ROLE OF SCM IN PATIENT JOURNEY SPECIALITY 'ONCOLOGY'

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INTRODUCTION

Narayana health took over the management of MMI Hospitals in august 2011 and now . It is a part of the Narayana Health group, and the founder and chairman of Narayana Health is Dr. Devi Shetty. MMI Narayana Superspeciality Hospital in Raipur is a 298-bedded hospital offering a wide range of medical specialties

MISSION

Narayana Health aims to make healthcare accessible to all segments of society, focusing on delivering quality care at affordable prices. Committed to deliver quality & personalized care to improve the well-being of patients and communities we serve.

VISION

The organization envisions becoming a comprehensive healthcare provider, integrating healthcare services, health insurance, and convenient access for its patients. To evolve as the most preferred destinations for quality healthcare that provides a comprehensive range of services and is trusted for personalized care with compassion.

RECENT ACCOMPLISHMENTS

Narayana Health has achieved significant milestones, including the JCI Enterprise Accreditation and setting a Guinness World Record for ECGs.

Narayana Health expanded by acquiring Sparsha Hospital and launching an orthopedic center at Health City, Bengaluru.

BRIEF DESCRIPTION ABOUT PROJECTS

🔵 **Project:** Role of SCM in Oncology Patient Journey.

🔍 **Focus:** SCM Role Across Treatment Stages

🔹 **Brief Description:**

- Tracked SCM involvement from admission to discharge in oncology care.
- Covered pharmacy coordination, diagnostics, chemo, and radiation supply.
- Ensured alignment with Ayushman Bharat, CGHS, and TPA packages.

🔹 **Core Responsibilities:**

- Procurement: Right medicines, right time, right cost
- Inventory: FEFO/FIFO, batch tracking, expiry management
- Indenting: Ward/OT drug needs
- Compliance: Narcotics, NDPS, cold chain, audits

🔹 **Patient Journey & SCM Touchpoints:**

📌 Admission & Consultation

1. Diagnostic kits & machines readiness
2. Predictive inventory

📌 Diagnosis & Planning

1. Equipment for CT, PET-CT, Brachytherapy
2. Mapping kits and radiation plans

📌 Treatment Phases & Treatment Execution

1. Primary to Tertiary: stage-wise SCM coordination
2. Chemo drugs, radiation materials, PPE
3. Emergency procurement & package-based supply

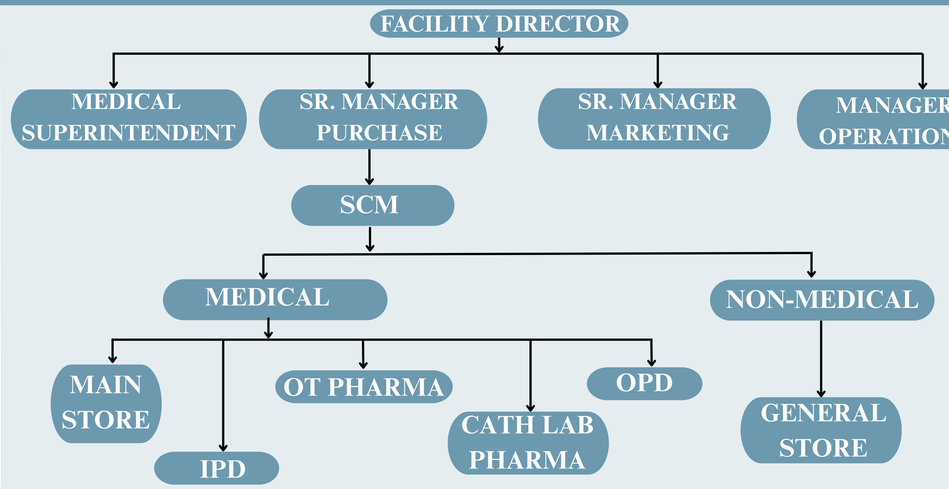
CHALLENGES

- Urgent Drug Needs: Timely chemo/radio drug availability.
- Phase-wise Shifts: Supply varies across treatment phases.
- Package Alignment: Govt/TPA approval delays impact readiness.

SUGGESTIONS

- Use predictive stock tools for chemo kits.
- Maintain 2–8°C cold chain with alarmed storage.
- Ensure fast indent–approval–dispatch cycle.

ORGANOGRAM



SWOT ANALYSIS

STRENGTHS

1. exposure to SCM operations across departments (IPD, OPD, OT, Cath Lab) builds cross-functional insight and strengthens knowledge of internal logistics.
2. Strong vendor relationships & Well experienced and skilled staff ensuring timely delivery

WEAKNESSES

1. Manual tracking methods introduce data reliability and efficiency limitations.
2. Inaccurate demand forecasting & Inefficiencies in manual inventory process

OPPORTUNITIES

1. Opportunity to innovate around patient behaviour insights (e.g., OPD compliance) to improve adherence and reduce returns.
2. Partnerships with suppliers for consignment inventory models & Integration of real-time data analytics helps in better decision-making

THREATS

1. Patient trust issues, discount perceptions, or resistance to ID checks can disrupt SCM effectiveness in OPD settings.
2. Expired non-moving inventory incurring financial losses.

THEORETICAL UNDERSTANDING

1. Supply chain follows a linear flow: Supplier → Manufacturer → Distributor → Consumer.
2. Inventory is managed using principles like Economic Order Quantity (EOQ), First-In-First-Out (FIFO), First-Expiry-First-Out (FEFO), and ABC Analysis.
3. Vaccines, insulins, and biologics must be stored within a 2–8°C range, monitored using temperature logs and alarms.
4. SCM theories work on coordination between departments like purchase, stores, finance, and operations for smooth flow.

PRACTICAL EXPOSURE

1. Supply chain is multi-layered: Central Store → IPD Pharmacy / OT / Cath Lab / OPD, depending on department needs.
2. Ensured batch/expiry tracking, cold chain (2–8°C), and near-expiry alerts per NABH standards.
3. Observed cold chain SOPs, emergency protocols, and audit-ready compliance documentation.
4. Coordinated with nursing, pharmacy, and SC teams to match supply with real-time demand