

Summer Training At
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A Report by

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I would like to thank The Almighty for his grace. My gratitude to Our President (IIHMR University, Jaipur) and Dean (IHMR) for the golden opportunity provided to me.

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In conclusion, I would like to offer my heartfelt thanks to the organization, Stanplus Technologies Pvt Ltd, my Industry Mentor Dr Akanksha Mamgain, the Project Manager Dr Annvi and my colleagues for providing me with a wonderful opportunity to explore the industry and to provide me the confidence to serve the organization and its customers.

Ms Shradha Govindarajan

Date:

Place:

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PART-I
OBSERVATIONAL LEARNING

SECTION 1: PROFILE OF THE ORGANIZATION:

Situated at a prime location of Jubilee Hills in Hyderabad, Stanplus claims to be India's largest medical response and assistance company. It was co-founded by Mr Prabhdeep Singh, Mr Antoine Poirson and Mr Jose Leon. Stanplus is a family of 430+ employees, 80+ membered 24/7 response centre, 5500+ ambulances along with 300+ hospitals partnerships and tie-ups. Stanplus also owns the products and brands namely: RED Ambulances, RED911 Assistance, SPHERE and StanCOMMAND.

During the COVID-19 second wave, many corporates saw its employees running behind such resources for their own near and dear. They tied up with Stanplus whose venture StanCOMMAND- a centralised command centre for on-call medical response, proved to be a project that arrived right on time. Stanplus is now in ties with about 32 corporate clients whose employees have access to the command centres for any sort of medical or physical aid. The ticket of requisition reached the employees of Stanplus via a portal called Freshdesk that sanctioned the attention to the tickets following a systematic triage of the cases into Urgent, High priority, Medium priority and Low priority.

SECTION 2: MODE OF DATA COLLECTION:

A set of secondary data was obtained from the database of StanCOMMAND cases for a particular corporate client "ABC" (pseudonym) that was extracted from the Freshdesk portal.

SECTION 3: GENERAL FINDINGS ON LEARNING:

3.1: Services provided by StanCOMMAND:

- On-call Doctor/Paramedic.
- Identification of COVID Bed and isolation facilities.
- Identification of Plasma/Blood donors.
- Arrangements of diagnostic services.
- Arrangements of Medicines/Equipment delivery.

3.2: Features of the service:

- Frequent follow-ups.
- Multi-lingual support up to 7 Indian languages.
- Instant documentation of the updates in the process.
- All calls are answered in less than 7 seconds.
- RedAssist offers on-call medical expert response in less than 5 minutes.
- Ambulance services with a Turn-Around-Time (TAT) of just 5 minutes.
- An average satisfaction score of 4.5/5 by customers.

3.3: Process of service execution:

- A specialised team to handle the call centre to manage corporate clients and employees.
- RED911 service enables strict SLAs that facilitates COVID cases to be attended in less than 60 minutes and non-COVID cases to be attended within 45 minutes from the time of receiving the request.
- REDAssist requests are offered with the best of services from the on-ground partners with timely follow-ups and updates to the patient.

3.4: Special attributes offered by Stanplus:

- End-to-end statutory compliance
- Centralised contracting
- Professional etiquette
- 24/7 support available
- Network benefits
- Comprehensive protection

SECTION 4: CONCLUSIVE LEARNING

4.1: Observation:

The idea behind this venture is rather commendable and sophisticated. We as interns and employees could see how extensive the process was and that it expands pan-India effortlessly. We could observe by the feedbacks received from the customers that they were rather satisfied with the structure of the system and the execution was very meticulous. A few upgradations here and there in the Freshdesk portal would make the process more streamlined and less confusing. The team was very hard-working and strived day and night to meet the demands of the customers as much as possible. The superiors were very encouraging and approachable to any kind of clarification. This experience enlightened me about the collective strength of human resources and technology in battling a global pandemic facilely.

PART-II
PROJECT REPORT

A STUDY ON THE IMPACT OF UNAVAILABILITY OF RESOURCES ON THE COMPANY'S EFFICIENCY IN RESOLVING THE CUSTOMER'S REQUIREMENTS

SECTION 1: INTRODUCTION

The recent surge in the cases of the ongoing CoViD-19 pandemic has had the entire nation running frantically behind various resources that on normal days would be available with great ease. The disease has resulted in over 185 million infections and 4 million fatalities worldwide till date. The Ministry of Health and Family Welfare (MoHFW) has confirmed around 30 million infections and 405527 fatalities in the country as of July 9, 2021.

Many resources are required to properly treat a critically-ill COVID patient such as an ICU bed with full-fledged ventilator, Personal Protective Equipment (PPEs) and adequate hospital personnel. The insufficiency of mainstream facilities like hospital beds and oxygen cylinders created a phase of absolute panic among all states in the country until a nation-wide lockdown was announced which showed a great curb in its increase. The healthcare sectors were left shook to a great extent where everyone felt helpless and uncertain of what was in-store ahead of this.

As per data collected from certain Parliamentary documents and official press releases:

- India had 2,47,972 oxygen-supported beds as of September 22, 2020. By January 28, 2021 the count has fallen to 1,57,344 which marks a decrease of 36.54%.
- Around the same time, the number of ICU beds for COVID patients noted a fall in its numbers from 66,638 to 36,008- a depletion of 46%.
- In those 4 months, a collective decline of 38% was seen in the number of oxygen-supported beds and ICU beds.
- On the other hand, as on September 22, 2020, India had 33,024 ventilators which fell to 23,618 making a 28% decline in its number.

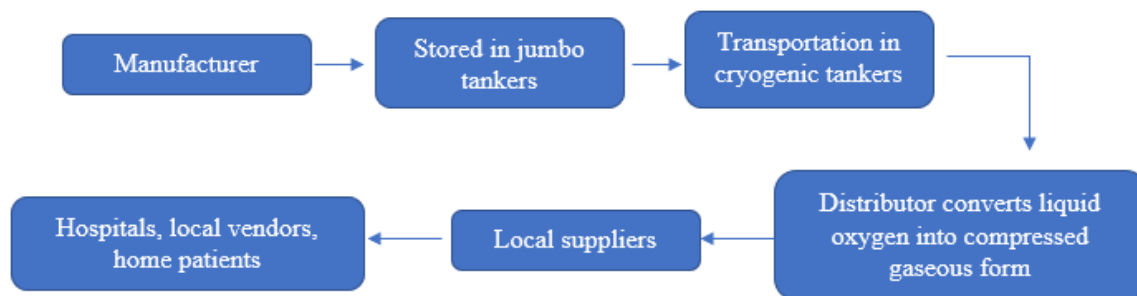
Oxygen therapy plays a very crucial part in the treatment of hypoxemia in severe COVID patients. According to some reports India is said to produce over 7000 tons a day, most of which goes into industrial use but can also be divided for medical use. In mid-May when the curve was at its peak, the demand of medical oxygen was ramped up to 9000 tons a day.

1.1: Government of India's (GoI) road map of oxygen supply:

- Orders for 1,27,000 cylinders were placed whose deliveries started by around April 30, 2021.
- GoI planned to increase availability of medical oxygen by 3,300 MTPD. Steel plants had already doubled their LMO production to 2,000 MTPD from September 20,2020 levels, oxygen manufacturers other than steel plants were told to step-up production by 5-7%.
- An existing number of 1,172 oxygen tankers were ramped up to 2,000 tankers by converting 50% of existing nitrogen and argon tankers (around 600) for oxygen transport. IAF was directed to airlift 162 cryogenic tankers that were imported. Around 100 tankers were manufactured in the next 4-6 months.
- Ministry sanctioned installation of 162 PSA plants; over 500 PSAs in the pipeline for district hospitals.
- Guidelines were framed on oxygen requirement for COVID-19 patients.

1.2: The Oxygen Supply Chain:

Fig 1.1: Oxygen Supply Chain in India:



Several unethical dealers hiked their prices to up to 10 times more of the actual price of a cylinder. As per the survey conducted by the BBC, the illegal commerce market's prices were quoted as below:

Table 1.1: Usual price vs Illegal Market price of items to treat severe COVID cases:

ITEM	USUAL PRICE (Rs)	ILLEGAL MARKET PRICE (Rs)
Oxygen cylinder (50L)	5,975	49,927- 99,341
Oxygen concentrator	24,648 - 69,464	1,49,386 - 1,98,683
Remdesivir drug (100 mg)	896 - 3,958	24,648 - 74,693
Tocilizumab drug (400 mg)	40,334	1,49,386 - 2,98,772
Fabiflu drug (17 tablets)	1,120	4,929 - 9,934

Many helplines and social media pages ceaselessly worked on providing leads from legit sources by verifying each source themselves. Social media played a mighty role in helping the people in deprivation by being approachable during anytime in the day and by being a one-stop-shop for all kinds of leads which were non-fraudulent and completely reliable.

1.3: Statement of the problem:

The surge in cases of COVID-19 during the months of April and May 2021 in India, brought about various concerning factors like inadequacy of resources of medical oxygen cylinders and hospital beds. Insufficiency of legitimate and reliable sources of information at times resulted in puzzling situations, sometimes during which the organization might not be enabled enough to extend help to the customers rarely resulting in cancellation of cases or the customer resolving their issues without the aid of the said organization. Therefore, the project title has been stated as **‘A study on the impact of unavailability of resources on the company’s efficiency in resolving the customer’s requirements.**

1.4: Objective of the Study:

- To identify the loopholes in the supply system that contribute to the dissatisfaction of customers.
- To identify the factors that contribute to the irresolution of certain cases and their consequences.
- To analyse the cases that resolved by cancellation by customers and the factors that contribute to their decision.

SECTION 2: RESEARCH DESIGN AND METHODOLOGY:

Research design and methodology is a path through which researchers conduct their research. It shows the process through which the problem is formulated and objective to present the data is obtained during the period of study. A very significant decision in the research design process is the choice to be made regarding the approach, since it determines how relevant the information that is obtained for the study and also it includes many interrelated decisions.

2.1: Area of study:

The study was conducted with the data collected with respect to the tickets/cases that come in as requests to the command centre of Stanplus, StanCOMMAND.

2.2: Research design:

The research design of this project is Descriptive study as it can provide information about the reason and factors with respect to the reason of resolution.

Descriptive study: It is used to describe characteristics of a population or phenomenon being studied. The characteristics used to describe the population are usually known as descriptive research.

2.3: Source of data:

A set of secondary data was obtained from the database of StanCOMMAND cases for a particular corporate client “ABC” (pseudonym) that was extracted from the Freshdesk portal.

Secondary data: It is a data that is gathered from studies, surveys or experiments that have been run by other people/system.

2.4: Period of study:

The project study consists of data encompassing the months of May and June 2021.

2.5: Sampling technique:

This research uses Stratified sampling. Among many corporate clients, only the data constituting the information of a certain client “ABC” were used.

Stratified sampling: It is a technique that divides the elements of the population into small subgroups (strata) based on the similarity in such a way that the elements within the group are homogenous and heterogenous among the other subgroups formed.

2.6: Sample size:

Total secondary data used for analysis: 2051 tickets from StanCOMMAND database (May-June 2021). Sample taken for study: 200 tickets chosen randomly.

2.7: Statistical tool:

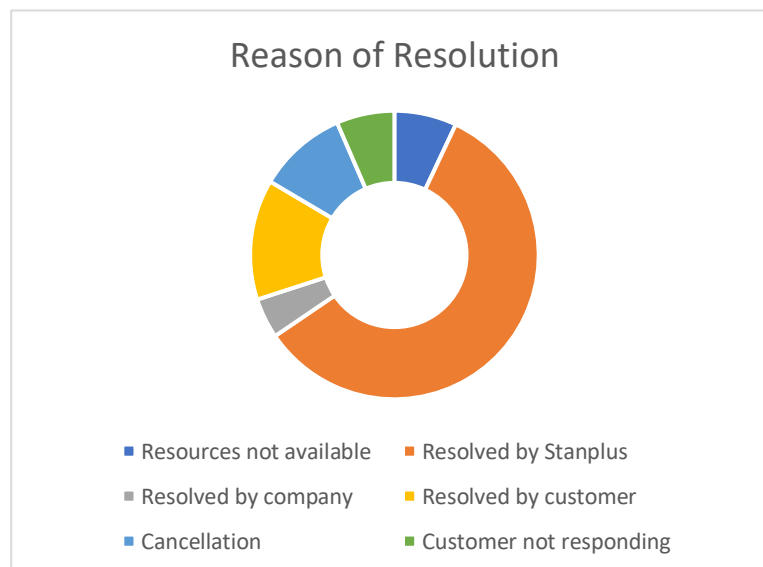
The statistical tool used in this research is Pie-chart.

Pie chart: It is a circular statistical graphic which is divided into slices to illustrate numerical proportion. In the chart, the length of each arc slice is proportional to the quality it represents.

SECTION 3: DATA ANALYSIS AND INTERPRETATION

3.1: Analysis of the reason given after resolution of requests:

Fig 1.2: Graphical distribution of the reason given after resolution of requests:



- **Resolved by Stanplus:** Most cases that came in were able to get solved using their strong resources of leads. After offering the customer with leads, a SPOC will later verify with them if the resources that the company had provided helped them. The status will be changed to “Resolved by Stanplus” only after that verification. Stanplus follows an extensive process of research and verification of resources before offering it as a resolution to its customers. 59% of the cases were solved successfully by the organisation.
- **Resolved by customer:** As the SPOCs search for leads via all possible resources, the customer also continues to keep the search going on from their side. In certain cases,

when the customers find for themselves a suitable lead, they opt to go ahead with it instead of utilising the leads offered by Stanplus. It is mostly a natural tendency for customers to continue with the lead which they receive first and also the one that complies to the other factors like distance, time and cost. 14% of the cases were resolved by the customers themselves.

- Cancellation: 10% of the cases come under cancellation. This occurs when the customer prefers to close the existing ticket due to any reason like having found a lead by themselves or if they feel that the service is not needed at that moment. Cancellation is purely based on the customer's consent and the organization plays no role in influencing those decisions.
- Customer not responding: These are the cases in which the tickets are closed if the customer does not respond to two or more calls made by the organisation to reassure satisfaction. The call-backs are done at equal intervals up to 8 hours from providing the leads. Only 7% of all the cases were closed due to this reason.
- Resources not available: this situation occurred when there were no sufficient sources of information regarding the leads to wanted appliances. Resources were collected following extensive research from various websites, social media pages and also by contacting few hospitals and dealers directly. Only 7% of the cases of Client ABC were not resolved due to lack of resources.
- Resolved by company: Few facilities like on-call doctor consultation and vaccination camps were provided by the client itself to their employees. The services offered by the company itself are vaccination queries, medical equipment deals, isolation centres, etc. These requests did not have any involvement from Stanplus's side. Such cases were only 5% of the totality.

SECTION 4: RECOMMENDATIONS AND CONCLUSION

4.1: Recommendations:

With respect to the research conducted, I would suggest the following in order to decrease the impact of insufficient sources on the working efficiency of the organization:

- To strengthen human resources and employ more personnel on the research team to enable more resources that are more dependable.
- To make the research process more extensive and expand branches into more intricate details.

- To allot more time to verify sources and collect leads that are plentiful.
- As observed from the data, cases that were cancelled and resolved by customers were less compared to those that were resolved by Stanplus. To mitigate such occurrences further, the follow-up process must be reinforced meticulously.
- The website Freshdesk must be updated for better outcomes.

4.2: Conclusion:

In conclusion, I would like to convey that the key to a successful attempt at emergency aid is ultimately the authenticity of the resources that has to be utilised. This can mitigate various unnecessary expenditure from our pockets, immediate care without delay and most of all restores our faith in the humankind. The data has shown us that majority of the incoming requests were resolved successfully by the organization. A set of minor setbacks should not affect a process that is purely meant out of goodwill.

Every human is born to be of some use to another directly or indirectly in this global ecosystem. This pandemic saw the entire human race join hands to fight against a common enemy with absolute selflessness and with complete empathy. Along with the frontline workers, such command centres played a massive role in directing legitimate information to those in need which is indeed a huge breakthrough in the history of humankind.

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