SUMMER INTERNSHIP PROGRAM

at

Super Specialty Hospital, PBM, Bikaner

From 15'May 2025 to 29'July 2025

Optimizing Diagnostic Services:- Reducing the waiting time of Patients for the investigations.

A REPORT BY

KEERTI SINGH RATHORE

Master of Business Administration

(Hospital & Health Management)

Roll no: IIHMR-U/01/2024-26/1973

2024-26

under the Mentorship of
Dr. Seema Mehta
Professor (SDG-SPH)

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GOVERNMENT OF RAJASTHAN
OFFICE OF THE PRINCIPAL & CONTROLLER,
SARDAR PATEL MEDICAL COLLEGE & ASSOCIATED GROUP OF P. B. M. HOSPITALS, BIKANER (RAJASTHAN) INDIA.

No:F. MBA Int.(Acad)SPMC/2025/ **Date : 29.07.2025**

TO WHOM SO EVER IT MAY CONCERN

This is to certify that Ms. Keerti Singh Rathore, a student of MBA – Hospital & Health Management at IIHMR University, Jaipur, has successfully completed his internship at Super Specialty Block, PBM Hospital, Bikaner, in the Department of Hospital Administration from 15th May 2025 to 29th July 2025

During her internship, she remained punctual, sincere, and performed his responsibilities diligently. She demonstrated excellent enthusiasm to learn, adapt, and work collaboratively with the hospital team. Her conduct was always in alignment with hospital policies and professional standards.

We commend her discipline and dedication throughout the tenure and believe she has gained valuable insights into hospital operations and healthcare systems. We wish her all the best for her future academic and professional pursuits.

Superintendent Super Specialty Block (PBM) Hospitals Bikaner

Additional Principal & Sr. Professor PSM & (Internship Mentor) S.P. Medical College, Bikaner.

Principal & Controller S.P. Medical College, Bikaner.

Annexure A

Completion Certification from the Organization

CERTIFICATE

This is to certify that Ms. Keerti Singh Rathore of 2024-26 of IIHMR University has worked with our organization for her summer internship from 15 may 2025 to 29 july 2025

The overall performance shown by her during the period was excellent/good/average. This certificate is being issued to meet the requirements of the IIHMR University.

Date: 16/7/25

Name:

Designation: अधीक्षक
सुपर स्पेशलिटी ब्लॉक
स.प.आ.म., बीकानेर

Seal/Stamp of the Organization

IIHMR UNIVERSITY

IIHMR University Faculty Mentor Approval

This is to certify that **Ms. Keerti Singh Rathore** of academic year **2024-26 Institute of Health Management Research** has prepared a poster with respect to her summer internship held during May-July 2025.

She has carried out work as per the guidelines. Her poster is approved for presentation.

Date: 31/07/2025

Dr. Seema Mehta
Professor

IIHMR University Jaipur

OPTIMIZING DIAGNOSTIC SERVICES
SUPER SPECIALITY HOSPITAL, PBM, BIKANER, RJ

ROLL NO 1973 (MBA HM 29)
CREATED BY: KEERTI SINGH
ORGANISATION MENTOR: DR. REKHA ACHARYA
UNIVERSITY MENTOR: DR. SEEMA MEHTA

IIHMR UNIVERSITY

BRIEF HISTORY

Prince Bijay Memorial Hospital was founded by Maharaja Ganga Singh in 1935, under which in 2019, SSH is established by the central government project. The hospital has neuro, gastro, pediatric surgery & neurology, gastroenterology, endocrinology, nephrology specialist.

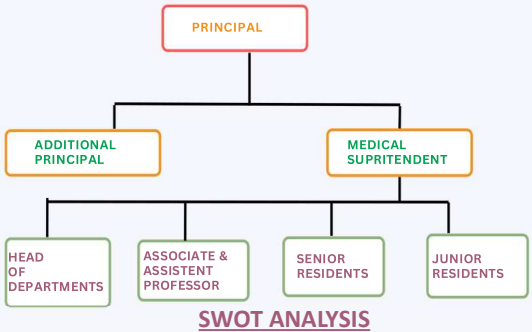
VISION

To provide accessible, high-quality health care to all with a focus on community engagement and Patient care.

MISSION

To serve the community through quality healthcare and medical services.

ORGANISATION STRUCTURE



SWOT ANALYSIS

STRENGTH	WEAKNESS
-Existing Diagnostic infrastructure -Public trust -Public health scheme benefits -Potential for government support/funding -Dedicated and experienced staff	-Inefficient workflow -Lack of human resource management -Lack of training of new Joines.
OPPORTUNITIES	**THREAT**
-Staff training & skill development programs. -Government initiatives& policy -Support for healthcare PPPs for overflow/specialized tests	-Increasing patient Load. -Negative Public perception due to delays -Maintenance and supply chain issues -Resistance to change

THEORITICAL LEARNING

- Principles of Management
- Focus on quality and patient satisfaction
- Data driven decision making
- Structured system & processes
- Compliance & regulations

PRACTICAL EXPOSURE

- Crisis management
- Procedural hurdles
- Optimal resource allocation
- Human elements & stakeholder dynamics
- Ad hoc influenced bureaucracy and individual efforts

OBJECTIVE

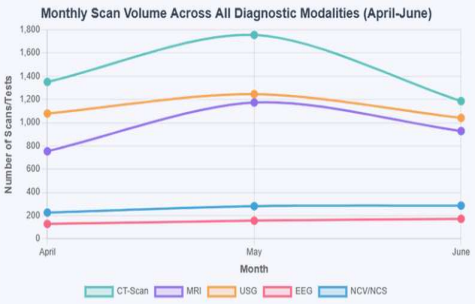
- To study the reasons of prolonged waiting time given to the patients for critical neurophysiological investigations like EEG, NCV/NCS & MRI,USG, CT-Scan.

METHODOLOGY

- It is cross sectional descriptive study based on secondary data of patients who have taken diagnostics services from the last three months in the hospital.
- Setting goal for approximate numbers of scanning for NCV/NCS,EEG,MRI,CT & USG by calculating the approx. per day scans and deciding the goals which are achievable on regular basis.

DATA ANALYSIS

Investigations	Monthly scan	Per day scan	Time take for each scan	Waiting days	Range (min-max)
MRI	928	40-45	15- 45 min.	8-10	5-12
CT	1186	60-70	5-10 min.	7-8	5-12
USG	1041	45-50	5-7 min.	10-15	5-12
EEG	172	6-7	45min-1hr	5-6	5-12
NCV/NCS	286	10-12	10-90min.	10-12	5-12

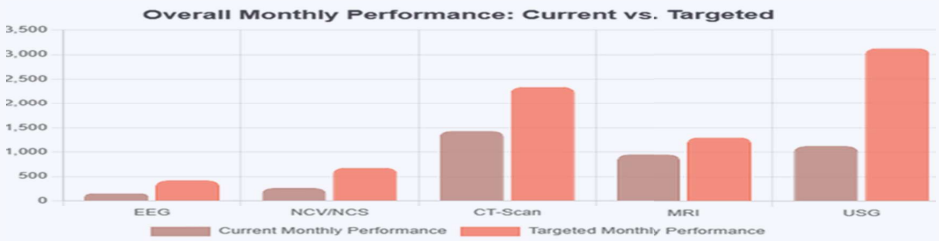


PROPOSED SOLUTION

Investigations	On setting Goal	Waiting days	Range (min-max)
MRI	50	5-6	2-6
CT	90	3-4	2-6
USG	120	5-6	2-6
EEG	16	2-3	2-6
NCV/NCS	26	5-6	2-6

SHIFT DIVISION

Shift	Shift staff currently at EEG & NCV/NCS	PROPOSED General Staff for NCV/NCS & EEG	USG Staff at Desk for appointment & cannula	USG Performing Staff
1st Shift (8am-2pm)	8	4+1	2	2
2nd Shift (2pm-8pm)	--	4+1	1	2



RESULTS OF ANALYSIS:

·**USG (178%), >> EEG (63.5%) >>NCV/NCS (56.1%)**
·**MRI by 36.5% & CT-scan by 63.5%.**

FACTORS FOR DELAYS

- More scanning in morning then evening of CT & MRI.
- 1 Shift working for USG & NCV/NCS
- Late arrivals of staff at USG.
- Inappropriate utilization of manpower resource with limited machines.
- Unplanned appointment vary per Day.

CHALLENGES

- **Language barrier** with patient communication.
- **Data collection.**
- **Problem Adapting to new environment.**

LEARNINGS

- **Quality assurance & control**
- **Data Analysis**:- analyzing the factor affecting.
- **Implementation of these strategies** is critical for optimizing resource utilization and improving patient care outcomes. **Real world experience**
- **Understanding patient perspectives**. **Micromanagement**- ground level understanding of general issue & resolutions
- **Problem-solving**

SUGGESTIONS

- **Feedback System:** Patient feedback for service & satisfaction.
- **Biomedical waste management**: Staff to assure the training on monthly basis.
- **IHMS integrated QMS & Lab/investigation billing integration:** IHMS integration for online reports for out of Rajasthan patient as well to provide automatic amount bill facility.
- **Online payment:** access to the patient from out of Rajasthan.
- **Training & workshops**

COMPILED SUMMARY OF THE SUMMER INTERNSHIP

My most recent internship, which turned my academic knowledge into practical skills, was an important experience in a fast-paced hospital setting. I was able to observe directly the complex interactions between clinical treatment, administrative procedures, and strategic planning that support a prosperous hospital thanks to this immersive experience. In order to have a comprehensive grasp of hospital administration, I actively participated in a variety of projects, carried out critical evaluations, and made concrete contributions. Simplifying Billing and Operations to Navigate the Digital Transformation During my internship, I was able to directly support the hospital's digital transformation initiatives, particularly the integration of lab and investigation billing with the Integrated Hospital Management System (IHMS).

This was more than just a technical assignment; it required a thorough evaluation of current workflows, knowledge of the functions and locations of different personnel, and the identification of essential resources. I studied the complexities of creating comprehensive flowcharts and sequential processes for the automated registration and invoicing of lab and investigation fees for patients from outside of Rajasthan. This study offered deep insights into process optimization, emphasizing how technology can improve the patient's financial journey, increase transparency, and drastically eliminate manual errors. It was a real-world implementation of management principles, namely in terms of organizing, planning, and coordinating resources to accomplish a particular operational objective. The event made it clear how crucial it is to use all available resources, including technology tools and human capital, in order to maximize productivity.

In addition to lab billing, I was a key contributor to the idea and suggested integration of OT management with IHMS. This large-scale effort sought to maximize operating room utilization by synchronizing surgeons, anesthesiologists, and other medical professionals in order to transform surgical scheduling. My contributions to the OT's inventory management needs, adherence to hygienic and sterilization standards, and simplification of administrative procedures such as billing, reporting, and documentation gave me a thorough understanding of vital hospital operations. This demonstrated how an integrated system can reduce waste and boost efficiency across intricate departments, which was directly related to what I was studying in class about strategic planning and process optimization.

Examining and Enhancing the Patient Experience

An essential component of my employment involved comprehending and enhancing the patient experience. As part of my daily operational gap analysis responsibilities, I had to carefully monitor and assess a variety of patient touchpoints. Calculating and examining the typical wait times for various essential services was a primary focus:

- Prior to visitation with a physician; • Prior to laboratory sample collection

MRI, X-ray, CT scan, USG, and other diagnostic imaging; specialist neuro-diagnostics (EEG, NCS/NCV) I found that there were lengthy wait times for MRI (7–10 days), CT (4-6 days), USG (8–10 days), and specialty neuro-diagnostics like NCS/NCV (10–12 days) in particular. This quantitative realization proved to be

important, promptly exposing scheduling and resource allocation difficulties.

This experience was crucial for my decision-making and problem-solving skills development because the results immediately influenced my recommendations for enhancement.
Creating and implementing a feedback form with pre-formulated questions and QR codes was another straightforward way to improve the patient experience. By effectively communicating with patients and their families, gathering their opinions, and identifying areas for improvement from their point of view, the hospital was able to demonstrate stakeholder engagement in practice. It reaffirmed the significance of quality control from the viewpoint of the patient.
Handling Compliance and Financial Health: Audits and Scheme Management

Important exposure to the financial systems supporting hospital operations, especially government health programs, was another benefit of my internship. I contributed to the analysis of:

• MAA Yojana claim submissions as a proportion of IPD registration; • MAA Yojana claim rejection percentage as a percentage of claims filed by a department
• The proportion of qualified RGHS beneficiaries attending OPD and IPD who have filed claims in RGHS

This gave us important information about budgeting and funding in the context of public health. The hospital's ability to service a large population and its revenue cycle are strongly impacted by its understanding of claim submission and rejection rates. The significance of precise recordkeeping and compliance was also emphasized.

Lack of "regular audits or monthly audits" was found to be a sizable gap, highlighting a deficiency in effective risk management. Theoretically, regular audits and validation are essential for preserving financial health, guaranteeing compliance, and spotting operational inefficiencies before they become serious issues. My experience here confirmed this. I discovered how operational inefficiencies and financial leaks might result from non-compliance, as seen in certain regions.
Filling up the Gaps: Infrastructure to Human Resources
Practical difficulties were brought to light during the internship, many of which deviated from ideal theoretical models. Several "gaps on the working area," which I found, served as focal points for problem-solving:

Operational and Infrastructure Deficiencies: • Prolonged wait times for diagnostic services: These had a direct impact on efficiency and patient satisfaction, as measured.
• A blockage of water at the main entry (SSB gate): Although it seemed like a small problem, it put patients' safety and comfort—especially those with mobility impairments—at serious risk. This demonstrated how urgently risk management and timely infrastructure maintenance are required.

• Noncompliance with biomedical waste disposal: One important finding pertaining to patient safety and cleanliness and sterilization procedures was the absence of white containers for the disposal of needles. This highlighted how crucial it is to guarantee sufficient supplies and rigorous adherence to standards.

Problems with human resources and behavior: • Insufficient skills and flexibility in the face of change: This was a common issue, especially among certain contract and permanent employees. It emphasized the importance of

ongoing technical and skill training as well as cultivating a culture of flexibility and self-motivation.
• Inconsistency and procrastination: These behaviors, which were noted in contract workers, highlighted issues with human resource management and the necessity of defined performance standards and possibly incentive based strategies.
• Permanent reliance on interns by staff and tardiness of resident physicians: These findings suggested problems with staffing, interdisciplinary teamwork, and the requirement for more stringent time management and professional ethical standards.

• Inadequate nursing staff floor supervision: A single daily matrons' round, together with staff members' use of cell phones and chattering, exposed a serious breakdown in performance management and general discipline, affecting cleanliness, line control, and guard availability.
• Misconduct/misbehavior with patients/female employees: Given that these issues have a direct influence on staff and patient safety and morale, there is an urgent need for strong governance of values and ethics as well as a strong system for dealing with them.
Gaps in Process and Policy:

Single-shift USG and unscheduled MRI appointments were two examples of ineffective scheduling and resource underuse that resulted in lengthy wait times.
• The lack of some medications in DDC has a direct effect on patient care and necessitates improved communication and supply chain management.

• Patient attendant turmoil in the wards: queue management and hygienic maintenance were severely hampered by the large number of attendants, their disregard for the regulations, and the ensuing mess after visiting hours.
• Absence of explicit prescription protocols: It was noted that nursing staff occasionally prescribed without a doctor's knowledge or without the appropriate doctor's seal or certification, which brought to light serious safety and compliance concerns.
Coming Up with Solutions: An Idea for Enhancement

I worked with others to close these gaps or suggested a number of significant enhancements:
• Patient-Centric Scheduling: The fundamental recommendation to set up outpatient departments (OPDs) on Thursdays for specialties such as neurology directly tackles the patient's issue statement, lowering stress and out-of-pocket costs for patients in remote areas. This exemplifies the application of a decision-making and problem-solving mindset to a practical problem.

• Improved Staff Training and Accountability: Filling skill shortages and fostering ethical work behavior can be achieved strategically by suggesting a technical and skill training app or website with required monthly modules and follow-ups by in-charges. Performance management and ongoing human resource development are in line with this. Accountability and standardized treatment are encouraged by the focus on "proper charting and work modules for all nursing".
• Technical Development: To guarantee automatic and transparent invoicing for patients outside of Rajasthan, more IHMS integration was recommended. In line with process optimization through technology, the idea of a "doctor desk" with e-prescription capabilities that connects directly to a pharmacy for drug dispensing is a futuristic step towards a paperless and effective medical system.

• Improving Diagnostic Services: Specific recommendations such as installing a music system in MRI rooms to lessen patient discomfort (which would decrease the need for reapplication and increase efficiency) and investigating devices that can provide ESR results in 15 minutes as opposed to an hour are practical steps in improving diagnostic services and cutting down on wait times.
• Simplifying Admissions & Discharges: The most effective suggestion for the MAA Yojana counter was a phased admission procedure that included a photo and biometric take for TID generation at the beginning, allowing patients to enter the ward, and file uploading within 72 hours.

The implementation of fines for misbehavior (such as smoking, spitting, or sewage concerns) along with the related slip production and RMRS account contributions is a workable method of enforcing regulations and guaranteeing compliance. In order to preserve a courteous and secure workplace, strict measures must be taken against misconduct involving patients or female personnel.
• Staffing and Resource Allocation: To free up nurses for clinical work, the best nursing staffing recommendation per OPD (e.g., 1 nursing in-charge for 5 OPDs with operator assistance) demonstrates realistic resource optimization.
• Public Awareness: Public announcements regarding directions, hygiene guidelines, and health programs like MAA Yojana improve patient flow and awareness while demonstrating successful stakeholder involvement.

Deep Learnings: A Structure for Upcoming Development
More than just a set of duties, this internship was a life-changing educational opportunity that strengthened a number of critical skills:
1. Creative and Critical Thinking: Analyzing issues, figuring out their underlying causes, and coming up with creative solutions became second nature.

2. Data Analysis: It became clear that the ability to gather, analyze, and derive significant inferences from operational data—such as bed occupancy, claim rates, and waiting times—was essential for making well-informed decisions.
3. Positive Attitude Building: Having a resilient and upbeat mindset was essential for overcoming obstacles and resistance in a complicated organizational structure.
Internal Environment Importance: I developed a profound understanding of the direct effects that internal dynamics, employee morale, and interdepartmental collaboration have on patient care and operational success.
4. Internal Environment Importance: I developed a profound understanding of how interdepartmental collaboration, staff morale, and internal dynamics directly affect patient care and operational success.

5. Assisting and Encouraging Attitude: Witnessing the effects of constructive leadership and fostering a good atmosphere reaffirmed the importance of a team effort.
6. Teamwork: Effectively working with several departments, including as IT, nursing, and administration, was essential to the project's execution.
7. Time management: I was able to prioritize and complete activities more effectively by juggling several projects, deadlines, and daily analyses.

8. Leadership Skills: Putting forward ideas, pushing for reform, and seeing them put into practice all helped to develop early leadership traits.
9. Emotional Intelligence: Dealing with the diverse needs and feelings of patients, employees, and outside stakeholders required constant learning.
Documentation: It was emphasized how important it is to keep thorough records, generate reports, and document the process.

11. Hospital Service Essentials: I developed a thorough awareness of the fundamental services that a hospital offers and the complex logistics that go into providing them.
12. Health Plans and Their Advantages: Firsthand experience with the MAA Yojana and RGHS gave me useful insight into public health plans and their effects on society.
13. Awareness and Strategy Building: Developing my strategic thinking involved comprehending the overarching hospital goals and identifying market needs (such as for certain OPDs) and creating plans to satisfy them.
14. Risk Management with Mitigation Plan: The internship brought to light the ongoing existence of operational, safety, and financial risks as well as the need for proactive risk identification and mitigation techniques.

15. Financing and Budgeting: Practical experience with resource allocation, billing, and claims gave healthcare financial management a grounded basis.
16. Audits and Validation: I became aware of how important routine evaluations are to maintaining efficiency, compliance, and ongoing quality gain.

The experience of this internship was deep and life-changing. It strengthened my academic grasp of hospital administration while also giving me the analytical thinking, practical abilities, and moral compass I need to make a meaningful contribution to the ever-evolving and crucial healthcare industry.

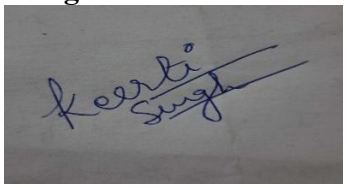
WEEK 1

Name of the Organization: Super Specialty Hospital, Government, Bikaner, Rajasthan
Area/ Department/ Project of Summer Internship Program: Hospital administration
Name of the Student: Keerti Singh Rathore
Roll no: 1973 Stream: HM-29
Week no: 1 From: 15/05/2025 to 17/05/2025

Activity Done	15/05/2025 to 17/05/2025 – All the paperwork was done to ensure the internship purpose and objective given by the college as per summer internship program. Received the schedule from ministry of Rajasthan on weekly basis report formation by collecting the data from various departments and sources. Excel sheet containing all the department wise data to be entered on weekly basis which need to be submitted by Monday 5 pm. In data it require the following :- 1. Average waiting time of a patient before he seen a doctor 2. Average waiting time of a patient before his sample is collected by the laboratory. 3. A. Average waiting time for a patient to use MRI B. Average waiting time for a patient to use x-ray C. Average waiting time for a patient to use CT-scan D. Average waiting time for a patient to use USG 4. No. of claim submitted in MAA yojana as percentage of IPD registration. 5. Percentage of claim rejection as no. of claim submitted by a department in MAA yojana 6. A. no. of claim submitted in RGHS for beneficiary as percentage of eligible RGHS beneficiary coming for OPD B. no. of claim submitted in RGHS for beneficiary as average of eligible RGHS beneficiary coming for IPD 7. Percentage Bed Occupancy of a department in a hospital
Linking theory (Classroom learning) with practice at your organization	1. Finding/reducing the turn around time. 2. Quality improvements & ensuring quality and safety 3. Que management 4. Documentation integrity 5. Cleaning/ infrastructure maintenance 6. Administration work 7. Equitable assistance / accountability / transparency 8. Discharge summary to be given properly.
Gaps identified on the working area.	1. Time are not focused/proctored during or in sample collection as well as in USG 2. Documentation is not properly written and checked. (in X-ray department entry not matching the name in the register) 3. Many rooms are not in use. 4. Displays are off for the TV.

	5. Time are not Proctored for the patient. 6. patient not aware about the doctors sitting schedule as patient gets unavailability 7. Infrastructure issues a. Stone falling reported for 1 month not yet work started in the ground floor USG /MRI waiting station. TILES falling also near washroom 8. Machines like fugi system is spare in X ray room. Proper Maintenance of machines (goes on rounds) 9. Cleaning staff not available at washrooms / drainage issues blocking the route to accommodate and stinks. 10. Lacking the patient feedback system.
Suggestions for improvement	1. Proper Maintenance of machines (goes on rounds) 2. To construct/repair the infrastructure/malfunctioned building as soon as possible, also providing the safety measures to patient by providing the" bachav" sign towards anything which can fall. 3. Audits are to be focused more to keep check or track the work. 4. Guider to guide the person whose unable to find the exact location inside the hospital to move needs attention to reduce the time and energy. 5. To proctor the time when a patient reached the sample collection booth or USG to keep a track. 6. Corrective actions or training for proper documentation should be done as these are for future refer if any. 7. Feedback from patient to be taken care of. 8. Proper sanitation :-Time to time cleaning staff availability to keep the surroundings as well as wash areas clean and hygienic. 9. It should also keep the sanitizer at points or corners.
Plan for the next week	The above issues mentioned are diagnosed in ground floor, thereby would be moving towards the first floor for the second week and would analyze the gaps .

Signature of the Student



Approved by the IIHMR University's Mentor

WEEK 2

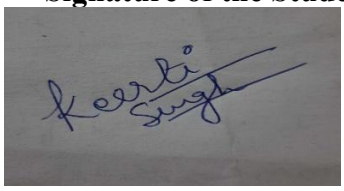
Name of the Organization: Super Specialty Hospital, Government, Bikaner, Rajasthan
Area/ Department/ Project of Summer Internship Program: Hospital administration

Name of the Student: Keerti Singh Rathore
Roll no: 1973 Stream: HM-29
Week no: 2 From: 19/05/2025 to 24/05/2025

Activity Done	1. Visited dialysis department. Dialysis:- 24 patient per day (4 hours) coming on daycare basis. a) 3 -5 years of audit taken. No yearly audits are held. b) Dialyzer and lining-costing 1100-1500 rupees. c) Report of how many patients are their so that the products are sent. d) 650 products for a month. e) One Docter in nephrology. f) Fumigation. 2. Smoothing the services from entry to exit of patient as told by the medical superintendent. 3. All OPD works identified and understood in regard to RGHS, MAA yojana requiring Adhar card as essential agent. 4. Taken rounds for quality check and improvement measures.
Linking theory (Classroom learning) with practice at your organization	1. Internal environment scanning. 2. Planning, implementing and controlling. 3. Equity to services, no biasness. 4. Creating a healthy work environment. 5. Adapting the new technology and change management 6. Quality assurance and control.
Gaps identified on the working area.	1. No QMS working. 2. Machines has no maintenance/qualification updates as it's very important to take care of. No cmc camc- complete maintenance /annual maintenance done for water treatment plant at dialysis center in 1st floor. 3. How to understand who is in staff and who are not in staff, no identification card. 4. No equality in services are given some are given privilege of coming first, specially staff people relatives or other known are brought at first place without any wait. (nurses, attenders etc doing the same) o For a day around 40-50 staff people takes service from back door saying they have a relative. 5. Lacks training on department level, as its only done somewhat for the machines. 6. No audits take place . 7. DDC near registration counter has had a leakage of water at early morning which drained many cartons in the store area od DDC. 8. Unprofessional work culture- some staff member sleeping , some on calls, some bringing relatives and kids to office.

Suggestions for improvement	1. Signage at washrooms are required as patient comes spit or throw stuff which blocks the passage . Also keeping a fine for it. Blockage of sewage is a big issue. 2. HID – health id 3. Billing module is not yet IHMS implemented should be implemented as this will help Patient to not come to collect the report and can collect it online. QMS system would help the patient get token no. free from que. 4. Infrastructure repairing samples taken from last 1 month no other improvement done yet. Whole of the first floor has lots of half repaired walls and area. 5. Stop spitting sign given not taken seriously for implementation. 6. SOPs and guidelines to be followed as well training on monthly or quarterly basis are important for the smoothening of work. 7. Audits to take place on quarterly or annual basis. 8. Temperature and humidity management required and to be taken care of at DDC and other radiography units for monitoring the maintenance. 9. Biometric for the staff member in and out required. 10. Also checking of the staff at entry and exit, as no official document or thing to be taken out from hospital premises. 11. Need mor surveillance and gods placment at hospital premises.
Plan for the next week	I would be heading for the IPD section for further learnings.

Signature of the Student



Approved by the IIHMR University's Mentor

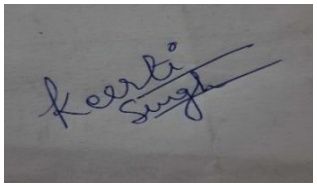
WEEK 3

Name of the Organization: Super Specialty Hospital, Government, Bikaner, Rajasthan
Area/ Department/ Project of Summer Internship Program: Hospital administration
Name of the Student: Keerti Singh Rathore
Roll no: 1973 Stream: HM-29
Week no: 3 From:26/05/2025 to 31/05/2025

Activity Done	1. Visted the neurology ward 2. Visited gastroenterology ward 3. Taken rounds at OPD
Linking theory (Classroom learning) with practice at your organization	1. Decision making 2. Principle of management (planning-organizing-executing-controlling) 3. Quality assurance 4. Resource allocation 5. Values and ethics towards the work
Gaps identified on the working area.	1. Some signs or writing issues in tests or diagnosis makes patient to go again to the doctor for correction. **Seen at gastroenterology OPD where patient has to again go to doctor for sign. And then will go to radiography. 2. Ques system at room no. 1& 2 of Pain management and neurosurgery is to be corrected. 3. Why MRI has no counter, if one personnel sitting at counter for MRI, it would help the technicians sitting inside MRI office to get feasibility with patient calling. 4. Funds collection for development of hospital. 5. Sign not done on one CT scan form kept in x-ray box also X ray done but not showing in the DM where the sign is not present still the X ray is done. 6. Envelops are not given in x-ray & same for medicine. 7. DDC personnel off increasing the waiting time of patient standing in que for the medicine. o As Second counter doesn't open increase the waiting time of patient 8. On heavy crowd days of OPD Guard's not arranging the que creates the mess at the OPD area. 9. Help desk to help patient searching for the room no. are kept very far from the reach of patient couldn't reach them for help. In the beginning the help desk was not their . 10. RGHS server going slow increasing the wait time of the patient. 11. Some medicine written by docter not available at DDC.

	12. Feedback form are just getting signed by patient and goes unanswered due to negligence and rush. 13. Negligence towards biowaste disposal.
Suggestions for improvement	1. Doctor to write the prescription or test or any details in a understandable way not letting any patient to revisit over the writing issues. 2. MRI scanning takes;- 15 min.- 1hour depending on cases, which increases the wait time for other patient, letting the second patient or his attendee to come and ask at the office for the time again and again thereby a personal at counter can ease the process by taking the charge of this. 3. Envelops for medicines are must with proper explaining to patient about the dosage of medicine. 4. Needed both the counter open at peak hours of DDC service. 5. Guards to be trained for the crowd management as well security towards the hospital commodities. 6. Help desk was introduced after the suggestion given by me as the patient roaming here and their in search of right place. 7. Handling of normal hormonal immunoglobin can damage the product at gastroenterology OPD by a Attendant can also get into breakage of products need much of care and safety. 8. DDC drug procurement needs to be looked on. As well as RGHS sever slow issue to be fixed by the help of portable USB connection. 9. For non rajasthan patient, Payment of cash can be taken online as sometimes they don't have change money are bit time consuming. 10. Feedback form to be collection for All RGHS as well as MAA yojana for improvements. Be it 6 out of 10 be answered but need to be taken care of. 11. Senior citizen lines should be made to get them easy & fast delivery. 12. Training on bio-waste management to all staff members and Docters. 13. Camera to be installed at DDC as well as reception office as this can cure from back door services as well as the medicine surveillance.
Plan for the next week	I would be taking visit at 3RD FLOOR and solve the DDC case.

Signature of the Student



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WEEK 4

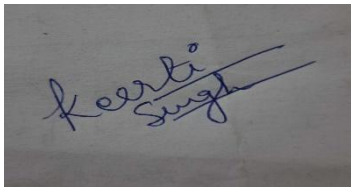
Name of the Organization: Super Specialty Hospital, Government, Bikaner, Rajasthan
Area/ Department/ Project of Summer Internship Program: Hospital administration
Name of the Student: Keerti Singh Rathore
Roll no: 1973 Stream: HM-29
Week no: 4 From: 2/06/2025 to 07/06/2025

Activity Done	1. Visited the accounts department and collected related information. 2. Visted Pedia surgery ward and collected required info. 3. Visted gastro and neuro surgery ward and collected, related information. 4. Rounds taken in ground floor. 5. Collected MAA yojana IPD admission update of 4 June and 5 June.
Linking theory (Classroom learning) with practice at your organization	1. Micro-management 2. Feedback system 3. Safety and efficacy for patient and staff at work. 4. Time management. 5. Change management 6. Risk management 7. Resource allocation
Gaps identified on the working area.	1. Case- A patient was not given the CT scan investigation form have to revisit the hospital facing the issue, also consulted doctor for the same again at resident (home) charging 200/-. such carelessness makes patient suffer and consumes times. 2. Patient suffers as it long waiting line due to counter issues where computers are not working for OPD slip as well as slip printer issues. 3. Some test are not done are not reported like testosterone test, viral maker, electrolyte etc not reported to the patient brings inconvenience for

<table>
<tr><td></td><td>patient. Also patient asking for online report, which has no access.
4. Pharmacist at DDC giving medicine without prescription from back door catcher twice a time, to one of relative and other pharmacist coming from other hospital.
5. No camera at pedia surgery ward and ward looks very simple not designed according to children’s.
6. Sweeper issue of absents as well as changes in sweeper which hampers the work as cleaning is big factor to be taken care of in hospitals for infection free environment.
7. The package fees for the other state people are written by nursing staff on paper and sent to the IPD operator at reception for the deposit of money which then operators at the day end give to Account officer for deposit at RMRS account has no proper slip facility and is written on blank rough paper .
8. Found Misconduct practice not tackled promptly and with strict action.
9. Lacking the feedback system by employee and staff.</td></tr>
<tr><td>Suggestions for improvement</td><td>1. To train the nursing regarding correct handing over of document to patient with clear instructions .
2. Keeping a spare working printer machine for OPD slip which could be helpful at the time of patient load and long ques.
3. Lab tests to restart without any further delay in report issue.
4. Pharmacist to strictly should not be allowing anybody inside the DDC and taking medicine without prescription else should be providing compliance to not available drugs.
5. Pediatric surgery ward need changes to the color in the ward area as well as some art and craft work or stickers of cartoons to make it comfortable for children’s.
o In support of school this can be decorated to make small children more comforting and easing their recovery time .
6. 2 Camera installation at pedia surgery ward for surveillance.
7. To design slip, containing the format which will be more authentic then rough paper used by all the departments for the payment info :-
<table>
<tr><td colspan="2">Super specialty hospital, PBM, Bikaner</td></tr>
<tr><td>Name of patient-</td><td>Reg.no.-</td></tr>
<tr><td colspan="2">Procedure name-</td></tr>
<tr><td colspan="2">Package charges-</td></tr>
</table></td></tr>
</table>

	Sign - SLIP to be provided to all the departments wards as well as radiography (CT scan, MRI,USG and sample collection to follow the same format. As all of these are using currently rough paper to write the amount. 8. Sewage issue / smoking / other misconduct to be fined and slip to be generated for the money taken. To be deposited in RMRS account. For which small booth (table chair) to be setup near washrooms where a sweeper/supervisor can sit and click a persons pic who is not following the rules & put a fine. As well as sweepers and supervisor to also taking rounds for a check would help. 9. Misbehavior/misconduct with patient / female employee to be strictly taken in account with action over it as this disrupts/ disturbs employees mental peace and the work as well. 10. Employee feedback form and time to time group meeting for work flow discussion or doubts solving very necessary to take corrective actions towards the mishappening or any other issues faced by employee during the work. To solve it and bring the changes. =>4 June Data TOTAL IPD =33 RGHS=7 MAA YOJANA= 24 Free =2 =>5 June Data TOTAL IPD= 22 RGHS =1 MAA=17 Free=5
Plan for the next week	I would be visiting and collecting information from 4th and 5th floor.

Signature of the Student



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WEEK 5

Name of the Organization: Super Specialty Hospital, Government, Bikaner, Rajasthan
Area/ Department/ Project of Summer Internship Program: Hospital administration
Name of the Student: Keerti Singh Rathore
Roll no: 1973 Stream: HM-29
Week no: 5 From: 9/06/2025 to 14/06/2025

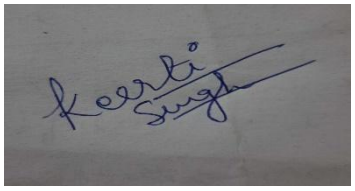
Activity Done	1. DDCs visit to see workflow and arrangements. 2. Neurosurgery ward visit for patient information registers and other facilities & services. 3. Dialysis ward visit for all patient information's registers and patient care service feedback collection. 4. Neurology ward visit for round. 5. OPD area rounds & radiology rounds for proper functionality and patient feedback collection. 6. Visited NICU & ICU 4th floor for quality & safety information collection. 7. Whole IHMS OPD admission and discharge, MAA Yojana, RGHS portal working.
Linking theory (Classroom learning) with practice at your organization	1. Ethical consideration 2. Hierarchy in management 3. Training and weekly follow up on progress 4. Organization behavior and communication 5. Human resource management. 6. Healthy environment/ internal scanning 7. Digital health
Gaps identified on the working area.	*Reported some issues and observation to the medical superintendent* :- 1. Found that many staff or patient relatives comes directly to back door and pressurizing if something is denied at hospital for wrong doing and to their work as soon. And it is been said to DDC and operators . Seen at OPD reception area. 2. Practice of prescribing done by doctor appointed in ward without a patient been admit their, also if their is no old slip.

	3. Found staff behavior of neurosurgery towards records maintenance little inappropriate as they were saying that records doesn't matter much and are "farzi" as they write and give the document which gets online entries. 4. Nursing staff named Neetu bringing husband to ward, sitting at nursing station from last 1.5 months or so without permission. (11th June) 5. Also found 1 nursing staff sleeping/resting at library kept bed during evening shift at neurology ward 2nd floor. 6. At gastroenterology ward, 2nd floor , A person who does duty on behalf of resident doctor (rishi/harish), who are the on duty resident Docters which were not present when i was on round, asking from that person came to know he is pursuing nursing and is a student and not been a intern at hospital still coming from long time and handling patient from long time as doctor has given him the permission without any paperwork/official order. He has been coming from long and performing routine work of doctor which is not ethically correct as it hamper safety of patient. 7. AT gastroenterology ward 2nd floor :- Pantry , nurse duty room(vacant), one room not given any name has stored with bed, boxes and register, demo room with bed, some chairs and vacant with fans on. Treatment room with some stored cartons and fan on. (*All such facilities are not properly maintained, and everything is kept in disorganized manner with fans on, all vacant*). 8. Docters reaching late the USG starts the USG by 9:30-10 am which increases the patient waiting time, as the Docters do reporting and some reach late, also its just a one shift USG practice so patients are given dates of 10-15 days. o Complaints/feedback received by patient of such wait that a patient suffers to wait till that date of USG. 9. Some room no./name are not given in the dialysis ward. 10. Seen nursing staff matron office taking less of rounds and less vigilant towards work progress. 11. Fans run vacant in waiting area at 1st floor. 12. Thursday no OPD is a gap where patients load increases on Friday which increases the patient wait time at every counter and service. 13. Water treatment plant CMC/ CAMC not done yet. 14. Clonazepam, clonidine, liquid paraffin, calcium vitamin D3, antacid, pregabalin not available at DDC at premises lets patient to go to other DDC.

	15. Allowing bag or relatives inside the DDC. 16. Practice of prescribing done by doctor in ward without a patient been admit their, also if no old slip. 17. Patient on wheel or stretcher are taken to take photo for RGHS OPD . 18. Nurse duty room kept dirty at neurology ward 2nd floor no proper cleaning is maintained for the facilities. 19. Found no such work at the X-Ray as only few patients come for evening and night. For which two technicians at evening and night doesn't go well. 20. Blockage issues are again a concern at ICU & NICU washrooms for staff and public. 21. ICU many rooms are vacant and just use for storing. And many washrooms are given and locked are not in use. 22. Many hired agency for contractual employees are not paying them on time and appropriately which hampers the contractual employee as well as work. 23. The charges written on rough paper are given without the no. of days for bed charge, And the sign and seal to the counter. 24. Patient suffering a lot because it's it offline payment at counter which makes patient to visit nearby ATM or manage the money in cash. 25. Nursing station of OPD for seal, sign and test form wrap up at exact 1:50 not even wait till patient gets free from doctor if seen patient is at OPD doctor room. This makes patient suffer for that seal and wait for another day to come to issue medicine. 26. At Gastroenterology ward 2nd floor Nursing staff at morning didn't write the no. Of days bed charge and registration no. And seal sign in one go made patient go 4 rounds for the same thing exceeded the time. Also the charge 3500 was taken cash which made him go out for the ATM for cash • As operators also avoid to handle cash money of office.
Suggestions for improvement	1. Camera to be installed for the ward in gastroenterology nursing station is very important to keep the surveillance by the supervisors without any compromission. 2. No resident Docters should be allowed or nursing staff without old slip to do prescription if a person is not admit in the ward. 3. USG department should be working in 2 shift to manage the waiting time of patient effectively and doctor to be starting the USG by 8 am. Exact to

	reduce the patient waiting time. 4. Nursing staff to keep meeting on weekly basis and should change the nursing staff duties with proper instruction of not sleeping and bringing husband/relative at the working hours in the ward. 5. DDC with "*not available"* drugs to *be "available"* and also the pharmacist be instructed to keep record of IPD patient prescription done from the ward and should not give any extra medicine to the attendant if asked by him any extra, if it is not prescribed. 6. No person or intern should be allowed without the permission of the management in the ward in place of any doctor and performing the work activities. 7. Proper charting and work modules to be given to all nursing to work ethically following all the rules and regulations inside the premises. • maintaining of record clear and proper, patient handling, • keeping the record of cleaning and hygiene done by sweepers on time and regularly without any compromise • actively working during work hours and at place of work. • keeping decency of behavior towards work. 8. Not allowing relatives or other people inside DDC with bags should be kept outside in racks. 9. Facilities not coming in use should be kept clean and maintained without any such use, Fans to be switched off as the facilities are not in use. 10. Agency coming in contract should pay their employees on time without any due , the management should be clear with such instruction at the time of tender. 11. Proper slip system having official printing with filling of details and seal sign should be done from the nursing staff of particular ward for other state patient without any mistake, mentioning the package/bed charges and days, date , registration no. which will reduce patient attendant time and energy roaming around the hospital. 12. Survey done by me found that out of 10 patient of other state 6/7 patient are willing to pay online as don't carry cash or withdrawing from bank/ATM consumes their time and energy. 13. OPD nursing station should be working till patient finish coming from the doctor consultation room by 2:10 at least to put seal& sign this wont delay the patient from taking medicine.
Plan for the next week	I would be visiting OT at 5th floor, TAT in different department.

Signature of the Student



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WEEK 6

Name of the Organization: Super Specialty Hospital, Government, Bikaner, Rajasthan
Area/ Department/ Project of Summer Internship Program: Hospital administration
Name of the Student: Keerti Singh Rathore
Roll no: 1973 Stream: HM-29
Week no: 6 From: 16/06/2025 to 21/06/2025

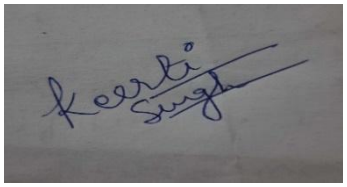
Activity Done	1. Visited the paediatric hospital PBM, Bikaner 2. Visted and taken insights from operation theatre. 3. Did analysis of every department workflow, patient handling, cleanliness, documentation practice. 4. Counselled patients not enrolled for MAA yojana. 5. Collected patient feedback at different department wards. 6. Visited at EMD and CSSD. 7. Visited OT 8. Understood the queries and issues faced at MAA yojana counter and RGHS counter
Linking theory (Classroom learning) with practice at your organization	1. De-centralization in management- focus on specialization, increase autonomy ,improve efficiency, improves risk management, development of talent.. 2. Resource allocation & usage- removal of unwanted resources on time and date. 3. Time management 4. Patient experience and satisfaction 5. Patient care and safety 6. Training and skill development 7. Counselling and interview patient for their experience and knowledge

	towards the service. 8. Digital health application purpose and usage. 9. National and Rajasthan government Health programs benefits for public.
Gaps identified on the working area.	1. Centralized system is making it difficult and delaying the approvals on some of the issues and still hold. 2. Construction work not yet started for the repair and is big safety issue for staff and patient. 3. Giving free services has increased sample size:- 300-400 per day. Some of the Unnecessary test are asked by the patient. 4. Lack of skill training of the new joinees in regards to patient therapy, handling , documentation, biomedical waste disposal, technological skills, policies and procedures. 5. No utilization of the displays and TVs at the OPD area and waiting area. 6. Delay in uploadation of the OPD medicine slip due to late arrival of the operator. 7. No checklist is maintained by the nursing incharges at many wards, many nursing staff leave without handing over the details or things to be managed after them in the ward in regards to the documentation formalities and updates. 8. Many of the register issued to the staff are not printed well which makes it look very rough and unclear during entries also some entries are missed like Time address etc. 9. At PBM, Pediatric hospital,- DDC window is totally covered and has very small opening for the dispensing gives a issue in hearing and understanding for a person. • -At X-ray room, old machine of X-ray is kept which is not coming in use from last 5 years. • -At pathology, electrolyte machines is not coming in use as electrolyte is not in supply, centrifuge not in use as its not working from many years, 1 battery and 1 inverter are also kept not coming in use from many years. - storage of record done over the almirahs/shelves. - no changing and feeding/crash room is given for the staff and ladies. 10. Long wait time of the admit patient at the MAA yojana counter at admission and discharge counter as many patient on benchers and wheel chair or patient who are not in condition to stand for such long ques as document uploadation takes a huge time of a patient. In that

	also the dialysis patient suffers sometimes or else the patient with injury or inability who cannot wait such long wait time of 10-20 min per patient.. 11. No OPD hours announcements or audios are automatic with some important instructions etc. 12. Discharges after 2pm or OPD hours for other state patient who deposits money are not taken which makes it difficult for patient to take discharge. 13. No music system at MRI machine, as the patient feel suffocated, fear and claustrophobic.
Suggestions for improvement	1. Use of checklist to assess compliance with standards & guidelines. 2. For training, either developing a particular App/site for all the clinical and non-clinical employees where all the employees should have the ID and password of their own to open their account to look for the "modules" particularly they need to finish, to complete their monthly training module by watching short video or reading a manual on the app/site of particular departments in which they are, to keep themselves updated as well as revised. • This should also be given a "time" to be finished by every month end with proper follow-up been taken up by the in-charges. The compulsory reading/watching of the module and keeping of training by months end will keep them aware and updated about work and ethics. • Role of a training department :- to keep track of the employees finishing of their modules on time and also trainer to conduct a short seminars to give the briefs. • Public announcements for directions, instruction on NO Spitting , No theft, E-Mitra MAA yojana enrolment & formalities, NO misconduct, que management , surveillance audio to keep the theft away, And directions for the hospital services like the DDC and investigation zone, and all about the hospital different floor services. 3. MAA yojana admission counter to free the patient in line by only taking the photo and biometric initially so that the TID can be generated and can be sent to ward and rest file uploadation afterwards by asking the patient relative to bring it to the counter under 72 hours as given duration of 72 hours for document uploadation. • This will not lead the patient suffer to wait till the file uploadation. • Similarly for the discharge process the files can be sent to the counter by the resident doctor beforehand to get the uploadation of the patient and the other formalities of patient like photo which will be done after he reach down on the counter. This will reduce the patient time very much, improve the efficiency, increases the comfort of patient, overall experience and satisfaction.

	• Also, keeping the extra "tablet or laptop" to do photo or biometric at the ward itself to provide ease to the patient with emergency or serious condition who cannot stand or walk for long and is not in condition. 4. Discharge deposit of out of state patient can be easily done when we can provide QR code for the online payment directly to the RMRS account can be done easily and would not delay the discharge of a patient. 5. MRI with music system will be relieving for the patient and gives deep sleep or relaxation without any shaking/suffocation or discomfort. As shaking and discomfort of patient disturbs the whole process and the need for re-application, this will reduce the time and increase the efficiency, calming down the patient. 6. At PBM, Pediatric hospital, all the spare machines which are old and not in use should be discarded. Giving one room for the feeding purpose and changing room for staff. 7. Utilization of LED and displays for the showcasing of the e-Mitra directions on enrolment and some basic hygiene habits, services and precautions towards the health. 8. Improvement in good documentation practice with clear information and corrections to be done in the register printing for census register and other required ones or to convert the details totally into online entries making it paperless rather making multiple registers at the nursing station. And keeping only the general register to keep the notes. 9. Essential handover to be written by the shift wise staff in regards to the files to be checked for the MAA admission completion and pending to be sent etc to keep the next shift staff aware, this will ease the process and understanding without any doubt or mistakes.
Plan for the next week	Planning to visit and take insights from EMD, CSSD, and waiting time calculation again for the OPD, USG,MRI,X-ray, CT-scan, lab. MAA yojana and RGHS claim submission and rejection.

Signature of the Student



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WEEK 7

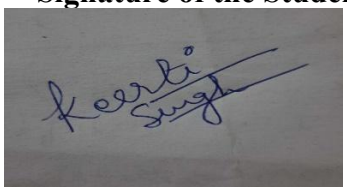
Name of the Organization: Super Specialty Hospital, Government, Bikaner, Rajasthan
Area/ Department/ Project of Summer Internship Program: Hospital administration
Name of the Student: Keerti Singh Rathore
Roll no: 1973 Stream: HM-29
Week no: 7 From: 23/06/2025 to 28/06/2025

Activity Done	1. IHMS module work. 2. Morning , evening shift MAA yojana counselling to the IPD patient.
Linking theory (Classroom learning) with practice at your organisation	1. Problem solving 2. Leadership 3. Motivation 4. Planning →execution→controlling/monitoring 5. Budgeting 6. Communication / emotional intelligence/empathy 7. Efficiency & effectivity in work
Gaps identified on the working area.	1. No infrastructure maintenance started yet on delay from last so many months, making it unsafe for patient and staff as monsoon has arrived and can be dangerous if something falls off. Tiles and ceiling has already been falling. 2. Endoscopy, sigmoid & colonoscopy not in the MAA yojana package, only ERCP & Endo EVL 3. **6-7 Nursing in charge at OPD nursing station for the seal & investigation form issual** with register entries of patient registration no./name/state/address/age. 4. Thursday only 1 OPD & No OPD on Sunday increases the patient load on next day or coming Monday also patient coming from villages don't get doctor availability. 5. Patient getting enrolled in MAA yojana and getting activation after 3 months . 6. Biomedical waste segregation of needles are not done in the white container some are disposing in yellow or red. 7. Some files are not sent on time at the maa yojana counter gets cancelled for the TID generation. 8. NICU has no patient, staff to be given duty wherever required. 9. No integration of QMS, lab & pharma with ihms. Receiving reports next day after 11am. 10. Practice of staff leaving by 1 or 1:30 in the morning shift, 5 or 6 pm in the evening shift. Set up of induction at every ward for Tea which can reduce the movement of staff for the tea outside the premises. 11. On tracking the average of April, may for all the radio investigation found the average of MRI=40-50 (waiting days-7-10), CT=60-70(waiting days-4-6 days), USG=40-50 (8-10 days) , in this emergency, ward patient, children are done on immediate basis.

	12. EEG & NCS/NCV done in one shift which takes on an average 5-6 patient in EEG & 10-15 patient in NCV/NCS. Staff total = 5; with 2 EEG machine & 1 NCV/NCS. The waiting time of patient goes for 10-12 days for NCV/NCS & 3-4 days for EEG. 13. Electric, lift, fire, taps, machines maintenance to take place on monthly basis, • as patients has complained about the leaking of water 24*7, if 3 taps in washroom 2 doesn't work., • no wires barely placed. • Proper lift functioning without any sudden stoppage. 14. Many file reaching from different hospital when patient is referred, where the patient coming from the prior hospital, the file negligence of sending for MAA yojana file uploading leads to cancelation of file from taking into maa yojana admission. • Some patient below 2 years of age has no jan-adhar card which condemns them to get the MAA yojana enrolment at pedia ward.
Suggestions for improvement	1. **Fixing the infrastructure repair in highest priority to reduce the risk**. 2. Endoscopy, sigmoid & colonoscopy to be added in MAA yojana 3. **1 nursing in charge under which 3 operator or 4th class personnel for 5 OPD can manage** as the main huge no. OPD comes for neuro for which one personnel & gastro enterology/surgery for which 1 personnel can handle and for Pedia surgery and endocrinology 1 personnel can handle, by this provide the investigation and seal to the patient and nurses can get engaged in the clinical works. 4. Patient to get the enrolment on same day of admission at ward and staff should attach the certificate photocopy of enrolment with patient file to get confirmation that he or she is now insured. 5. Biomedical waste disposal should be according to the norms , needles to be disposed in the white container, where white container is not available, it should be added in demand. 6. File formed at ward with history and then sent to the IPD admission counter for the admission and then to the MAA yojana counter for the maa yojana admission in which a patient will give photo and biometric and leave for the ward. Else, file made at IPD admission counter and then patient will go up in ward for the history and package code then the patient will be send by the staff to get the maa admission done for which at counter patient will given photo and biometric after which the TID will be written on the file and patient sent to ward and the patient relative to take the file to counter for further upload of file within 24 hours and bring it back to the ward. 7. Integration of the lab machines with the IHMS will directly send the

	lab reports to the particular patient .Without waiting for the lab reports, the instant reach of the reports will reduce the waiting time of patient for the reports and the treatment. 8. Similar to this all the radiology reports to be sent to the patient like, MRI, CT-scan, USG, which directly reach the patient without any delay. 9. Reducing the waiting time of patient for days to get the appointment of the investigations by simplifying the process by keeping the targets for every departments like MRI = not more then 50, CT-= not more then 70 ; USG not more then 55 ; also keeping the USG in two shift reducing the patient waiting for days, with the commencing of USG at 8am. 10. EEG & NCV/NCS staff to come in 2 shift will reduce the waiting days of a patient. 11. Supervisor to keep the strict check of the staff to reach on time and not to leave before the time from the premises for any reason, else to apply for the leave.
Plan for the next week	1. Will try providing all the requirements for the implementation of the IHMS integrated machines for lab reports and radio reports. 2. Looking forward to get the 100% MAA admission and conversions whose vouchers are expired. 3. OT utilization

Signature of the Student



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WEEK 8

Name of the Organization: Super Specialty Hospital, Government, Bikaner, Rajasthan
Area/ Department/ Project of Summer Internship Program: Hospital administration
Name of the Student: Keerti Singh Rathore
Roll no: 1973 Stream: HM-29
Week no: 8 From : 30/06/2025 to 05/07/2025

Activity Done	• IHMS Lab integration presentation & mapping • Data collection for Billing related info for making the list tests and investigations.

	• Data collection/analysis of per month investigations status and waiting days. • Floor management • ABHA App appointment through DHIS, awareness and training of staff. (waiting for the print of the QR code & poster of steps shown)
Linking theory (Classroom learning) with practice at your organisation	1. Performance management;- evaluating staff performance, providing feedback and developing staff skills. 2. Budgeting:- developing and managing budget to ensure financial sustainability. 3. Staffing :- Recruiting , training and skilled healthcare professionals 4. Interdisciplinary collaborations:- Fostering collaboration among healthcare teams to improve patient care. 5. Stakeholder engagement :- communicating effectively with patient, families and external environment. 6. Risk management :- Identifying and mitigating risks to patient safety and hospital operations 7. Strategic planning :- developing and implementing plans to achieve hospital goals. 8. Quality assurance 9. Revenue cycle management:- managing billing, coding, and reimbursement process. 10. Workflow optimization:-
Gaps identified on the working area.	1. Direction to USG Room not pasted. 2. IEC missing from the OPD area & Wards of neuro, gastro & Pedia surgery. 3. IHMS integrated billing not their for out of Rajasthan patient who pay for all the investigations and IPD, its all done by the staff at the radiography department, lab, neuro and gastro and the IPD package code written by doctor on the slips. 4. Some floors lacking cleaners not coming on time or other issues ,stay un resolved for hours and delays many works.
Suggestions for improvement	1. Directions of USG to be pasted at the radiography zone. 2. IEC to be printed or displayed on the LEDs for the neuro & gastro problems and healthy lifestyle benefits, informing the patient to carry forward healthy eating habits,hygiene, weight

	management, exercise, controlling on stress and salt & sugar etc. o Neuro IEC containing neuro related issues , similarly gastro IEC containing gastro issues. 3. IHMS integrated billing of out of Rajasthan patient ensuring automated billing done at the billing counter its self, relieving the burden of staff at the investigations & gastro to keep the transparency of patient of out of Rajasthan. The patient to deposit at billing counter and take the bill of the investigation directly for the investigation room. This will also ease the audit of patient & transparency of automated billing. 4. Supervisors to keep the vigilance with taking the rounds on floor for keeping the smooth functioning & immediate resolutions.
Plan for the next week	1. Prepare the reports of all the work done till now 2. Lab module integration planning and management 3. ICU data collection and measures. 4. IEC design 5. Biowaste training module design

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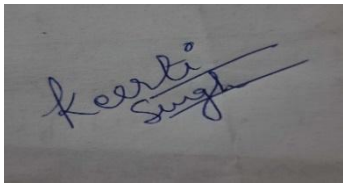

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WEEK 9

Name of the Organization: Super Specialty Hospital, Government, Bikaner, Rajasthan
Area/ Department/ Project of Summer Internship Program: Hospital administration
Name of the Student: Keerti Singh Rathore
Roll no: 1973 Stream: HM-29
Week no: 9 From : 07/06/2025 to 12/07/2025

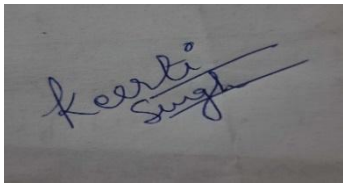
Activity Done	1. ABHA scan QR code appointment strategy implementation. 2. ICU 2 resource allocation and staffing management. 3. FEEDBACK integration in IHMS

	4. Feeding room allocation and design. 5. Emergency, MOT, dressing room use data collection for analysis of the requirement.
Linking theory (Classroom learning) with practice at your organization	1. Organization Work environment 2. Interdisciplinary collaboration:- collaboration among team to improve patient care 3. Quality control and assurance:- ensuring compliance with regulatory standards. 4. Cost control:- implementing cost saving measures while maintaining quality patient care. 5. Human resource management 6. Critical thinking 7. Capacity building
Gaps identified on the working area.	1. The untrained & un-preparedness of management & uncooperativeness of staff:- Docter order for the opening of ICU, ICU started without --→fumigation and many patient transferred to the →ICU without having ventilator & • other required supplies for patient care, also • staffing done with mostly newly joined nurses (complaining) who had no such training for ICU patient care , such disturbance in management leading to low patient care/effectivity. • Failure in delivering the appropriate patient centric care, insufficient patient care readiness and more of mis-management. 2. Not following the directions of supervisor (matron) ICU staff making teams and leaving ICU empty with no staff to discuss at OPD area among them , also ruining the work environment/culture of hospital with many things during OPD Hour. 3. Feeding space/ room at the OPD area for the mother feeding their child out having no particular space. 4. Patient lacking to provide feedback due to no availability of proper feedback system, which delays many of their requirements and time & energy. 5. Fall ceiling of biochemistry lab falling due to building flaws & leakages from many floor and wards making it unsafe for patient. 6. Thursday only 1 OPD of gastro bringing gap to the system and patient

	with unavailability of doctor, pushing them to come next day or OPD Days leaving the patient suffer.
Suggestions for improvement	1. The staffing done for critical ICU to be given proper support of experienced, as well the arrangements to be done on prior basis and not in hard and fast way, eliminating the barriers, fulfilling the demands & supplies. Newly joined staff to be actively working towards the work with positiveness without putting the excuses and negative thoughts to the immediate situations. 2. Conducting a proper meeting after OPD hours to clear all the doubts and queries, and keeping a discussion session to give proper instructions. • Listening to the supervisor and following the guidelines/protocols and take guidance on any problems faced without commenting wrongly, if not solved to be putting up to the superintendent for their knowledge & resolution. 3. Feeding room to be provided at the OPD area for breast feeding mother – converting room not coming in use as such to be designated for it. Else preparing by : proving chair ,table , blanket etc. • Canopies or tent like to create a temporary space. • portable cabins or trailers -equipped with amenities. • converting the less used existing space by dividing to feeding area putting curtain. Such as waiting area. 4. Incorporating feedback system into IHMS providing the QR to report the issues faced by the patient on daily basis entailing to be reviewed and worked upon to get the resolution so to improve with the management. • the QR scanning, directing to the persons HID login to feedback can prevail to provide feedback by them. • This will keep the track in the weak points to work on. ➔ Docters unavailability on time/late arrivals ➔ Unhygienic Washroom ➔ Late medicine service due to late arrival of pharmacist ➔ Unavailability of operator at counter or billing ➔ Such are major issues patient find on daily basis to be rectified. ➔ Resolving all the feedback by the management staff on daily/weekly basis , marking it done on the IHMS .

	➔ This will keep the track of the feedback and implement improvements with clarity in audits of proper functioning of operations. 5. Repair of all the breakdown of fall ceiling providing a safety full environment for patient and staff. 6. The Saturday time table of neurology department 4 Docters been dividing the 4 Saturdays to be continued on Thursday as well would change the scenario of patient waiting for the OPD day and can get the treatment and diagnosis done on time. o Similarly the pain management OPD which only has OPD day on Monday. o As the pain management is only once a week and neurology doctor sits for one time in a week and 1 Saturday of a month. o Also the pain management doctor has left the organization so another doctor to be appointed in place of him. 7. Proper hygiene maintenance under ICU with clean slipper or poly wrapped shoes with sanitizing at the entrance. Patient care on timely basis with utmost safety being the priority.
Plan for the next week	1. Visit to the gynecology/medicine department to collect information. 2. Pediatric surgery patient parents counselling on Aadhar/Jan Aadhar making and enrolment in MAA yojana as most of the patients admitted are non-insurer.

Signature of the Student



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WEEK 10

Name of the Organization: Super Specialty Hospital, Government, Bikaner, Rajasthan
Area/ Department/ Project of Summer Internship Program: Hospital administration
Name of the Student: Keerti Singh Rathore
Roll no: 1973 Stream: HM-29
Week no: 10 From : 14/07/2025 to 19/07/2025

Activity Done	1. Visited Medicine Building & trauma center. 2. Collecting feedbacks from patient and staff. 3. Performing floor rounds, counselling patient for the ABHA app scan

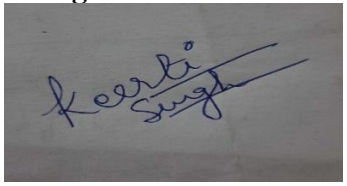
	QR and appointment scheduling. 4. Floor management. 5. Quality and operational flow.
Linking theory (Classroom learning) with practice at your organization	1. Reduce the out-of-pocket expenditure of patient. 2. Process optimization- to eliminate waste to improve efficiency and productivity. 3. Resource allocation 4. Technology integration, to improve operational efficiency, patient care and communication. 5. Decision making 6. Leadership 7. Teamwork 8. Time management
Gaps identified on the working area.	1. **Water clogging on the main entrance of hospital** SSB gate, huge pond of water, giving inconveniencing/ difficulty to patient. 2. Contractual employees as pharmacists, radio technicians, operators, nursing probationary joined observed to **be reaching late, inconsistent with work** and are in just wait to get permanency keeping a mentality, by which they will get more relaxation/less load/ more comfort/ work compromission. • Observed the permanent staff working taking all the work from the interns and are some what dependent on the interns not reaching on time . • MRI appointments are not provided with proper structured patient scale. • USG – which only has one shift starts at 9:40 whereas the timing is 8 am, and wraps at 1:30 daily. Long waiting days. • Resident Docters reaching late for the check and not allowing to see the files of patient. 3. MRI, CT counter closes at 2 pm, after which direct room appointment disturbs the patient flow, who are given appointment for the particular day. (given the suggestion from my end to keep a target by both the shifts to keep the patient flow equal or at least full without any gap) 4. Wards likes Neurosurgery has BMW IEC pasted inside treatment room, as well as the dustbin kept inside it. 5. The wards has lots of patient attendant after the 3-5 pm timeline which also attendants of patient doesn't listen to vacate the patient bed, and sits all along and eat/ drinking creates lots of chaos, making it untidy with waste and other things. 6. No OT management integration in IHMS. As well as no checklist maintained in OT for the regular work performing activities. 7. Instructions IEC to be pasted outside MRI,CT, as well as at the counter to tell patient read the information related to it.

	8. Issue faced where patient investigations are written and not the medicine, because of which patient has to wait for OPD days to get the consultancy over after the reports, which makes patient wait for or visits the Docters resident for the prescription. 9. Prescriptions are self written and asked for medicines by some of the operators and staff, on trust that they will get prescription afterward, also nursing staff prescribing medicine on the normal hospital slip which is a non IHMS slips to get the medicines. Giving directions again and again no change seen. 10. Maa yojana counter of medicine block is confined has no ventilation • Sweeper in wing of medicine smoking cigarette near bio medical engineering • F ward of men's medicine is with spider net and dim lights/no cleanliness • F ward – dirty utility not properly placed sheets are lying at the entry of staff room, no proper arrangement of the stock, lying without any concern • F ward bio medical waste not properly maintained throwing plastic waste and cups into yellow dustbin, no proper segregation. • Ramp area near F ward not at clean has spider net and red with pukes, no hygiene maintained. • {A} block lift not working near prince Bijay Singh statue • Near that, Telephone access office & Maa yojana counter a b c x y1 in bad condition with full dust, no proper cleaning. • E ward faced area has dumping and water contained with no disposal. 11. Trauma center • Patient waiting area of trauma center has less Benches to sit. Present only 4 5 • EOT 1 – table is in bad condition. Most of the tables, mattress torned. • Lead aprons sterility? • CARM not working, kept aside in a OT room. • Scrub area not in proper maintenance. • Plaster room :- 8 nursing staff 1 incharge 1 attendants 1 Sweeper. • 2 Nursing staff ,1 in charge • Emergency at ground floor no proper waste management, not in maintenance , nursing staff not keeping up, not vigilant. • Green area nursing staff not keeping proper maintenance. • USG display done wrongly at trauma reception area.

Suggestions for improvement	1. Water clogging in front of hospital entrance tis concerning and should be managed by the management to remove the water after every rain to allow patient arrival easy and fuss free. 2. Contractual employees should not get permanency and to be continued with the same contract basis as this will allow them to work with dedication and not with just time being and assured of getting permanent which would stop them to give 100%, time dedication and work dedication for both permanent and contractual staff very necessary for just 6 hours of service they are paid for. • Keeping targets to fulfil the urgencies and the patient without any gap, strategies by Docters as well to not let patient suffer for days, • USG to start on time and in 2 shift is so much required as well as for the EEG/NCS by taking resident and contractual helper , without any permanent hiring. • Matrons office most matrons vacate at 1:30 also many ward nursing staff. 3. Appointment to be taking place for CT, MRI, USG at OPD hrs only. 4. All the wards should paste the Biomedical waste IEC on the front end on the ward, not in rooms to be taken care of with training the cleaning staff of disposal. 5. All wards should be planted with nursing staff to ring bell or by guard for the time to vacate the ward, after meeting time, 3-5 pm 6. OT management to integrated in IHMS, For:- • surgical scheduling :- scheduling surgeries, coordinating with surgeons, anesthesiologist, other medical staff, optimizing the use of operating room. (this will help understand different types of surgeries, their duration, necessary equipment & resources. • Inventory management:- managing the , surgical instrument, disposable, medications, other supplies within OT. (prevent shortage and overstocking) • Hygiene& sterilization • Administration process:- documentation, billing, reporting on surgical outcomes. **7.** Docters to instruct the patient also by writing the admit or medicines then and their, this will provide ease for patient to not wait for the medicines as well **reduce the out of pocket expenditure.** 8. **Prescription to not be taken without the doctor prescription, registration** no. and seal.

	Nursing staff to not prescribe from their own without the Docters knowledge and supervision. **E-prescription and fast uploads in seconds** of the prescription given to be registered. 9. Cleanliness to be taken in the prior consideration, storage of contaminated water, waste and spider net , proper disposing of the garbage , bio waste proper segregation and closed, is essential to be keep the environment of the hospital clean and healthy. 10. Keeping the proper vigilance of the medical products by the staff and guard with vigilance. • Patient attendants to meet on particular time only, reducing the chaos and load in the ward. • Offices to be kept neat and clean. • Proper ramp cleaning, area cleaning room cleaning to be done without compromise. • All the water logged and waste disposed to be cleaned without any delay by the cleaning staff. • Correct display of the USG at reception area of the trauma center to be done. • Nursing staff to work proactively, commencing on time and should leave on arrival of next shift staff, keeping the vigilance all around the stock and patient care. • Dirty utility to be kept separately at particular place. 11. Operators to not vacant seats during the OPD hours as that increases the wait time of patient. And the mistakes done in MAA yojana uploads should not be ignored.
Plan for the next week	1. Visit to the cardio center at PBM, 2. Urology 3. Blood bank

Signature of the Student



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WEEK 11

Name of the Organization: Super Specialty Hospital, Government, Bikaner, Rajasthan
Area/ Department/ Project of Summer Internship Program: Hospital administration
Name of the Student: Keerti Singh Rathore
Roll no: 1973 Stream: HM-29
Week no: 11 From: 21/07/2025 to 26/07/2025

Activity Done	1. Created a google form to take patient feedback on hospital services and other related facilities. 2. Lab integration with ihms flow chart ,working, manpower ,seating, resources finalization done on paper, pending from approval and above level. 3. Diagnostic optimization for reducing waiting time of patient pending approval from above level. 4. Preparing my poster and projects done till date.
Linking theory (Classroom learning) with practice at your organization	1. Risk management Reduce the out-of-pocket expenditure of patient. 2. Process optimization- to eliminate waste to improve efficiency and productivity. 3. Resource allocation 4. Technology integration, to improve operational efficiency, patient care and communication. 5. Decision making 6. Leadership 7. Teamwork
Gaps identified on the working area.	1. Delay in getting the approvals and start of the process, where everything is given on time, in proper format and description. Like lab/investigation billing through ihms getting delayed from approval point, stopping the further execution 2. Interns of nursing sitting at the nursing station of OPD for writing in register the entries has no use in the clinical practice. 3. MRI & CT 1st shift has 6 in staff of which 3 or 4 permanent get their work done by the contractual, also reaching late, and 4 or 5 in evening, the load is at evening seems to be very low on Saturday as well , as patients are not so appointed for evening more and Saturday too this gives full free time to the CT &MRI workflow. 4. Lack of supervising of floors and only 1 round a day taken by the nursing staff at matron office which has 8-9 in number and no proper work progress is taken care in terms of cleaning ,que management, availability of guards and other activities are seen, only 1 round a day, with many sitting at the office using mobiles and gossips.

	5. Docters unavailability of Thursday as only 1 gastro OPD is their brings gaps and push patient to go private hospital and makes Out of pocket expenditure, suggesting to this the neurology doctor (4) to sit alternate Thursday to provide the consultation. Suggestion given is in pending from 7-8 days. 6. The accumulation of water in the roof and the seepage from ceiling as well as many tiles of the walls coming out making it harmful for the staff and the patient. 7. Emergency to be open OPD hours without any nurse delay, where the MOT or dressing room staff should take care of both the utilities. 8. Not allowing any family background people in the same work place this disbalances the work leading to so many problems, and work suffers. 9. Nursing staff to only do the ward and patient care services and not administrative work as the one decision making takes 4-5 of them and delayed work accomplishment. 10. Doctor desk not working.
Suggestions for improvement	1. The suggestion given of keeping targets for CT=90 per day and MRI =50 per day is in pending as superintendent approval and execution order is in waiting from 8-9 days. 2. To add amount for out of Rajasthan patient in the IHMS for investigation/lab billing to provide automatic billing to patient , there is delay by the in charges and no such help is provided in providing the rate list which can be added for the billing. The rate list if had come can be added in the IHMS amount section to any type of investigation /lab/IPD charges can directly bill generation can be done without any transparency issues as well as provide the fund and tracking of the patient from outside Rajasthan. 3. Awaiting for the feedback form approval & implementation which has been formed and QR code generated to take the feedback of the patient to provide them good and satisfactory service. 4. Every Supervisor of 5 floors to sit in the particular floor and watch for the work and any issue rather sitting in the ground floor matron office. 5. Clearance of blocked water, keeping the hygiene at the wards by the nursing staff by following the essential hand wash steps. 6. IA appointed for the MAA yojana and RGHS to take rounds at the reception (operators) and see the work progress and correction if any query then and their without any delay which after which causes rejections and cancellation due to

	negligence. 7. Doctor desk can get started as all the docters of each department has desktop & printer through which OPD consultation as well as E-prescription slip with daignosis can be generated. And the e- prescription be sent to the Pharmacist for drug dispensing, where the operator carrying the laptop can do direct entry for drugs.
Plan for the next week	Preparing the already taken project to optimizing the diagnostic services.

Signature of the Student