SUMMER INTERNSHIP PROGRAM

At

Government of Rajasthan (GoR)

(Zenana Hospital, Chandpole affiliated with Sawai Man Singh (SMS) Medical College)

From 15th May 2025 to 29th of July 2025

A REPORT BY

Bhavana Katiyar

Master of Business Administration

(Hospital and Health Management)

Roll No - 1926

2024-26

under the Mentorship of
Dr. PIYUSHA MAJUMDAR
ASSOCIATE PROFESSOR

IIHMR UNIVERSITY

OFFICE OF SUPERINTENDENT, ZENANA HOSPITAL,CHANDPOLE, JAIPUR

Phone No. 0141-2776205 E-mail:-superintendent.zenana@gmail.com

No: ZH/OFFICE/2025/ 3816 Date:- 29/07/2025

Completion Certification

This is to certify that **Ms.Bhavana Katiyar** of 2024-2026 of IHMR, Jaipur has worked in Zenana Hospital, Jaipur for her summer internship from
15.05.2025 to 29.07.2025. The overall performance shown by her during the period was excellent.

Date :- 29.07.25

(Signature of Organization Mentor)

Name –Dr Nupur Lauria

Designation –Medical Superintendent

Seal Stamp of the Organization.

डॉ. नूपुर लौरिया
अधीक्षक
जनाना अस्पताल, जयपुर

IIHMR UNIVERSITY

IIHMR University Faculty Mentor Approval

This is to certify that **Ms. Bhavana Katiyar** 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.

Piyusha 30/7/25

Date: 30th July 2025

Dr. Piyusha Majumdar
Associate Professor

Assessment of Public Health Scheme - MAA Yojana in Janana Hospital

जनाना अस्पताल, चांदपोल (L3)
संलग्न: एस.एम.एस. मेडिकल कॉलेज, जयपुर

IIHMR UNIVERSITY

Presented by Bhavana Katiyar
MBA-HM 29 Batch

Under the guidence of Dr. Piyusha Majumdar

Organization Mentor
Dr. Shiv Barala

Brief History about Hospital

Zenana Hospital is a government-run women's hospital affiliated with SMS Medical College, Jaipur. It has a capacity of 554 beds and specializes in obstetrics and gynecology. It plays a key role in implementing public health insurance schemes like MAA Yojana.

About MAA Yojana

Mukhyamantri Ayushman Arogya Yojana (MAAY) is a government health insurance scheme in Rajasthan that offers cashless treatment up to ₹25 lakhs per family per year. It covers a wide range of in-patient procedures, surgeries, diagnostics, and medicines. This scheme helps reduce out-of-pocket expenses and ensures accessible, affordable healthcare for economically weaker sections.

Challenges faced

1. High claim rejection due to incomplete documentation
2. No in-ward counselling for scheme awareness
3. Untracked LAMA/abscond patients
4. Delay in claim reimbursements and lack of ownership among units

Major Learnings

1. End-to-end exposure to MAA Yojana implementation and barriers
2. Data visualization and utilization analysis for scheme coverage
3. Policy analysis and coordination with multiple departments
4. Real-time tracking and stakeholder communication challenges

Mission

To strengthen institutional deliveries, scheme coverage, and affordable treatment through seamless government scheme integration

Vision

To deliver equitable, quality maternal and child healthcare under the public health system.

Objectives

To asses MAA Yojana coverage, claim trends, and suggest improvements at Zenana Hospital

Methodology

1. Retrospective Analysis: Reviewed past one-year hospital and TPA data
2. Prospective Monitoring: Tracked real-time admissions, registrations, and claim submissions over two months using logbooks.
3. Stakeholder Interviews: Conducted interviews with 25 patients and hospital staff

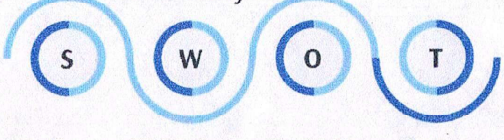
Suggestions to the Organization

1. Display bilingual charts of covered procedures in OPD/IPD.
2. Assign a Claim Monitoring Officer for daily TPA follow-up.
3. Monthly training for staff on documentation and package codes.
4. Track absconded patients ward-wise through a digital register.

Difference between practical exposure and theoretical knowledge

Theory gave the foundation, but practice revealed ground realities —like lack of training, poor documentation, limited digital use, and real-time scheme implementation hurdles. The SIP bridged the gap between "how systems should work" and "how they actually function in public hospitals."

SWOT Analysis



Strengths
1. Large patient base; Strong infra
2. Dedicated help desks, TPA link

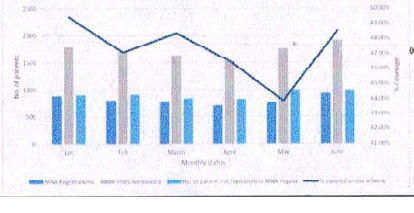
Weaknesses
1. Coverage under 50%, staff not trained
2. Documentation & portal gaps

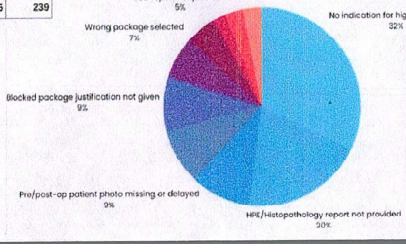
Opportunities
1. Campaigns, Dashboards, SOPs

Threats
1. Delay in claim, low automation

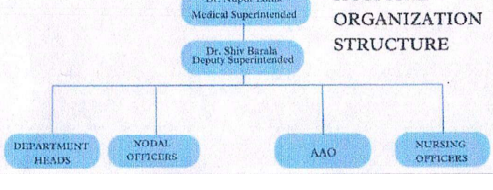
OBSERVATIONS

Month	MAA Registrations	IHMS Admissions	No. of patient not registere	% covered under scheme	Claims rejected	Claims Approved	Paid claims	Pending claims
Jan	884	1789	905	49.41%	348	0	371	0
Feb	811	1722	911	47%	297	0	307	0
March	790	1634	844	48.35%	201	0	316	0
April	710	1528	828	46.47%	223	0	323	0
May	771	1757	986	43.88%	215	106	438	12
June	928	1913	985	49%	159	225	305	239





HOSPITAL ORGANIZATION STRUCTURE



Week -1

Name of the Organisation: Zenana Hospital

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

Name of the Student: Bhavana Katiyar

Roll no: 1926 **Stream:** MBA-Hospital and Health Management

Week no: 01 **From:** 15th May 2025 to 17th May 2025

Activity Done	**A brief introduction about hospital infrastructure and staff** was provided and told to have a hospital Round as a patient - from registration to consultation and diagnostic services and to understand the directions and signages for proper guidance, **Understanding the functioning of ANC Department** - detailed observation was conducted where expectant mothers receive routine check-ups, counselling, immunization and essential medications, **Observation of all Department** – various departments including OPD, IPD, OT, Labs, DDC's, labour room, sonography, NICU, **Understanding of Govt. Health Schemes** like RGHS, MAAY, JSY
Linking theory (Classroom learning) with practice at your organisation	National Health Programme – all Yojana and schemes like MAAY, JSY, JSSY, Lado protsahan yojana, Essentials of Hospital services – under EHS it linked with hospital as a system, hospital infrastructure, development over the year and how hospital as a system approach take place, Data collection of patient waiting time and analysis linked with the biostatistics
Gaps identified on the working area.	Less manpower, Limited help desk, No maintenance of units, Communication problem, Rude behaviour towards patient, Incomplete education in working staff and paramedical, Unhygienic environment, Less cleanliness
Suggestions for improvement	o Increasing manpower by recruiting additional medical, paramedical and admin staff to reduce workload o Strengthen help desk services for guiding patients with multilingual support for better communication o Regular maintenance check-ups by scheduling maintenance and repairs o Staff training and capacity o Communication flow needed to be improved o Behavioural sensitization by organising the workshop on patient's empathy and ethics o Providing hand sanitizers in every corner of hospitals and near patient beds o Conducting weekly or monthly hygiene audits o Maintaining sanitation facilities
Plan for the next week	Round of wards i.e Gynae and Pre-natal, Analysing que management of – OPD, USG, ANC and Understanding the sample collection system

Signature of the Student: Bhavanakatiyar

Approved by the IIHMR University's Mentor

Week– 2

Name of the Organisation: Zenana Hospital

Area/ Department/ Project of Summer Internship Program: Department of Medical Education

Name of the Student: Bhavana Katiyar

Roll no: 1926 **Stream:** HM

Week no: 02 **From:**19th to 24th May 2025

Activity Done	Data collection from OPD, IPD, Lab, Radiology department given by medical education to check the waiting time between patient and Dr. counselling – A practical exposure was provided through departmental visits, data collection and observational learning and to focus on the patient experience and service delivery , Rounds in PN Wards, Rounds in DDC, MAA Yojana scheme in detail, Observation in blood bank – blood donation, screening, storage facilities, patient counselling
Linking theory (Classroom learning) with practice at your organisation	All theory aspect of learning of this week linked with Essential of Hospital Services which include – types of OPD services, planning of OPD, special OPD units, clinical areas, auxiliary areas, sanitation areas, nursing units, nursing staffing services and activities, quality assurance, Health policy and healthcare – about organising and managing public health delivery system at district level, National Health Programme – MAA Yojana and schemes
Gaps identified on the working area.	Hygiene issue in wards, waiting areas and open area, Lack of coordination across department, Inadequate awareness regarding schemes
Suggestions for improvement	o Increase frequency of washroom cleaning schedules. o Display posters and reminders about cleanliness protocols. o Proper monitoring of medicine use in DDC. o Proper storage availability for medicines. o Sanitizers in every/near beds of patients. o Drug guidelines should follow properly.
Plan for the next week	Understanding sample collection system, Analysing the STD/HIV functioning of – DDC, CSSD, Oxygen plant, Biomedical waste management

Signature of the Student: 

Approved by the IIHMR University's Mentor

Week – 3

Name of the Organisation: Zenana Hospital

Area/ Department/ Project of Summer Internship Program: Department of Medical Education

Name of the Student: Bhavana Katiyar

Roll no: 1926 **Stream:** MBA-HM

Week no: 03 **From:** 26th to 31st May 2025

Activity Done	IHMS module in installation of BMW – the installation of module ensure that the daily waste segregation, barcode based tracking of bags, real time data entry on module, Sub store management and RMSCL portal understanding – for drug tracking and supply, consumption reporting, QMS (Que management system), JSY Yojana, MAA Yojana monitoring – like eligibility verification record maintenance and disbursal process, Orientation in OT
Linking theory (Classroom learning) with practice at your organisation	o All practical of this week link with Essential of Hospital Services o Design, consideration, location, zoning, sub areas of OT, operating room, equipment's, fumigation time, sterilizing techniques in use o National Health Programme – MAA Yojana and JSSY schemes o Organizational Behaviour - Basic understanding of staff behaviour towards patient and relatives.
Gaps identified on the working area.	o Incomplete tagging and tracking of BMW bins o Lack of trained staff to use the IHMS module o Inadequate knowledge of how to operate the RMSCL (Rajasthan Medical Services Corporation Ltd.) portal. o Less staff available to guide patients on usage. o Delay in claim settlements due to incomplete documentation
Suggestions for improvement	Regular Training Sessions on BMW module use for nursing and sanitation staff, Install Barcode/QR Code Tracking for BMW bins for better traceability, Assign Staff at Entry Point to guide patients on QMS usage, Monthly Claim Status Review with TPA and hospital team.
Plan for the next week	Operation Theatre, MAA Yojana monitoring, Sub store management, Kitchen management

Signature of the Student Bhavanakatiyar

Approved by the IIHMR University's Mentor

Week – 4

Name of the Organisation: Zenana Hospital

Area/ Department/ Project of Summer Internship Program: Department of Medical Education

Name of the Student: Bhavana Katiyar

Roll no: 1926 **Stream:** MBA-HM

Week no: 04 **From:** 02nd to 06th June 2025

Activity Done	DDC Expenditure – understood the expenditure trends and usage patterns in the DDC, daily and monthly reports maintained for drug distribution, expenditure tracking is done through e-Aushadhi system under RMSCL, IHMS module for – Kitchen, Laundry, BMW – Kitchen for to monitor diet preparation, food distribution per ward, patient diet charts, Laundry module tracks linen collection from wards, washing, drying, and redistribution and BMW tracks daily waste collection from all wards and departments, Gynae 5 round – to understand ward level management, BMW rounds and segregation in ward wise and department wise
Linking theory (Classroom learning) with practice at your organisation	All practical of this week link with Essential of Hospital Services, Principle of communication, decision making, National health scheme, Organizational behaviour o EHS – Linen supply planning, services, steps in washing, location and space requirement in planning and organizing laundry services, BMW and handling, transportation and storage of BMW, Segregation of BMW in every department and wards, amendments and BMW rules o Principles of management – Decision making process and styles o National Health Mission – Insurance of schemes
Gaps identified on the working area.	o No proper segregation and transportation in some wards. o No proper records of local purchase of drugs o Lack of transparency in drug procurement. o Difficulties in inventory tracking and audit.
Suggestions for improvement	Conduct immediate refresher training on color-coded segregation forward staff, appoint a ward-level BMW monitor responsible for daily checks, To Maintain or keep a dedicated Local Purchase Register (manual or digital) with date, quantity, supplier, cost, and purpose.
Plan for the next week	Sub store management, Kitchen BMW, Laundry Module (IHMS), JSY (Janani Suraksha Yojana), MAA Yojana

Signature of the Student: 

Approved by the IIHMR University's Mentor

Week – 5

Name of the Organisation: Zenana Hospital

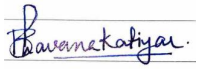
Area/ Department/ Project of Summer Internship Program: Department of Medical Education

Name of the Student: Bhavana Katiyar

Roll no: 1926 **Stream:** MBA-HM

Week no: 05 **From:** 09th to 13th June 2025

Activity Done	IHMS module in installation of BMW, Sub store management and RMSCL portal understanding, QMS (Que management system), JSY Yojana, MAA Yojana monitoring, Orientation in OT
Linking theory (Classroom learning) with practice at your organisation	All practical of this week link with Essential of Hospital Services, Fundamental of medication management – location of DDC'S, storage facilities, maintenance of medicines, expiry usage, distribution of drugs, managing finances through RMSCL portal, tracking of drugs Communication of nurses in wards, DDC's, registration counter with patients Effective communication with department heads for resolution and identification of gaps learned in POM and business communication
Gaps identified on the working area.	Incomplete tagging and tracking of BMW bins, Lack of trained staff to use the IHMS module, Inadequate knowledge of how to operate the RMSCL (Rajasthan Medical Services Corporation Ltd.) portal, less staff available to guide patients on usage, Delay in claim settlements due to incomplete documentation
Suggestions for improvement	Regular Training Sessions on BMW module use for nursing and sanitation staff, Install Barcode/QR Code Tracking for BMW bins for better traceability, Assign Staff at Entry Point to guide patients on QMS usage, Monthly Claim Status Review with TPA and hospital team.
Plan for the next week	Operation Theatre Analysis, MAA Yojana monitoring, Sub store management, Kitchen management

Signature of the Student: 

Approved by the IIHMR University's Mentor

Week – 6

Name of the Organisation: Zenana Hospital

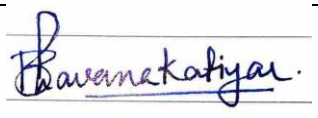
Area/ Department/ Project of Summer Internship Program: Department of Medical Education

Name of the Student: Bhavana Katiyar

Roll no: 1926 **Stream:** MBA-HM

Week no: 06 **From:** 16th to 21st June 2025

Activity Done	IHMS module on laundry, Kitchen, and BMW, Understanding and implementing Biomedical waste management module, Project on MAA yojana, Understanding MAA Yojana claim process with TPA's, Solving Query by appealing in MAA yojana
Linking theory (Classroom learning) with practice at your organisation	All practical of this week link with Essential of Hospital Services and National health Program, Understood the IHMS module and the working of all module, Analysis of MAA yojana scheme through various activities to understand the lack of awareness of scheme among patients – National health Program, TPA analysis by collecting data of unit wise queries.
Gaps identified on the working area.	Dr. don't know the proper package codes of MAA yojana which leads to rejection of claim, Operators are not educated about the package codes, no tracking of abscond patient
Suggestions for improvement	By Conducting monthly refresher sessions for doctors and operators on MAA Yojana packages, Counsel patient at the time of admission about the discharge or complete documentation/process, can also provide consent form at the time of admission that include sudden exit protocol, can also create log book ward wise to see the trend of abscond patient
Plan for the next week	Project implementation – a. To Monitor claim processing and reimbursement patterns. b. Identify the delays and rejection reasons in coordination with insurance companies c. Taking feedback from beneficiaries about their overall awareness and experience in hospital Structured interviews with hospital staff and insurance representatives

Signature of the Student 

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Week - 7

Name of the Organisation: Zenana Hospital

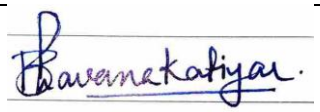
Area/ Department/ Project of Summer Internship Program: Department of Medical Education

Name of the Student: Bhavana Katiyar

Roll no: 1926 **Stream:** MBA-HM

Week no: 07 **From:** 23rd to 28th June 2025

Activity Done	Project on MAA yojana Understanding MAA Yojana claim process with TPA's Solving Query by appealing in MAA yojana Surveys from patients regarding awareness of scheme Vaccination centre Data collection from MAA yojana and IHMS module of IPD of total number of IPD patient admitted
Linking theory (Classroom learning) with practice at your organisation	All practical of this week link with National health Program as it was all about Yojana scheme analysis by developing data management and analysis skills by making graphical representations of data in Excel and word
Gaps identified on the working area.	No such gaps identified in this week of work as it was all data collecting
Suggestions for improvement	-
Plan for the next week	Visualise MAA yojana trend from Q1 and Q2 (quarterly basis), Monthly comparison and analysis from data collected from IHMS and MAA yojana counter, Utilization analysis, Billing counter

Signature of the Student: 

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Week - 8

Name of the Organisation: Zenana Hospital

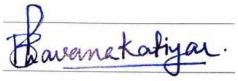
Area/ Department/ Project of Summer Internship Program: Department of Medical Education

Name of the Student: Bhavana Katiyar

Roll no: 1926 **Stream:** MBA- HM

Week no: 08 **From:** 30th to 5th July 2025

Activity Done	Project on MAA yojana Query resolving issue in claiming process Registration process of IPD admissions Understanding scheme package Local purchase of drug
Linking theory (Classroom learning) with practice at your organisation	Learning from organisation linked with Essential of Hospital Services National health Programs Decision making and conflict resolution from Principle of management
Gaps identified on the working area.	Long que in billing counter No counselling during OPD visits to patient about MAA Yojana scheme There is no display of list of covered treatments under scheme No awareness to patient through registration process No In-ward counselling
Suggestions for improvement	Increase number of billing counter to avoid que and long waiting time Bilingual posters listing all key services
Plan for the next week	Oxygen plant Local drug purchase analysis Operation of CCTV'S in hospital premises Fire safety

Signature of the Student: 

Approved by the IIHMR University's Mentor

Week - 9

Name of the Organisation: Zenana Hospital

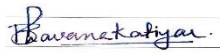
Area/ Department/ Project of Summer Internship Program: Department of Medical Education

Name of the Student: Bhavana Katiyar

Roll no: 1926 **Stream:** MBA-HM

Week no: 09 **From:** 7th to 12th July 2025

Activity Done	Project on MAA yojana Visited state institute of health and family welfare for doctor's lecture posted on PHC's level Learned about ASHA and ANM's role, ABHA ID, RPTC and MCP cards District vaccine store and their monthly availability MLC cases protocol used in hospital
Linking theory (Classroom learning) with practice at your organisation	All practical of this week link with Essential of Hospital Services and National health Program
Gaps identified on the working area.	No records/tracking of LAMA and abscond patient Doctors not been updated on new guidelines in ABHA, RPTC and Mcp card Poor stock of vaccine Training for MLC documentation
Suggestions for improvement	To track or make registers for abscond patient ward wise as they have no track of abscond patient so that they can plan a strategy to avoid abscond patients Use of software for real time for stock updates
Plan for the next week	CCTV'S One day analysis of MAA Yojana PSA Plant in oxygen plant Chief Secretory meeting on Hospital Infrastructure and expenditure

Signature of the Student 

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Week - 10

Name of the Organisation: Zenana Hospital

Area/ Department/ Project of Summer Internship Program: Department of Medical Education

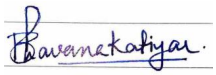
Name of the Student: Bhavana Katiyar

Roll no: 1926 **Stream:** MBA-HM

Week no: 10 **From:** 14th to 19th July 2025

Activity Done	1. CCTV's analysis around hospital 2. One day analysis of MAA yojana 3. PSA Plant in oxygen plant 4. Chief Secretory meeting on Hospital Infrastructure and expenditure 5. Parking and Food court 6. Power supply, wheel chair, ambulance and lift analysis
Linking theory (Classroom learning) with practice at your organisation	1. Analysis of parking area/open area to increase the area for new parking 2. Implementation of opening of new food court to provide service 3. Team work for meeting which linked with the Principles of management and communication skills 4. PSA Plant, CCTV's, finding blind spot where cameras are not covered linked with the essentials of hospital services
Gaps identified on the working area.	1. No proper control room and security for CCTV 2. Few blind spots found near emergency entrance, staircases and in wards 3. Documentations issues in MAA yojana related to HPE reports and high-risk deliveries 4. Limited manpower for PSA plant and no training is given to staff 5. PSA plant maintenance has not been done since installed 6. Underutilization of funds 7. No proper any project tracking for repairment, construction, sewerage 8. Limited parking for people's use 9. No proper canteen or food court for patient relatives 10. Limited wheelchairs and trolleys during peak hours

	11. Lift is not functioning properly, get stuck in between, no maintenance has been done
Suggestions for improvement	1. There must be a centralized monitoring room within the hospital premise with security guard in 3 shifts 2. Installation of cameras in blind spot areas 3. Display of visual sop in PSA plant area 4. There must be a blueprint of oxygen plant in that area 5. Parking pass system can be implemented for tracking of vehicles 6. There must be a proper canteen inside the hospital premise 7. Annual maintenance contact must be done with the vendors

Signature of the Student 

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Compiled Report

Name of the Organisation: Zenana Hospital

Area/ Department/ Project of Summer Internship Program: Department of Medical Education

Name of the Student: Bhavana Katiyar

Roll no: 1926 **Stream:** MBA-HM

Week no: 10 **From:** 15th May to 19th July 2025

Activity Done	1. Hospital Introduction and Orientation 2. Hospital Round as a Patient 3. Functioning of the ANC (Antenatal Care) Department 4. Observation of All Departments 5. Data Collection from OPD, IPD, Laboratory, and Radiology Departments, Rounds in Postnatal (PN) Wards, Rounds in DDC (Drug Distribution Center) 6. Detailed Understanding of MAA Yojana 7. Observation in Blood Bank 8. IHMS Module for BMW (Biomedical Waste) Installation 9. Sub-Store Management and RMSCL Portal Understanding 10. QMS (Queue Management System), JSY (Janani Suraksha Yojana), MAA Yojana Monitoring 11. Orientation in OT (Operation Theatre) - Sterile zoning: Dirty area → Clean area → Sterile area → Operation room. 12. Hospital Functioning and Departmental Observation Report - DDC (Drug Distribution Centre) Expenditure, IHMS Module Integration, BMW (Biomedical Waste) Rounds & Segregation – Ward & Department Wise 13. Sub-Store Management & RMSCL Portal 14. Project Work on MAA Yojana - To study the implementation, claim process, challenges, and effectiveness of MAA Yojana in providing cashless healthcare services 15. Understanding MAA Yojana Claim Process with TPA (Third Party Administrators) 16. Query Resolution and Appeals in MAA Yojana 17. Patient Survey – Awareness Regarding MAA Yojana - structured survey was conducted among IPD and OPD patients to assess awareness and utilization of MAA Yojana 18. Vaccination Centre Observation - Routine immunization for infants (BCG, DPT, OPV, Hep-B). 19. Data Collection from MAA Yojana & IHMS (IPD Module) 20. Registration Process of IPD Admissions

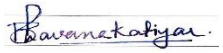
	21. Understanding Scheme Package (MAA Yojana & Others) 22. Local Purchase of Drugs 23. Visited to State Institute of Health and Family Welfare (SIHFW) 24. Learning About ASHA, ANM, ABHA ID, RPTC, and MCP Cards 25. District Vaccine Store (DVS) and Monthly Availability Monitoring 26. Medico-Legal Case (MLC) Protocol in Hospital 27. CCTV Surveillance Analysis in Hospital 28. One-Day Analysis of MAA Yojana Claims 29. PSA (Pressure Swing Adsorption) Oxygen Plant Observation 30. Chief Secretary's Meeting on Hospital Infrastructure and Expenditure 31. Parking and Food Court Observation 32. Power Supply, Wheelchair, Ambulance, and Lift Analysis
Gaps identified on the working area.	1. Inadequate Manpower 2. Limited Help Desk and Patient Guidance 3. Poor Maintenance of Units and Equipment 4. Communication Barriers 5. Rude or Unprofessional Behaviour Toward Patient 6. Incomplete Training and Knowledge Among Working Staff 7. Unhygienic Environment and Infrastructure Gaps 8. Hygiene and Sanitation Concerns 9. Lack of Coordination Between Departments 10. Inadequate Awareness of Government Health Schemes 11. Incomplete Tagging and Tracking of BMW (Biomedical Waste) Bins 12. Lack of Trained Staff in Using IHMS Modules 13. Inadequate Understanding of RMSCL Portal 14. Limited Staff for Patient Guidance 15. Delay in Claim Settlement Due to Incomplete Documentation 16. Bio-Medical Waste (BMW) Handling Issues 17. Drug Procurement and Inventory Transparency Issues 18. Incomplete Training on Hospital Software and Portals 19. Inadequate Staff Support for Patient Navigation 20. Delays in MAA Yojana Claim Settlements 21. Lack of Tracking for Absconded Patients 22. Recommendations for Improvement 23. Patient Awareness and Scheme Implementation Gaps 24. Patient Service Inefficiencies and Facility Limitations 25. Infrastructure and Maintenance Shortcomings 26. Biomedical & Emergency Services Deficiencies

	27. Vaccine & Cold Chain Issues 28. Medico-Legal and Documentation Training 29. No proper control room and security for CCTV 30. Few blind spots found near emergency entrance, staircases and in wards 31. Documentations issues in MAA yojana related to HPE reports and high-risk deliveries 32. Limited manpower for PSA plant and no training is given to staff 33. PSA plant maintenance has not been done since installed 34. Underutilization of funds 35. No proper any project tracking for repairment, construction, sewerage 36. Limited parking for people's use 37. No proper canteen or food court for patient relatives 38. Limited wheelchairs and trolleys during peak hours 39. Lift is not functioning properly, get stuck in between, no maintenance has been done 40. No records/tracking of LAMA and abscond patient 41. Doctors not been updated on new guidelines in ABHA, RPTC and Mcp card 42. Poor stock of vaccine 43. Training for MLC documentation
Suggestions for improvement	1. Increasing manpower by recruiting additional medical, paramedical and admin staff to reduce workload 2. Strengthen help desk services for guiding patients with multilingual support for better communication 3. Regular maintenance check-ups by scheduling maintenance and repairs 4. Staff training and capacity 5. Communication flow needed to be improved 6. Behavioural sensitization by organising the workshop on patient's empathy and ethics 7. Providing hand sanitizers in every corner of hospitals and near patient beds 8. Conducting weekly or monthly hygiene audits 9. Maintaining sanitation facilities 10. Infrastructure and Maintenance Improvements - Schedule regular maintenance checks for lifts, PSA plants, CCTV systems, and medical equipment to ensure safety and continuous operation 11. Staff Training & Communication - Conduct regular capacity-building workshops and refresher training for staff

	12. Hygiene and Cleanliness Initiatives - Provide hand sanitizers at strategic points like Near every patient bed and waiting areas, corridors, and entry/exit points 13. Conduct weekly/monthly hygiene audits to ensure adherence to cleanliness protocols 14. Ensure proper monitoring of drug usage, especially in the DDC 15. Regular Training Sessions on BMW module usage for nursing and sanitation staff to ensure proper segregation, handling, and data entry. 16. Install Barcode/QR Code Tracking on all BMW bins to enable real-time tracking and traceability from generation to disposal. 17. Assign staff at key entry points (OPD, emergency, registration) to guide patients on using the QMS effectively. 18. Display multilingual instructions and use digital displays to reduce confusion and ensure efficient patient flow. 19. Maintain a Log Book in each ward to track LAMA and absconding trends, including date, reason, and follow-up if possible 20. Maintain a dedicated Local Purchase Register (manual or digital) to record: Date of procurement, Quantity received, Supplier details, Cost and usage purpose 21. There must be a centralized monitoring room within the hospital premise with security guard in 3 shifts 22. Installation of cameras in blind spot areas 23. Display of visual sop in PSA plant area 24. There must be a blueprint of oxygen plant in that area 25. Parking pass system can be implemented for tracking of vehicles 26. There must be a proper canteen inside the hospital premise 27. Annual maintenance contact must be done with the vendors 28. Increase number of billing counter to avoid que and long waiting time 29. Bilingual posters listing all key services 30. By Conducting monthly refresher sessions for doctors and operators on MAA Yojana packages 31. Counselling patient at the time of admission about the discharge or complete documentation/process 32. Providing consent form at the time of admission that include sudden exit protocol 33. Creating log book ward wise to see the trend of abscond patient

	34. Regular Training Sessions on BMW module use for nursing and sanitation staff, Install Barcode/QR Code Tracking for BMW bins for better traceability 35. Assign Staff at Entry Point to guide patients on QMS usage 36. Monthly Claim Status Review with TPA and hospital team.
Key Learnings	1. Gained inhand experience in how different hospital departments (OPD, IPD, OT, DDC, Radiology, NICU, etc.) function as part of an interconnected system. 2. Understood hospital workflow from patient registration to discharge, highlighting the importance of coordination, efficiency, and interdepartmental communication 3. Observed implementation challenges of schemes like MAA Yojana, JSY, JSSY, RGHS, including claim processing, documentation errors, and lack of awareness. 4. Understood how public health programs translate into ground-level healthcare delivery. 5. Learned the need for training, awareness drives, and documentation support to ensure maximum benefit to patients. 6. Collected and analyzed data (e.g., patient waiting times, IPD data, claim rejections) to identify inefficiencies and recommend improvements. 7. Developed data management and visualization skills through tools like Excel for tracking utilization trends, drug inventory, and BMW segregation. 8. Identified major gaps in hospital infrastructure (e.g., CCTV coverage, lift malfunction, PSA plant maintenance, parking shortages). 9. Learned about the importance of preventive maintenance, annual contracts, and facility planning in hospital safety and patient satisfaction. 10. Gained experience in BMW handling through IHMS modules, learned about gaps in segregation, tracking, and disposal. 11. Understood the criticality of compliance with BMW rules, the need for barcode tracking, and regular audits for hospital accreditation. 12. Noted lack of trained staff in modules like IHMS, RMSCL, and MAA Yojana handling. 13. Realized the importance of capacity building through refresher training, soft skills, and behavioural sensitization for improved patient care. 14. Recognized communication gaps between staff and patients, leading to confusion, missed services, and poor patient experience. 15. Understood how effective help desks, multilingual support, counselling at admission, and signage can enhance hospital usability

	16. Learned the functioning of DDC, RMSCL, and local purchase processes, and identified gaps in transparency and tracking. 17. Recommended keeping a dedicated drug purchase register and stock update systems to reduce wastage and ensure availability. 18. Understood the lack of real-time tracking for absconding patients, medico-legal case protocols, and documentation lapses. 19. Emphasized the importance of creating protocols, digital logs, and legal awareness among hospital staff. 20. Attended Chief Secretary's meeting on hospital infrastructure, offering insight into policy-level decision-making. 21. Understood the role of hospital administrators in coordinating with insurance companies, vendors, and public health officials.

Signature of the Student 

Approved by the IIHMR University's Mentor