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Profile of the Organization

Maharao Bhim Singh (MBS) Hospital, located in Kota, Rajasthan, is affiliated with Government Medical College, Kota. Established in 1992, it has served as the largest government hospital in the region for many years, providing a wide range of medical services to the public. With a capacity of 750 beds, the hospital serves approximately 8 lakh patients annually.

Mission

To deliver high-quality, accessible, and patient-centric healthcare services in Kota, Rajasthan. This includes providing a wide range of medical treatments, surgeries, and procedures, as well as promoting patient health and well-being through various support services.

Vision

To be a leading healthcare provider in the region, known for its excellence in medical care, advanced facilities, and a supportive environment for patients and their families.

Learnings during SIP

- Gained hands-on experience in hospital administration and healthcare operations.
- Studied government schemes such as MAA Yojna and RGHS and their implementation in hospitals.
- Assisted in manpower planning and staffing for the new hospital facility.
- Conducted an in-depth analysis of OPD queue management, identifying gaps causing long or confused queues.
- Time management and communication skills.
- Applied management principles in real hospital scenarios.
- Conducted a study on bed occupancy rate and turnover rate to evaluate resource utilization.

SWOT Analysis

• High patient footfall awareness • Existing departmental segregation • Availability of basic infrastructure • Administrative willingness	• No token or digital queue system • Non-uniform counter distribution • Lack of signage & IEC materials • Inefficient floor-wise patient flow mapping
• Implementation of token system • Use of IEC and signage materials • Department-wise counter realignment • Data-driven decision making	• High patient volume and walk-ins • Resistance to change • budget and resource constraints • Staff shortage in registration counters

Theoretical VS Practical Knowledge

- In the Essential of Hospital Services module, learnt about ideal hospital layouts and departmental zoning for smooth patient flow, whereas during SIP observed poor signage, inefficient space utilization, and unstructured patient movement within departments.
- In the National Health Programs module, understood the structure and implementation of schemes like AB-PMJAY and MAA Yojana, but in the field, observed issues in claim submission, incomplete documentation, and lack of awareness among patients and staff.

About The Project

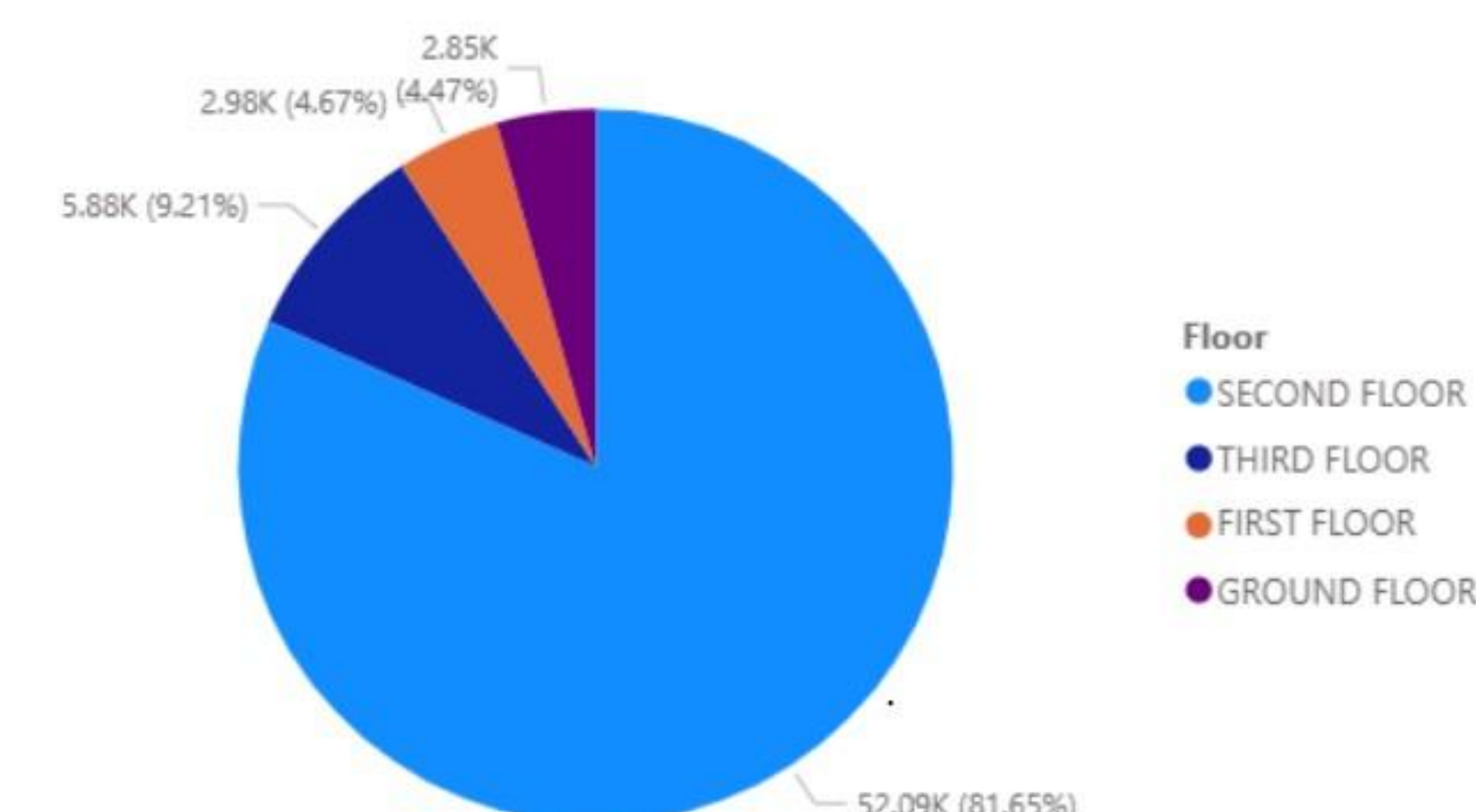
Objectives

- To study the current queue management process
- To study patient flow and crowding patterns
- To identify gaps causing long or confused queues
- To propose a streamlined or digital queue system

Findings and Analysis

Collected the data from the HMIS over a period of one month. The dataset included key details such as patient name, registration time, department visited, and the corresponding floor of the department. This data was thoroughly studied to understand patient distribution and flow patterns across the OPD building. After analyzing the data, it is observed that the second floor recorded the highest patient load.

Count of HID by Floor



This floor-wise analysis helped identify departments with the highest footfall and peak congestion periods.

Proposed Improvements

- OPD counters should be relocated according to the floor-wise distribution of their respective departments.
- The second-floor experiences the highest patient load due to the presence of major departments such as Neurology, General Medicine, and Orthopedics so additional staff should be deployed at OPD counters during peak hours to manage the increased patient volume effectively.
- Departments with high patient footfall should implement a digital token system to reduce crowding and improve queue management.
- Proper signage and IEC materials should be displayed prominently to assist patient navigation and reduce confusion in long queues.

TOWS Analysis

SO Strategies

- Use footfall data to design token system.
- Link segregation to department-wise queuing.
- Utilize existing infrastructure for kiosks/signage.
- Push digital tools with admin support.

ST Strategies

- Manage crowd using footfall awareness and SOPs.
- Use segregation to prevent congestion.
- Handle shortages via existing infra and trained staff.
- Use admin backing to overcome resistance.

WO Strategies

- Introduce token system using HMIS.
- Align counters as per floor-wise demand.
- Install signage and IEC for flow guidance.
- Improve patient routing using data insights..

WT Strategies

- No token system worsens crowd in peak hours.
- Poor counter layout causes long queues.
- No signage confuses patients under overload.
- Staff shortage + manual system delays services.

Usefulness of the Internship

- Provided practical exposure to hospital departments and their daily operations.
- Helped bridge the gap between theoretical knowledge and on-ground implementation.
- Improved understanding of patient flow, OPD/IPD management, and support services.
- Enhanced communication, coordination, and interpersonal skills through field interaction.

Organization Structure

Secretary of DME
Principal of medical college Kota
MS of MBS Hospital
Deputy MS of Hospital
Nursing superintendent
Head of departments
Department in-charge

Challenges Faced

- Working ecosystem is rigid difficult to apply changes.
- Most processes are paper-based, resulting in delays and difficulty in accessing information.

