

OPERATIONAL EFFICIENCY AND RESOURCE UTILIZATION IN SMALL-SCALE RURAL HOSPITAL A Case study of vijyasun hospital



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TOPIC

OPERATIONAL EFFICIENCY AND RESOURCE UTILIZATION IN SMALL- SCALE RURAL HOSPITAL

A CASE STUDY OF VIJYASUN HOSPITAL

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AGENDA OVERVIEW

01 INTRODUCTION

02 PROBLEM STATEMENT

03 OBJECTIVE

04 METHODOLOGY

05 KEY FINDINGS

06 RESULT HIGHLIGHTS

07 RECOMMENDATION

08 IMPLEMENTATION OUTCOME

09 CONCLUSION



INTRODUCTION

Vijyasan Hospital is a small 10-bed hospital located in Rehti, Madhya Pradesh. It plays a vital role in providing healthcare services in the rural area. However, the hospital faces many challenges like shortage of staff, poor planning, lack of systems for stock and duty management, and no digital records. These challenges affect the overall service quality.

This study was done to observe the hospital's operations closely and suggest some simple, low-cost solutions that can help the hospital work better with the same resources.

PROBLEM STATEMENT

01

LACK OF SYSTEMS

The hospital does not have a proper system to manage stock, staff duties, and patient records, which causes delays and confusion

02

MANUAL WORKLOAD

Most of the work is done manually, which increases the chance of errors and makes it hard to track important data like medicine expiry and duty shifts.

03

INEFFICIENT RESOURCE USE

Due to a lack of digital tools and proper planning, hospital resources are not used efficiently, affecting patient care and service quality.



OBJECTIVE OF THE STUDY



- To study how the hospital works on a daily basis – including patient flow, stock handling, and staff roles.
- To find areas where time, medicines, or staff efforts are being wasted due to poor planning or lack of systems.
- To suggest easy and practical ways to improve hospital operations using simple tools like Excel, rosters, and SOPs



METHODOLOGY

- **DATA COLLECTION METHODS:**

- Discussions with staff and hospital in-charge
- Observations of patient flow and service timings
- Review of OPD/IPD registers and pharmacy stock records
- Analysis of staff duty rosters and shift planning

- **Sampling Method: Purposive Sampling**

(only relevant staff and records were chosen)

- **Tools Used:**

Manual registers, MS Excel, and simple checklists to monitor day-to-day activities



KEY FINDINGS

- Bed Usage: 35–50% occupancy; goes up during seasonal diseases.
 - Patient Flow: OPD sees 12–15 patients daily; more during health camps.
 - Staff Rotation: 2 nurses manage all shifts, but there is no proper duty planning.
 - Medicine Inventory: 15% stock close to expiry; 10% overstocked.
 - Purchase Planning: Most restocking is done only when stock finishes, not in advance.
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RESULT HIGHLIGHTS

- 60% of staff reported confusion in shift duties.
- 80% of stock entries were not updated on time.
- 25% of inventory had issues like near expiry or excess quantity.
- No digital tools used for tracking records.
- Repeated tasks and time wastage observed due to lack of coordination.

From these findings, we saw the hospital was doing things manually, which led to delays and confusion. There were no proper systems for stock or staff duties.

RECOMMENDATIONS

- 1. Use of Excel or Google Sheets** – For recording stock, expiry dates, and staff schedules. Easy to use and cost-free.
- 2. Monthly Stock Planning** – Estimate needs based on previous month's usage to avoid emergency buying.
- 3. Duty Roster Template** – Plan weekly staff duties with proper rotation.
- 4. Simple SOPs (Standard Operating Procedures)** – For handling patients, medicine records, and assigning duties.
- 5. Weekly Staff Meetings** – 15-minute sessions to share updates and resolve issues.
- 6. Train Staff in Record Maintenance** – Teach basic Excel and documentation skills.
- 7. Fix Responsibility** – Assign each staff member a clear task (e.g., stock checker, roster manager).
- 8. Feedback Register** – Maintain a small book where staff can share suggestions or issues.

IMPLEMENTATION OUTCOME

- After suggestion, hospital staff started using Excel for basic record entry.
- Duty rosters were created for the first time, improving clarity in shifts.
- Expiry tracking helped reduce medicine waste.
- Staff meetings initiated once a week to review issues.
- Early results show improvement in coordination and stock monitoring.

CONCLUSION

- Simple tools can bring big improvements – like Excel and weekly planning.
- Better coordination saves time and resources – less confusion and waste.
- Even small hospitals can improve with low-cost steps – no need for high-tech systems.

Even without big budgets, small changes can make big improvements in a rural hospital. With better planning and coordination, resources can be used more wisely and services can improve without extra cost. The use of basic digital tools and fixed responsibility among staff can solve many of the existing operational problems.

THANK YOU

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