

SUMMER INTERNSHIP PROGRAM

at

NHM, GUJARAT

From 12/05/2025 to 21/07/2025

A REPORT BY

ASTHA SARAF

Master of Business Administration Hospital and Health Management

Roll no.: 1916

2024-26

under the Mentorship of

Dr. ALOK KUMAR MATHUR

PROFESSOR

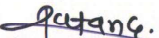




Certificate of Internship

This is to certify that Mr./Miss. DR. ASTHA SARAF student of Indian Institute of Health Management Reasearch Jaipur (IIHMR), has successfully completed the Internship/Dissertation of MBA (Hospital And Health Management, From 12.05.2025 to 25.07.2025 MS DIVISON COH. Gandhinagar) During the period his/her internship programme with us, He/She has been exposed to different processes and was found diligent, hardworking & inquisitive.

We wish him/her every success in life & career.


Commissioner Of Health (Rural)
&
Mission Director,
National Health Mission, Gujarat

Annexure A

Completion Certification from the Organization CERTIFICATE

This is to certify that Dr./Mr./ Ms. Astha Saraf of 29th (batch) of IIHMR University (Name of the department/institute) has worked with our organization for his/her summer internship from 12/05/25 to 21/07/25 (date). The overall performance shown by him/her during the period was excellent/good/average. This certificate is being issued to meet the requirements of the IIHMR University.

Date: 21/07/25

(Signature)
(Signature of organization Mentor)

Name: Dr. Hitesh Brahmhatt

Designation: DY. Director (MS)

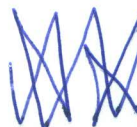
Seal/Stamp of the Organization
**DEPUTY.
ADDITIONAL DIRECTOR
MEDICAL SERVICES
GANDHINAGAR**

IIHMR University Faculty Mentor Approval

This is to certify that **Astha Saraf** 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: _____

A handwritten signature in blue ink, consisting of several overlapping loops and strokes.

Dr. Alok Kumar Mathur

Professor

SRS Introduction, Vision & Aim

Introduction

An initiative by the government of Gujarat for leveraging digital technology to improve the referral process between Healthcare Facilities in the state. It is a huge step towards ensuring patient-centred care, as envisioned in the National Health Policy 2017& state's Quality of Care Strategy 2023.

Aim

To enhance the quality of care provided to patients by enabling healthcare providers to easily refer patients to specialists or higher-level facilities when necessary.

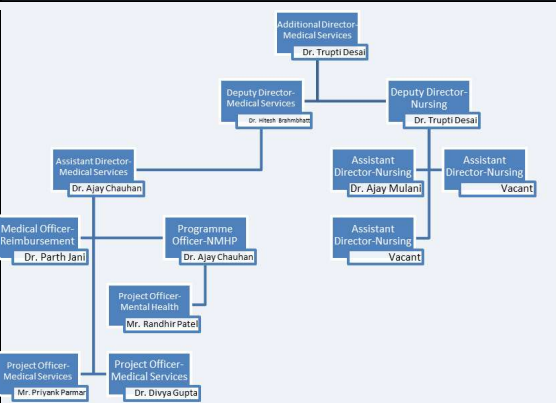
Vision

To establish a robust patient-centric referral system for ensuring optimal care for high-risk pregnant women, sick newborns, and accidental cases for reducing the MMR, IMR and deaths arising due to trauma..

Objectives

1. To eliminate unnecessary delays and ensure timely access to specialised care by avoiding inappropriate facilities.
2. To facilitate effective communication and coordination among healthcare providers and specialists to provide timely and quality care to patients
3. To establish a seamless flow of information between healthcare providers, ensuring easy accessibility of patient records and medical history throughout the referral process.
4. To reduce the need for patient-initiated referrals to higher levels of care.

Organisation Structure



Swot Analysis of SRS

Strengths

- Referral facility information.
- Real time information on specialists and logistics
- linkages with ambulance service
- improved coordination and efficiency in patient referrals
- enhanced patient care and reduced waiting times.
- better utilization of specialist resources.
- monitoring and management of emergency cases
- real-time alert at the receiving hospital and dashboard display.

Weakness

- Live tracking is absent due to poor GPS connection
- All ambulances don't include GPS
- Inability to refer to multiple doctors simultaneously due to missing selection options.
- Delay in updating data by facilities
- Absence of regular data follow-up mechanisms by higher authorities from healthcare facilities.
- Lack of visibility for operators regarding the last update time of other facilities.

Opportunities

- Integration with ABHA & EHR Linking SRS with Ayushman Bharat Health Account (ABHA) and Electronic Health Records (EHR) can ensure seamless patient data sharing across facilities.

Threats

- Failure to regularly update patient data can lead to delayed treatment, misinformed decisions, and increased risks to patient health.
- Without live tracking and GPS, real-time monitoring and emergency response are compromised, putting patient safety at risk.

Learning and Value Addition

Difference between practical exposure at the SIP organisation and theoretical understanding from the IIHMR University

- | IIHMR-U | MS department |
|---|--|
| <ul style="list-style-type: none"> • Helped us attain a theoretical understanding of a program's aim, usefulness, target, and beneficiaries. | <ul style="list-style-type: none"> • Made us understand the details and logistics of program planning, implementation, and monitoring. • Provided an opportunity to understand the problems and gaps encountered |

Challenges

Difficulty in communicating due to a lack of understanding of the local language

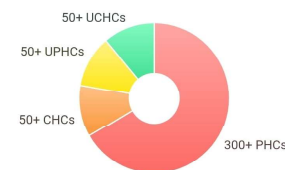
Usefulness

- Provided a practical experience related to the functioning of an organization.
- Provided an opportunity to gain hands on experience in program implementation and evaluation.

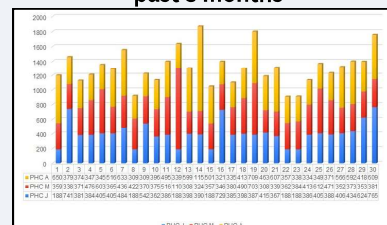
Learnings

- | | |
|---|--|
| <ul style="list-style-type: none"> • PPP model working process • Data analysis • Portal monitoring. • Triage System | <ul style="list-style-type: none"> • Data representation • Emergency management • Communication Skills • Use of technology |
|---|--|

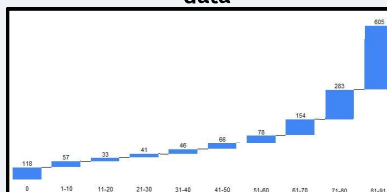
Distribution of Facilities Not Updating Data Daily (facilities)



PHCs with zero data updates over past 3 months



No. of days PHCs failed to update data



Tows Analysis of SRS

Strengths

- Enhance patient care and resource utilisation through seamless ABHA/EHR data integration with existing referral and logistics information.
- Improve coordination and efficiency in patient referrals by integrating ABHA/EHR data to provide comprehensive, real-time specialist information.

Weakness

- Utilise ABHA/EHR integration to establish robust, real-time data update mechanisms and improve operator visibility.
- Leverage ABHA/EHR integration to overcome the inability to refer to multiple doctors simultaneously.

Opportunities

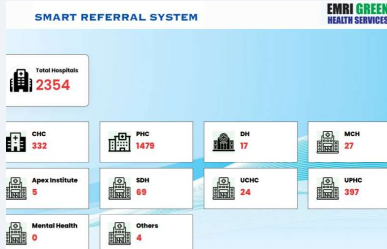
- Utilise real-time alerts and dashboard displays to compensate for the lack of live tracking in emergencies, partially, ensuring preparedness.
- Leverage existing coordination and efficiency in patient referrals to mitigate the impact of delayed data on treatment decisions.

Threats

- Prioritise immediate investment in GPS and live tracking for all ambulances to counter patient safety risks directly.
- Implement stringent data governance policies and regular follow-up mechanisms to prevent delayed treatment and misinformed decisions.

Suggestions

- We can send a reminder to each facility twice a day for updating data, just like when a patient arrives at a facility, we send 3 SMS.
- We can add a column in a referral form for the "Last Updated Date and Time" while referring to any facility? This would help the operator easily check when the data was last updated. If needed, they can contact the concerned facility directly to confirm whether essential services like doctors, tests, or specific machines are currently available before referring a patient.
- Introduce performance-based incentives, rewards, recognition or a letter of appreciation from the government for timely data updates; this will motivate them, and other facilities will be inspired too.
- Establish data coordinators at the district and CHC levels to ensure regular follow-up and support, with a mandate to submit a weekly report to the NHM Medical Services Department listing the facilities that have not updated their data, along with the specific reasons for non-updating.



Weekly Report

Name of the Organisation: National Health Mission (Gandhinagar)

Area/ Department/ Project of Summer Internship Program: MEDICAL SERVICES

Name of the Student: Astha Saraf

Roll no: 1916 Stream: MBA - HHM

Week no: 1 From:12 MAY 2025 to 17MAY 2025

Activity Done	1. During the first week of my summer internship, I explored various medical service programs and other areas under the department, including a review of the Medical Services (MS) department organogram. 2. I also attended a meeting organised by the National Health Mission (NHM), where all health IT system portals were presented to the Health Secretary of Gujarat, Shri Harshad Kumar Ratilal Patel. 3. Additionally, I had the valuable opportunity to visit the Arogya Samiksha Kendra, which will be inaugurated by the Hon'ble Chief Minister of Gujarat. 4. Health check-ups were also conducted at the NHM office to screen for blood pressure and diabetes, during which I discovered that my BP is quite low. 5. I also read about programs such as 108 EMRI Green Health Services, the Smart Referral System, trauma care, midwifery, IPHL, and more.
Linking theory (Classroom learning) with practice at your organisation	Zoning of the department, medical services, and functioning of the department. This helped bridge the gap between academic concepts and practical implementation in a hospital setting of DH and SDH.
Gaps identified on the working area.	1. Less availability of specialist doctors in DH and SDH. 2. Shortage of skilled midwives and lack of awareness about them 3. On everyday basis required data are not updated by government hospitals.

Suggestions for improvement	Yet to work on it
Plan for the next week	Will choose the project and work on it.

Signature of the Student

Approved by the IIHMR University's Mentor

Weekly Report

Name of the Organisation: National Health Mission (Gandhinagar)

Area/ Department/ Project of Summer Internship Program: MEDICAL SERVICES

Name of the Student: Astha Saraf

Roll no: 1916 Stream: MBA - HM

Week no: 2 From: 19 MAY 2025 to 23 MAY 2025

Activity Done	- Conducted a gap analysis of various District Hospitals (DH) and Sub-District Hospitals (SDH) as per IPHS (Indian Public Health Standards) guidelines. - Identified the number of Sanctioned (S), Functional (F), and Vacant (V) seats/positions in each facility. - Collected and analysed infrastructure and human resource data to assess compliance with IPHS norms. - Managed telephonic communication with multiple Chief District Medical Officers (CDMOs) to obtain missing data. - Built professional rapport by addressing operational issues faced by CDMO offices during the data collection process. - Summarised findings for internal reporting and future recommendations.
Linking theory (Classroom learning) with practice at your organisation	The activity connected well with theoretical concepts learned in Hospital Planning and Administration, especially modules on Health Infrastructure Standards (IPHS), Stakeholder Communication, and Data-Driven Decision Making. The practical use of health data analysis reinforced our classroom exercises involving healthcare service planning and human resource allocation.
Gaps Identified	- Lack of real-time updated data from many facilities. - Poor inter-departmental coordination. CDMO offices lacked standard reporting formats. Communication gaps between administrative and field-level staff

Suggestions for Improvement	1. Develop a centralised digital dashboard for real-time updates. 2. Conduct training sessions for hospital administrators on data maintenance. 3. Use a standardised format for communication and reporting to improve consistency.
Plan for the Next Week	4. Will choose the project and work on it.

Astha Saraf

Signature of the Student

Approved by the IIHMR University's Mentor

Weekly Report

Name of the Organisation: National Health Mission (Gandhinagar)

Area/ Department/ Project of Summer Internship Program: MEDICAL SERVICES

Name of the Student: Astha Saraf

Roll no: 1916 Stream: MBA - HM

Week no: 3 From: 26 MAY 2025 to 31 MAY 2025

Activity Done	- Initiated work on developing a Smart Referral System to optimise patient transfers and improve service delivery. - Liaised with directors of various healthcare institutions on behalf of the Government of Gujarat to explore partnerships and business opportunities. - Commenced data collection for dialysis services to assess demand, capacity, and geographic distribution of centres. - Conducted preliminary stakeholder mapping and analysis to identify key players for the referral system and dialysis project. - Coordinated with the IT team to explore possible digital solutions and data integration tools for the Smart Referral System. - Participated in internal team meetings to understand the operational challenges in government-healthcare collaborations. - Reviewed relevant policy documents and past project reports to gather insights and build context.
Linking theory (Classroom learning) with practice at your organisation	- Applied concepts of digital health systems from coursework to understand the framework for smart referrals. - Utilised healthcare marketing and policy communication skills in stakeholder interactions with directors and institutions. - Concepts from Operations Research and Hospital Planning helped in initiating structured data collection processes for dialysis services.
Gaps Identified	- Lack of integrated referral pathways between primary, secondary, and tertiary levels of care. - Absence of a unified data registry for dialysis patients and centres in the region.

	3. Delays in stakeholder responsiveness due to bureaucratic formalities.
--	--

Suggestions for Improvement	4. Propose a standardised data collection and reporting framework for dialysis centres. 5. Establish a follow-up mechanism or nodal officer to maintain communication with stakeholders efficiently 6. Merging of health facilities with the administrative unit.
Plan for the Next Week	1. Finalise referral system framework and prepare preliminary documentation. 2. Continue engaging with additional healthcare providers and finalise MoUs where applicable 3. Begin preliminary analysis of dialysis data and identify potential intervention points.

Astha Saraf

Signature of the Student

Approved by the IIHMR University's Mentor

Weekly Report

Name of the Organisation: National Health Mission (Gandhinagar)

Area/ Department/ Project of Summer Internship Program: MEDICAL SERVICES

Name of the Student: Astha Saraf

Roll no: 1916 Stream: MBA - HM

Week no: 4 From: 1 JUNE 2025 to 6 JUNE 2025

Activity Done	• Continued work on the Smart Referral System (SRS) by analyzing referral trends, specifically identifying hospitals with the highest “referred out” cases. • Visited top-referring District Hospitals (DH) and Sub-District Hospitals (SDH) to collect data on staffing gaps and equipment shortages. • Evaluated physical and digital records to verify vacant positions and available resources, and created a structured Excel sheet to track facility-wise status. • Arranged and cross-verified the order of staffing data in the referral sheets to support accurate planning and integration into the SRS. • Understood how digital mapping can assist in infrastructure planning and improve emergency response coordination.
Linking theory (Classroom learning) with practice at your organisation	• Applied academic concepts from Health Information Systems to organize and manage staffing and referral data. • Utilized Hospital Administration knowledge in assessing infrastructure gaps during field visits. • Related classroom learnings from Operations Research and Planning to actual hospital capacity evaluations.
Gaps Identified	• Inconsistent referral pathways due to variation in facility readiness and support systems. • Several vacant positions in critical departments, especially in high-referred hospitals. • Unstructured data formats for human resources and limited automation in reporting processes.

Suggestions for Improvement	• Develop a centralized digital HR and infrastructure registry across all government facilities. • Initiate capacity-building programs for administrative staff on the use of mapping and reporting tools. • Regular audits of referral data and follow-ups to ensure continuous updating of staff and equipment status.
Plan for the Next Week	• Finalise and submit the structured HR and equipment data sheet. • Draft a report outlining the major referral gaps and potential policy-level interventions. • Continue engagement with healthcare providers to verify and expand MoUs for referral coordination.

Astha

Signature of the Student

Approved by the IIHMR University's Mentor

Weekly Report

Name of the Organisation: National Health Mission (Gandhinagar)

Area/ Department/ Project of Summer Internship Program: MEDICAL SERVICES

Name of the Student: Astha Saraf

Roll no: 1916 Stream: MBA - HM

Week no: 5 From: 9 JUNE 2025 to 14 JUNE 2025

Activity Done

- Finalised and submitted the structured HR and equipment data sheet for integration into the Smart Referral System (SRS).
- Drafted and submitted a detailed report on referral gaps observed across visited facilities, including suggestions for system-wide improvements.
- Conducted additional virtual and telephonic follow-ups with key healthcare facilities to verify the latest staffing and equipment status.
- Engaged with district-level officials to discuss potential updates in MoUs for smoother referral coordination.
- Assisted in a workshop on data standardisation and mapping techniques for NHM staff.

Linking theory (Classroom learning) with practice at your organisation

- Applied learnings from Strategic Management to suggest policy interventions for referral process optimisation.
- Utilised Monitoring & Evaluation frameworks to assess the quality and consistency of staffing and referral data.
- Connected lessons from Public Health Policy with real-world administrative protocols during discussions with district health officers.

Gaps Identified

- Delayed updates in HR data from some facilities, leading to planning mismatches.
- Limited understanding among facility managers about the importance of digital data management.
- Inconsistent communication between primary and secondary referral units, especially during emergencies.

Suggestions for Improvement

- Establish real-time data update protocols at all facility levels.
- Develop brief training modules for hospital managers on data reporting and digital tracking tools.
- Create a referral alert system using WhatsApp groups or SMS for urgent coordination.

Plan for the Next Week

- Will visit the IKDRC, Ahmedabad, to understand more about dialysis.
- Will continue work on SRS.

Astha Saraf

Signature of the Student

Approved by the IIHMR University's Mentor

Weekly Report

Name of the Organisation: National Health Mission (Gandhinagar)

Area/ Department/ Project of Summer Internship Program: MEDICAL SERVICES

Name of the Student: Astha Saraf

Roll no: 1916 Stream: MBA - HM

Week no: 6 From: 15 JUNE 2025 to 21 JUNE 2025

Activity Done	4. Visited the dialysis unit at IKDRC Ahmedabad under PMNDP (Pradhan Mantri National Dialysis Programme). 5. Closely observed the dialysis process and operations, with insights into the differences and challenges in adult vs pediatric dialysis. 6. Studied how the dialysis portal is maintained, including in-house dialysis session counts, slot allotment, and patient data entry. 7. Learned how HIV-positive and HIV-negative patients are allocated separate wards to prevent infection transmission through shared equipment. 8. Identified a critical issue: patients often travel and undergo dialysis at other centers, then return without informing their original facility. If an HIV-positive patient receives dialysis in a general (negative) ward unknowingly, it can pose serious infection risks for others using the same machine. 9. Observed how back-entry delays in data updating can lead to coordination gaps and patient safety concerns. 10. Understood session scheduling and administrative challenges in managing patient movement.
Linking theory (Classroom learning) with practice at your organisation	11. Applied principles from Health Information Systems to analyze real-time data entry and dialysis tracking on the PMNDP portal. 12. Used Hospital Administration learning to assess infection control measures and patient slot management. 13. Related classroom knowledge of public health safety to high-risk patient tracking and inter-facility communication.

Gaps Identified	14. • Lack of systematic tracking of patients receiving dialysis at external centers and returning without proper disclosure. 15. Risk of HIV cross-infection due to miscommunication or delayed status update. 16. Delayed portal data entries lead to incomplete visibility of patient status. 17. Limited patient awareness on the implications of not reporting dialysis done elsewhere.
------------------------	---

Suggestions for Improvement	18. Introduce a mandatory re-screening protocol for returning patients before allotting machines. 19. Add a red-flag alert system in the PMNDP portal to mark high-risk or externally dialyzed patients. 20. Create an inter-facility notification system to share dialysis history and HIV status updates (with consent). 21. Train hospital staff on prompt digital data entry and infection prevention measures. 22. Explore use of dedicated color-coded machines or buffer wards for patients with unknown or pending status.
Plan for the Next Week	1. Draft a short report highlighting risks associated with untracked dialysis migration and HIV safety lapses. 2. Suggest enhancements to the dialysis portal including alert features and travel history tracking. 3. Coordinate with the IT/data team and healthcare providers for practical feedback on current data challenges. 4. Propose a pilot workflow for re-screening and infection control protocols. 5. Continue field engagement to understand day-to-day dialysis operations and suggest scalable solutions.

Astha

Signature of the Student

Approved by the IIHMR University's Mentor

Weekly Report

Name of the Organisation: National Health Mission (Gandhinagar)

Area/ Department/ Project of Summer Internship Program: MEDICAL SERVICES

Name of the Student: Astha Saraf

Roll no: 1916 Stream: MBA - HM

Week no: 7 From: 22 JUNE 2025 to 28 JUNE 2025

Activity Done

- Engaged in drafting a comprehensive report highlighting risks associated with untracked dialysis migration and HIV safety concerns.
- Coordinated with the data and IT teams to understand the feasibility of new features like alert flags and travel history in the PMNDP portal
- Participated in discussions with healthcare professionals on implementing a re-screening protocol for returning dialysis patients
- Analyzed feedback from multiple facilities to identify common administrative challenges in patient data management.
- Visited another dialysis unit to compare infection control protocols and machine allocation strategies.

Linking theory (Classroom learning) with practice at your organisation

- Applied healthcare quality management principles to assess the effectiveness of current infection prevention measures.
- Utilized learnings from Health Information Systems to evaluate how delays in data entry affect patient tracking.
- Connected the concept of patient safety from Public Health courses with the real-world implications of dialysis migration and cross-infection risk.

Gaps Identified

- No standard operating procedure (SOP) for re-screening returning patients.
- Poor integration between dialysis centers, leading to insufficient communication of patient history.
- Staff hesitation or lack of awareness in updating portal data immediately.
- Absence of digital alerts in the PMNDP portal to mark high-risk or traveling patients.

Suggestions for Improvement

- Develop and circulate a draft SOP for patient re-screening and infection control.
- Initiate a pilot alert feature in the dialysis portal to flag patients with external dialysis

history.

- Create awareness among patients about the importance of disclosing outside dialysis visits.
- Schedule regular training for data entry operators and ward staff on prompt updates and risk communication.

Plan for the Next Week

- Finalize and share ideas containing proposed solutions and portal enhancement ideas
- Continue work in project SRS.

Astha

Signature of the Student

Approved by the IIHMR University's Mentor

Weekly Report

Name of the Organisation: National Health Mission (Gandhinagar)

Area/ Department/ Project of Summer Internship Program: MEDICAL SERVICES

Name of the Student: Astha Saraf

Roll no: 1916 Stream: MBA - HM

Week no: 8 From: 29 JUNE 2025 to 05 JULY 2025

Activity Done	- Continued work on the project SRS (Smart referral System). - This past week has been a crucial step from observation to actively shaping solutions. - Considerable time was spent suggesting enhancements for the PMNDP portal, aiming for a more robust system with features like improved travel history tracking. - This work involved coordinating with the IT/data team and healthcare providers, which has provided valuable insights into practical data management challenges. - My field engagement continues, providing invaluable, day-to-day understanding of dialysis operations, which helps in proposing truly scalable solutions.
Linking theory (Classroom learning) with practice at your organisation	- Applied principles of project management from coursework to organise and finalise proposed solutions and portal enhancements. - Utilised knowledge of health policy and administration to draft the SOP for patient re-screening and infection control, considering practical implementation challenges. - Connected concepts of communication strategies from organisational behaviour studies to plan awareness campaigns for patients and training for staff.
Gaps Identified	- Resistance or slow adoption from some staff members regarding immediate data updates. - Absence of patient undergoing dialysis number.

Suggestions for Improvement	6. Implement a system of regular reminders and performance monitoring for data entry to encourage prompt updates. 7. Explore additional channels and materials for patient awareness, such as informational brochures or digital notices.
Plan for the Next Week	8. Continue work on dialysis and SRS

Astha

Signature of the Student

Approved by the IIHMR University's Mentor

Name of the Organisation: National Health Mission (Gandhinagar)

Area/ Department/ Project of Summer Internship Program: MEDICAL SERVICES

Name of the Student: Astha Saraf

Roll no: 1916 Stream: MBA - HM

Week no:9 From: 07 JULY 2025 to 11 JULY 2025

Activity Done	9. Continued work on the project SRS and dialysis. 10. Had the incredible opportunity to visit 108 EMRI green health service formerly GVK EMRI, Kathwada, under the SRS Project. 11. Gained insights into the various types of ambulances designed for specific medical services, along with the emergency kits, life-saving equipment, and advanced medical devices equipped within each ambulance. 12. Closely observed the emergency patient onboarding process, gaining insights into real-time response protocols. 13. Visited the training centre for response officers, including paramedical staff (52-day training) and drivers, to understand their training modules and preparedness. 14. Discovered that specialised ambulances are available not only for humans but also separately for birds, animals, and cattle, highlighting an inclusive emergency response system. At the training centre, professionals receive specific training not only in handling these cases but also in providing basic treatment.
Linking theory (Classroom learning) with practice at your organisation	15. Emergency Medical Services (EMS): Theoretical insights into emergency systems were practically reinforced by visiting 108 EMRI Green Health Services, learning about ambulance types and real-time response systems. 16. Training & Human Resources: Topics on human resource training and capacity building were practically experienced during the visit to the training centre for response officers and drivers.
Gaps Identified	17. Not all ambulances, including rented and government-owned ones, are equipped with GPS devices, making real-time tracking and deployment difficult. 18. In rural and hilly areas, weak mobile network coverage makes it challenging to track ambulances and coordinate emergency care effectively.

	19. The availability of qualified ambulance drivers is generally low, and their work experience is often limited, leading to operational inefficiencies during emergencies.
--	---

Suggestions for Improvement	20. Still to figure out
Plan for the Next Week	21. Continue work on dialysis and SRS

Astha

Signature of the Student

Approved by the IIHMR University's Mentor

Weekly Report

Name of the Organisation: National Health Mission (Gandhinagar)

Area/ Department/ Project of Summer Internship Program: MEDICAL SERVICES

Name of the Student: Astha Saraf

Roll no: 1916 Stream: MBA - HM

Week no:10 From: 14 JULY 2025 to 19 JULY 2025

Activity Done	22. Continued work on the project SRS and dialysis. 23. Started working on the compilation report. 24. Analysed the last three months of data related to unupdated data by facilities. 25. Started working on poster making.
Linking theory (Classroom learning) with practice at your organisation	26. Emergency Medical Services (EMS): Theoretical insights into emergency systems were practically reinforced by visiting 108 EMRI Green Health Services, learning about ambulance types and real-time response systems. 27. Training & Human Resources: Topics on human resource training and capacity building were practically experienced during the visit to the training centre for response officers and drivers.
Gaps Identified	28. Many facilities haven't updated data from the last 3 months in a single day.

Suggestions for Improvement	29. Contact each facility and try to find out the problem.
Plan for the Next Week	30. Will visit the trauma centre. 31. Will wrap up and take the certificate.

Astha

Signature of the Student

Approved by the IIHMR University's Mentor

Compiled Reporting Format

Name of the Organisation: National Health Mission (Gandhinagar)

Area/ Department/ Project of Summer Internship Program: MEDICAL SERVICES

Name of the Student: Astha Saraf

Roll no: 1916 Stream: MBA - HM

Activity Done	
	32. Explored various medical service programs and other areas under the department, including a review of the Medical Services (MS) department organogram. · 33. I also attended a meeting organised by the National Health Mission (NHM), where all health IT system portals were presented to the Health Secretary of Gujarat, Shri Harshad Kumar Ratilal Patel. · 34. Additionally, I had the valuable opportunity to visit the Arogya Samiksha Kendra, which was inaugurated on 1st July 2025 by the Hon'ble Chief Minister of Gujarat. 35. Closely observed the onboarding process of Inter-Facility Transfer (IFT) through the 104 helpline, gaining practical insights into how patient transfers are coordinated. 36. Gained a better understanding of the systematic functioning of the Smart Referral System (SRS), including real-time updates on specialist availability, logistics management, and its integration with ambulance services. 37. Also read about programs such as 108 EMRI Green Health Services, the Smart Referral System, trauma care, midwifery, IPHL, and more. 38. Visited the dialysis unit at IKDRC, Ahmedabad, under PMNDP (Pradhan Mantri National Dialysis Programme). · 39. Closely observed the dialysis process and operations, with insights into the differences and challenges in adult vs paediatric dialysis. · 40. Studied how the dialysis portal is maintained, including in-house dialysis session counts, slot allotment, and patient data entry. 41. Conducted an assessment to determine the need for dialysis machines in the hospital by analysing their usage trends, patient load, and operational efficiency. 42. Liaised with directors of various healthcare institutions on behalf of the Government of Gujarat to explore partnerships and business opportunities under the Project “Vibrant Gujarat”.

	43. Evaluated physical and digital records to verify vacant positions and available resources, and created a structured Excel sheet to track facility-wise status. 44. Arranged and cross-verified the order of staffing data in the referral sheets to support accurate planning and integration into the SRS. 45. Had the incredible opportunity to visit 108 EMRI green health service formerly GVK EMRI, Kathwada, under the SRS Project. 46. Gained insights into the various types of ambulances designed for specific medical services, along with the emergency kits, life-saving equipment, and advanced medical devices equipped within each ambulance. 47. Closely observed the emergency patient onboarding process, gaining insights into real-time response protocols. 48. Visited the training centre for response officers, including paramedical staff (52-day training) and drivers, to understand their training modules and preparedness. 49. Discovered that specialised ambulances are available not only for humans but also separately for birds, animals, and cattle, highlighting an inclusive emergency response system. At the training centre, professionals receive specific training not only in handling these cases but also in providing basic treatment. 50. Analysed data of all 6 emergencies and different facilities.
Linking theory (Classroom learning) with practice at your organisation	51. Health System Structure: Learned about the organisational hierarchy of health departments in class; practically understood it by reviewing the Medical Services (MS) department organogram. 52. Public Health Programs: Theoretical knowledge of national programs like NHM, PMNDP, and IPHL was reinforced by directly observing their implementation at various facilities. 53. Digital Health Platforms: Classroom discussions on e-health and IT systems were applied while attending the NHM meeting, where all health IT portals were showcased to the Health Secretary. 54. Data Analysis & Monitoring: Knowledge from subjects like Health Information Systems was utilised while analysing emergency data of six different types and verifying facility-level data accuracy. 55. Resource Planning: Concepts from hospital resource planning helped in evaluating vacant positions and available resources and in creating a structured Excel tracker for staffing analysis. 56. Emergency Medical Services (EMS): Theoretical insights into emergency systems were practically reinforced by visiting 108 EMRI Green Health Services, learning about ambulance types and real-time response systems.

	57. Training & Human Resources: Topics on human resource training and capacity building were practically experienced during the visit to the training centre for response officers and drivers. 58. Government Health Schemes: Studied the structure of central and state-sponsored schemes in class; gained real-time understanding by interacting with officials and attending meetings related to NHM and SRS. 59. Healthcare Communication: Gained practical exposure to stakeholder communication and coordination, which is a core component of healthcare management courses, during meetings with institutional directors. 60. Strategic Partnerships: Classroom discussions on public-private partnerships and health business development linked with the practical experience of exploring collaborations under Vibrant Gujarat. 61. Use of Technology in Healthcare: The theory of ICT in public health was practically demonstrated through the use of real-time dashboards and portals at Arogya Samiksha Kendra. 62. Inclusion & Equity in Health: Classroom teachings on inclusive healthcare were reflected in real practice during visits to ambulances for animals, birds, and cattle, showing a unique and empathetic approach to public health. 63. Hospital Operations Management: Concepts like workflow optimisation and patient flow management were practically understood by observing the real-time patient transfer system and coordination in IFT. 64. Medical Equipment Management: Topics from hospital engineering and biomedical management were applied while assessing the requirement and utilisation of dialysis machines based on patient load. 65. Midwifery & Maternal Health Programs: Academic knowledge of midwifery-led care models and maternal health initiatives was connected to practical understanding through program exposure under NHM. 66. Trauma Care Systems: Classroom learnings on emergency trauma response were reinforced during visits to emergency units and through analysis of real-time emergency data. 67. SOPs and Protocols: The importance of Standard Operating Procedures (SOPs) taught in hospital administration classes was observed in action at facilities like dialysis units and emergency services. 68. Stakeholder Engagement: Lessons on health governance and leadership came to life during interactions with health department officials and directors of healthcare institutions. 69. Healthcare Infrastructure Planning: Classroom learning about infrastructure gaps and facility planning was
--	--

	practically experienced by evaluating resources and identifying staffing gaps in referral sheets. 70. Health Policy Implementation: Theoretical frameworks of policy-to-practice translation were better understood by seeing how state-level health policies are executed through portals and meetings. 71. Record Keeping and Documentation: Principles of medical record management were applied while evaluating physical/digital files and supporting structured data entry systems in Excel. 72. Program Evaluation: Concepts from monitoring and evaluation (M&E) were practically used while reviewing the performance of facilities and analysing program coverage through emergency and dialysis data.
Gaps were identified in the working area.	• There is a significant shortage of specialist doctors at District Hospitals (DH) and Sub-District Hospitals (SDH), which hampers the delivery of specialised care services to patients. • Skilled midwives are in short supply across healthcare facilities, and there is also limited awareness about the importance of their role in maternal and newborn care. • Many critical departments, especially in high-referred hospitals, are functioning with vacant positions, which directly affects service delivery and patient outcomes. • The availability of ambulance drivers is low, and many of the existing drivers have only a few years of service experience, raising concerns about reliability and continuity. • Data related to human resources is often unstructured and lacks automation, making it difficult to generate timely and accurate reports for decision-making. • Government hospitals frequently fail to update the required data daily, resulting in gaps that affect service coordination and transparency. • Many facilities lack systems for real-time data updating, which reduces visibility and slows down emergency response and referral decisions. • There is currently no centralised or unified data registry for dialysis patients and dialysis centres in the region, leading to duplication or missed tracking. • Despite the importance of digital health records, many hospitals are still not updating the ABHA ID (Ayushman Bharat Health Account) of their patients consistently. • Delays in data entry into various health portals lead to an incomplete view of patient status, which can result in poor clinical and administrative decisions. • There is no systematic mechanism in place to track patients who undergo dialysis at external or private centres and return without reporting, which compromises continuity of care.

	• A centralised, digital registry that includes human resources and infrastructure data is lacking, making facility management and planning less efficient. • Inter-departmental coordination remains poor, causing delays in implementation and confusion across departments within the health system. • There are notable communication gaps between administrative officers and field-level healthcare staff, which lead to misalignment of efforts and priorities. • Referral pathways are often inconsistent due to differences in readiness and support systems across health facilities, leading to patient mismanagement. • There is an evident lack of an integrated referral mechanism that connects the primary, secondary, and tertiary levels of care seamlessly. • Chief District Medical Officer (CDMO) offices are operating without standardised formats for collecting and reporting healthcare data, which affects uniformity and analysis. • Due to bureaucratic formalities and hierarchical delays, stakeholder responses to urgent issues are often slow and inefficient. • Patients often lack awareness regarding the importance of informing authorities about dialysis done at other centres, which affects accurate record-keeping and follow-up. • Risks of cross-infection, including HIV, increase when there are delays or failures in updating patient status and history across systems. • Not all ambulances, including rented and government-owned ones, are equipped with GPS devices, making real-time tracking and deployment difficult. • In rural and hilly areas, weak mobile network coverage makes it challenging to track ambulances and coordinate emergency care effectively. • The availability of qualified ambulance drivers is generally low, and their work experience is often limited, leading to operational inefficiencies during emergencies.
--	---

Suggestions for Improvement	• To ensure timely and consistent data entry across all facilities, an automated reminder system can be implemented. This system would send reminders twice a day to each facility, prompting them to update their data. This mechanism can be modelled after the current system, where SMS notifications are sent out, for example, the three SMS alerts sent when a patient arrives at a facility. By sending gentle reminders at fixed intervals, facilities are more likely to remain consistent with data updates, which in turn enhances the reliability and
------------------------------------	--

	effectiveness of the healthcare information system. Regular updates are essential for enabling informed decision-making, efficient referrals, and improved patient care outcomes • A new column can be added to the patient referral form that records the "Last Updated Date and Time" of the referred facility's data. This feature will help the referral operator or coordinator quickly assess how recent the information from a facility is before making a referral. If the data appears outdated or unreliable, the operator can reach out to the facility to verify whether key healthcare resources—such as doctors, diagnostic tests, or essential machines—are currently available. This addition will enhance transparency, reduce referral errors, and ensure patients are directed to facilities that are truly capable of providing the required care at that time. • To encourage a culture of responsibility and motivation among facilities, performance-based incentives can be introduced for those who consistently update their data on time. These could include rewards such as certificates of excellence, public recognition, or formal letters of appreciation from the government or health department. Recognising and rewarding positive behaviour will not only motivate the facilities that are already performing well but also inspire others to improve their performance. Such appreciation can significantly boost morale, foster healthy competition, and build a sense of accountability within the healthcare delivery system. • Establish data coordinators at the district and CHC levels to ensure regular follow-up and support, with a mandate to submit a weekly report to the NHM Medical Services Department listing the facilities that have not updated their data, along with the specific reasons for non-updating.. • It is recommended to include a dedicated field on the dialysis receipt that indicates the session number, for example, whether it is the patient's first, fifth, or twentieth dialysis. This addition will help maintain a proper sequence of treatment records, improve monitoring of the patient's treatment history, and ensure better continuity of care, especially when reviewed by different healthcare providers. • To strengthen the consistency and reliability of health data reporting, it is recommended to appoint dedicated data coordinators at both the district and Community Health Centre (CHC) levels. These coordinators will play a crucial role in regularly monitoring data submissions, following up with individual facilities, and providing technical or operational support where required. Their responsibilities would include the preparation and submission of a weekly report to the NHM Medical Services Department. This report should list all the facilities under their jurisdiction that have failed to update their data, along with the specific reasons for non-compliance or delay. This structured follow-up mechanism will enhance accountability, ensure timely reporting, and help identify
--	---

	recurring challenges faced by facilities in maintaining data integrity. • To improve efficiency and accuracy of patient referral process, it is advisable to incorporate a feature in the referral system that allows operators to select multiple doctors instead of being limited to a single option. By enabling the selection of more than one healthcare provider, facilities can ensure that patients have access to a broader range of specialists and services based on availability, specialisation, and urgency. This added flexibility will also reduce referral bottlenecks and improve patient outcomes by enabling the receiving facility to assign the most appropriate doctor available at the time of the patient's arrival. In critical cases, this can prove crucial in saving time and facilitating immediate care. • It is strongly recommended to add a designated field on dialysis receipts to record the session number, clearly indicating how many dialysis sessions a patient has undergone — for example, whether it is the patient's first, fifth, or twentieth dialysis. This small but significant change will greatly assist healthcare providers in maintaining a well-organised and traceable treatment history for each patient. Having the session number on each receipt ensures proper continuity of care, particularly in cases where a patient moves between facilities or is treated by different medical staff. Moreover, it helps patients themselves keep track of their treatments, facilitates accurate recordkeeping, and supports better clinical decision-making based on the frequency and sequence of sessions.
Key Learning	• The focus on upgrading healthcare infrastructure—such as district hospitals and biomedical equipment—alongside improvements in service delivery (emergency, maternal, mental health) reflects a shift from isolated interventions to a more comprehensive, integrated model of health system strengthening across Gujarat. • The sustained operation of 108 EMRI ambulances and the deployment of trained medical teams during public events and VVIP movements emphasise the critical need for always-ready emergency systems. These efforts showcase the importance of rapid, coordinated response mechanisms backed by trained personnel and real-time communication. • The expansion of programs like the <i>Pradhan Mantri National Dialysis Program (PMNDP)</i> and <i>Vahan Akasmat Sahay Yojana</i> highlights a targeted effort to provide essential and emergency medical care to economically weaker and vulnerable populations. These initiatives reduce the financial burden and enhance access to timely care for chronic and trauma-related conditions. • The implementation of <i>Midwifery-led Care Units</i> and <i>Smart Referral Systems</i> indicates a move toward care that is respectful, evidence-based, and responsive to patient needs.

	These models ensure timely transfers, reduce delays, and promote safe maternal and neonatal care through trained professionals and technology-enabled systems. • Through the <i>Hospital and Patient Care Improvement Mission</i> and enforcement of the <i>Clinical Establishments Act</i>, there is an institutional push for improving service quality, patient safety, and accountability across public and private healthcare facilities. This ensures adherence to defined norms and consistency in care delivery. • Adoption of health information systems for patient tracking, referral coordination, and facility performance monitoring demonstrates a strong reliance on digital tools. These technologies enhance transparency, improve turnaround time, and it enabled data-driven decision-making for better health outcomes. • The implementation of the <i>National Mental Health Program</i> at the district level reflects growing recognition of mental health as an essential part of public health. Integrating these services within the existing health infrastructure improves early identification, treatment and reduces stigma. • The <i>Biomedical Equipment Management and Maintenance Program (BEMMP)</i> ensures that critical diagnostic and therapeutic equipment remains functional at all times. This reduces service interruptions and supports timely diagnosis and treatment, especially in resource-constrained government facilities. • The presence of both centrally sponsored schemes and state-led programs calls for integrated planning, regular performance reviews, and robust inter-departmental coordination. This ensures harmonisation of efforts, avoids duplication, and maximises impact on the ground. • The strategic deployment of emergency medical teams for large-scale public events, disaster response, and VVIP engagements highlights the importance of pre-planned readiness, logistical support, and coordination. It reflects the system's ability to scale up services during high-risk or high-demand situations.
--	--

Astha

Signature of the Student

Approved by the IIHMR University's Mentor