Human Resource Management: Effective staffing and workforce planning are essential for delivering quality healthcare services. |
| **Gaps identified on the working area.** | Staff Availability vs. Actual Presence: Although the overall staff-to-patient ratio meets the required standards, absences due to holidays, leaves, or other reasons impact the actual presence of staff during shifts.<br><br>Shift-wise Staffing Challenges: The existing staffing levels may not be sufficient to maintain the required ratio during all shifts, potentially affecting patient care and safety. |
| **Suggestions for improvement** | Staffing Augmentation: Increase the number of nursing staff to meet the INC-recommended ratios, prioritizing areas with the most significant deficits.<br><br>Shift-wise Staffing: Ensure adequate staffing during all shifts, with a focus on maintaining consistent ratios during peak hours.<br><br>Training and Capacity Building: Provide ongoing training and capacity-building programs to enhance the skills and competencies of existing nursing staff.<br><br>Monitoring and Evaluation: Establish a system for regular monitoring and evaluation of nursing staffing levels to ensure compliance with INC standards. |
| **Plan for the next week** | Staff Scheduling Review: Review current staffing schedules and identify areas for improvement to ensure adequate staffing during all shifts.<br><br>Meet with Nursing Staff: Meet with nursing staff to discuss scheduling concerns, gather feedback, and encourage participation in scheduling optimization.<br><br>Develop Contingency Plan: Develop a contingency plan to address unexpected absences or staffing shortages, ensuring continuity of patient care<br><br>Cross-Training Opportunities: Explore cross-training opportunities for staff to enhance flexibility and reduce the impact of absences. |

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| | Monitoring and Evaluation: Establish a system to regularly monitor and evaluate staffing levels, adjusting as needed. |

**Signature of the Student**

# Reporting Format (Week 9)

**Name of the Organisation: Department of Medical Education, Rajasthan Maharana Bhupal Hospital Udaipur**

**Area/ Department/ Project of Summer Internship Program: Hospital Admin Intern**

**Name of the Student: Khushi Yadav**

**Roll no: 1978 Stream: MBA Hospital and Health Management**

**Week no: 9 From:07/07/2025 to12/07/2025**

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| **Activity Done** | Implementation of Single window system started on Monday.<br><br>Attended review meeting at the Medical College level for the smooth implementation of the Chief Minister Ayushmann Aarogya Yojana.<br><br>Prepared minutes of meeting .<br><br>Prepared a guideline for managing patients during non-availability of beds in organisation.<br><br>Submitted Geotagged photograph of display of vision, mission and values of the organisation<br><br>Geotagged photograph of scope of service display in organisation<br><br>**Reviewed Staff Scheduling Practices:**<br>We carefully looked over the current staff schedules to understand where improvements were needed. The goal was to make sure every shift has enough coverage, and no one is overburdened.<br><br>**Engaged with Nursing Staff:**<br>We met with the nursing team to hear directly from them about their scheduling concerns. Their insights and suggestions were invaluable, and we encouraged open dialogue to make scheduling more balanced and fairer.<br><br>**Prepared for Unexpected Absences:**<br>A contingency plan was created to help us handle last- |

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| | minute staff absences or shortages. This ensures that patient care continues smoothly even when someone is unexpectedly unavailable.<br><br>**Explored Cross-Training Opportunities:**<br>We identified areas where staff could be cross-trained. This not only boosts team flexibility but also helps reduce the pressure during peak times or when a team member is away.<br><br>**Set Up Ongoing Monitoring:**<br>A system was put in place to regularly keep an eye on staffing levels and how well the schedules are working. This allows us to make timely adjustments and keep things running efficiently. |
| **Linking theory (Classroom learning) with practice at your organisation** | **Staff Scheduling and Operations Management:**<br>The process of reviewing shift patterns connected directly to what we've learned about managing hospital operations efficiently. Using ideas like workload balancing and smart scheduling, we focused on making sure staff coverage matches patient care needs throughout the day.<br><br>**Team Engagement and HR Theories:**<br>Meeting with the nursing staff reminded me of the importance of employee engagement, which we studied under human resource management. Theories like Maslow's and Herzberg's helped me understand why listening to staff concerns and involving them in decisions improves morale and teamwork.<br><br>**Contingency Planning and Risk Handling:**<br>Creating a plan for unexpected absences brought our classroom discussions on risk management and contingency theory into real-world use. Having a backup system in place ensures that patient care doesn't suffer even when staffing is tight.<br><br>**Cross-Training and Staff Flexibility:**<br>Exploring cross-training opportunities was a good example of how organisation's can make the most of their |

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| | human resources. From our strategic HR lessons, I understood how developing multi-skilled staff adds resilience and improves team performance, especially in critical situations.<br><br>**Monitoring and Continuous Improvement:**<br>Setting up a way to regularly check and improve staffing linked perfectly with our quality management classes. Concepts like the PDCA cycle and Total Quality Management helped guide a more structured, data-driven approach to improving shift planning over time. |
| **Gaps identified on the working area.** | **Staffing Not Evenly Balanced Across Shifts:**<br>It became clear that some shifts—especially nights and weekends—were short-staffed. This put a lot of pressure on the team members working those hours and made it harder to maintain the same level of care throughout the day.<br><br>**No Clear Backup Plan for Absences:**<br>When someone was unexpectedly absent, there wasn't a solid backup system in place. This often led to last-minute adjustments, which created stress for both staff and supervisors and sometimes affected patient care flow.<br><br>**Staff Had Little Say in Scheduling:**<br>The current scheduling system didn't fully involve the nursing team. Their preferences, availability, and on-ground experience were often overlooked, leading to dissatisfaction and occasional confusion or double bookings.<br><br>**Limited Flexibility Due to Role-Specific Training:**<br>Most staff were trained for specific roles only, which made it difficult to cover tasks when someone was unavailable. This lack of flexibility sometimes slowed down work or left certain areas unattended.<br><br>**Schedules Weren't Reviewed or Updated Regularly:**<br>Once rosters were made, there wasn't much follow-up to see how well they were working. Without regular check- |

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| | ins or updates, it was hard to adapt the schedule to actual needs or challenges as they came up.<br><br>**Communication Between Shifts Could Be Stronger:**<br>Handovers between shifts weren't always smooth. At times, important information didn't get passed along properly, which led to delays or repeated efforts. |
| **Suggestions for improvement** | **Make Staffing Fair Across All Shifts:**<br>Try to spread staff more evenly across morning, evening, and night shifts so that no shift feels overworked. Rotating staff regularly can also help avoid burnout.<br><br>**Keep a Backup Team Ready:**<br>Create a small list of staff who can be called in when someone is absent at the last minute. This will help keep things running smoothly without putting extra pressure on others.<br><br>**Ask Staff for Input on Schedules:**<br>Involve nurses and other staff when making duty rosters. Let them share their preferences or needs ahead of time — it helps reduce stress and builds a stronger team environment.<br><br>**Train Staff for Multiple Roles:**<br>Offer basic training in different tasks so team members can step in for each other when needed. This makes the whole team more flexible and better prepared during busy times.<br><br>**Keep Checking if the Schedule is Working:**<br>Don't just make a schedule and forget it. Regularly review how it's going, ask for feedback, and make changes if something isn't working<br><br>**Improve Communication Between Shifts:**<br>Make sure important updates and patient details are shared |

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| | clearly during handovers. Simple tools like checklists or quick notes can help avoid confusion. |
| **Plan for the next week** | We will begin setting up the Queue Management System (QMS) to make patient flow smoother and reduce waiting time. We'll start by installing and testing the system, followed by training the staff on how to use it. A trial run will help us fix any issues before going live. By the end of the week, our goal is to have the system fully ready and working well for both staff and patients. |

**Signature of the Student**

# Reporting Format (Week 10)

**Name of the Organisation: Department of Medical Education, Rajasthan Maharana Bhupal Hospital Udaipur**

**Area/ Department/ Project of Summer Internship Program: Hospital Admin Intern**

**Name of the Student: Khushi Yadav**

**Roll no: 1978 Stream: MBA Hospital and Health Management**

**Week no: 10 From:14/07/2025 to19/07/2025**

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| **Activity Done** | Reviewed the (CoP) document of our hospital and made necessary revisions in alignment with NABH 6th Edition standards.<br><br>Developed the **IT Maintenance Plan** for the hospital to ensure the seamless functioning of information systems.<br><br>Prepared a **Contingency Plan for IT** to address unexpected technical failures and ensure business continuity.<br><br>Framed **Guidelines on Authorized Personnel for Entries in Medical Records** within the IMS, ensuring data integrity and compliance.<br><br>Drafted a comprehensive **Risk Management Plan** in accordance with **NABH 6th Edition** guidelines to identify, assess, and mitigate organizational risks.<br><br>Developed the **Service Standards of the Organization**, focusing on patient-centric, safe, and quality care delivery.<br><br>Formulated **Guidelines for Initiatives Towards Energy Efficiency and Environment-Friendliness**, promoting sustainability in hospital operations as per NABH recommendations.<br><br>Reviewed and updated the existing ROM and IMS frameworks to ensure alignment with NABH 6th Edition standards. Developed and incorporated new guidelines related to medical record documentation, data security, user access control, and audit Reviewed and updated the existing ROM and IMS frameworks to ensure alignment with NABH |

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| | 6th Edition standards. Developed and incorporated new guidelines related to medical record documentation, data security, user access control, and audit trail maintenance. The updates aimed to enhance data accuracy, confidentiality, integrity, and ease of retrieval for clinical and administrative use.<br><br>Also QMS The implementation of the Queue Management System is scheduled for next week. This system is designed to streamline patient flow, minimize waiting times, and enhance the overall efficiency of service delivery across hospital departments. Although initially planned for this week, the rollout was postponed due to unforeseen operational constraints. |
| **Linking theory (Classroom learning) with practice at your organisation** | Applied **Lean/Just-in-Time concepts** through the planned Queue Management System to cut wait times and improve patient flow.<br>Used **Communication Planning & Management** to coordinate with clinical, IT, and administrative teams for policy and system rollouts.<br>Also **Research Methods** to identify gaps through observation and analysis, and propose evidence-based improvements.<br>These applications show a clear bridge between classroom learning and real-world hospital quality, efficiency, and patient-centered care. |
| **Gaps identified on the working area.** | **IT Maintenance Procedures Not Standardized**<br>There was no formal documentation outlining routine IT maintenance tasks, leading to inconsistent practices.<br><br>**Lack of a Defined IT Contingency Framework**<br>A structured plan for responding to IT system failures or data loss incidents was missing.<br>Roles and responsibilities regarding who can update records in the IMS were not clearly defined, risking data accuracy.<br><br>**Risk Management Processes Outdated**<br>The existing risk assessment protocols were not fully aligned with current NABH 6th Edition requirements.<br><br>**Service Standards Not Uniform Across Departments**<br>Inconsistent or missing departmental service standards led to varied levels of patient care delivery. |

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| | **Limited Initiatives for Environmental Sustainability**<br>There was a noticeable gap in practices related to energy conservation and eco-friendly hospital operations.<br><br>**Postponed Queue Management System (QMS) Rollout**<br>Due to operational hurdles, the implementation of QMS was delayed, affecting patient flow improvement plans.<br><br>**Incomplete NABH Compliance in Some Areas**<br>Several operational areas lacked full adherence to NABH guidelines, especially concerning documentation and quality protocols. |
| **Suggestions for improvement** | Implement a standardized IT maintenance schedule.<br><br>Develop a comprehensive IT contingency and backup plan.<br><br>Define clear guidelines for authorized medical record entries.<br><br>Update the risk management plan as per NABH 6th Edition.<br><br>Create department-specific service standards.<br><br>Promote energy-efficient and environment-friendly practices.<br><br>Resolve issues delaying QMS implementation and prioritize rollout.<br><br>Conduct internal audits to identify and close NABH compliance gaps. |
| **Plan for the next week** | We will begin setting up the Queue Management System (QMS) to make patient flow smoother and reduce waiting time. We'll start by installing and testing the system, followed by training the staff on how to use it. A trial run will help us fix any issues before going live. By the end of the week, our goal is to have the system fully ready and working well for both staff and patients.Same as previous week. |

**Signature of the Student**

# Compile Report

**Name of the Organisation: Department of Medical Education, Rajasthan, Maharana Bhupal Government Hospital RNT Udaipur**

**Area/ Department/ Project of Summer Internship Program: Hospital Management Intern**

**Name of the Student: Khushi Yadav**

**Roll no:** **Stream: MBA (HM)**

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| • **Activity Done** | • Completed formal joining and hospital orientation.Conducted a detailed tour of the facility, including major departments such as OPD, IPD, Pathology, Oncology, and Radiology.<br>• Identified critical gaps in hospital hygiene and infrastructure such as improper waste disposal, unpleasant odors, insufficient signage, and lack of designated parking.<br>• Observed workflows at MAA Yojana and RGHS scheme counters.<br>• Evaluated ward-based processes like patient admission, discharges, and billing, particularly under MAA Yojana.<br>• Cross-verified IHMS data with on-bed patients by ward visits.<br>• Measured average patient waiting times across departments.<br>• Proposed and drafted a Single Window registration system to consolidate OPD, IPD, RGHS, and IHMS.<br>• Collected time data on absconding patients and losses incurred.<br>• Conducted comparative time analysis for medicine dispensing and proposed improvements. |

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| | • Suggested implementation of laser printers in OPD/IPD to reduce delays (12 seconds saved per patient).<br>• Submitted report for replacing dot matrix printers with laser printers.<br>• Revisited delays in discharge and inter-department communication.<br>• Initiated SETU RRR (Rapid Referral Redressal) System analysis.<br>• Conducted briefing meetings with hospital staff regarding new systems.<br>• Presented detailed reports and implementation workflows.<br>• Coordinated with IT vendors like Hitachi for digitizing attendance systems.<br>• Initiated QMS (Queue Management System) implementation planning. Started data collection for individual summer internship project on MAA Yojana and Setu.<br>• Compiled weekly data of OPD, IPD, scheme registrations.<br>• Analysed patient arrival timing in emergency cases referred via Setu.<br>• Evaluated doctor-patient interactions for care quality. Continued implementation of Single Window System and printer upgrades.<br>• Performed nursing staffing assessment across all shifts and departments.<br>• Compared nurse-patient ratios with INC (Indian Nursing Council) standards.<br>• Identified deficits in staffing and scheduling inefficiencies. Developed guidelines to manage non-availability of bed Reviewed current nursing schedules; collected staff feedback.<br>• Prepared contingency plans for staffing shortages. |

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| | • Set up monitoring systems for evaluating staffing and QMS. Reviewed and aligned CoP, IMS, ROM, and risk management documentation with NABH 6th Edition.<br>• Drafted IT Maintenance and Contingency Plans.<br>• Delayed QMS rollout due to resource constraints. |
| • **Linking theory (Classroom learning) with practice at your organisation** | • Lean Management -Improved workflow via QMS and Single Window system; reduced waiting times with laser printers<br>• Human Resource Management (HRM) -Addressed staff scheduling gaps; reduced resistance using HR tools; shift rotation and task balancing<br>• Organisational Behaviour - Applied Maslow's and Herzberg's theories to improve motivation and team engagement<br>• Lean Management - Used lean techniques to reduce waste in workflows, especially in patient discharge and pharmacy<br>• Health Scheme Operations -Studied MAA Yojana, RGHS, Ayushman Bharat deeply; managed scheme documentation & process gaps<br>• Health Information Systems - Drafted IT contingency and maintenance plans, digitization efforts for attendance and registration<br>• Risk Management- Drafted risk management plan and internal contingency SOPs aligning with NABH standards<br>• Research Methods- Used observational analysis, data collection, time tracking, stakeholder feedback in real-time studies |
| • **Gaps identified on the working area.** | • Patient Services & Experience:<br>• Unacceptable delays in discharge summaries and billing.<br>• Absence of QMS, leading to long queues. |

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| | • No system to track OPD patient visits.<br>• Recurrent patient absconding cases.<br>• Infrastructure & Facilities:<br>• Poor signage and lack of navigational guides.<br>• Inadequate parking and public convenience areas.<br>• Departments lacked proper biomedical waste bins.<br>• Scheme Management:<br>• Jan Aadhaar cards not available with all patients.<br>• Manual scheme claim rejections due to poor documentation.<br>• Inconsistent discharge practices for scheme patients.<br>• Staff Management & Scheduling:<br>• High absenteeism and shift imbalance among nursing staff.<br>• No backup plan for handling absenteeism.<br>• Shift handovers lacked structure and often led to miscommunication.<br>• Policy & IT Governance:<br>• No structured IT maintenance SOP.<br>• Lack of contingency protocols in case of system failure.<br>• ROM and IMS guidelines not fully NABH compliant.<br>• Environmental Sustainability:<br>• No active guidelines promoting energy efficiency or green practices. |
| • **Suggestions for improvement** | • Patient Services & Workflow:<br>• Launch QMS across pharmacy, labs, and OPD registration. |

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| | • Use Aadhaar-linked real-time verification for scheme patients.<br>• Introduce proper discharge protocols for MAA Yojana and Ayushman Bharat.<br>• Facility Improvements:<br>• Install proper signage in all departments.<br>• Allocate sufficient space for parking with designated zones.<br>• Ensure compliance with BMW Rules using three-bin systems (yellow, blue, black).Human Resources<br>• Balance staffing across all shifts with duty rotation plans.<br>• Cross-train staff for multitasking roles.<br>• Maintain on-call backup lists to cover sudden absences.<br>• Regularly review schedules and seek staff feedback.<br>• Communication & Inter-Department Coordination:<br>• Conduct structured handovers using checklists.<br>• Implement regular inter-department meetings.<br>• Display mission, vision, and scope of services across the hospital.<br>• Policy & Compliance<br>• Finalize and standardize IT policies, backup plans, and role-based access control.<br>• Align documentation and audit protocols with NABH 6th Edition standards.<br>• Establish internal audit teams for service quality review<br>• Sustainability Measures: |

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| | • Promote energy-saving devices and water conservation techniques.<br>• Introduce solar lighting in outdoor areas and motion-sensor lighting in corridors. |
| • **Key Learnings** | • From Theory to Action: Classroom concepts were tested and proven during real-world administrative challenges.<br>• Leadership in Practice: Projects like the Single Window System and Laser Printer Upgrade required team management, staff engagement, and overcoming resistance.<br>• Quality and Accreditation Awareness Understood how NABH 6th Edition transforms hospital policies, IT systems, risk planning, and service standards.<br>• System Design Thinking: While implementing Setu and QMS, developed skills in workflow planning, time-motion analysis, and technology integration.<br>• Real-World Research: Practical research methodology—data collection, analysis, stakeholder interviews—shaped decision-making and policy drafts.<br>• Operational Efficiency: Laser printers saved 15.6 hours/week; QMS expected to cut 20-25% of waiting time; Single Window reduced patient movement confusion.<br>• Empathy and Perspective: Gained appreciation for the challenges in public healthcare setups and the critical role administrators play in transforming patient care. |

**Signature of the Student**

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