SUMMER INTERNSHIP PROGRAM

at

Super Specialty Hospital, GMC Kota

(Department of Medical Education, Rajasthan)

From 15-05-2025 to 29-07-2025

A REPORT BY

Aanshi Singhal

Master of Business Administration

(Hospital and Health Management)

1888

2024-26

under the Mentorship of

Dr. Sanjay Gupta

Dean, IIHMR

IIHMR UNIVERSITY

कार्यालय अधीक्षक, सुपरस्पेशियलिटी चिकित्सालय

राजकीय चिकित्सा महाविद्यालय एवं संलग्न चिकित्सालय समूह, रंगबाडी रोड, कोटा (राज.) पिन कोड–324005

क्रमांक प.( )/पी.ए/2025/1391 दिनांकः– 29/7/25

प्रमाण – पत्र

प्रमाणित किया जाता है कि **आंशी सिंहल** के द्वारा इस चिकित्सा संस्थान में **15 मई 2025 से 29 जुलाई 2025** की अवधि में अपनी ग्रीष्मकालीन इंटर्नशिप सफलतापूर्वक पूर्ण की गई है।

आंशी सिंहल ने अपने इंटर्नशिप के मध्य, इनकों चिकित्सालय प्रशासन के द्वारा आवंटित समस्त चिकित्सालय कार्यपद्धति के कार्यो को अपने मृदु व्यवहार, कार्यकुशलता एवं पूर्ण समर्पण के साथ पूर्ण करते हुये उत्कृष्ठ प्रदर्शन किया। उक्त ग्रीष्मकालीन इंटर्नशिप के मध्य **आंशी सिंहल** को चिकित्सालय के समस्त विभागों की कार्यपद्धति तथा राज्य सरकार के द्वारा रोगिहित में संचालित समस्त फ्लेगशिप योजनाओं को व्यवहारिक ज्ञान दिया गया तथा चिकित्सालय प्रशासन के माध्यम से इस सम्बन्ध में आवंटित कार्यो को सफलतापूर्वक करते हुये अनुभव भी अर्जित किया गया।

चिकित्सालय प्रशासन इनके उज्जवल भविष्य की कामना करता है।

(डॉ0 निलेश जैन)
अधीक्षक,
एस.एस.एच., कोटा (राज.)

DR. ANIL GUPTA
Deputy Sup[illegible]inte[illegible]
Super Speciality H[illegible]
Kota Rajasthan

1, Prabhu Dayal Marg, Near Sanganer Airport, Jaipur- 302029, Rajasthan, India.
Ph.: 0141-3924700, 2791431-32, E-mail: iihmr@iihmr.edu.in, Web : www.iihmr.edu.in

IIHMR UNIVERSITY

IIHMR University Faculty Mentor Approval

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

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

Date: 31/07/2025

Dr. Sanjay Gupta

Dean IIHMRp

Gap Analysis against National Accreditation Board for Hospitals and Healthcare Providers (NABH) Standards in a 200+ Bedded Super Specialty Hospital

Aanshi Singhal (MBA HM- 1888)
Under the mentorship of Dr. Sanjay Gupta (Dean IIHMR)
Organization Mentor- Dr. Nilesh Kumar Jain (Medical Superintendent, SSH, Kota)

Vision

To emerge as a premier institution in super specialty healthcare, setting benchmarks in compassionate, inclusive, and innovative patient care, and to transform lives through accessible excellence in advanced medical care.

Mission

To provide high-quality, patient-centric, affordable super-speciality medical services with dignity and empathy and to ensure transparency, accountability, and excellence in hospital governance and service delivery.

Practical Exposure

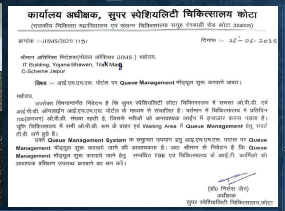
- Real world hospital observation
- Audit and monitoring
- Technical software like IHMS, Chiranjeevi
- Miscommunication and staff- patient relationship

SWOT Analysis

STRENGTHS	WEAKNESSES	OPPORTUNITIES	THREATS
• Tertiary-level super specialty services • Affiliation with GMC Kota • Government support and funding	• Inadequate Documentation and Records • Poor Complaint and Feedback mechanism • Infrastructure Gaps	• Technology Integration • Public Health Programs collaboration • NABH Accreditation Readiness	• Resistance to Change • Public Perception Issues • Competition from Private Hospitals

Key Learnings

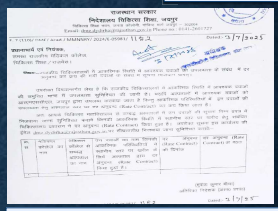
- Working culture of a government organisation
- Quality and NABH Accreditation
- Technical software like IHMS, Chiranjeevi
- Communication Skills

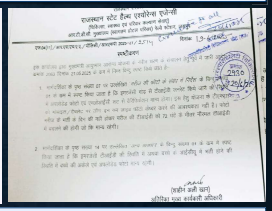


कार्यालय अधीक्षक, सुपर स्पेशियलिटी चिकित्सालय कोटा

Objectives

- To determine and evaluate the gaps in current procedures with the established NABH criteria for efficient hospital management.
- To offer suggestions based on gaps that have been found during analysis.





Methodology

Type of Study: Non-experimental, cross-sectional, and observational study
Period of Study: June 1, 2025, to July 20, 2025 (50 days)
Study respondents: Doctors, Nurses, Staff
Instruments used: Questionnaire based on NABH 6th edition chapters
Methods of data collection: Document Review, Physical Observation, Informal Interviews

Formula to Calculate Scores

Score of Individual Standard = Maximum Applicable Points/Total Number of OEs in that standard

Results

- AAC (Access, Assessment and Continuity of Care): 6.21
- COP (Care of Patients): 5.29
- MOM (Management of Medication): 6.93
- PRE (Patient Rights and Education): 4.59
- IPC (Infection Prevention and Control): 6.78

It is crucial to establish consistent documentation formats and make sure that every department has up-to-date records in compliance with NABH regulations. Clinical, nursing, and support workers should undergo frequent training and sensitisation sessions. Furthermore, putting in place a strong grievance redressal and complaint management system will support patient-centred care by assisting in gathering patient input.

Conclusion

Average score for all five chapters came out to be **5.96**. Except for PRE, which received a score of 4.59, below the necessary threshold, most chapters achieve the required average score of 5. Therefore, it is crucial to close important gaps in patient rights, communication, and education as well as to increase compliance before official entry-level evaluation. The hospital indicates strong preparation for **NABH Pre-accreditation Entry Level**. Fundamental upgrades like documentation, grievance redressal mechanism, and training sessions for the staff will encourage ongoing quality improvement throughout the hospital and greatly increase preparedness for NABH accreditation.

Usefulness

- NABH 6th Edition standards are nationally recognized and the project uses them as a framework which makes it academically sound and practically relevant.
- It touches clinical, administrative, operational, and support services showing understanding of hospital systems as a whole.
- Scoring and Mapping make it measurable, by creating a scoring system, and compliance checklist, which allows to quantify readiness.

Suggestions Accepted

- Proposal for queue management system through IHMS software.
- Signage for radiation hazard, pregnancy, and metal checks in Radiology department.
- Signage stating " Do not use lift in case of fire" and fire exit signs.
- Patient is not required at both admission and discharge in case of emergencies for biometric verification and photograph; TID can be updated within 72 hours.
- Sending information of frequently used medicines purchased locally over Rate Contract, and not available in the RMSCL Drug list.

Challenges

- A single intern carried out the, which limited the capacity to thoroughly evaluate every NABH objective aspect.
- Many scores were given based on verbal assurance from staff members due to a lack of documented documentation.
- It was sometimes challenging to obtain information about documentation procedures due to staff members' uncooperative behaviour.

Reporting Format (Weekly)

Name of the Organisation: GMC Kota, Super Speciality Block

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

Name of the Student: Aanshi Singhal

Roll no: 1888 Stream: HM

Week no: 1 From……15/5/25……to……17/5/25…….

Activity Done	• Orientation Session • Introduction to Medical Superintendent and Deputy Superintendent of the organisation • Hospital Visit and rounds • Learned about OPD Procedures (From Registration desks through IHMS and RGHS Portals)
Linking theory (Classroom learning) with practice at your organisation	**Essentials of Hospital Services** • Patient Flow observation • Planning and superficial learning of hospital concepts • OPD (out patient department)
Gaps identified on the working area.	• Very low Patient health literacy • Poor crowd management • Poor queue management
Suggestions for improvement	• Increased number of registration windows (IHMS portal) (already 7 present but 3 functional) • Generation and follow up of token number on registration slips that can be visible on the already installed screens. • Prioritization of old and disabled patients • Availability of a larger patient waiting area according to the daily footfall • Accompanying of a hospital staff for the patents who need assistance • Patient education through IEC

Plan for the next week	• IPD Registration desks (Process and insurance schemes) • Radiology (X-ray and Sonography) • Pharmacy (Processes)

Signature of the Student

Approved by the IIHMR University's Mentor

Reporting Format (Weekly)

Name of the Organisation: GMC Kota, Super Speciality Block

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

Name of the Student: Aanshi Singhal

Roll no: 1888 Stream: HM

Week no: 2 From.....19/5/25.....to.....24/5/25.....

Activity Done	• Hospital Visit and rounds • Observed laboratory and radiology • Radiology- X ray and Sonography • Laboratory- Microbiology and Biochemistry • Cardiology- 2D Echo, ECG, TMT • Neurology- EEG, NCV
Linking theory (Classroom learning) with practice at your organisation	**Essentials of Hospital Services** • Patient Flow observation • Planning and superficial learning of hospital concepts • Laboratory and Radiology departments
Gaps identified on the working area.	• Long waiting times • Less staff for sample collection • One by one feeding of sample into analyser machine for report generation • Delayed appointments due to unavailability of doctors (sonography- only Monday and Wednesday) • Report generated handwritten (higher chances of mistakes) • No timely mechanism of servicing and calibration of Equipments
Suggestions for improvement	• Increased number of registration windows (IHMS portal) • Prioritization of old and disabled patients • Availability of a larger patient waiting area according to the daily footfall

	• Accompanying of a hospital staff for the patents who need assistance • Common counter for laboratory slip generation and laboratory record maintenance • Availability of qualified permanent doctors daily to reduce unnecessary appointments • Computerised and digitised mechanism of report generation • Establishment of biomedical engineering department for timely maintenance of the Equipments
Plan for the next week	• Designing a plan of action • IPD Registration desks (Process and insurance schemes) • DDC Pharmacy (Processes) • IPD Wards

Signature of the Student

Approved by the IIHMR University's Mentor

Reporting Format (Weekly)

Name of the Organisation: GMC Kota, Super Speciality Block

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

Name of the Student: Aanshi Singhal

Roll no: 1888 Stream: HM

Week no: 1 From……26/5/25……to……31/5/25…….

Activity Done	• Hospital Visit and rounds • IPD Registration desks process • Hospital Rounds on Sanitation and maintenance
Linking theory (Classroom learning) with practice at your organisation	**Essentials of Hospital Services** • Patient Flow observation • Planning and superficial learning of hospital concepts • IPD Registration
Gaps identified on the working area.	• Time taking process for both admission and discharge • Patient is required at both times for biometric verification and photograph. • Long time required for scanning and compressing documents for uploading to Chiranjeevi portal. • Feedback filled by desk operator. • Xerox of discharge documents to be taken by patient to the concerned ward and pharmacy.
Suggestions for improvement	• Slip generation and verification can be done on a single counter. • Document scanning and storing to drive can be done at their concerned wards, hence discharge process can be made quick. (only uploading to portal and feedback will be remained) • Discharge documents can be collected later on by the staff. **Sanitation suggestions** • Sanitizer should be present at every desk and in the lobby itself.

	• Shoe covers should be preferred instead of walking barefoot. • Sensor based doors

Signature of the Student

Approved by the IIHMR University's Mentor

Reporting Format (Weekly)

Name of the Organisation: GMC Kota, Super Speciality Block

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

Name of the Student: Aanshi Singhal

Roll no: 1888 Stream: HM

Week no: 5 From……9/6/25……to……14/6/25…….

Activity Done	• Hospital Visit and rounds • Biomedical Waste Management • Pharmacy
Linking theory (Classroom learning) with practice at your organisation	**Essentials of Hospital Services** • Patient Flow observation • Planning and superficial learning of hospital concepts • Biomedical Waste Management • Pharmacy
Gaps identified on the working area.	• No availability of proper four colour coded bins • No proper segregation of waste • Lack of awareness and responsibility among staff • Less availability of drugs for distribution from RMSCL • No written explanation for dosage of medicines to the patients • Time taking process of local procurement of drugs through NAC (Non- Availability Certificate)
Suggestions for improvement	• Conduct staff training on the importance and correct usage of these bins. • Conduct surprise periodic checks and audits to assess waste management efficiency. • Introduce incentive-based programs for proper segregation to encourage adherence if possible. • Establish accountability measures to ensure staff members take their responsibilities seriously. • Educate patients on medicine usage through writing on envelopes.

	• Maintain a buffer stock of frequently needed medicines to reduce last-minute procurement.
Plan for the next week	• Reporting • Project- Gap Analysis and Scoring based on NABH Standards • NABH Chapter 1- Access Assessment and Continuity of Care (AAC)

Signature of the Student

Approved by the IIHMR University's Mentor

Reporting Format (Weekly)

Name of the Organisation: GMC Kota, Super Speciality Block

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

Name of the Student: Aanshi Singhal

Roll no: 1888 Stream: HM

Week no: 6 From……16/6/25……to……21/6/25…….

Activity Done	• Hospital Visit and rounds • Hospital Introduction • Signage • Statutory Details • Structure Details
Linking theory (Classroom learning) with practice at your organisation	**Essentials of Hospital Services** • Patient Flow observation • Planning and superficial learning of hospital concepts • Hospital Planning
Gaps identified on the working area.	• Display Absent for Mission, Vision, Patient charter and Citizen charter • No planning for Fire exit plan • Radiology symbols stating biohazard caution is missing. • Fire Licence is not present. • TLD Badges for the contractual staff who comes directly into proximity of radiation is not issued. • AMC for HVAC System and DG set is not done. • Out of 5 O2 generation plant only 1 is functional.
Suggestions for improvement	• Prominently display Mission, Vision, Patient Charter, and Citizen Charter in all key areas. • Develop and implement a comprehensive Fire Exit Plan with posted diagrams and mandatory staff drills. • Affix missing biohazard caution symbols at Radiology entry points and relevant internal areas. • Immediately apply for and secure the Fire Licence, ensuring full fire safety compliance.

	• Issue TLD badges immediately to all contractual staff working in radiation proximity and establish monitoring. • Secure Annual Maintenance Contracts (AMCs) for all HVAC systems and Diesel Generator sets without delay. • Prioritize urgent repair and full functionality of the 4 non-functional Oxygen Generation Plants.
Plan for the next week	• Reporting • Biomedical Engineering • Project- Gap Analysis and Scoring based on NABH Standards • NABH Chapter 1-5

Signature of the Student

Approved by the IIHMR University's Mentor

Reporting Format (Weekly)

Name of the Organisation: GMC Kota, Super Speciality Block

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

Name of the Student: Aanshi Singhal

Roll no: 1888 Stream: HM

Week no: 7 From……23/6/25……to……28/6/25…….

Activity Done	• Hospital Visit and rounds • Hospital Introduction • Medical Record Department • Biomedical Engineering
Linking theory (Classroom learning) with practice at your organisation	**Essentials of Hospital Services** • Patient Flow observation • Planning and superficial learning of hospital concepts • Medical Record Department • Biomedical Engineering
Gaps identified on the working area.	• No timely recording of patient records (Jan 2025) • Less staff to make recording of records • No proper department of biomedical engineering in hospital • Maintenance and calibration of equipment gets delayed due to their responsibility on already busy nursing staff.
Suggestions for improvement	• Recruit more computer operators to MRD so that timely recording of patient records is done • Apply compliant measures to ensure that recording is not delayed (strict deadline) • Asset list, AMC/CAMC/PM and Breakdown Record of medical equipment should be handled by a team of Biomedical Engineers. • External body Kirloskar Technologies Pvt Ltd (KTPL) for maintenance of equipment should be managed by biomedical engineers.

	• Training record for any new equipment should also be kept by the department itself. • Emergencies would be handled immediately if there would be an in-house department.
Plan for the next week	• Reporting • Project- Gap Analysis and Scoring based on NABH Standards • NABH Chapter 1-5 • ICU

Signature of the Student

Approved by the IIHMR University's Mentor

Reporting Format (Weekly)

Name of the Organisation: GMC Kota, Super Specialty Block

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

Name of the Student: Aanshi Singhal

Roll no: 1888 Stream: HM

Week no: 8 From……30/6/25……to……05/07/25…….

Activity Done	• Hospital Visit and rounds • Hospital Introduction • Analysed gap according to NABH Patient Rights and Education
Linking theory (Classroom learning) with practice at your organisation	**Essentials of Hospital Services** • Patient Flow observation • Planning and superficial learning of hospital concepts • Quality
Gaps identified on the working area.	• The patient and family rights and responsibilities are not documented or displayed in every department. They are involved in decision-making, but staff communication is not always polite or respectful. • Patient confidentiality is not maintained in the OPD because discussions are not kept private. • The Complaint redressal mechanism is not formulated; hence, patients and their families do not have information on how to voice a complaint in case of any grievance. • Patients are also not involved in patient engagement initiatives like the teach-back method, suggestion boxes, patient satisfaction surveys, etc., to enhance clinical outcomes, safety, and quality. • Informed consent is not obtained for the Pre-Anesthesia Checkup. • The organization has a mechanism to capture feedback, but they filled out by the operator.

Suggestions for improvement	• Prominently display patient and family rights and responsibilities in multiple languages in all departments and waiting areas. • Conduct mandatory, recurring training for all staff on patient-centred communication, empathy, and respectful interaction. • The installation of a queue management system can ensure patient confidentiality in the OPD. (in progress) • Install easily accessible and marked suggestion boxes in various hospital areas, with regular collection and review of feedback. • Establish a feedback loop to register complaints, inform complainants of the status of their complaints, and the resolution of their grievances. • Revise the feedback collection protocol to explicitly state that feedback forms *must* be filled out by the patient or their legal guardian, not by hospital staff or operators.
Plan for the next week	• Reporting • Project- Gap Analysis and Scoring based on NABH Standards • NABH Chapter 1-5 • ICU

Signature of the Student

Approved by the IIHMR University's Mentor

Reporting Format (Weekly)

Name of the Organisation: GMC Kota, Super Specialty Block

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

Name of the Student: Aanshi Singhal

Roll no: 1888 Stream: HM

Week no: 9 From……07/07/25……to……12/07/25…….

Activity Done	• Hospital Visit and rounds • Hospital Introduction • ICU (Intensive Care Unit) • Analysed gaps according to NABH
Linking theory (Classroom learning) with practice at your organisation	**Essentials of Hospital Services** • Patient Flow observation • Planning and superficial learning of hospital concepts • Quality
Gaps identified on the working area.	• When the patient is referred out of the hospital, there is no mention of the same in the documents; instead mentioned as discharged. • The care plan and discharge summary do not consist of a standardized format across the hospital. • Patients are generally not assigned as on the nurse-patient ratio and patient acuity. • Ventilators use time, and their parameters are not documented anywhere. • Mock drills for CPR are not conducted. • CAUTI, CLABSI, VAP, SSI not documented.
Suggestions for improvement	• There should be a mention of transfer-out, consent for referral, and a form stating the detailed reason for referral. • Develop uniform templates for care plans and

	discharge summaries approved by the medical board that include diagnosis, procedures, medications, follow-up, and patient education. • Implement a staffing matrix for different units (e.g., ICU: 1:1, ward: 1:6) and review monthly nurse workload and adjust as per demand. • Create an ICU ventilator log sheet capturing time of connection/disconnection, Mode (SIMV, CPAP, etc.), Tidal volume, FiO_2, rate, PEEP, alarms. • The infection control committee is present, but the monthly report doesn't contain CAUTI, CLABSI, VAP, and SSI. They should be documented and reported monthly.
Plan for the next week	• Reporting • Project- Gap Analysis and Scoring based on NABH Standards • NABH Chapter 1-5 • Data collection and scoring of KPIs for TAT (assigned by the Medical Superintendent)

Signature of the Student

Approved by the IIHMR University's Mentor

Reporting Format (Weekly)

Name of the Organisation: GMC Kota, Super Specialty Block

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

Name of the Student: Aanshi Singhal

Roll no: 1888 Stream: HM

Week no: 10 From……14/07/25……to……19/07/25…….

Activity Done	• Hospital Visit and rounds • Hospital Introduction • Analysed gaps according to NABH • Infection Prevention and Control (IPC) • Data collection and scoring of KPIs for TAT
Linking theory (Classroom learning) with practice at your organisation	**Essentials of Hospital Services** • Patient Flow observation • Planning and superficial learning of hospital concepts • Quality
Gaps identified on the working area.	• There are long waiting times in all OPD, Laboratory, and USG. • In RGHS, there was a lack of a proper reporting system to collect data for the KPIs. • The bed distribution in IPD wards does not comply with the IHMS bed management system.
Suggestions for improvement	• A queue management system is already proposed to reduce waiting times. • A proper reporting should be initiated to capture the number of Claims Submitted in RGHS for OPD and IPD Beneficiaries; and Percentage of Eligible OPD and IPD RGHS Beneficiaries, with their rejection rate. It is already being calculated for the MAAY scheme. • The patient beds should be allocated in accordance with the beds provided by the IHMS

	portal to avoid errors and non-compliance in future.
Plan for the next week	• Reporting • Project- Gap Analysis and Scoring based on NABH Standards • NABH Chapter 1-5 • Poster designing

Signature of the Student

Approved by the IIHMR University's Mentor

Reporting Format (Weekly)

Name of the Organisation: GMC Kota, Super Specialty Block

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

Name of the Student: Aanshi Singhal

Roll no: 1888 Stream: HM

Week no: 11 From……21/07/25……to……26/07/25…….

Activity Done	• Hospital Visit and rounds • Hospital Introduction • Analysed gaps according to NABH • Ambulance • Administration
Linking theory (Classroom learning) with practice at your organisation	**Essentials of Hospital Services** • Patient Flow observation • Planning and superficial learning of hospital concepts • Quality
Gaps identified on the working area.	• No documented referral SOP or emergency transport protocol for critical patients. • No structured checklist before every dispatch and at start/end of each shift. • In administration, slow processes and delays due to manual file routing, approvals, and storage. • Leaves often taken without formal relievers or backups assigned, due to negligence and favourism of department incharges. • Occasional impolite or indifferent responses to patients, attendants, and subordinate staff. • No KPIs or monthly performance audits for clinical and non-clinical staff.
Suggestions for improvement	• Maintain daily ambulance readiness checklists including fuel, equipment, and cleanliness. • Prepare and display a referral and transport SOP. • Train drivers and emergency responders on basic life support (BLS) and disaster response.

	• Initiate regular training sessions on professional behaviour, communication skills, and conflict management. • Introduce biometric attendance and integrate it with a centralized HR dashboard, and to be reviewed by superintendent regularly.

Signature of the Student

Approved by the IIHMR University's Mentor

Compiled Reporting Format

Name of the Organisation: GMC Kota, Super Speciality Block

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

Name of the Student: Aanshi Singhal

Roll no: 1888 Stream: HM

Activity Done	During my internship, I actively participated in a wide range of hospital management and operational activities. The experience began with an orientation session, followed by introductions to the Medical Superintendent and Deputy Superintendent of the organisation. I closely learned about OPD procedures, particularly the registration process through IHMS and RGHS portals. My observations extended to various diagnostic departments including Radiology (X-ray and Sonography) and Laboratory services (Microbiology and Biochemistry). Further, I understood the workflow at the IPD registration desks and participated in sanitation and maintenance rounds. I studied the Biomedical Waste Management system, explored the functioning of the hospital pharmacy, and evaluated the presence and adequacy of signage. I reviewed statutory and structural compliance details across departments. Additionally, I visited the Medical Record Department (MRD) and Biomedical Engineering (BME) section to understand their role in hospital operations. A significant part of my internship involved analysing gaps in patient rights and education, as per NABH standards, especially in critical care areas like the ICU. I also examined practices in infection prevention and control (IPC) and was involved in collecting data and scoring key performance indicators (KPIs) for turnaround time (TAT). Toward the latter part of the internship, I explored the ambulance services to assess emergency transport systems and engaged with the hospital administration

	department to understand HR processes, behaviour-related concerns, absenteeism issues, and internal communication practices. This multifaceted exposure allowed me to bridge classroom learning with real-time hospital processes and appreciate the complexity of managing healthcare delivery in a government super speciality hospital setting.
Linking theory (Classroom learning) with practice at your organisation	Core topics from the subject ***Essentials of Hospital Services*** were reinforced through direct exposure to hospital operations, patient flow, departmental planning, and interdepartmental coordination. I observed and analyzed patient flow, from entry at the OPD to various diagnostic, treatment, and admission services, thereby practically understanding concepts such as bottleneck identification, queue management, and process mapping. Classroom teachings on **hospital planning** and infrastructure utilization were brought to life as I visited departments like the OPD, IPD registration desks, laboratory, and radiology, where I could observe space utilization, workflow design, and departmental layout in action. My understanding of support services like sanitation and maintenance, biomedical waste management, and pharmacy operations was enriched by witnessing their actual functioning, resource constraints, and compliance mechanisms. In critical care units like the ICU, and during rounds in infection-prone areas, I could apply knowledge related to infection prevention and control (IPC), surveillance indicators (e.g., CAUTI, VAP, SSI), and standard precautions. Moreover, the evaluation of NABH standards helped me correlate classroom instruction on **quality** assurance, audit processes, and compliance frameworks with practical departmental gaps and documentation lapses.
Gaps identified on the working area.	**OPD** • Very low Patient health literacy • Poor crowd management

	• Poor queue management • Long waiting times **Laboratory** • Less staff for sample collection • One by one feeding of sample into analyser machine for report generation • Delayed appointments due to unavailability of doctors (sonography- only Monday and Wednesday) • Report generated handwritten (higher chances of mistakes) • No timely mechanism of servicing and calibration of equipment **IPD Registration Desk** • Time-taking process for both admission and discharge • Patient is required at both times for verification. • Long time required for scanning and compressing documents for uploading to Chiranjeevi portal. • Feedback filled by desk operator. • Xerox of discharge documents to be taken by patient to the concerned ward and pharmacy. **Biomedical Waste Management (BMW)** • No availability of proper four colour-coded bins • No proper segregation of waste • Lack of awareness and responsibility among staff **Pharmacy** • Less availability of drugs for distribution from RMSCL • No written explanation for dosage of medicines to the patients • Time-taking process of local procurement of drugs through NAC (Non-Availability Certificate) **Signage** • Display Absent for Mission, Vision, Patient charter, and Citizen charter • No planning for Fire exit plan

	• Radiology symbols stating biohazard caution are missing. **Statutory Requirements** • Fire Licence is not present. • TLD Badges for the contractual staff who come directly into proximity of radiation are not issued. • AMC for HVAC System and DG set is not done. • Out of 5 O2 generation plants, only 1 is functional. **Medical Records Department (MRD)** • No timely recording of patient records (Jan 2025) • Less staff to make recording of records **Biomedical Engineering (BME)** • No proper department of biomedical engineering in hospital • Maintenance and calibration of equipment gets delayed due to their responsibility on already busy nursing staff. **Patient Rights and Education (PRE)** • The patient and family rights and responsibilities are not documented or displayed in every department. They are involved in decision-making, but staff communication is not always polite or respectful. • Patient confidentiality is not maintained in the OPD because discussions are not kept private. • The Complaint redressal mechanism is not formulated; hence, patients and their families do not have information on how to voice a complaint in case of any grievance. • Patients are also not involved in patient engagement initiatives like the teach-back method, suggestion boxes, patient satisfaction surveys, etc., to enhance clinical outcomes, safety, and quality. • Informed consent is not obtained for the Pre-Anaesthesia Checkup.

	• The organization has a mechanism to capture feedback, but they filled out by the operator. **ICU/ Wards** • When the patient is referred to the other hospital, there is no mention of the same in the documents; instead mentioned as discharged. • The care plan and discharge summary do not consist of a standardized format across the hospital. • Patients are generally not assigned as on the nurse-patient ratio and patient acuity. • Ventilators use time, and their parameters are not documented anywhere. • Mock drills for CPR are not conducted. • CAUTI, CLABSI, VAP, SSI not documented. **KPIs** • There are long waiting times in all OPD, Laboratory, and USG. • In RGHS, there was a lack of a proper reporting system to collect data for the KPIs. • The bed distribution in IPD wards does not comply with the IHMS bed management system. **Ambulance** • No documented referral SOP or emergency transport protocol for critical patients. • No structured checklist before every dispatch and at start/end of each shift. **Administration** • In administration, slow processes and delays due to manual file routing, approvals, and storage. • Leaves often taken without formal relievers or backups assigned, due to negligence and favourism of department incharges.

	• Occasional impolite or indifferent responses to patients, attendants, and subordinate staff. • No KPIs or monthly performance audits for clinical and non-clinical staff.
Suggestions for improvement	**OPD** • Increased number of registration windows (IHMS portal) (already 7 are present, but 3 are functional) • Generation and follow-up of token number on registration slips that can be visible on the already installed screens. • Prioritization of old and disabled patients • Availability of a larger patient waiting area according to the daily footfall • Accompanying a hospital staff for the patients who need assistance • Patient education through IEC **IPD Registration Desk** • Increased number of registration windows (IHMS portal) • Prioritization of old and disabled patients • Availability of a larger patient waiting area according to the daily footfall • Slip generation and verification can be done on a single counter. • Document scanning and storing to drive can be done at their concerned wards, hence the discharge process can be made quick. (Only uploading to portal and feedback will be remaining.) • Discharge documents can be collected later by the staff. **Sanitation and Maintenance** • Sanitizer should be present at every desk and in the lobby itself. • Shoe covers should be preferred instead of walking barefoot. • Sensor-based doors

	Biomedical Waste Management (BMW) • Conduct staff training on the importance and correct usage of these bins. • Conduct surprise periodic checks and audits to assess waste management efficiency. • Introduce incentive-based programs for proper segregation to encourage adherence if possible. • Establish accountability measures to ensure staff members take their responsibilities seriously. **Pharmacy** • Educate patients on medicine usage through writing on envelopes. • Maintain a buffer stock of frequently needed medicines to reduce last-minute procurement. **Signage** • Prominently display Mission, Vision, Patient Charter, and Citizen Charter in all key areas. • Develop and implement a comprehensive Fire Exit Plan with posted diagrams and mandatory staff drills. • Affix missing biohazard caution symbols at Radiology entry points and relevant internal areas. • Immediately apply for and secure the Fire Licence, ensuring full fire safety compliance. **Statutory Requirements** • Issue TLD badges immediately to all contractual staff working in radiation proximity and establish monitoring. • Secure Annual Maintenance Contracts (AMCs) for all HVAC systems and Diesel Generator sets without delay. • Prioritize urgent repair and full functionality of the 4 non-functional Oxygen Generation Plants. **MRD** • Recruit more computer operators to MRD so that timely recording of patient records is done

	• Apply compliant measures to ensure that recording is not delayed (strict deadline) **BME** • Asset list, AMC/CAMC/PM, and Breakdown Record of medical equipment should be handled by a team of Biomedical Engineers. • External body Kirloskar Technologies Pvt Ltd (KTPL) for maintenance of equipment should be managed by biomedical engineers. • Training record for any new equipment should also be kept by the department itself. • Emergencies would be handled immediately if there were an in-house department. **PRE** • Prominently display patient and family rights and responsibilities in multiple languages in all departments and waiting areas. • Conduct mandatory, recurring training for all staff on patient-centred communication, empathy, and respectful interaction. • The installation of a queue management system can ensure patient confidentiality in the OPD. (in progress) • Install easily accessible and marked suggestion boxes in various hospital areas, with regular collection and review of feedback. • Establish a feedback loop to register complaints, inform complainants of the status of their complaints, and the resolution of their grievances. • Revise the feedback collection protocol to explicitly state that feedback forms must be filled out by the patient or their legal guardian, not by hospital staff or operators. **ICU/ Wards** • There should be a mention of transfer-out, consent for referral, and a form stating the detailed reason for referral.

	• Develop uniform templates for care plans and discharge summaries approved by the medical board that include diagnosis, procedures, medications, follow-up, and patient education. • Implement a staffing matrix for different units (e.g., ICU: 1:1, ward: 1:6) and review monthly nurse workload and adjust as per demand. • Create an ICU ventilator log sheet capturing time of connection/disconnection, Mode (SIMV, CPAP, etc.), Tidal volume, FiO_2, rate, PEEP, alarms. • The infection control committee is present, but the monthly report doesn't contain CAUTI, CLABSI, VAP, and SSI. They should be documented and reported monthly. **KPIs** • A proper reporting should be initiated to capture the number of Claims Submitted in RGHS for OPD and IPD Beneficiaries; and Percentage of Eligible OPD and IPD RGHS Beneficiaries, with their rejection rate. It is already being calculated for the MAAY scheme. • The patient beds should be allocated in accordance with the beds provided by the IHMS portal to avoid errors and non-compliance in future. **Ambulance** • Maintain daily ambulance readiness checklists including fuel, equipment, and cleanliness. • Prepare and display a referral and transport SOP. • Train drivers and emergency responders on basic life support (BLS) and disaster response. **Administration** • Initiate regular training sessions on professional behaviour, communication skills, and conflict management.

	• Introduce biometric attendance and integrate it with a centralized HR dashboard, and to be reviewed by superintendent regularly.
Key Learnings	• The report highlights the actual application of finding gaps against recognised standards (such as NABH) in several hospital departments, which is fundamental to quality improvement and strategic planning. • Prolonged wait times, ineffective crowd/queue control, and drawn-out admission/discharge procedures have a direct impact on both operational effectiveness and patient satisfaction. • Reliance on manual processes (e.g., handwritten reports, paper-based patient data) and challenges with portals (IHMS, Chiranjeevi) underline the necessity for robust and efficiently managed hospital information systems. • Gaps in patient confidentiality, medication dosage explanation, waste segregation, and patient health literacy highlight important areas where staff education and awareness initiatives are necessary for efficient service delivery. • Patient safety and service continuity are directly impacted by problems such as malfunctioning oxygen plants, a lack of AMC for vital systems, and postponed equipment calibration, the report emphasises. • Missed chances to involve patients in enhancing the quality and results of care are indicated by the lack of tools like suggestion boxes, patient satisfaction surveys, or the teach-back method. • Significant risks to safety and regulatory compliance are presented by unissued TLD badges for employees, missing fire licenses, and incomplete fire exit plans. • The difficulties in gathering data for KPIs highlight the complexity of implementing evidence-based management without appropriate reporting systems, particularly for RGHS claims and infection rates (CAUTI, CLABSI, VAP, SSI). • The intricacies of resource management go beyond simple financial allocation, as evidenced by problems

	like RMSCL's drug availability, non-compliance with bed allocation, and improper nurse-patient ratio. • The requirement for a specialised Biomedical Engineering department to oversee equipment highlights the significance of integrated teamwork in healthcare delivery. • The realisation that private conversations are not kept private in OPD and that staff communication is "not always polite or respectful" suggests that management has a basic understanding of how soft skills and environment design affect patient experience and trust. • The specific statement that a mechanism for resolving complaints is "not formulated" and that patients are not provided with information on how to file complaints draws attention to a significant weakness in quality control and closing the patient satisfaction loop.

Signature of the Student

Approved by the IIHMR University's Mentor