AUTO-PUSH MODEL IMPLEMENTATION FOR MEDICINE SUPPLY UNDER e-AUSHADHI IN RAJASTHAN GOVERNMENT HOSPITALS

Faculty Mentor- Dr. Ratna Verma
Industry Mentor- Dr. Vandana Sharma

Presented by
Sonali Singh Tomar, Roll No:- 0716
Stream- MBA- PM (Batch-16)

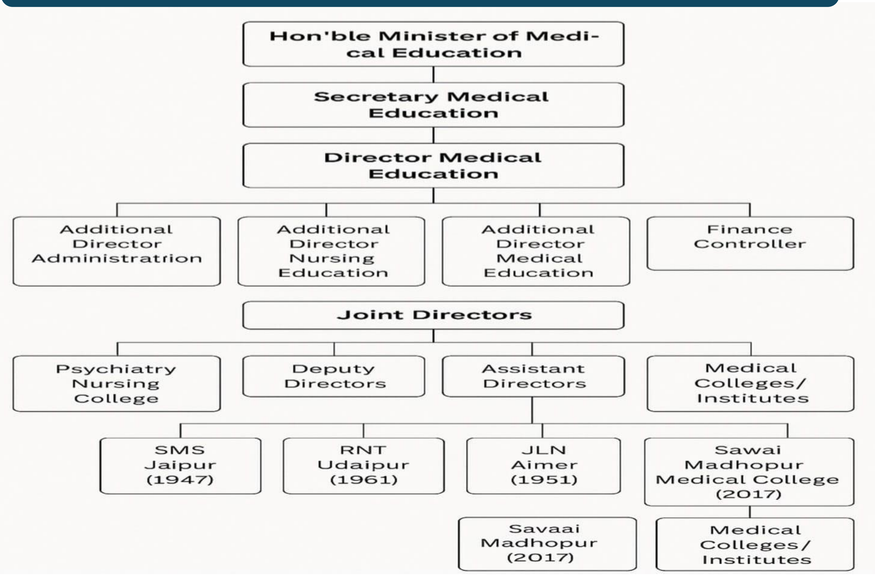
INTRODUCTION

The Department of Medical Education (DME), Rajasthan oversees government medical and dental colleges and their associated hospitals, ensuring quality education, infrastructure, and healthcare services. In recent years, it has embraced digital transformation through platforms like IHMS, e-Aushadhi, and e-Upkaran, and has initiated the Auto Push Model to automate and streamline medicine supply chains.

VISION:
To create a strong and inclusive medical education system that develops skilled professionals and strengthens public healthcare in Rajasthan.

MISSION:
To expand and modernize medical institutions, digitize healthcare through platforms like IHMS and e-Aushadhi, and ensure quality treatment and human resource development in the medical field.

ORGANIZATION STRUCTURE



SWOT ANALYSIS

✅ Strengths:
- Centralized control.
- Use of digital platforms (IHMS, e-Aushadhi).
- Wide medical network

⚠ Weaknesses:
- Outdated systems.
- Manual processes.
- Poor integration and training.

🚀 Opportunities:
- Expand Auto-Push statewide.
- Use of dashboards & AI.
- Digital skill building.

Threats:
- Resistance to change
- Tech and infrastructure gaps.
- Budget/policy delays.

OBJECTIVE

To assess the implementation of the Auto-Push Model under e-Aushadhi in Rajasthan government hospitals, identify gaps in the current supply chain, and suggest improvements for efficient and automated drug distribution.

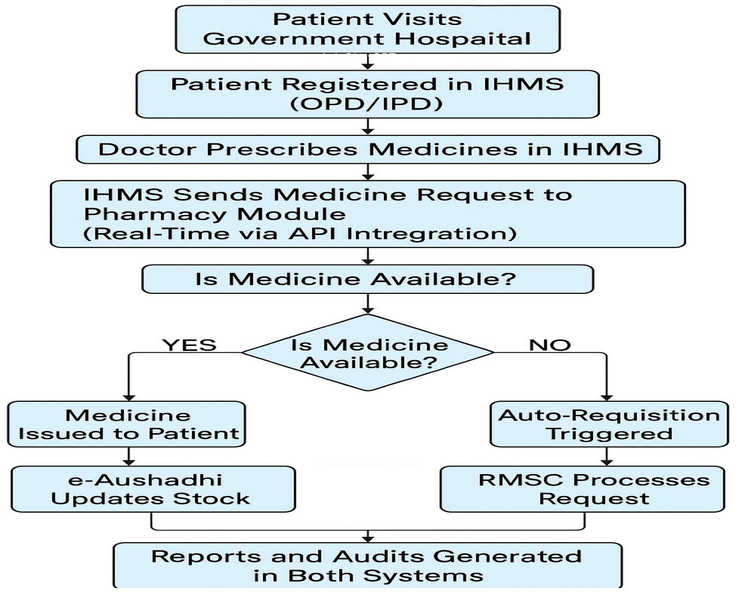
METHODOLOGY

- Reviewed e-Aushadhi, IHMS, and RMSCL systems
- Conducted field visits to SMS, Kawatia, Zanana Hospitals, and DDCs.
- Collected data on drug stock, indenting, POs, and rate contracts, and interacted with RMSCL staffs.

THEORETICAL AND PRACTICAL EXPOSURE

Classroom concepts like **inventory management**, **procurement**, and **forecasting** were applied through hands-on work with **e-Aushadhi**, **IHMS**, and **RMSCL** systems. Field visits to hospitals and DDCs provided real-time insights into indenting, stock tracking, and auto-push processes, effectively linking theory with practice.

MEDICINE DISPENSATION WORKFLOW



CHALLENGES

- Manual indenting still used in most hospitals
- Outdated IHMS versions hinder integration
- No real-time alerts for stock issues
- Lack of staff training on digital tools
- Weak coordination between hospitals and RMSCL

SUGGESTIONS

- Upgrade IHMS for full e-Aushadhi compatibility
- Integrate IHMS and e-Aushadhi for auto-indenting
- Create a Central Monitoring Unit for system support

LEARNING & USEFULLNESS OF INTERNSHIP

- Gained practical knowledge of e-Aushadhi and IHMS
- Understood push vs pull supply models
- Learned the value of accurate, real-time data
- Built skills in analysis, reporting, and stakeholder communication