

SUMMER INTERNSHIP PROGRAM
at
SAWAI MAN SINGH (SMS) HOSPITAL, JAIPUR

From 15th May 2025 to 29th July

A REPORT BY
Himanshu Bhargava

Master of Business Administration
Hospital and Health Management

Roll no. 1958

2024-26

under the Mentorship of
Dr. Vinod Kumar SV



Name of Institution
SAWAI MAN SINGH HOSPITAL (JAIPUR)

Completion Certification from the Organization
CERTIFICATE

This is to certify that Mr/Ms. **HIMANSHU BHARGAVA** of batch **2024-2026** form **IIHMR UNIVERSITY, JAIPUR** (Department of **MBA-HOSPITAL AND HEALTH MANAGEMENT**) has worked with our organization for his summer internship **from 15 May 2025 to -29 July 2025**. The overall performance shown by him during the period was excellent.

Date :- 29 July 2025

Signature of organization Mentor

Name – Dr. Sushil Kumar Bhati

Designation – Medical Superintendent



Seal Stamp of the Organization.

चिकित्सा अधीक्षक
सवाई मानसिंह चिकित्सालय
जयपुर

IIHMR University Faculty Mentor Approval

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

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

Date: 30/07/2025

A blue ink signature of Dr. Vinod Kumar SV, written in a cursive style.

Dr. Vinod Kumar SV
Professor

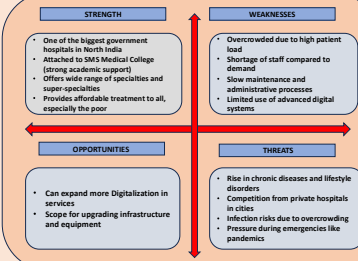
BRIEF HISTORY, VISION AND MISSION

INTRODUCTION
SMS Hospital, established in 1934, is one of the largest government hospitals in India and is affiliated with SMS Medical College, Jaipur. It provides tertiary care services to patients from Rajasthan and neighbouring states, with modern facilities and over 6000 beds.

Vision
To be a leading centre of excellence in healthcare, medical education, and research, ensuring accessible and quality care for all.

Mission
The mission of Sawai Man Singh Hospital, Jaipur is to provide high-quality, affordable, and accessible healthcare services to all sections of society, with a special focus on the underserved. The hospital is dedicated to excellence in patient care, medical education, and research. It strives to uphold ethical standards, ensure patient safety, promote innovation, and continuously upgrade its infrastructure to meet the evolving healthcare needs of the population.

SWOT ANALYSIS



Objectives

- To find out how much time is usually taken by different types of ambulances:
- 1. Critical care ambulances
- 2. General ambulances
- 3. Dead body shifting ambulances
- To identify the main problems or bottlenecks in the transport process.
- To suggest practical ways to improve the overall transport system in the hospital.

Methodology

- A mixed-method approach (quantitative and qualitative) was adopted.
- 60 ambulance trips were tracked (20 each of critical care, general, and dead body shifting).
- Trips durations were recorded for performance analysis.
- 15 hospital staff (nurses, drivers, ward boys, senior staff) were interviewed informally.
- Researcher observed real-time operations and noted delays.
- Daily challenges faced by staff were documented for deeper understanding.

Findings

- Traffic & Entry Issues:**
 - Roads were crowded and there was no separate emergency lane for ambulances.
 - There was a bottleneck at the main hospital gate, causing delays.
- Inside the Hospital:**
 - Fewer stretchers and wheelchairs were available at key points.
 - No proper signage at emergency entries, leading to confusion.
 - Referred patients often faced delays as the hospital wasn't prepared in advance.
- Staff and Coordination Problems:**
 - Ambulance dispatch was often delayed.
 - Excessive paperwork slowed down the process.
 - Many staff were on contract, underpaid, and felt less motivated.
 - Communication between departments and ambulance teams was poor.

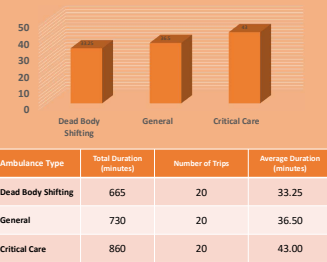
Results

- Time Taken:**
 - Critical Care Ambulances took the longest, due to the need for patient stabilization and careful handling.
 - General Ambulances had moderate timings but were often used for unnecessary trips.
 - Dead Body Shifting Ambulances were faster but still faced delays due to paperwork.
- Staff Feedback:**
 - Many staff members felt there was a lack of coordination and they weren't appreciated for their efforts.
 - Drivers shared that waiting at gates and not getting timely instructions added to delays.

Recommendations

- Set up a dedicated emergency lane and a separate gate for ambulances.
- Keep enough stretchers and wheelchairs ready at all major entry points.
- Use walkie-talkies or centralized communication tools to reduce confusion and delay.
- Reduce paperwork by going digital where possible.
- Use ambulances only for emergency purposes.
- Improve training, motivation, and pay for staff involved in transport services.

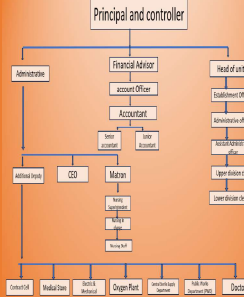
Average Time Taken (in minutes)



Conclusion

While SMS Hospital has a good number of ambulances, the overall system has some serious gaps. Delays, poor coordination, excessive paperwork, and lack of motivation among staff are affecting the smooth functioning of the transport services.

Organogram



Practical Exposure

- Practical exposure helped me in understanding on ground issues in hospital system.
- Dealt with different stakeholders which possess different challenges.

Theoretical Learning

- Modules helped me learned about various departments and their functioning in hospital.
- Modules helped me learned about concepts of management.

Learnings During Internship

- Observed all the departments, learned about their functions, management, and coordination, and connected this practical experience with classroom learning.
- Developed communication skills, teamwork abilities, professionalism, and overall behaviour.
- Learned working under stress along with team collaboration

Usefulness of Internship

- Provide platform to apply academic knowledge.
- Help in learning skills like teamwork, effective communication, time management and decision making
- Personal growth and understanding own strength and weakness
- Received training in Biomedical Waste (BMW) management, Basic Life Support (BLS), and Cardiopulmonary Resuscitation (CPR).
- Built a professional network with healthcare staff and experts.

Challenges faced During Internship

- Data collection from different stakeholder
- Managing different projects at same time
- Managing multiple task and adherence to deadlines
- Coordination with other stakeholders

Suggestions For Improvement

- Implement real-time ambulance tracking to ensure faster dispatch and reduce gate delays.
- Install clear emergency signage and maps to streamline internal patient movement.
- Digitize transport, stretcher requests, and patient handover to minimize manual delays.
- Boost staff motivation with regular training, recognition, and fair incentives.
- Sufficient manpower should be needed for effective hospital operations

Other Major projects

- Status of Implementation of Biomedical waste management Practices within SMS hospital.
- Utilization Analysis of OPD Services Based on Age and Gender Distribution

Reporting Format (Weekly)

Name of the Organisation : SMS (sawai man singh) hospital, Jaipur

Area/ Department/ Project of Summer Internship Program: Department of medical education, Rajasthan

Name of the Student: Himanshu Bhargava

Roll no: 1958

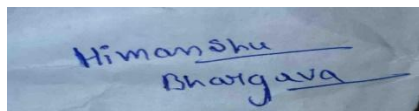
Stream: MBA in hospital and health management (Section – A)

Week no: 1 From:....15-05-2025.....to.....17-05-2025...

Activity Done	1. Assess Average Waiting Time of Patient before being visited by a Doctor in OPD 2. noted the Average Waiting Time of Patients before their sample is collected by laboratory 3. Assessed the Average Waiting Time for Patients to use various diagnostic services - MRI - X-Ray - CT Scan - USG (Ultrasound) 4. noted the total Number of claims submitted in MAAY Yojana 5. noted Percentage of claim rejection as a number of claims submitted by a department in MAAY Yojana 6. Checked Number of claims submitted in RGHS (Rashtriya Swasthya Bima Yojana) for beneficiaries. 7. noted the Percentage Bed Occupancy of a department in a hospital
Linking theory (Classroom learning) with practice at your organisation	OPD in hospital services module
Gaps identified on the working area.	1) Very less signage in the hospital 2) There was no proper queue management 3) Many patients are illiterate 4) Long wait time 5) No proper communication channel

Suggestions for improvement	1) Train the staff from security guard to doctor to be empathetic and patient centric. 2) Proper signage in hospital
Plan for the next week	I will observe the working structures of each single department in hospital and will try to link it with the theory part that I have read in the module

Signature of the Student



Himanshu
Bhargava

Approved by the IIHMR University's Mentor

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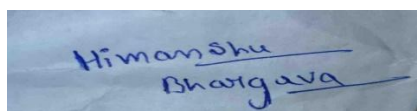
Stream: MBA in hospital and health management (Section – A)

Week no: 2 **From:**...19-05-2025.....**to:**.....25-05-2025...

Activity Done	1. On 19th made a file for all the data that was collected last week and added that in excel sheet as recommended by organization mentor. 2. On 20th and 21st visited the neurology IPD and understand its working structure and functioning and identified the issues with the prospective of hospital manager. 3. On 22nd to 23rd visited the neuro surgery department and general medicine ward and understood its working and management structure 4. On 24th we were assigned with the task from our medical superintendent of SMS hospital to check all the rooms available in the sms and check weather the room is usable or does it has garbage and if its functioning then for what purpose is it being used.
Linking theory (Classroom learning) with practice at your organisation	1. Assessed the ward structure, staffing patterns, and patient care management. (essentials of hospital services) 2. Understand communication channels between nurses, doctors, and administrative staff and human resource Management. 3. linked with classroom topics on ward management, documentation, and patient safety.

Gaps identified on the working area.	1) Identified the Insufficient staff and bed 2) Inadequate nurse to patient ratio 1) Inadequate doctor to patient ratio 2) Poor bio medical waste management
Suggestions for improvement	1) Proper bed allocation and documentation 2) Proper inventory management 3) Regular Patient feedback system 4) Timely Staffing analysis 5) Separate wards for men and women and others to maintain their privacy
Plan for the next week	I will observe the working structures of other department in hospital and will try to link it with the theory part that I have read in the module and I am also discussing regarding project topic with my controlling officer. Once I gets confirmation I will also share with university mentor.

Signature of the Student



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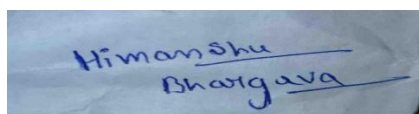
Stream: MBA in hospital and health management (Section – A)

Week no: 3 From:....25-05-2025.....to.....01-06-2025...

Activity Done	1. Got trained on the functioning of different OPD departments by dedicated ward staff 2. Understand the staffing process in SMS hospital, inventory management and patient flow of in patient departments 3. Started working on project topic "Bio medical waste management" given by hospital mentor
Linking theory (Classroom learning) with practice at your organisation	patient-centric care, Human resource management, workflow mappings
Gaps identified on the working area.	1) Less integration of IT systems, making coordination between departments poor. 2) Inadequate signage and patient navigation system, specifically for first-time visitors. 3) Uneven distribution of Staff, particularly during peak hours where the need is more. 4) Mostly Manual inventory tracking, leading to delays in procurement.
Suggestions for improvement	1) There should be clear and multilingual signage in all departments. 2) There should floor markings to guide patients to different service like Lab, OPDs and different buildings like charak bhawan, Bangad, SMS main building. 3) Conduct a regular workforce needs assessment to assess the staffing gaps.

	4) Recruit interns, trainees, or contract staff and permanent staff.
T	As on Saturday My hospital mentor has given an topic for project "Biomedical waste management and its segregation practices" hence I will start working on it and try to get maximum information about it and I will try to understand the discharge process for initial few days.

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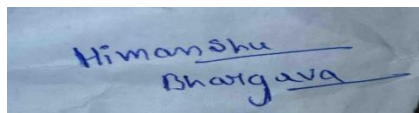
Stream: MBA in hospital and health management (Section – A)

Week no: 4 From:....02-06-2025.....to.....08-06-2025...

Activity Done	1. Understand the functioning of different in-patient departments in Bnagad Building of SMS hospital. 2. Understand the online discharge process 3. Understand the bio medical waste management system of SMS hospital.
Linking theory (Classroom learning) with practice at your organisation	Hospital operation management, Biomedical waste management, Patient safety and rights, infection control
Gaps identified on the working area.	1) Poor Coordination between is often lead to delay in discharge process and even people are not aware where they need to go because of signage issue. 2) I observed Not all staff strictly follow color-coded waste segregation. 3) Nurse-to-patient ratio is inadequate. 4) Lack of timely communication between Departments. 5) Patients and attendants are often confused about admission, billing and discharge.
Suggestions for improvement	1. staff allocation based on patient load in different departments. 2. Proper training of all staffs regarding Biomedical waste management and proper assessment test should be taken timely. 3. Reward to staff for following infection protocols 4. Improve basic infrastructure like ventilation and water.

Plan for the next week	I will continue doing visits to different IPD and OPD wards and I will start working on oxygen plant structures, functioning and its improvement plan within my organization. I will also keep working on given project topic.
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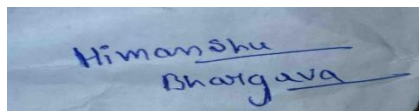
Stream: MBA in hospital and health management (Section – A)

Week no: 5 From:....09-06-2025.....to.....15-06-2025...

Activity Done	1. developed a questionnaire to check the biomedical waste management related knowledge, attitude, and practice among healthcare providers to achieve the first objective of project. 2. observed and visited the blood bank of SMS hospital to understand its functions and blood collection and distribution. 3. gather the data to assess the reasons for low claims and rejections under the MAAY Scheme.
Linking theory (Classroom learning) with practice at your organisation	- Biomedical waste management - Blood banking - Healthcare policy implementation
Gaps identified on the working area.	- Knowledge and practice gaps in biomedical waste management - blood banks have operational challenges due to little administrative control - issues regarding Scheme implementation like lack of awareness.
Suggestions for improvement	- Regular training and education programs for staff and patients for clear understanding. - easy MAAY Scheme claim process. - Timely and regular follow up on work flow and patient satisfaction.

Plan for the next week	I have created 3 objectives under the guidance of university mentor and I have achieved 1 st objective and I will work on remaining objectives
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Signature of the Student



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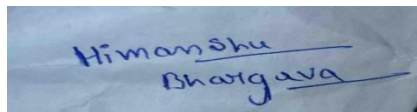
Stream: MBA in hospital and health management (Section – A)

Week no: 6 **From:....16-06-2025.....to.....22-06-2025...**

Activity Done	1. observes the functioning of ambulance and critical care services within hospital. 2. Visited and understood the functioning of the Trauma Centre which is different building but part of SMS hospital, to understand the emergency and trauma care services. 3. Visited the oxygen plants at SMS hospital to understand it's working and functioning. 4. I was part of training on CPR, BLS, and road safety training given by rotary club within SMS hospital.
Linking theory (Classroom learning) with practice at your organisation	- critical care and emergency management - disaster preparedness and disaster handling - Oxygen delivery system in hospital - Life-saving techniques
Gaps identified on the working area.	- less coordination between ambulance dispatch and other different departments like ICU,OT, Trauma centre's teams leading to time delays. - no GPS system in ambulance which let no information about where the ambulance is currently. - Shortage of trained staff in Life-saving techniques - less signage and public awareness materials on road safety

Suggestions for improvement	-implement GPS tracking system in ambulance - Organize training on life saving techniques - Increase coordination between ambulance services and various other branches of SMS hospital. - there should be some visible road safety signages and patient information boards.
Plan for the next week	I will work on improving services and reducing challenges in ambulance and critical care services. I will also work on the work the we get directly from Department of medical education.

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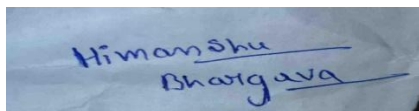
Stream: MBA in hospital and health management (Section – A)

Week no: 7 From:....23-06-2025.....to.....29-06-2025...

Activity Done	1. Understand the different sources of oxygen within hospital like LMO, PSA, and manifold and understand the pipeline distribution. 2. I Did a data analysis of OPD patient numbers, differentiated by gender and age, to identify service utilization patterns. 3. Presented a PowerPoint presentation on the oxygen delivery system for knowledge sharing and gap filling. 4. I also did visits to different IPD departments and started working on project regarding
Linking theory (Classroom learning) with practice at your organisation	1. Data analysis on excel help in analysing the OPD footfall and separating the data on the basis of age and gender. 2. Patient Safety, Quality Assurance, and Infection Control 3. Emergency and Critical Care Management.
Gaps identified on the working area.	1) There is poor monitoring of PSA plants, with over-dependence on LMO. 2) Insufficient analysis of patient data and the raw data is very difficult to manage. 3) There was Communication gaps between clinical and support staff in few IPD units.
Suggestions for improvement	1. There should be real-time monitoring systems in oxygen supply networks and PSA plants to track performance. 2. There should be monthly oxygen audits for monitor consumption and identify wastage. 3. Use data analytics regularly for resource allocation in different OPDs. 4. maintain idle PSA plants to ensure emergency preparedness and it should be used twice a month.

	5. Develop training modules for ambulance staff on critical care transport.
Plan for the next week	I will work on signages and direction part in whole SMS hospital, and I will keep on working for improvement of ambulance and critical care services

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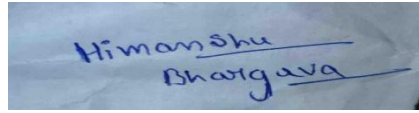
Roll no: 1958

Stream: MBA in hospital and health management (Section – A)

Week no: 8 From:....30-06-2025.....to.....05-07-2025...

Activity Done	1. Observed the different departments and its operations and workflow in Homeopathic, Ayurvedic, and Unani Outpatient Departments OPDs 2. Observed and understood the Inpatient Department (IPD) of Gastroenterology and Endocrinology, as well as the Neurosurgery Outpatient Department (OPD).
Linking theory (Classroom learning) with practice at your organisation	workflows, OPD management, and interdisciplinary healthcare helped bridge theoretical concepts with on-ground realities.
Gaps identified on the working area.	1) Lack of coordination between different departments and there was no sign board there was just tables on which they were running the services of Unani, homeopathy and ayurvedic 2) some department still had outdated equipment's 3) long waiting time of patient due to high footfall and less staff 4) Manual record keeping leads to incorrect data.
Suggestions for improvement	1. There should be regular meeting to strengthen the coordination between different departments 2. Improve workforce planning and regular recruitments of staff 3. There should be water facility within hospital premise
Plan for the next week	I will regularly visit the different department and analyse the hospital health care service utilization by the different categories based on age and gender of people.

Signature of the Student

A photograph of a handwritten signature in blue ink on a light blue background. The signature reads "Himanshu" on the top line and "Bhargava" on the bottom line, both underlined.

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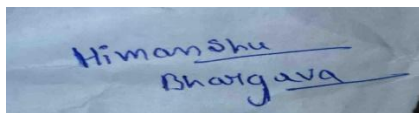
Stream: MBA in hospital and health management (Section – A)

Week no: 9 From:...07-07-2025.....to.....14-07-2025...

Activity Done	During the week, visited and observed the mortuary of a SMS hospital and understood the infrastructure setup and post mortem procedures in SMS hospital. gained clear understanding of the internal policy-making process within the hospital. Actively fame a structure of a queue management project under the guidance of my organizational mentor.
Linking theory (Classroom learning) with practice at your organisation	classroom sessions on Hospital Support Services and Operations Management.
Gaps identified on the working area.	1. Improper signage and improper visibility of direction boards cause confusion among visitors. 2. Poor standard operating procedures displayed near by the mortuary for emergency medical staff. 3. Limited ventilation in some areas of the mortuary. 4. No digital queue management system.
Suggestions for improvement	1. Install visible and multilingual signage boards within the hospital. 2. Plan minor renovations for better space adjustment and ventilation. 3. Introduce a digital or token-based queue management system to mainstream service delivery and reduce waiting times.

Plan for the next week	1. Will take a small survey to patients and attendants to assess awareness regarding navigation. 2. Working with the team to create points where signage can installed
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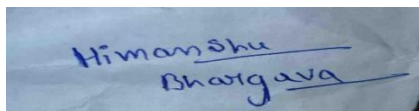
Stream: MBA in hospital and health management (Section – A)

Week no: 10 From:....14-07-2025.....to.....29-07-2025...

Activity Done	During the week, I had worked on laundry services within SMS hospital and provided the recommendations to improve the services. I had visited the rehabilitation and dialysis department.
Linking theory (Classroom learning) with practice at your organisation	Biomedical waste segregation, Infection Control, Equipment Management, Continuum of care
Gaps identified on the working area.	1. No or improper segregation between soiled and cleaned linen in some wards. 2. Cleaner were handling the linen soiled with blood without any gloves of personal protective equipment's (PPE) kit. 3. High wait time in linen collection and its distribution. 4. Staff did not educate patient regarding home-based care post-dialysis due to high workload. 5. Risk of cross infection due to poor spacing.
Suggestions for improvement	1. There should be 6 feet gap between two beds to reduce the risk of cross infection. 2. The cleaner should be educated regarding the effect of handling soiled linen without using PPE kits. 3. Patients should be informed well about home-based care post-dialysis. 4. Regular training about infection control practices.

Plan for the next week	I will be in touch with my mentors and will work on preparing the final poster for presentation.
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Roll no: 1958

Stream: MBA in hospital and health management (Section – A)

Activity Done	Week 1- Service Flow and Claims Analysis 1. Tracked the average waiting time in OPD, sample collection from Lab and diagnostic services. 2. Checked the bed occupancy and MAAY and RGHS claims. 3. Identified gaps like poor queue management, lack of signage etc. Week 2- Hospital Workflow and OPD Registration 1. Observed the OPD workflow and learned about delay because of manual processes. 2. Observed that there is inadequate token system plus there was lack of guidance for the patient coming for first time. 3. Recommended the training of staff and better use of queue management digitally. Week 3 - Linen Services and Laundry 1. Noted laundry cycle from collection to its delivery. 2. Identified inconsistent linen quality in wards leads to patient dissatisfaction. 3. Suggested the automated laundry system and regular feedback system for patients. Week 4- Emergency Services 1. Issues found like long triage time and crowding
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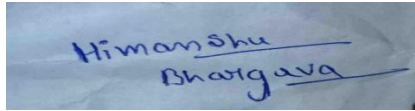
	2. There should be Fast track systems and emergency signage and staff training. Week 5 - Diagnostic Services 1. Noted the average waiting time in various imaging departments. 2. Identified Delay because of poor coordination between departments. 3. Recommended original time status display boards regarding patient number. Week 6 – Bed and inpatient department Management 1. Noted the bed occupancy process and rate and discharge process 2. There was delay in discharge process due to lots of formality and long queue 3. Suggested discharge planning checklist. Week 7- Insurance Claims Processing 1. Noted that claim rejection rate is high due to incomplete documentation. 2. Observed the requirement for trained data entry staff. 3. Recommended the continuous training on claim guidelines. Week 8 – Bio medical Waste Management System 1. Noted the biomedical waste segregation practices within different wards. 2. Identified improper segregation practices and mostly the staff was unaware. 3. Suggested the training on color coded rooms along with bins and regular audits.
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	Week 9- Staff Interaction and Departmental Observation 1. Took the round of departments like Rehabilitation, Dialysis, Oncology. 2. Found the operational gaps in the flow of patient and counselling and coordination between departments. 3. Recommended SOPs for visual communication aids Week 10 - Final Review and Documentation 1. Compiled the findings that we have got weekly. 2. Made a cumulative summary report. 3. Noted the field findings and compared it with theory from modules such as Hospital Operations.
Linking theory (Classroom learning) with practice at your organisation	1. Hospital Support Services: identified the gaps in laundry and diagnostic services and linking to theory on support service efficiency. 2. OPD/IPD Management: identified the issue in queue management and high wait timings , reflected the need of signage discussed in classroom. 3. Health Insurance: Working on the MAAY and RGHS claim processes. 4. Operations Management: identified the inefficiencies in bed occupancy leads to discharge delays, and flow of patients in emergency room relating to theoretical models of hospital workflow. 5. Human Resource Management: observed that there was lack of staff training and empathy and relate it with human resources module on staff behavior along with patient satisfaction. 6. Quality Assurance: mismanagement of Biomedical waste and the usefulness of the quality standards like NABH. 7. Communication: poor signage and patient information can be directly relate to effective communication strategies in healthcare.

Gaps identified on the working area.	1. Gaps in Operations: Delay in services, inappropriate queue management systems and very overcrowded OPD. 2. Gaps in Communication: There was Lack of signage, language barrier and literacy barriers. 3. Gaps in Quality: patient satisfaction Gaps, poor hygiene, Biomedical waste management, and improper feedback system. 4. Gaps in Technology: very less use of digital tools for claim processing.
Suggestions for improvement	1. Improved Digitalization: There can be Introduction of online registration, and proper and dedicated discharge planning software. 2. Patient Centric Approach: Train staff in empathy, sympathy and patient handling and there should be clear communication channels. 3. Infrastructure: there should be proper signage, an dedicated waiting lounges, and well diagnostic coordination. 4. Training : there should be regular and proper training for housekeeping, nursing, data entry, and support staff.
Key Learnings	1. Learned onsite experience on how various hospital departments function like OPD, IPD, diagnostics, emergency, and support services. 2. Learned the on time process and of schemes like MAAY and RGHS including claim processing and documentation. 3. Realized the value of empathy and sympathy for effective communication and proper followup in improving patient satisfaction. 4. Tracked the operational delays and recommended enhancement in discharge planning and bed management. 5. Observed that how classroom concepts in Human resource management and Operations and Quality on the ground.

	6. Built the skills in collecting and understanding hospital data to know service gaps and suggested actionables suggestions.
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Signature of the Student

A photograph of a handwritten signature in blue ink on a light blue background. The signature reads "Himanshu" on the top line and "Bhargava" on the bottom line, both underlined.

Approved by the IIHMR University's Mentor

Report should be maximum of 10-12 pages excluding the weekly reports and poster..