SUMMER INTERNSHIP PROGRAM

at

Department of Medical Education, Rajasthan
MDM Hospital

From 15/05/2025 to 29/07/2025

A REPORT BY

ANJALI THANVI

Master of Business Administration in Hospital and Health Management

2024-26

under the Mentorship of

Arindam Das

Government of Rajasthan
Office of The Superintendent, Mathura Das Mathur Hospital, Jodhpur
Shastri Nagar, Jodhpur- 342001 supdt.mdmh.jdh@rajasthan.gov.in, Ph. no :- 02913438655/56/57
- :S.No.:Gen-1/MDMH/JU/24/ 15909 Dated29-07-2025

CERTIFICATE

This is to certify that *Ms. Anjali Thanvi* of (batch) of 2024-26, IHMR University, Jaipur has worked with our organization for his/her summer internship from 15th May 2025 to 29th July 2025. The overall performance shown by him/her during the period was good.

Date:-29-7-25

डॉ. विकास राजपुरोहित
अधीक्षक
माथुर चिकित्सालय
जोधपुर

(Dr. Vikas Rajpurohit)
Superintendent
Mathuradas Mathur Hospital, Jodhpur

IIHMR UNIVERSITY

IIHMR University Faculty Mentor Approval

This is to certify that **Ms. Anjali Thanvi** 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: 31/07/2025

Arindam Das

Dr. Arindam Das

Professor

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EVALUATION OF PATIENT SATISFACTION LEVELS AFTER DISCHARGE AT MDM HOSPITAL, JODHPUR.

PRESENTED BY
ANJALI THANVI
BATCH HM 29
ROLL NO 1906

MENTORS:
ARINDAM DAS
(PROF. AT IIHMR UNIVERSITY, JAIPUR
DR. VIKAS RAJ PUROHIT
(SUPERINTENDENT AT MDM HOSPITAL

History and Description

Mathura Das Mathur (MDM) Hospital, Jodhpur largest hospital in the western region. Attached with the government medical collage SN Medical collage at Jodhpur. Inaugurated in 1979 with capacity of 200 beds, which currently at 5154 beds. SN Medical collage controls budget which headed by a superintendent, who is responsible for the health care services. Currently, 7 Super Specialty department and 12 other department are available. Hospital provide administrative services like, IHMS portal for patient registration and record-keeping and E-Aushadhi system which is an online system capable of having detailed information about availability of drugs . Provide free diagnosis, treatment, and medicine distribution and with various health schemes also like MAA yojana, RGHS, etc.

Mission:

Provide personalized healthcare that focuses on patient happiness and well-being through optimal, evidence-based medical interventions. To improve patient outcomes through investments in medical technologies. To encourage health education and wellness through active engagement in community outreach and public health programs.

Vision:

To provide comprehensive healthcare services accessible to all. To become a model and global leader in healthcare, and a research center on health.

Organization Structure

About Project

This project involved a comprehensive analysis of the patient discharge satisfaction in a multispecialty hospital. This study also comprises the discharge procedure across various departments. Detailed data were collected and analyzed for 120 patients to identify the satisfaction regarding the discharge process. Also, analyzed claims data under MAA Yojana from April to May 2025.

OBJECTIVE

To measure patient satisfaction level in order to identify strength, gaps, and suggestion to improve hospital operations and patient care. And also, to assess the overall experience of patient by evaluating their satisfaction with the quality of health care services provided. (ex: treatment, environment, staff behavior, follow-up support, and discharge process). To improve healthcare services, it is necessary to maintain a mechanism for getting feedback from patients regarding satisfaction and suggestions.

- Patient Satisfaction = Clinical Quality + Services Quality
- Satisfaction is an indicator of how well the patient is being treated at a medical practice.
- It gives healthcare providers valuable insights into various aspects of healthcare, including the effectiveness of their care and their level of understanding.

Analysis

Table 1: Shows The Percentage Value of Patient Satisfaction (n=120)

ASSESSMENT PARAMETERS	EVALUATION	RESPONSES	PERCENTAGE
DOCTORS REVIEW	Fully Satisfied	120	100%
	Total	120	100%
WASHROOMS SERVICES	Satisfied	12	10%
	Not Satisfied	75	62.5%
	Average	33	27.5%
	Total	120	100%
NURSING SERVICES	Fully Satisfied	37	30.8%
	Satisfied	60	50.0%
	Average	23	19.2%
	Total	120	100%
FRONT DESK SUPPORT	Fully Satisfied	8	6.6%
	Satisfied	74	61.7%
	Not Satisfied	3	2.5%
	Average	33	27.5%
	Total	120	100%
PHARMACY SERVICES	Fully Satisfied	6	5%
	Satisfied	68	56.7%
	Not Satisfied	30	25.1%
	Average	11	9.2%
	Total	120	100%
HOUSEKEEPING SERVICES	Fully Satisfied	2	1.7%
	Satisfied	71	59.2%
	Not Satisfied	10	8.3%
	Average	36	30%
	Total	120	100%

Table 2 : Shows The MAA Yojana Approval And Rejected Data

MAA Yojnana (MUKHYAMANTRI AYUSHMAN AROGYA YOJANA)												
Speciality	Discharged		Claims Amount (in Lac)						Approved %		Rejected %	
			Submitted		Approved		Rejected					
	April	May	April	May	April	May	April	May	April	May	April	May
Cardiology	283	303	99.7	110.2	97.5	89.6	2.3	7.4	98	81	2	2
ENT	142	161	13.2	14.6	12	9.1	0.8	1.8	91	63	6	7
Gastroenterology	153	172	17.9	19.1	15.5	13.7	2.5	2.3	86	71	14	13
General Medicine	885	841	87.5	79.9	62.1	48.1	24.5	6.7	71	60	28	18
Hematology	292	396	35.5	42.7	29.6	34.6	3.1	3.4	83	81	9	4
Neurology	179	167	22.2	16.2	12.7	9.6	4	2	57	59	18	13
Obs- gynae	323	416	32.8	42.4	28	27.5	4.8	2.2	85	65	14	8
Urology	157	183	21.5	28.7	16.6	18.8	4.2	3.6	77	65	19	6

Practical Exposure vs Theoretical Understanding

- Studied rules like color coded bins, segregation of infectious vs non infectious waste, and guidelines such as BMW (Management & Handling Rules. Where as in reality, observe how waste is actually handled on ground some times bins are missing, misused, shortage, etc.
- Learned how to communicate with patients through role play or lectures on communication skills. Whereas faced real patients with different behaviors, emotional needs, and sometimes aggressive behavior.
- In theoretical classes we learned about all equipment, and staff available as per the standard guidelines. Whereas in practical learning learned how to function with limited supplies, or shortage of staff.
- Learned about structure and format of patient files, discharge summaries through guidelines and manuals. Whereas experienced in updating real patient records, managing incomplete or missing documentation, and working on hospital software (IHMS).

SWOT ANALYSIS

STRENGTH

- High Quality of care
- Experienced staff
- Trust and reputation
- Technology use- IHMS
- Satisfied patient experience
- Bed capacity

WEAKNESSES

- Communication gaps
- Overburdening of staff leading to decreased efficiency
- Overlapping of roles and duties leading to confusion and delayed progress
- Lack of accountability because of lack of role clarity

OPPORTUNITES

- Opportunity for making it NABH/NQAS compliant
- Can be made KAYAKALP guidelines compliant
- Can be made LAKSHYA guidelines compliant

THREATS

- Lack of quality compliance because of higher footfall
- Fire safety vulnerability
- Poor patient feedback because of complex patient flow.

Challenges

Long waiting time due to large footfall daily in OPD, leading to long waiting time
Multiple approval need for simple tasks.
Saff are overburdened, leading to delays in service delivery.
Many patients are confused about where to go for services, especially in OPD departments.
Improper segregation of waste because of shortage in color plastic bag.
Patients are often sent from one unit to another without clear instructions or documentation.

Major Learning

- How hospital administration work in real scenarios.
- Concepts like queue management, waste segregation and patient satiation in daily takes.
- Gained insight how government hospital function.
- Learned about schemes like MMA Yojana, RGHS.
- Worked on digital platforms IHMS portal.
- Learned how to manage with limited resources
- Developed practical solution for problems like overcrowding.
- Observed processes like admission, discharge, patent record, and infection control.

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Acknowledgment

I would like to express my heartfelt gratitude to the management of the **Department of Medical Education, Rajasthan MDM (Mathura Das Mathur), Jodhpur,** for giving me this amazing opportunity for a summer internship in their organization. I want to thank my organization mentor, **Dr Vikas Raj Purohit** sir, and special thanks to the Hospital Care Takers, **Chetan Sharma** sir, **Arun Gelda** sir, and **Kavita** mam for providing me with this opportunity and getting trained at MDM Hospital, without their support & supervision, I wouldn't be able to complete this project. I would also like to thank **IIHMR University** & the **Placement Cell** for giving me this opportunity & guiding me on the right path. Throughout the internship, I had an immense learning experience in various departments & it would be helpful in my professional career.

Anjali Thanvi

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DISCHARGE SERVICES	SATISFIED	FREQUENCY	PERCENTAGE
DOCTORS REVIEW	Fully Satisfied	120	100%
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- Lack of quality compliance because of higher footfall
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- Poor patient feedback because of complex patient flow.

Challenges

Facing challenge to reduce long waiting time due to large footfall daily in OPD, leading to long waiting time
Multiple approval need for simple tasks.
Saff are overburdened, leading to delays in service delivery.
Many patients are confused about where to go for services, especially in OPD departments.
Improper segregation of waste because of shortage in color plastic bag.
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Major Learning

- How hospital administration work in real scenarios.
- Concepts like queue management, waste segregation and patient satiation in daily takes.
- Gained insight how government hospital function.
- Learned about schemes like MMA Yojana, RGHS.
- Worked on digital platforms IHMS portal.
- Learned how to manage with limited resources
- Developed practical solution for problems like overcrowding.
- Observed processes like admission, discharge, patent record, and infection control.

Poster

Reporting Format (Weekly)

Name of the Organization: Department of Medical Education, Rajasthan (MDM Hospital, Jodhpur)
Area/ Department/ Project of Summer Internship Program: OPD
Name of the Student: Anjali Thanvi
Roll no: 1906 **Stream: HM**
Week no: 01 **From: 15th MAY 2025 to 17th MAY 2025**

Activity Done	• Observed the average waiting time of a patient before he/she sees a Doctor in OPD (General Medicine, Cardiology, Pediatrics, General Surgery). • Observed the average waiting time of a patient using MRI, CT, X-Ray, and USG. • Collected the previous month's (April) data regarding: 1. Claims submitted in the MAA Yojana as a percentage of IPD registration, and claim rejection submitted by the department. 2. Eligible RGHS beneficiary coming for OPD/IPD 3. Percentage of Bed occupancy of a department in a hospital.
Linking theory (Classroom learning) with practice at your organization	• The hospital visit organized by our college helped me to work in a government hospital at a basic level.
Gaps identified in the working area.	• Proper sign boards are not available in OPD, patients face problems after registration.
Suggestions for improvement	• To reduce the OPD waiting time mention the timing while consulting.
Plan for the next week	• To present a presentation in front of the Superintendent and Deputy Superintendent of Hospital regarding the Proposal for Improving workflow in Cardiology OPD. • Collected waiting time for dispensing of medicines. (around 5 DDC observed). • Report on Cath lab of Cardiology department workflow.

Signature of the Student

Approved by the IIHMR University's Mentor

Reporting Format (Weekly)

Name of the Organization: Department of Medical Education, Rajasthan (MDM Hospital, Jodhpur)
Area/ Department/ Project of Summer Internship Program: Cardiology Department
Name of the Student: Anjali Thanvi
Roll no: 1906 **Stream: HM**
Week no: 02 **From: 19th MAY 2025 to 24th MAY 2025**

Activity Done	Presented a presentation in front of the Superintendent and Deputy Superintendent of Hospital regarding the Proposal for Improving workflow in Cardiology OPD. Collected waiting time for dispensing of medicines. (around 5 DDC observed). Report on Cath lab of Cardiology department workflow.
Linking theory (Classroom learning) with practice at your organization	Applied principles of management by presenting a proposal for streamlining patient flow. Used data collection and research methodology skills learned in class to observe and document workflows systematically.
Gaps identified in the working area.	Proper sign boards are not available in OPD, patients face problems after registration. Shortage of nursing staff, and helpers on the floor.
Suggestions for improvement	Appoint more nursing staff who will take vitals to reduce the workload on doctors. Appoint helpers at least 3 to 4 on every floor.
Plan for the next week	To make a report on the Cardiology ICU, CCU, and Cath lab workflow.

Signature of the Student

Approved by the IIHMR University's Mentor

Reporting Format (Weekly)

Name of the Organization: Department of Medical Education, Rajasthan (MDM Hospital, Jodhpur)
Area/ Department/ Project of Summer Internship Program: Cardiology Department
Name of the Student: Anjali Thanvi
Roll no: 1906 **Stream: HM**
Week no: 03 **From: 26th MAY 2025 to 31th MAY 2025**

Activity Done	• Visit of Cardio OPD, Ward (Stuffing, Nurses patient ratio, number of beds). • Visit the regional cancer institute. • Visit the mental ward as part of the PWD inspection. • Coordinating with hospital staff for state government inspection.
Linking theory (Classroom learning) with practice at your organization	• Checking on the understaffing of various departments in terms of public utilities.
Gaps identified in the working area.	• Cardio OPD, Ward understaffed • Segregation in BMW guidelines is not up to the mark. • Neurology OPD has only 3 days which result large footfall in OPD.
Suggestions for improvement	• Recruitment of Staff. • Availability of different colour bags for segregation for BMW. • Increase no of days for neurology OPD.
Plan for the next week	To check the functioning of public utilities in OPD and track feedback from staff and patient to improve the functioning

Signature of the Student

Approved by the IIHMR University's Mentor

Reporting Format (Weekly)

Name of the Organisation: MDM Hospital, Jodhpur
Area/ Department/ Project of Summer Internship Program: Janana Wing Waste Management System
Name of the Student: Anjali Thanvi
Roll no: 1906 **Stream: Hospital and Health Management**
Week no: 04 **From: 02/06/2025 to 07/06/2025**

Activity Done	• Waste Management • Follow up in Janana Wing of hospital • Working on IHMS portal in hospital
`Linking theory (Classroom learning) with practice at your organisation	• Waste Management- Operations & Regulatory Compliance • Janana Wing Follow-up- PRM, MCH, Healthcare Marketing • IHMS Implementation- Health Informatics, Digital Healthcare
Gaps identified on the working area.	• Shortage of disposable polythene. • Lack of Knowledge regarding IHMS portal registration for OPD
Suggestions for improvement	• Set up help desk at hospital entrance or OPD registration area with trained staff or volunteers to guide patients through online registration and scanning process. • Create and play short explainer videos in waiting areas showing how to scan and register using the IHMS portal. • Train front-desk and OPD staff to inform and guide patients, especially elderly or first-time visitors, about the online process.
Plan for the next week	Analysis last year and current situation of MAA Yojana and RGHS

Signature of the Student

Approved by the IIHMR University's Mentor

Reporting Format (Weekly)

Name of the Organisation: Department of Medical Education, Rajasthan (MDM Hospital, Jodhpur)
Area/ Department/ Project of Summer Internship Program: IPD
Name of the Student: Anjali Thanvi
Roll no: 1906 **Stream: HM**
Week no: 05 **From: 9th June 2025 to 14th June 2025**

Activity Done	• Observed and prepared a presentation regarding laundry and the Linen Store. • Collected Claims submitted in the MAA Yojana as a percentage of IPD registration daily.
Linking theory (Classroom learning) with practice at your organization	• The hospital visit organized by our college helped me to work in a government hospital at a basic level. • Checking on the understaffing of various departments in terms of public utilities. • Organization communication classes help individuals understand and communicate effectively to address problems.
Gaps identified in the working area.	• There is no proper infrastructure for the Laundry and Linen store.
Suggestions for improvement	• To improve this problem, construct the proper storage area.
Plan for the next week	To make a report on patient satisfaction after IPD discharge.

Signature of the Student

Approved by the IIHMR University's Mentor

Reporting Format (Weekly)

Name of the Organisation: Department of Medical Education, Rajasthan (MDM Hospital, Jodhpur)
Area/ Department/ Project of Summer Internship Program: IPD
Name of the Student: Anjali Thanvi
Roll no: 1906 **Stream: HM**
Week no: 06 **From: 16th June to 21st June 2025**

Activity Done	• Presented a presentation in front of the Superintendent and Deputy Superintendent of the Hospital regarding Laundry and Linen Management of the Hospital. • Collected information from IPD patients regarding Patient Satisfaction.
Linking theory (Classroom learning) with practice at your organization	• Applied Behavior change communication, classroom learning about how to communicate with the patient or patient attendant.
Gaps identified in the working area.	• Patients don't have an idea or information regarding the Drug collection, and they purchase drugs from outside the hospital under the scheme of Neshulk Yojana.
Suggestions for improvement	• Guide them regarding whether full medicine is not available; it will be provided later when they come routine check-up.
Plan for the next week	• Analyzing and preparing a report on patient satisfaction of IPD patients.

Signature of the Student

Approved by the IIHMR University's Mentor

Reporting Format (Weekly)

Name of the Organisation: Department of Medical Education, Rajasthan (MDM Hospital, Jodhpur)
Area/ Department/ Project of Summer Internship Program: Hospital Old building
Name of the Student: Anjali Thanvi
Roll no: 1906 Stream: HM
Week no: 07 From: 23rd June to 28st June 2025

Activity Done	• Collected Information of Electrical and Civil work in old building of hospital. • Maked a list of helpers present at each department.
Linking theory (Classroom learning) with practice at your organization	• Applied Behaviour change communication, classroom learning about how to communicate with the people.
Gaps identified in the working area.	• No gap identified
Suggestions for improvement	• Make a record of digital attendance.
Plan for the next week	• Checked staff in various department of a particular building. • Communicated with floor manager regarding Kayakalp guidelines.

Signature of the Student

Approved by the IIHMR University's Mentor

Reporting Format (Weekly)

Name of the Organisation: Department of Medical Education, Rajasthan (MDM Hospital, Jodhpur)
Area/ Department/ Project of Summer Internship Program: Super Specialty Block
Name of the Student: Anjali Thanvi
Roll no: 1906 **Stream: HM**
Week no: 08 **From: 30th June 2025 to 05th July 2025**

Activity Done	• Checked staff in various department of a particular building. • Communicated with floor manager regarding Kayakalp guidelines.
Linking theory (Classroom learning) with practice at your organization	• Applied Communications Skills.
Gaps identified in the working area.	• Unaware about the guidelines.
Suggestions for improvement	• Floor manager should be aware about new guidelines and to make sure to apply.
Plan for the next week	• To observe OT and compare it with standard OT protocols.

Signature of the Student

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Reporting Format (Weekly)

Name of the Organisation: Department of Medical Education, Rajasthan (MDM Hospital, Jodhpur)
Area/ Department/ Project of Summer Internship Program: Surgical OPD and RMRS
Name of the Student: Anjali Thanvi
Roll no: 1906 **Stream: HM**
Week no: 9 **From: 07th July 2025 to 12th July 2025**

Activity Done	• Observed surgical OPD in terms of infection control. • Visited RMRS (Rajasthan Medicare Relief Society).
Linking theory (Classroom learning) with practice at your organization	• Compared the infection control standards to the present scenario.
Gaps identified in the working area.	• Delayed approval by RMRS • Lack of infection control in the surgical OPD • The equipment are rusted. • Sterilized equipment is kept in the open area.
Suggestions for improvement	• Follow a checklist for infection control for critical areas like OT, MOT, and surgical OPD.
Plan for the next week	• Observed infection control and prevention practices followed in OT • Strict maintenance of a sterile field during angioplasty. • Monitored proper functioning of air filtration system. • Observed proper segregation and disposal of sharp, used syringes, using color coded bins.

Reporting Format (Weekly)

Name of the Organisation: Department of Medical Education, Rajasthan (MDM Hospital, Jodhpur)
Area/ Department/ Project of Summer Internship Program: OT
Name of the Student: Anjali Thanvi
Roll no: 1906 **Stream: HM**
Week no: 10 **From: 14th MAY 2025 to 19th MAY 2025**

Activity Done	• Observed infection control and prevention practices followed in OT. • Strict maintenance of a sterile field during angioplasty. • Monitored proper functioning of air filtration system. • Observed proper segregation and disposal of sharp, used syringes, using color coded bins.
Linking theory (Classroom learning) with practice at your organization	• Importance of structured zoning, process flow and infection control SOPs lecture helps to understand practical work flow.
Gaps identified in the working area.	• Lack of clear physical boundaries between sterile and non-sterile zones.
Suggestions for improvement	• Digitize infection surveillance and feedback system for faster response and tracking. • Upgrade air condition system and maintain positive pressure airflow. • Strengthen supply for critical sterile disposables and PPE.
Plan for the next week	• Report Finalization.

Compiled Reporting Format

Name of the Organization: Department of Medical Education, Rajasthan MDM Hospital.
Area/ Department/ Project of Summer Internship program: Quality and Operational management
Name of the Student: Anjali Thanvi
Roll no: 1906 **Stream: HM**
From: 15th May 2025 to 29th July 2025

Activity Done	• **Activity 1: OPD Observation and Analysis** a) **Waiting Time Study in OPD**: observed and visited various Outpatient Department including: General Medicine, Cardiology, Pediatrics, General Surgery. Measured the average waiting time of patients from registration till consultation. Observed patient flow patterns, busy hours, availability of staff and reasons for delay. b) **Cardiology OPD workflow Study:** undertook a detailed analysis of Cardiology OPD. Found problems such as overcrowding mostly on (Monday, Wednesday, Friday). To manage the crowd they are already following the token system in waiting area to reduce the patient waiting time. Recommended that if nurses check vitals during waiting time it will reduce burden on doctors. • **Activity 2: Radiology Department Observation:** Measured average waiting time for diagnostic procedures like: MRI, CT scan, X-Ray, and, Ultrasound. • **Activity 3: Government Scheme Data** a) **MAA Yojana Claim Data (April):** Gathered monthly data for calculating claims under MAA Yojana as percentage of total IPD admissions. Processed claim rejections department wise to determine reasons (document issue, eligibility mismatch). b) **RGHS Beneficiary Tracking (April):** Monitored number of eligible RGHS patients utilizing OPD/IPD services. c) **Daily Claims Monitoring:** tried to take a

	daily diary of MAA yojana claims and to analyze submission and rejection patterns. • **Activity 4: IPD Performance Analysis** a) **Ward Observation- Cardiology:** Observed total beds, number of nurses on duty per shift, and patient flow. Verified staff to patient ratio, trolley availability, and hygiene conditions. • **Activity 5: Pharmacy Services- DDC Study:** Observed dispensing time of medicine at five drug distribution counters. • **Activity 6: Facility Visits and Department Observations** a) **Regional Cancer Institute visit:** learned about cancer care workflows, OPD, chemotherapy unit, and patient counseling services. b) **Mental Health Ward visit:** visited with PWD inspection and observed, infrastructure conditions, presence of psychiatrists, beds and attendants. And also patient records and treatment history. c) **Janana Wing Follow Up:** observed infrastructure condition, condition of maternal ward beds, maintenance of cleanliness and postpartum care practices. • **Activity 7: Civil and Electrical work survey:** report on electrical faults, broken fittings, and insufficient lighting in older structures. Civil problems like leakage, cracked tiles, and proper functional problems in toilets. • **Activity 8: Staff and Helper Mapping:** made a department wise list of helpers posted in various areas of the hospital. Helped to prepare a duty roster to ensure smooth workflow. • **Activity 9: Waste Management Practices:** Learned and observed biomedical waste segregation: verified proper positioning of color coded bins (yellow, red, blue, black). Verified the process with BMW Rules 2016. • **Activity 10: Laundry and Linen Management:** gathered information regarding laundry department operations (washing, ironing, drying, distribution, and collection). Determined delay in linen supplies and torn or old bedsheets. • **Activity 11: Digital Platform (IHMS Portal and E-Aushadhi):** worked on the Integrated Health Management System (IHMS) for IPD

	patients entry, diagnostics upload, admission/discharge processing, billing, and insurance claim generation. • **Activity 12: Patient Satisfaction Study:** Interacted with IPD patients and recorded feedback on: staff behavior (doctors, nursing staff, helpers, DDC staff), cleanliness, helpdesk support, information regarding treatment, etc. • **Activity 13: Kayakaip and Government Inspection Coordination:** helped coordinate documentation and departmental readiness for state government inspection. Exchanged with the floor managers about compliance with kayakalp guidelines. Ensured hygiene, signage, and patient safety criteria. • **Activity 14: Surgical OPD Observation- infection control measures:**
Linking theory (Classroom learning) with practice at your organization	1. **Principle of Management:** • Proposed and submitted workflow improvement proposals (eg. Cardiology OPD, Linen Management). (Planning & organizing) • Maintained nurse patient ratios, staff allocation, and assisted in compiling lists of helpers and support staff. (Staffing) • Recommended pharmacy wait time improvement, waste reduction and digital workflows. (Decision-Making) 2. **Organizational Behavior:** • Witnessed teamwork between medical and administrative staff. (Team dynamics) • Noticed motivation levels, particularly among support staff, valued leadership, and appreciation. (motivation & work culture) 3. **Business Communication:** • Prepared and presented several reports and proposals to hospital officials. (Professional Presentations) • Coordinated department wise (cardiology, pharmacy, wards, etc.) for collecting data and inspection preparation. (Interdepartmental Communication) • Recorded daily data on patient satisfaction, maintenance, and inspection checklists. (written communication) • Interacted with floor managers, nurses, assistents and patients to receive feedback. (Verbal communication)

	4. Health Program • Attained comprehensive knowledge of MAA Yojana, RGHS and their contribution to IPD/OPD services. (knowledge of Government Schemes) • Monitored scheme based claim submissions, rejections, and usage patterns. (Program Monitoring) **5. Health Policy:** • Seen practical implementation of policies such as BMW Rules 2016, Kayalaip guidelines, and IHMS portal. (Policy Implementation) • Saw how schemes such as RGHS and MAA Yojana align to achieve Universal Health Coverage (UHC). (Scheme Alignment with National Goals) • Sensed on ground challenges in the processing of claim, lack of staff, and infrastructure shortfalls impacting effective policy implementation. (Policy Gaps and Challenges)
Suggestions for improvement	**1. OPD Workflow Management:** • Implement a Token based Queue System: (currently applied only in the Cardiology department), the use of a digital token system at the OPD registration desks can minimize congestion and add order to the flow of patients. **2. Human Resource & Workforce Management:** • Ensure proper nurse to patient ratio. • Adopt a duty roster system for nurses and support staff that is digital, which will ensure equitable workloads and minimize miscommunication**.** **3. Infrastructure and Facility Upkeep:** • Provide all wards with some basic infrastructure such as clean drinking water, hand sanitizers, etc. • Leaking taps, chipped tiles, inadequate illumination and broken toilets are to be given immediate attention. • Implement a centralized mobile based complaint registration system with staff able to log complaints and monitor the status of resolution. **4. Patient Satisfaction and Feedback System:** • Install digital feedback mechanisms at the station or QR code based system close to ward and OPDs where patient or their family members can offer real time feedback about services.

	• Create a feedback review committee to review patient feedback weekly and allocate action points to the concerned department. **5. Coordination and Communication:** • Implement regular inter department meeting (weekly) to address issue, exchange feedback, and work together to improve patient care. 6. **Implement Robotic Surgery system** at the operational level. This will not only improve surgical outcome and efficiency but also strengthen the hospital positioning as modern, patient-centric and technology driven institution.
Key learning	• During the internship understood how public healthcare delivery works. Exposure to government health schemes like MAA yojana, RGHS, etc. • Learn how to manage with limited resources (manpower). • Gain insights into the hospital departments (OPD, IPD, Emergency, OT, Pharmacy, etc.) • Administrative practices (duty rosters, storekeeping, equipment maintenance) • Understood patient registration, file maintenance, IHMS portal. • Patient inflow, discharge process, and Feedback system. • Gained valuable insights into advanced technology, Robotic Surgery.

Evaluation of Patient Satisfaction Level After Discharge at MDM Hospital, Jodhpur, Rajasthan.

About Project

This project involves a comprehensive analysis of patient discharge satisfaction in a multispecialty hospital. This study also comprises detailed data collected and analysis for 120 patients to identify the satisfaction regarding discharge and treatment process. Also, analyzed claims data under MAA Yojana from April to May 2025.

To improve healthcare services, it is essential to maintain mechanisms for gathering feedback from patients regarding their satisfaction and suggestions. It provides healthcare valuable insights into various aspects of the effectiveness of their care and the level of understanding. Satisfaction report is an indicator of how well the patient is being treated at medical practice. To analyze the survey was conduct under patient who were discharged form hospitals of various IPD departments i.e. Cardiology, Dialysis, ENT, Gastroenterology, General Medicine, Hematology Neurology, Obs. and Gynecology and Urology. 120 IPD patients satisfaction level was analyzed. Table 1 shows the questionnaire:

Table 1: Questionnaire regarding patient satisfaction.

Registration services	Doctor Review	Nursing services	Housekeeping services	Pharmacy Services
1. Quickly Registration	**Behaviour**	**Communications with patient**	**Cleaning Services**	**Medicines Available on time**
• Fully Satisfied ()	• Fully Satisfied ()	• Fully Satisfied ()	• Fully Satisfied ()	• Yes ()
• Satisfied ()	• Satisfied ()	• . Satisfied ()	• Satisfied ()	• No ()
• Average ()	• Average ()	• Average ()	• Average ()	
2. Front Desk support				
• Fully Satisfied ()				
• Satisfied ()				
• Average ()				

Methodology

1. **Study Design:** This study employed a descriptive cross-sectional design to evaluate the level of patient satisfaction after discharge from MDM Hospital, Jodhpur. The aim was to assess discharged patients experiences and to identify areas of service improvement.
2. **Study Area**: The research was carried out at Mathura Das Mathur (MDM) Hospital, a tertiary care government hospital in Jodhpur, Rajasthan.
3. **Study Population**: Discharged Inpatient patients from various departments, wards formed the target population.
4. **Inclusion Criteria:** Patients of all Age groups. IPD patients were discharged.
5. **Sample Size and Sampling Technique**: 120 discharged patients were questioned in the study. Patients from different departments like General Medicine, Surgery, Gynecology, etc., for a particular study duration (eg, 3-4 weeks).
6. **Data Collection Tool**: A structured questionnaire was employed for measuring patient satisfaction. The tool was created both in English and in Hindi to facilitate improved understanding.
7. **Data Analysis**: entered data processed and examined using Microsoft Excel and SPSS software. The following were undertaken: frequencies, percentages.
8. **Ethical Considerations**: Permission to carry out the study was obtained from the hospital administration and the Department of Medical Education and Health, Rajasthan. All participants were briefed about the aim of the study.

Finding:

Patient satisfaction survey provides good insights regarding various hospital service areas such as doctor review, nursing, front desk, pharmacy, housekeeping, and washroom services. The following are the detailed results, which are also shown in Table 2:

1. **Doctors Review**: 100% of respondents were completely satisfied with the doctors' services. This is a reflection of outstanding performance and patient confidence in medical consultation and care.
2. **Nursing Services**: Overall satisfaction is good (80.8%), almost one-fifth rated the care as average, which means there is a potential for better communication, attentiveness, or efficiency in nursing services.
3. **Front Desk Support**: While 69% of patients were satisfied or fully satisfied, 32% rated the experience as average or poor. This calls for improving front desk behavior, clarity of information, and response.
4. **Pharmacy Services:** 62% were satisfied, high concern with a 29% dissatisfied. Problems can be related to medication supply, waiting times, etc.
5. **Housekeeping Services**: Although most were satisfied, low “fully satisfied” scores and 38% average/poor feedback indicate a need for improved cleanliness standards and on-time cleaning schedules.
6. **Washroom Services**: More than 60% of patient were dissatisfied and none were completely satisfied. Washroom hygiene, maintenance, and cleanliness need to be attended to with urgency by the hospital.

Table 2: Patient Satisfaction% (n=120).

CHARACTERISTICS	CATEGORY	FREQUENCY	PERCENTAGE
DOCTORS REVIEW	Fully Satisfied	120	100%
	Total	**120**	**100%**
WASHROOMS SERVICES			
	Satisfied	12	10%
	Not Satisfied	75	62.5%
	Average	33	27.5%
	Total	**120**	**100%**
NURSING SERVICES			
	Fully Satisfied	37	30.8%
	Satisfied	60	50.0%
	Average	23	19.2%
	Total	120	100%
FRONT DESK SUPPORT			
	Fully Satisfied	8	6.6%
	Satisfied	74	61.7%
	Not Satisfied	5	4.2%
	Average	33	27.5%
	Total	**120**	**100%**
PHARMACY SERVICES			
	Fully Satisfied	6	5%
	Satisfied	68	56.7%
	Not Satisfied	35	29.1%
	Average	11	9.2%
	Total	**120**	**100%**
HOUSEKEEPING SERVICES			
	Fully Satisfied	3	2.5%
	Satisfied	71	59.2%
	Not Satisfied	10	8.3%
	Average	36	30%
	Total	**120**	**100%**

Table 3: MAA Yojnana Approved and Rejected % (April-May).

Table 3 shows a comparative analysis of patient discharge, claim submissions, approvals, and rejections from the Mukhyamantari Ayushman Arogya Yojana (MAA Yojana) during the months of April and May, for different specialties. The data offers an overall picture of the efficiency, accuracy, and performance of the claim management process in the hospital environment.

9 medical specialties have been included in the analysis, with data on each of the following:

1. Number of patients discharged,
2. Total amount of claims presented (in lakhs),
3. Approved and rejected amounts of claims,
4. Approved and rejected percentages.

These figures are essential for the determination of gaps in claim processing, departmental variations in performance improvement is likely, as well as for indicating whether the trends in approval of claims reflect the patients treated in volume terms and whether or not departments are maintaining standards of documentation as per requirement.

MAA Yojnana (MUKHYAMANTRI AYUSHMAN AROGYA YOJANA)

Speciality	Discharged		Claims Amount (in Lac)						Approved %		Rejected %	
			Submitted		Approved		Rejected					
	April	May	April	May	April	May	April	May	April	May	April	May
Cardiology	283	303	99.7	110.2	97.5	89.6	2.3	7.4	98	81	2	2
ENT	142	161	13.2	14.6	12	9.1	0.8	1.8	91	63	6	7
Gastroenterology	153	172	17.9	19.1	15.5	13.7	2.5	2.3	86	71	14	13
General Medicine	885	841	87.5	79.9	62.1	48.1	24.5	6.7	71	60	28	18
Hematology	292	396	35.5	42.7	29.6	34.6	3.1	3.4	83	81	9	4
Neurology	179	167	22.2	16.2	12.7	9.6	4	2	57	59	18	13
Obs- gynae	323	416	32.8	42.4	28	27.5	4.8	2.2	85	65	14	8
Urology	157	183	21.5	28.7	16.6	18.8	4.2	3.6	77	65	19	6

Key Findings:

1. **Volume Fluctuations**: In nearly all departments, the number of patients discharged increased from April to May, reflecting greater delivery of services. To illustrate, Obstetrics-Gynecology experienced 323 discharges in April to 416 discharges in May.
2. **Claim Approval:** While some departments retained or enhanced their amounts of approved claims, like Hematology department has increased the approved amount on the other hand General Medicine and Cardiology departments decreased the approved amount. This indicates flaws in claim preparation, documentation, or verification procedures.
3. **Rejection Rate:** High rejection rates in April were noted in departments such as General Medicine (28%) and Neurology (18%), which dropped in May. A few departments, for example, ENT and Gastroenterology, had consistently high or rising problems in documentation or eligibility compliance.
4. **Financial Impact:** The variations between submitted and approved figures identify possible financial losses to the hospital or delays, which influence efficiency in operations.
5. **Efficiency Indicators:** Cardiology stands out as a department with high approval and low rejection % in both months (Approval: 98% and 81% April and May), (Rejection: 2% in both months April and May), indicating a well-managed claims process.

Gap identified:

1. Poor hygiene, maintenance issue, lack of monitoring.
2. Due to incomplete documents or delays in document submission process of MAA yojana approval get rejected.
3. With digital records, hospital also maintain manual records keeping leads to delays in care.
4. Patient feedback is either not collected or not acted upon.
5. Many standards guidelines like NABH/NQAS standards are followed on paper only not at practical level.

Conclusion:

The internship at MDM Hospital, Jodhpur, under the Rajasthan Department of Medical Education offered an all-learning experience that integrated theoretical knowledge and actual hospital functioning. During the internship, I participated in multi-department observation and actively participated in workflow analysis, infection control audits, patient satisfaction surveys, and scheme performance monitoring like MAA Yojana and RGHS. The key findings were the need for operational efficiency, human resources management, infection control, patient centered approach, and data driven decision making. I gained a better understanding of the clinical and administrative operations of a government healthcare facility by completing tasks like OPD patient flow analysis, IPD service evaluation, waste management review, and staff interaction.

The issues that were faced example, understaffing, infrastructural constraints, and incomplete records. Recommendations such as the implementation of digital complaint systems, duty rosters for staff, improved infection control procedures, and the deployment of robot assisted surgery were made an attempt to fill these gaps. Incorporating these recommendations can contribute positively to patient satisfaction, operational effectiveness, and scheme implementation at MDM Hospital. Emphasis on technology integration, capacity building of staff, infrastructure development.

The comparative monthly data provides useful insights into performance of various departments under the MAA Yojana system. It highlights the need for timely and accurate documentation and ongoing monitoring for enhancing claim rates and minimizing rejections.

This internship not only honed my management and analytical capabilities but also gave me a sense of responsibility in enhancing healthcare delivery.