Summer Training at
Fortis Escorts Hospital, Jaipur
(April 3 to June 2, 2017)

Inventory Management

By
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Under the guidance of
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MBA Pharmaceutical Management
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INSTITUTE OF HEALTH
MANAGEMENT RESEARCH
(WHO Collaborating Centre for District Health System Based on Primary Health Care)

IIHMR UNIVERSITY

CERTIFICATE

This is to certify that **Mr. Ankit jangid** has undergone summer training at **Fortis Escorts Hospital, Jaipur** from **3rd April 2017 to 2nd June 2017**.

The candidate himself completed the project assign to him during summer training. His approach to the project was sincere and proactive. This summer training is in partial fulfillment of the course requirement recommended for the award of MBA in Pharmaceutical Management.

I wish him success in all his future endeavors.

Col (Dr.) Ashok Kaushik
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Ref./FEHJ/HR-Comm./TRN/007

3rd June , 2017

TO WHOMSOEVER IT MAY CONCERN

This is to certify that **Ankit Jangid** worked as a **Trainee** with us in the **Dept. of Supply Chain Management** from 3rd April '2017 to 2nd June '2017 .

His performance during the period in the department was good. He comes across as a willing, sincere and intelligent person who has a strong drive and zeal for learning.

We wish him the best for all his future endeavors.

Fortis Hospitals Limited Jaipur

Authorized Signatory

ACKNOWLEDGEMENT

First, I would like to thanks my parents for motivating me for my potential. The support they have provided me over the years is a greatest gift for me.

Next, I want to thank **Fortis Escorts Hospital, Jaipur** for giving the opportunity to complete my project in the organization and **The IIHMR University** for placing me in such a wonderful organisation. I would also like to thank my university mentor **Brig S K Puri** and my organisational mentor **Lt Col Manan Mukul** who guided me about my project, shared their knowledge, suggested me the way for preparing my report and helped me to complete the summer training.

I also need to thank all the departments where I worked and visited, and thanks to their staff members for making me understand their work, teaching me the procedures and creating such a good atmosphere in the organisation.

I am greatly thankful to **Dr. Gargi Sharma**, who have helped me directly or indirectly in completing the training.

I am very thankful to **Mr. Sanjay Shrivastava** for making me understand about the professionalism.

I express my gratitude towards **Staff of Pharmacy and Purchase**, those who have shared their expertise and knowledge with me.

TABLE OF CONTENTS

ABBREVIATIONS

- ABC- Always Better Control
- CBU-Central Buying Unit
- CSR- Corporate social responsibilities.
- DG- Diesel Generator
- DTC- Drugs and therapeutic committee
- FEFO- First Expiry First Out
- FIFO- First in First Out
- FOS- Fortis Operating System
- FSN- Fast, Slow, Non-Moving
- GRN- Goods Receipt Note
- HIS- Hospital Information System
- IP- In-Patient
- IT- Information Technology
- KVA- Kilo Volt Ampere
- LASA- Look Alike Sound Alike
- NRGP- Non-Returnable Gate Pass
- OPD- Out Patient Department
- PO- Purchase Order
- PR- Purchase Return
- PTC- Pharmacy Therapeutic Committee
- RGP- Returnable Gate Pass
- ROL- Re-Order Level
- ROQ- Re-Order Quantity
- RTV- Return To Vendor
- SCM- Supply Chain Management
- SOP- Standard Operating Procedure
- TAT- Turn Around Time
- VED- Vital , Essential , Desirable
- TPA- Third Party Assurance

OBSERVATIONAL LEARNINGS.

Introduction

'Fortis Escorts Hospital Limited is a leading integrated healthcare delivery service provider in India. The healthcare sector of the company primarily comprises hospitals, diagnostics and day care specialty facilities. Currently, the company is operating its healthcare delivery services in India, Dubai, Mauritius and Sri Lanka with 45 healthcare facilities (including projects under development), approximately 10,000 potential beds and 314 diagnostic centers'.

Vision of Fortis

'Saving and Enriching Lives'

Mission of the organisation

'To become a globally respected healthcare organization known for Clinical Excellence and Distinctive Patient Care'

Journey of Fortis

'Brand Fortis was established in 1996, by our Founder Chairman Late Dr. Parvinder Singh, who instituted it with the vision'
'to create a world class integrated healthcare delivery system in India, entailing the finest medical skills combined with compassionate patient care.'
Fortis Healthcare is the country's 'fastest' growing healthcare group. We have grown from first hospital at Mohali (Chandigarh) which opened in 2001 to over 55 facilities today. These include the world-famous Escorts Heart Institute and the erstwhile Wockhardt facilities. From North to South, East to West, Fortis truly has India covered - the frontier city of Amritsar, to Ludhiana, Mohali, the National Capital region, Mumbai, Bangalore, Mysore, Chennai, Kolkata and many more destinations are all home to Fortis facilities.
Fortis occupies a place of pride in India's healthcare delivery system.

General findings on learning

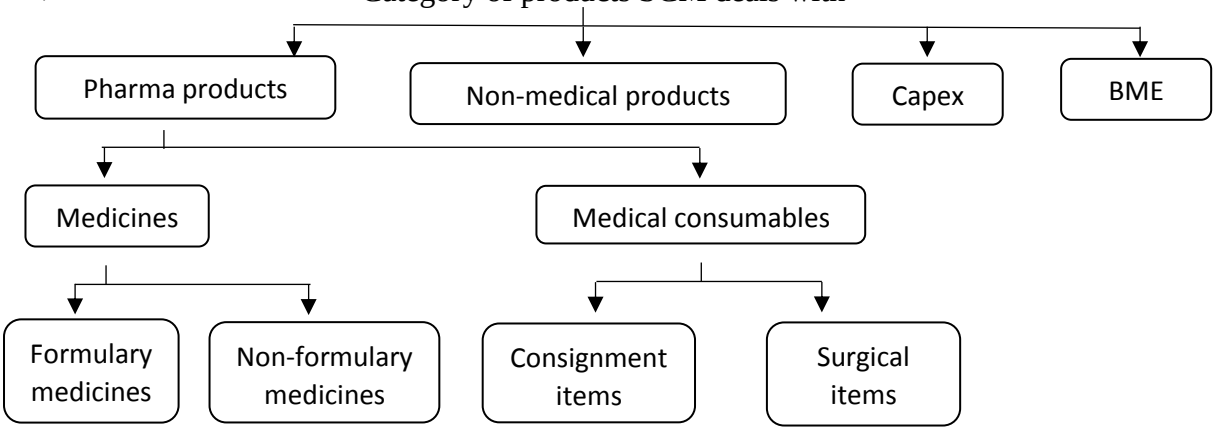
- Supply Chain Management:

  Supply Chain Management deals with all activities associated with the flow of goods from raw materials to end users.

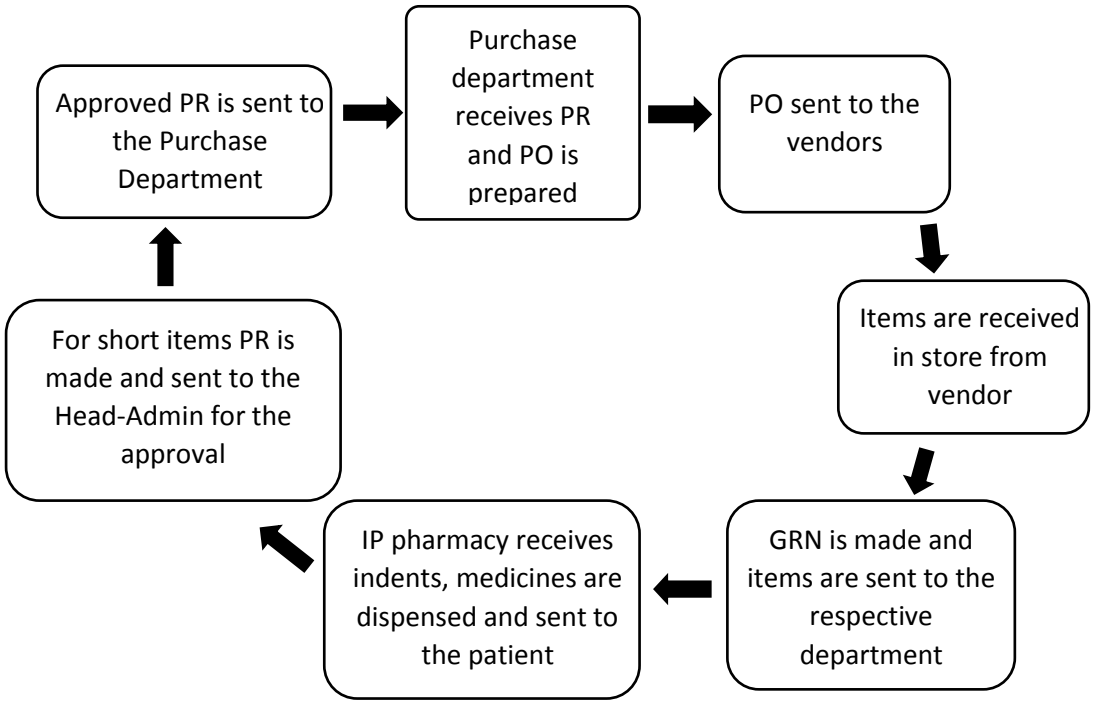
  The term Supply Chain refers to entire network of the organization that work together to produce, and deliver the products.

- Which departments come under SCM?
  1. IP pharmacy
  2. Store
  3. Purchase

- Category of products SCM deals with



- Flow chart of SCM



Mode of data collection

I have collected information by visiting different departments and meeting their department head

- Process of sending indents to the pharmacy by nursing staff

1. Doctor prescribes the medicines.
2. Nursing staff picks up the brand available as displayed on the software.
3. Nursing Staff sends the indent to the IP pharmacy.
4. Indent comes to the pharmacy. Pharmacist picks the batch sent by the nursing staff. And takes a print out of packing slip of the indent.
5. Then the packing slip is given to the junior pharmacist for dispensing.

- Process of wrong indent

1. If in any case the wrong indent has been sent, then the pharmacist gets to know that the indent is wrong and calls the nursing staff and tells them about the wrong indent.
2. Then the nursing staff opens the EPR and checks which medicine was ordered in wrong code.
3. Then the nursing staff discontinues the wrong indent, and update a right indent as the pharmacist tells them.

- Process for returning extra medicines

1. Extra medicines (non–consumed) are sent back to the pharmacy with an update of return of medicines in the system
2. Then pharmacist checks the quantity and name of the medicines and takes that back and update in the system that these medicines has been returned.

- Functions of IP pharmacy

1. Dispensing of medicines.
2. Arrangement in the pharmacy
3. Narcotic medicines management
4. Inventory management

(A) Purchase requisition

(B) Purchase return

(a) Non-returnable gate pass: for Near expiry items, expired items, non-moving items, slow moving items, breakage item, batch recall, damaged goods which are required to be return.

NRGP with RTV for GRN generated products.

NRGP without RTV

(b) Returnable gate pass: for those materials which are rejected after GRN due to quality problems, and has to be replaced.

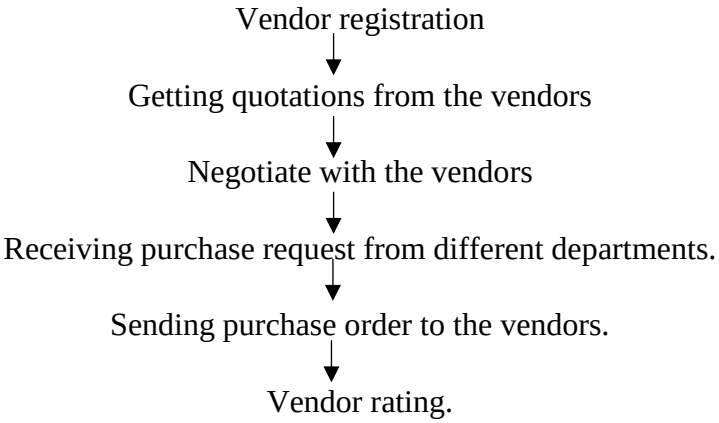
And for the assets which have to be sent for repair.

(c) FSN analysis on quarterly basis and VED analysis

5. Expiry management: Every month an expiry report is generated through the system for the expired items or the items going to be expired in the next 3 months. Based on the report the products are checked physically and called back and sent back to the vendors.
6. Inventory management

   Purchase return on Non- returnable & Returnable gate pass
7. Product code generation.

- Functions of purchase



- Functions of store

1. Receiving of medicines, consignment items, general items and medical consumables.
2. GRN (Goods Receipt Note) generation.
3. Receiving purchase request from user departments other than pharmacy like Housekeeping, IT, Biomedical, Engineering, Nursing Department, Clinical Department, Quality, Billing, TPA (Third Party Assurance), Front office.
4. Forwarding PR to the purchase department for PO.
5. Updating the stock by physical and system verification.
6. Maintaining the file of invoice/challan according to the vendor name.
7. Sending the bills/challan to the finance department for the payment.
8. Distribution of goods to different departments.

Some other departments that I visited during orientation in the organisation

1. Housekeeping

   To maintain the aesthetic appearance.

PROTOCOLS:

- Cleanliness in the organization.
- BMW (Bio Medical Waste) management.
- Different color bags are used for collection of waste, begs are placed in everywhere in the hospital
  1. **Red**: plastic goes in red dustbins.
  2. **Yellow**: human anatomical waste/organs.
  3. **Card board boxes**: glass things, injection bottles are thrown in the card boards.
  4. **Black**: general waste is thrown in black dustbin.
  5. **Closed white box**: syringes
  6. All needles and used vials are kept in punctured proof box.

  There is a central garbage room in the hospital. All bags are taken here then they are taken to the BMW room. The BMW room is closed whole day.

  There are different sections in BMW room. According to the type of waste.

- Within 4-8 hrs. BMW should be removed.
- INSTROMEDICS is the only authorized vendor in all over Rajasthan, in kanota.
- All BMW sent to the vendor and in a van after weighing of the BMW
- Weight should match with what is written in the slip, it can be checked by police any time.
- The vehicle is with bar coding sticker on every beg.
- BMW can be randomly inspected in between (by police people).
- According to SOP, plant must be visited in every 6 months. There are all the machines, for the disposal of BMW.
- There is infection control department to prevent the infection.
- Chemicals used for cleaning of different surfaces:

  Johnson diversy provides all the chemicals:
  - R2: it used to be used for floor cleaning; now R82 is used for hard surface.
  - R3: It is used for glass cleaning.
  - R4: Furniture polish (wooden polish).

- ❖ R5: Air freshener.
- ❖ R6: Harpic etc.
- ❖ R9: It is for fixtures cleaner (in bathroom).

2. Food & Beverages:

Food services are outsourced.

Food services are available for patients, attendants, and staff of the organization.

Patient diet is planned by the dietician who issues necessary instruction to F & B department.

They have a call center where they receive orders from wards and patient rooms.

There is a notice board where they mention list of special care patients and choosy people

In a day six meals are given to the patients.

In their store they maintain 15 days stock.

For the delivery they use three tier trollies. In which they put food.

3. Engineering:

The Engineering Services in hospitals include the electricity supply, water supply including plumbing and fittings, steam supply, air and clinical vacuum delivery system, piped medical gases, lifts and dumb waiters, air conditioning, communication system (public address system, telephones), non-conventional energy devices, and last but not the least workshop facilities for repairs and maintenance.

They are responsible for the inspection, repair and maintenance of all the facilities and services mentioned above to ensure their optimum operational reliability and reduction/elimination of any risks associated with them.

Engineering has following plants:

1. Air Conditioning Plant: Fortis has centralized air conditioning plant.

   It has 3 compressors, 3 condensers, 3 pumps for condenser, 4 primary pumps 7 secondary pumps for chilled water and strainer for condenser and chilled water is used.

   Here cooling is done by chilled water which makes the air cool.

   Temperature of OT is maintained 22 degree centigrade +- 2 degree centigrade

   Temperature of normal areas like in wards and visitor area is maintained at 24 degree centigrade +- 2.

2. Boiler Room: it has 2 boilers,1 water boiler and 1 steam boiler
   Hot water temperature is maintained at 38 to 40 degree centigrade.
   Which Is used for bathing and cleaning and hand wash
3. Fire System: fire sensors are placed everywhere in the hospital if the temperature raises more than 67 degrees centigrade the glass of the sensors breaks and water is sprinkled at that area.
   And smoke sensors are used to detect smoke.
4. Electricity Supply: Fortis gets 33kva supply means 33000 volte. Which is transformed into 440 volte by transformers.
5. Medical Gas Plant: medical gases are supplied from here.
   Medical gases: oxygen and nitrous oxide
   and vacuumed air is also supplied in the wards and ICU
6. Sewage Treatment Plant: In this process contaminants are removed from waste water. This water is used in garden, air conditioning, flushing, and the areas where this water does not come directly in contact with mouth and hands.
7. Stages of Water:
   Raw water: Raw water is natural water which is found in the environment, waste water is not treated nor have any minerals, ions, particles or living organisms removed. Raw water includes ground water, rainwater. Which needs to be treated. It is used for general use not for the drinking.
   Soft water: Soft water is surface water which contains low concentrations of ions and in particular is low in ions of calcium and magnesium. Its hardness is less than the raw water. It is used in laundry, kitchen and in CSSD.
   Reverse osmosis water (RO water): In Reverse Osmosis process dissolved inorganic solids are removed from water. It can be used for drinking purpose.

4. Marketing:

Marketing department markets patient services.

Different functions of Marketing department are:

a) Marketing

They approach patients through three ways

1. Direct marketing
2. CME (Continuous Medical Education)
3. Health camps: camps are conducted in their geographical area

b) Branding: logos, advertisement, boards etc.

Fortis is running following CSR programs:

1. Nanhi chaav: to promote girl child.
2. Umeed: Under this program counseling session are given to the HIV positive children.
3. Yatn: For deaf and dumb people.
4. Little hearts program: This program is for children suffering from congenital disease by birth. An their surgery is done for free.
   Fortis as an agreement with Salman Khan Foundation for doing free surgery.
   Fortis has done more than 120 free heart surgeries.
5. Suprabhat: Morning camps at parks, churches and in societies, where free consultation is given.
6. Community outreach program for students: associated with op 30 schools of Jaipur. Annuals health checkup camps are held in schools.
7. Chetna: To improve awareness among the adolescence.
8. Saksham: For police department. Regularly police men are trained that how to save lives.
9. Samarth: Designed for doctors and patients, they are trained how they can reduce the mortality rate
10. Umeed smile: Plastic and Cosmetic Surgeries for treatment of cleft lip patients. These are free of cost surgeries.

Conclusive learning:

- After working in different departments. I have learnt how all the departments play their important roles.
- I have learnt the process of Supply Chain in hospital.
- I have learnt how to manage sub-ordinates and how to motivate them.
- I have learnt how to maintain professionalism in an organization.
- I have learnt how human behavior affects an individual's performance as well as organization's performance.

Limitations:

- ROL and ROQ is calculated manually it should be automatically calculated through the software.
- Sub-stores are not added in the system so it's very difficult to count the physical quantity of the stock.

Suggestions for the improvement:

- Arrangement of main OPD should be changed to make it more effective.
- At main OPD there should be different counters for different type of patients. Example: Old people, critical patients etc.
- Manpower should be increased in some departments.
- Pharmacist who dispense medicines should write their ID number on the packing slip.

PROJECT REPORT

Introduction:

1. Inventory: Inventory is raw materials, work-in-process product and finished good that are considered to be the portion of a business's assets that are ready or will be ready for sale.

2. Type of inventory: There are three components typically classified under the inventory account:

    a. Raw materials represent goods that are used in the production as a source material. Examples of raw materials are bulking agent, colouring agent, preservatives for the preparation of tablets.
    b. Work in progress includes goods that are in the process of being transformed during manufacturing and are about to be converted into finished goods. For example, a half-processed tablet that is being built would be work in process.
    c. Finished goods are products that have gone through the production and ready for sale, such as prepared vials, tablets, capsules etc. Retailers who buy and resell goods typically call inventory "merchandise,"

3. Inventory management: It's a method of maintaining the stock at a level at which purchasing and stocking cost are at the lowest possible without interference with the supply.
4. Importance of inventory management: Possessing a high amount of inventory for a long time is usually not advantageous because huge stock amounts to locking up the money which would have been spent more gainfully in some other way. However, possessing too little inventory isn't beneficial either, since the business runs the risk of losing out on potential sales and services. Inventory management forecasts and strategies, can help minimize inventory costs because goods are received only when needed.
5. Inventory management methods:

    1. FSN and VED analysis:

        a. FSN analysis: In this analysis quantity and rate of consumption of medicines is studied. According to the consumption the medicines are categorized in three categories.

1. Fast moving items: Items which show large consumption in last three months are called fast moving items.
2. Slow moving items: Items which don't show consumption in past three months.
3. Non-moving items: Items which don't show consumption in last six months are non-moving items. They are just consuming space and storage cost. These items should be sent back to the vendor to reduce the inventory. And the reason for their non-utilization should be studied.

b. VED analysis:

Criteria for classification of Vital, Essential, and Desirable medicines

VITAL	**ESSENTIAL**	**DESIRABLE**
(1) Potentially life-saving (2) Significant withdrawal side-effects (3) Major public health importance	Effective against less severe but significant forms of illness	(1) Used for minor or self limited illnesses (2) Questionable efficacy (3) High cost for marginal therapeutic advantage

SUMMARY OF STEPS OF VED ANALYSIS

1 Each DTC / PTC member should classify all the medicines as Vital, Essential, Desirable (VEN).

2 The results of each member's classification should be compiled and an overall classification agreed in the DTC / PTC

The DTC / PTC should then:

3 identify and limit therapeutic duplication

4 examine all the D items and where possible decrease the quantities purchased or eliminate them

5 reconsider proposed purchase quantities, buying V and E items before D items and ensuring that safety stocks are higher for V and E items

6 monitor drug ordering and stock levels for V and E items more closely than for D items.

Characteristics of the drug and target condition	**Vital**	**Essential**	**Desirable**
Occurrence of target condition			
% of population affected	>5%	1-5%	<1%
Average number of patients treated per day in an average facility	>5	1-5	<1
Severity of target condition			
Life-threatening	Yes	Occasionally	Rarely
Disabling	Yes	Occasionally	Rarely
Therapeutic effect of drug			
Prevents serious disease	Yes	No	No
Cures serious disease	Yes	Yes	No
Treats minor, self-limited symptoms and conditions	No	Possibly	Yes
Has proven efficacy	Always	Usually	Maybe
Does not have proven efficacy	Never	Rarely	Maybe

Re-Order level

ROL= Safety stock + Lead time consumption

Safety stock = % of lead time consumption + % demand fluctuation

Lead time consumption = per day consumption (average of last 56 days of consumption) X lead time demand fluctuation

Lead time Consumption: time it takes from creating a PO and receiving material in the stores.

Demand fluctuation: A predefined % of monthly consumption of an item.

Per day consumption: average daily consumption based on last 56 days of total consumption.

Stockable items: manually orderable items

Safety stock= stock required for demand fluctuation + stock required for lead time variation.

Re-Order quantity = Safety stock + lead time consumption + stock on hand – stock on order

Stock on order = pending PR quantity + Pending PO quantity

Mode of data collection:

Data was collected from IP pharmacy. For maintaining the confidentiality of the organisation, they could not provide the exact data regarding the study so the data has been manipulated.

Date compilation:

All received data from the organisation for this report is shown in a separate Excel file.

Date analysis and interpretation:

Here data analysis and data interpretation is done on a small sample because all items cannot be written in this report.

Methods and formulas written in the Introduction are used to calculate ROL, ROQ and to control inventory based on FSN, VED analysis.

ROL and ROQ for some items:

By using above method and formula ROL and ROQ is calculated for the following products shown in Table 1:

S. NO.	ITEM NAME	AVARAGE DAILY CONSUM-PTION	LEAD TIME	% OF LEAD TIME CONSUM-PTION	DEMAND FLUCTUA-TION	% OF DEMAND FLUCTUATION	SAFETY STOCK	ROL	STOCK ON HAND	ROQ
1	Tirofoben 5 mg inj.	9.71	2	4.85	296.28	74.07	78.92	98.3	78	176.3
2	Tramadol 50 mg/ml	0.66	7	1.15	20.15	5.03	6.19	10.8	2	12.8
3	Eliquis 5 mg tab	9.05	1	2.26	276.13	69.03	71.29	80.3	60	140.3
4	Itipride cap.	7.76	3	5.82	236.91	59.22	65.05	88.3	40	128.3

Average daily consumption is calculated according to last 56 days consumption of an item.

Higher the average daily consumption, higher the ROQ and ROL of that item.

Higher the lead time of an item, higher the ROQ and ROQ of that item.

Table 2: Fast moving items:

Out of 60 items 22 items are fast moving. Out of 22 there are 14 desirable and 8 vital items, but here we are taking 4 items in table 2

QOH of all fast moving items should be monitored and if its QOH goes less then ROL then PR must be generated to prevent stock out condition

S. no.	Item name	Form	Frequency	Fast/ Slow/ Non-moving	Essential/ Vital/ Desirable	QOH
1.	CLOTRIMAZOLE 1%	MOUTH PAINT	1	F	D	17
2.	DESMOPRESSIN 10 ML	NASEL SPRAY	23	F	D	7
3.	ORAL POLIO VACCINE	VACCINE	2	F	V	8
4.	DEXTROSE 10% (AQUA PULSE)	INFUSION	43	F	V	1

As these are fast moving items so these should not be sent back to the vendor. Rather their frequency and QOH (Quantity on hand) should be watched, and if the QOH goes below the ROL, PR should be raised.

Table 3: Slow moving items:

Out of 60, 17 items are slow moving, and out of 17, 16 items are essential and just 1 item is vital.

These are the slow-moving items, and their QOH should be watched, if QOH goes higher than the desired quantity required for 26 inventory days, than the excess quantity should be sent back to the vendor. And if the QOH is less than ROL, PR should be raised.

S. no.	Item name	Form	Frequency	Fast/ Slow/ Non-moving	Essential/ Vital/ Desirable	QOH
1.	PHENYTOIN 100 ML	SYRUP	148	S	E	3
2.	ENDOTRACHEAL TUBE CUFFED SIZE 5.5	ENDOTRACHEAL TUBE	121	S	E	6

S. no.	Item name	Form	Frequency	Fast/ Slow/ Non-moving	Essential/ Vital/ Desirable	QOH
3.	DULOXETINE 30 MG	CAPSULE	99	S	E	24
4.	GEMCITABINE 200 MG	INJECTION	148	S	E	5
5.	CALCIUM 10 ML	INJECTION	92	S	V	34

Table 4: Non-moving items:

Data has total 21 non-moving items which has 4 essential, 16 desirable and 1 vital item.

Here some of those items are shown in table 4

S. no.	Item name	Form	Frequency	Fast/ Slow/ Non-moving	Essential/ Vital/ Desirable	QOH
1.	IFOSFAMIDE 1 GM	INJECTION	497	N	E	2
2.	ETOMIDATE 2GM/ML	INJECTION	187	N	E	4
3.	AMLODIPINE, PERINODOPRIL 4/5 MG	TABLET	371	N	D	7
4.	EZINAPI	CREAM	519	N	D	9
5.	NS (AQUA PULSE) SODIUM CHLORIDE 500 ML	INFUSION	193	N	V	1

The non-moving items which don't have any transaction in last six months. This table covers all three categories vital, essential and desirable.

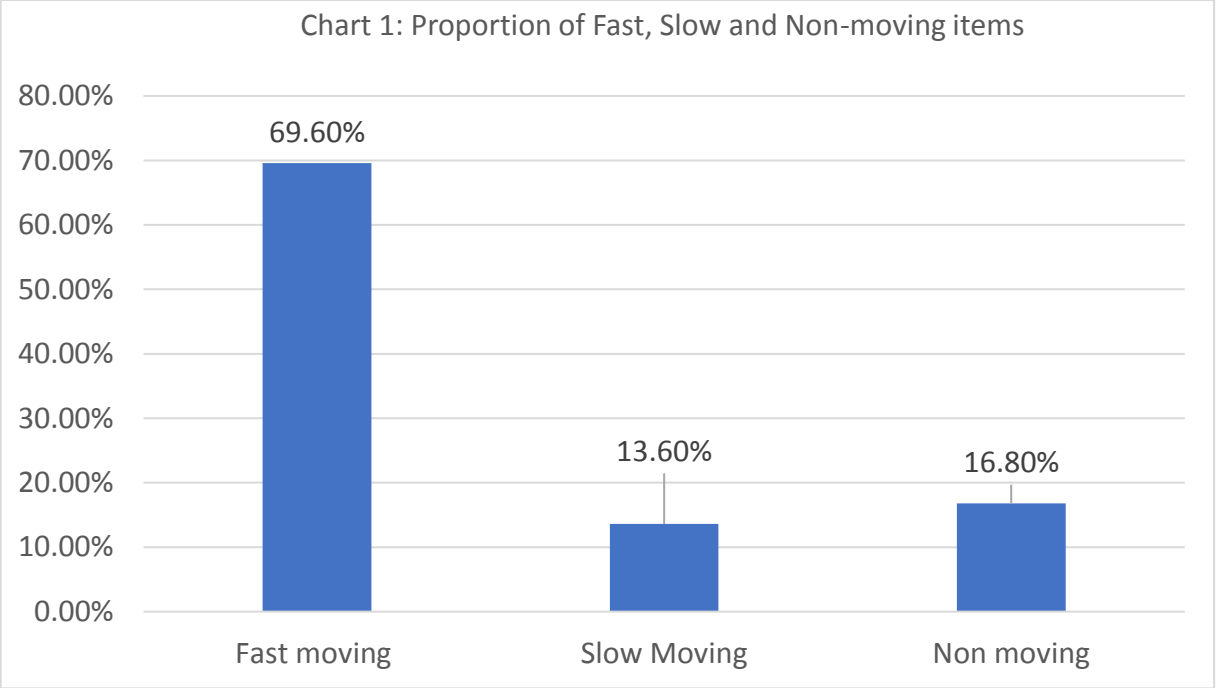
1. Items which are non-moving and vital, should not be sent back to the vendor, unless they are near expiry medicines or their QOH is very high.

2. Items which are non-moving and essential should not be sent back to the vendor unless their substitute is available or they are near expiry medicines and their QOH is more than required.
3. Items which are non-moving and desirable should be sent back to the vendor after ensuring that they will not be required in future. And if they are near expiry medicine they must be sent back.

If non-moving medicines are sent back to the vendor we control the inventory cost which is very important to make business more effective.

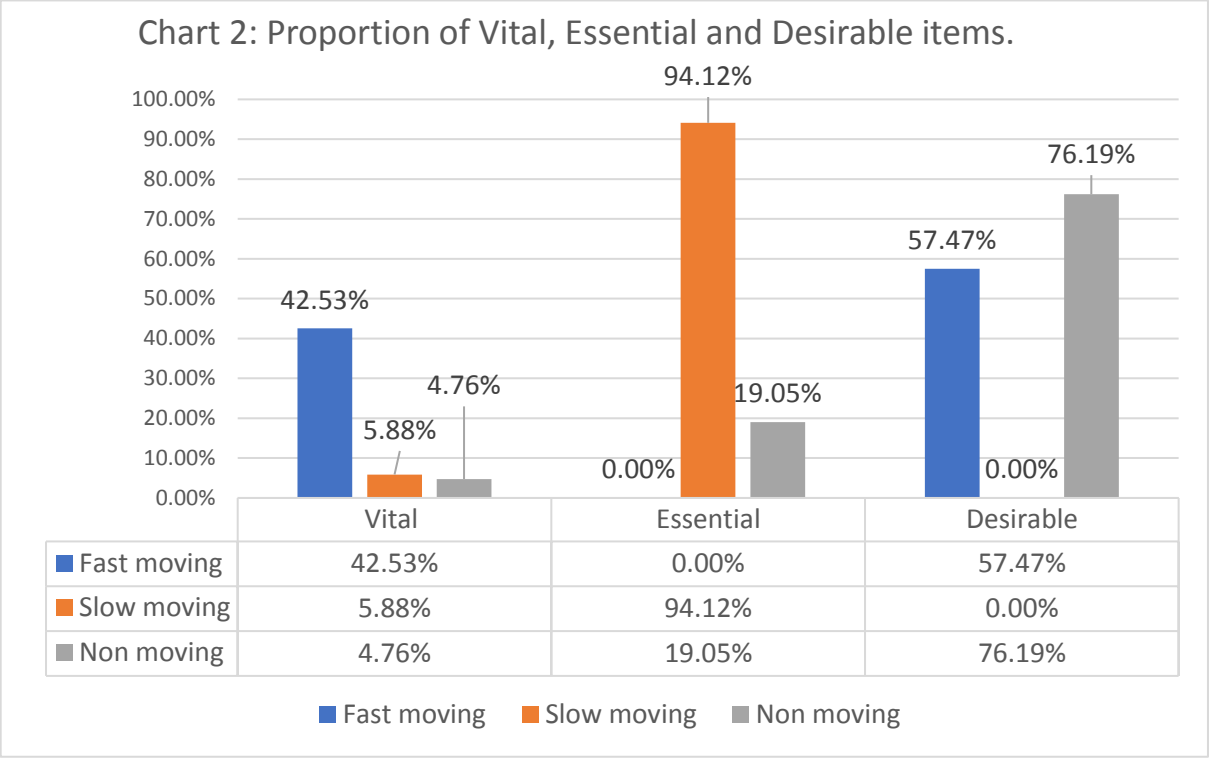
Findings:

In chart 1, it is shown that in the sample 69.60% items are fast moving, 13.60% items are slow moving and 16.80% items are non-moving. So here inventory can be controlled by controlling the 16.80 % non-moving items.



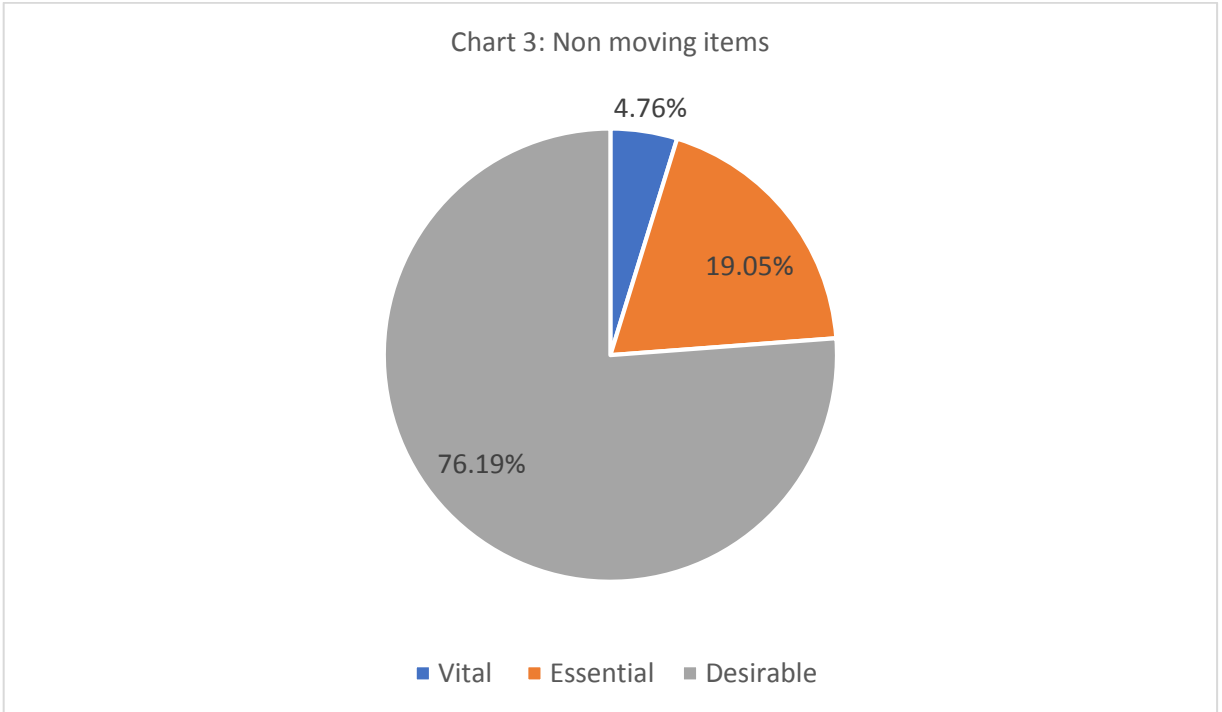
Through chart 2 following things are observed:

- In Vital items 42.53% are fast moving, 5.88% are slow moving and 4.76% items are non- moving.
- In Essential items 94.12 % items are slow moving, 19.05% items are non-moving and 0% items are fast moving.
- In desirable items 57.47% items are fasts moving, 0% items are slow moving and 76.19% items are non-moving.



In chart 3 following things were observed:

- 76.18% non-moving items are desirable.
- 19.05% non-moving items are essential.
- And just 4.76% non-moving items are vital.



Recommendation and Conclusion:

1. Recommendation regarding ROL and ROQ Process.
    a. While calculating ROL and ROQ we use average consumption of items based on last 56 days consumption. Which is always not relevant for calculating ROL and ROQ because some items may show very high consumption in the starting 28 days but after 28 days consumption is very low, but still we are calculating average daily consumption based on last 56 days.

       Ex. If an item shows consumption of 2800 units in the starting 28 days but after 28 days it shows very low consumption of 580 units. Then the last 28 days consumption which is 580 should be considered very seriously.
    b. For seasonable medicines this method is not much effective because their consumption depends on their season so we cannot go with this method because of not getting relevant figure of ROL and ROQ.
    c. There is no issuing from the system by the sub stores it creates error creating ROL and ROQ.

I conclude that FSN and VED analysis are very useful tools for managing inventory. By these tools we can control inventory. And most of the VITAL medicines in the pharmacy were fast moving, which shows that inventory is managed very well.

REFERENCES

Previous reports and articles on Inventory management were reviewed.

ANNEXURE

SUMMER TRAINING REPORT

THE IIHMR UNIVERSITY, JAIPUR

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