SUMMER INTERNSHIP PROGRAM

at

Narayana Health, Raipur

From May 12 ,2025 to July 14, 2025

A REPORT BY

Poras Kiri

Master Of Business Administration

Pharmaceutical Management

Under the Mentorship of

Dr. Sudhinder Singh Chowhan

(Associate professor)

Narayana Health

NHMMI/HR/2025/0237

Date: 14/07/2025

TO WHOMSOEVER IT MAY CONCERN

This is to certify that **Mr. Poras Kiri** from Indian Insititute Of Health Management Research, Jaipur (Rajasthan) has completed the Internship from the **Purchase Department** at NH MMI Narayana Superspeciality Hospital, Dhamtari Road, Lalpur, Raipur (C.G.), from 12/05/2025 to 14/07/2025.

His observations during the internship have been truly remarkable.They played a key role in reengineering our working structure.His strong problem-solving skills helped identify practical, on-ground solutions.We truly appreciate his valuable contributions during his time with us.

Wishing him all the very best in his future academic and professional journey.

For, MMI Narayana Superspeciality Hospital, Raipur
(A Unit of Narayana Hrudayalaya Ltd.)

MMI NARAYANA HRUDAYALAYA HOSPITAL RAIPUR (C.G.)

Pooja Jaiswal
Assistant General Manager - HR Department

MMI NARAYANA SUPERSPECIALITY HOSPITAL A UNIT OF NARAYANA HRUDAYALAYA LTD. RAIPUR (C.G.)

14/7/25
SCM. Head

NH MMI Narayana Hospital
(A unit of Narayana Hrudayalaya Limited) CIN: L85110KA2000PLC0274977
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Tel +91 771 4210901 / 902
Registered Office Address: 258/A, Bommasandra Industrial Area, Anekal Taluk, Bengaluru - 560099
Appointment **1800 309 0309**
Email: **info.rpr@narayanahealth.org**

Our Accreditations
NABH NABH

IIHMR UNIVERSITY

IIHMR University Faculty Mentor Approval

This is to certify that **Mr. Poras Kiri** of academic year 2024-26 of **School of Pharmaceutical Management** has prepared a poster with respect to his summer internship held during May-July 2025.

He has carried out work as per the guidelines. His poster is approved for presentation.

Date:

Signature of Faculty Mentor

Name: **Dr. Sudhinder Singh Chowhan**

Designation: **Associate Professor, IIHMR University**

ROLE OF SCM IN PATIENT JOURNEY SPECIALITY 'ONCOLOGY'

Presented by: Poras kiri
Batch: PM16, Roll no: 0683

University mentor: DR. SUDHINDER SINGH CHOWHAN
Industry mentor: MS.REKHA SWAPNA SRIDEVI

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

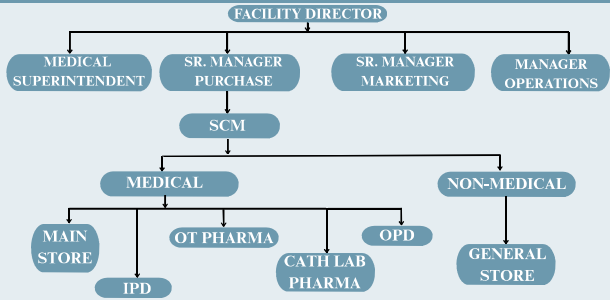
CHALLENGES

- 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

ABOUT ORGANISATION

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

Here's a more detailed breakdown:

- **Bed Capacity:** The hospital has 298 beds.
- **Specialties:** MMI Narayana Superspeciality Hospital offers a wide array of medical and surgical specialties, including cardiology, general medicine, physiotherapy, radiology, ENT, oncology, pulmonology, urology, and more.
- **Founder:** The hospital is part of Narayana Health, which was founded by **Dr. Devi Shetty.**
- **Location:** It's located in Lalpur, Raipur.

Narayana Health's mission is to provide high-quality, affordable healthcare to the broader population, leveraging its economies of scale, skilled doctors, and efficient business model. The vision is to be a trusted healthcare partner, offering convenient and seamless access to healthcare services and health insurance.

More Details:

- **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.

WORKING SUMMARY

Acknowledged the stocking (understanding & keeping the meds in accordance with their consumption), dispensing (keeping proper hygiene and maintaining required SOPs for safer dispense), budget planning (minimising cost with respect to stock of high value & low value meds that help org to have better inflow-outflow of cash).

Departments covered: MAIN STORE (supply area, purchase area, sterile area), IPD Started with the inventory understanding of narcotics, high value drug of the IPD. Understood how narcotics are given to the patients via narcotic prescription that should be filled by the docs. Maintained the narcotic stock by auditing (every 8 hrs a day, i.e. 3 times), collecting back the ampules from the nursing staff. (a separate box being maintained)

Understood & saw what the use & work of IP investigation requisition slip & IP medicine/consumable requisition slip is. Understood how the audit is done & why is the daily audit important in different pharmacies of different drugs.

Understood how a new drug gets in stock in the IPDs which is not there in the list charged by CBU (IP new drug requisition form).

Understood how Day care patients being billed at the OPDs rather than IPD. No narcotics are being sell at the OPD. Lesser injectables than IPD.

Learnt how 2 stores of Cath lab, i.e. Cath lab store, Cath lab consignment store works differently in their positions. Items that are indented on regular basis dispensed from normal store while some equipment used rarely at surgeries or diagnosis dispensed from consignment store.

Everything at Cath lab & OT pharmacy is patient use, nothing is departmental. As the consignment items are purchased on credit memos & being charged to the patient after usage.

Understood the patient journey (from admission to discharge) including all treatment, drug stocking and all other emergency procedures.

Been Understood how different patients are treated via different procedures: - Ayushman patients, TPA patients, Cash.

Understood how anti-microbial restricted usage form should be collected, kept in a different storage box. How MISC items are dispensed after getting IP consumable forms that is filled by docs.

Weekly report

Name of the Organisation: Narayana health.

Area/ Department/ Project of Summer Internship Program: SCM intern

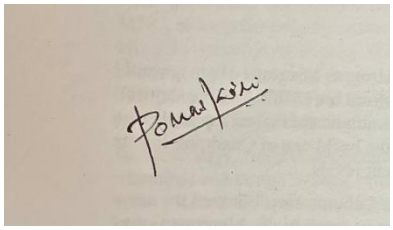
Name of the Student: Poras kiri

Roll no: 0683 **Stream:** Pharmaceutical management

Week no: 01 **From:** 12/5/25 **to** 17/5/25

Activity Done	Induction programme with the HOD for the ease of understanding & rhythmicity of the work to be done. Was at observation and allowed to learn how inventory work works at the hospital pharmacies. Acknowledged the stocking (understanding & keeping the meds in accordance with their consumption), dispensing (keeping proper hygiene and maintaining required SOPs for safer dispense), budget planning (minimising cost with respect to stock of high value & low value meds that help org to have better inflow-outflow of cash). Departments covered: MAIN STORE (supply area, purchase area, sterile area), IPD.
Linking theory (Classroom learning) with practice at your organisation	Theories helped to link with the stocking (ABC analysis) which is in direct link with the budgeting (financial management). Time management (optimizing time for proper dispense & stock management), Cash inflow-outflow (Budget planning and audit optimizations) Transparency and communication streamlined the workflow.
Gaps identified on the working area.	Major GAP I've been noticing are: inaccurate demand forecasting, maybe due to communication gap or surge in patient admissions. Lack in Real-time inventory visibility, maybe due to delayed stock reconciliation or more returns than issues.

Suggestions for improvement	Strengthening the interdepartmental communication can enhance accuracy on visibility across supply chain. Regular short check-ins of demand can help with demand forecasting.
Plan for the next week	Will look at the inventory of the medicines at different wards of the hospital to understand guidelines that are made for stocking, use of high alert & high-cost medicines.



Signature of the Student

Weekly report

Name of the Organisation: Narayana health

Area/ Department/ Project of Summer Internship Program: SCM intern

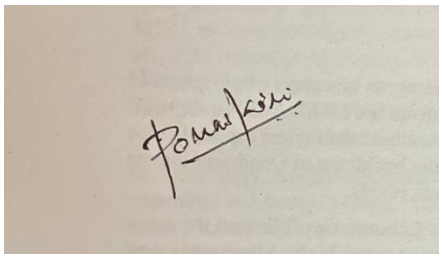
Name of the Student: Poras kiri

Roll no: 0683 **Stream:** Pharmaceutical management

Week no: 02 **From:** 19/5/25 **to** 24/5/25

Activity Done	Started with the inventory understanding of narcotics, high value drug of the IPD. Understood how narcotics are given to the patients via narcotic prescription that should be filled by the docs. Maintained the narcotic stock by auditing (every 8 hrs a day, i.e. 3 times) , collecting back the ampules from the nursing staff. (a separate box being maintained) Understood how high value medicine (class A drug) is given to the patients via different prescriptions that should be filled via docs. Looking at the stock via auditing (every 8 hrs a day, i.e. 3 times). Understood & saw what the use & work IP investigation requisition slip & IP medicine/consumable requisition slip is. Did the inventory of the different wards, Dept covered: MICU, Nephrology ward. Saw the CRASH CART & understood what that's used. Used only when there's Code blue & stops when the situation arrives of Code white. (patients use only no departmental at ICUs) Understood how LASA (look alike sound alike) drugs are kept maintained at a separate box, which is also audited every 8 hrs, i.e. 3 times a day. And is only used when emergency.
Linking theory (Classroom learning) **with practice at your organisation**	Theories helped to link with the ease of understanding of Narcotics that have different schedules, procedure of stocking, dispensing, auditing. How high value drugs dispensed, kept at different storages, conditions. How LASA drugs are arranged, Issued, Used in accordance with their therapeutic effect, cost & availability.

Gaps identified on the working area.	Gaps identified are: too much issue orders of the meds & equipment being asked. Broken vials, ampules being asked for return. Proper check lists of different LASA, Crash cart items are delayed due to patient surge.
Suggestions for improvement	A daily refill checklist should be made to avoid too much issue orders. Simple pallet racks must be made to avoid brokage of different vials, ampules. A visible monthly rotation tag must be sticked at the sections of the boxes to avoid improper use of the drugs which affects the arrangements, understandings & audits.
Plan for the next week	Will understand inventory of different meds at different HDU wards. look for the Medicine Card & understand how new drugs not listed in CBU are stocked for emergency uses.



Signature of the Student

Weekly report

Name of the Organisation: Narayana health

Area/ Department/ Project of Summer Internship Program: SCM intern

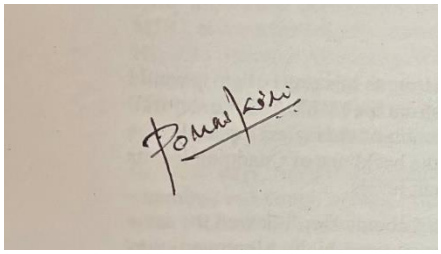
Name of the Student: Poras kiri

Roll no: 0683 **Stream:** Pharmaceutical management

Week no: 03 **From:** 26/5/25 **to** 31/5/25

Activity Done	Started with the inventory understanding of different HDU wards, Emergency wing & different ICUs. Did the audit of LASA drugs, Crash cart & understood how these drugs that are kept for emergency, got used & how they all are charged to the patients & how they gets stocked again. Understood how the audit is done & why is the daily audit important in different pharmacies of different drugs. Understood how a new drug gets in stock in the IPDs which is not there in the list charged by CBU (IP new drug requisition form). Understood why the stock & different drug varies from different department to department, disease to disease, consumption to consumption.
Linking theory (Classroom learning) with practice at your organisation	Theories helped to link with the understanding of different names of different drugs, their therapeutic effect, how LASA drugs are arranged & why is crash cart important to different wards. Most important ABC analysis on stocking, Time management (giving enough time to each activity i.e. dispensing, stocking, auditing)
Gaps identified on the working area.	Gaps identified are inadequate audit of different drugs which lead to distribution errors or dispensing delays. Lack of clear work distribution of the different staffs which leads to improper time management & heirarchial problem.

Suggestions for improvement	Implementing daily audit systems & using different colour coded labelling & segregated storage will lead to proper stocking. Creating a daily task chart through which assigning different tasks to different staff along with using the techniques of making a staff in-charge will work with work distribution.
Plan for the next week	Will look for the inventory of different wards & OPD for the ease of understanding.



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Weekly report

Name of the Organisation: Narayana health

Area/ Department/ Project of Summer Internship Program: SCM intern

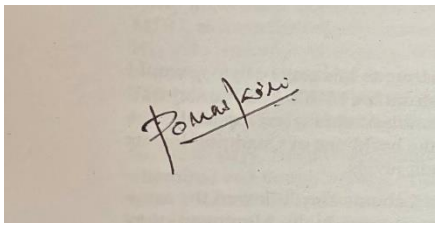
Name of the Student: Poras kiri

Roll no: 0683 **Stream:** Pharmaceutical management

Week no: 04 **From:** 02/06/25 **to** 07/06/25

Activity Done	Started this week at the OPD (out-patient department) pharmacy. Understood how the purchase of medicines (P.O) is created via looking at the consumption through master file. Consignment works are not there at OPDs, no credit memos also. Understood how Day care patients being billed at the OPDs rather than IPD. No narcotics are being sell at the OPD. Lesser injectables than IPD. Only prescription plays a vital role when giving meds to the patients. Without prescription no high alert meds are given. Drugs help in treating TB are always given with id proofs for the govt, records. Capsules and tablets are major source of OPDs.
Linking theory (Classroom learning) with practice at your organisation	Classroom theories allowed to understand how Masterfile helps to maintain stock (ABC analysis), Budgeting (financial management). Understood how communication helps to sustain the customers & importance of having strong interdepartmental bond and coordination which helps to achieve common goals smoothly & effectively.
Gaps identified on the working area.	Gap identified: - complaints of significant delay patients face while receiving their prescribed medicine. Often getting frustrated on stock-outs of essential meds or consumables.
Suggestions for improvement	Would suggest increasing pharmacy counters during peak hours for ease of dispensing & que management. Maintain proper TAT (turnaround time) for better patients management.

Plan for the next week	Will look more on the purchase & arrangement of the meds at the OPD and learn how to manage the inventory.



Signature of the Student

Weekly Report

Name of the Organisation: Narayana health

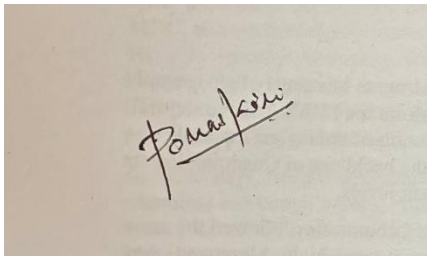
Area/ Department/ Project of Summer Internship Program: SCM intern

Name of the Student: Poras kiri

Roll no: 0683 **Stream:** Pharmaceutical management

Week no: 05 **From:** 09/06/25 **to** 14/06/25

Activity Done	Worked with the sales department of the OPD. Understood how meds are dispensed, stocked and managed in accordance with their need, expiry, dosage, consumptions. Understood how cost controlling, Budget tracking, waste reduction helps in proper inventory management which leads to good cash inflow & more patient centric/customer centric. Understood how PTC (pharmaceutical therapeutic committee) conducts a meet every 3-4 months with cology & med. Head department regarding the drug (includes each detail; effectiveness, side effect, cost, flow of prescriptions) which helps them to exchange the low drug drugs with high/blockbuster drug.
Linking theory (Classroom learning) with practice at your organisation	Theories help to link with practical are: understood drugs inventory which allowed to plan the budget easily, helped keeping necessary stock which direct led to avoidance of unnecessary expense or shortage.
Gaps identified on the working area.	Gap identified: meds provided by the OPDs to patients sometime may have different brand name but same generic formula which often leads to confusion & arguments.
Suggestions for improvement	Displaying generic/brand mapping chart, aligning doctor's prescription with pharmacy stock, adding labels or educating patients briefly may work.
Plan for the next week	Will either start with the inventory understanding OT/CATH-LAB or slight mapping of some inventories too.



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Weekly Report

Name of the Organisation: Poras kiri

Area/ Department/ Project of Summer Internship Program: SCM intern

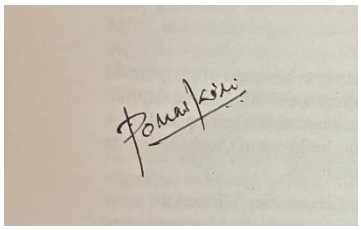
Name of the Student: Poras kiri

Roll no: 0683 **Stream:** Pharmaceutical management

Week no: 06 **From:** 16/6/25 **to** 21/6/25

Activity Done	Started this week at the CATH LAB pharmacy & ended at OT pharmacy (operation theatre). Understood how consignment items are ordered (consists of implants, Cath lab surgeries). Learnt how 2 stores of Cath lab, i.e. Cath lab store, Cath lab consignment store works differently in their positions. Items that are indented on regular basis dispensed from normal store while some equipment used rarely at surgeries or diagnosis dispensed from consignment store. Everything at Cath lab & OT pharmacy is patient use, nothing is departmental. As the consignment items are purchased on credit memos & being charged to the patient after usage. Understood & saw how 2 different types of indents are raised by technicians & Nursing staff at Cath lab & OT pharmacy.
Linking theory (Classroom learning) with practice at your organisation	Theories helped to link with the stocking (ABC analysis) which is in direct link with the budgeting (financial management). Time management (optimizing time for proper dispense & stock management), Cash inflow-outflow (Budget planning and audit optimizations).
Gaps identified on the working area.	inaccurate demand forecasting, maybe due to communication gap or surge in-patient admissions. Lack in Real-time inventory visibility, maybe due to delayed stock reconciliation or more returns than issues.
Suggestions for improvement	Strengthening the interdepartmental communication can enhance accuracy on visibility across supply chain. Regular short check-ins of demand can help with demand forecasting.

Plan for the next week	Will start with the project work at oncology department.



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Weekly Report

Name of the Organisation: Narayana health

Area/ Department/ Project of Summer Internship Program: SCM intern

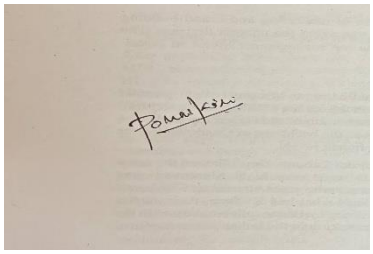
Name of the Student: Poras kiri

Roll no: 0683 **Stream:** Pharmaceutical management

Week no: 07 **From:** 23/6/25 **to** 28/6/25

Activity Done	Started with the round at department (Oncology) & understanding of role of SCM at wards & all the procedures that that consists of SCM. Understood the patient journey (from admission to discharge) including all treatment, drug stocking and all other emergency procedures. Been to Chemo ward, radiation ward, Onco IPD ward. (saw crash crat & registers maintained manually by ward staffs). Understood how different patients are treated via different procedures: - Ayushman patients/CGHS: - allow different packages with respect to different medicines & Diseases. Accordance to that SCM arranges medicines after approval. Corporates/TPA/Company patients: - Approval of patient's corporate/TPS's/Companies is mandatory for the arrangement of the medicines & different items required for treatment. How indents are raised for the drugs that are used in the radiation machines or small drugs that comes under departmental use.
Linking theory (Classroom learning) with practice at your organisation	Theories helped to link with the understanding of Disease, treatment, understanding of how different medicines are used at the radiation machine. How approval of treatment is done & how to maintain proper resources allocation. Time management (optimizing time for proper dispense & stock management), Transparency and communication streamlined the workflow.
Gaps identified on the working area.	inaccurate demand forecasting, maybe due to communication gap or surge in-patient admission/daycare admission. Lack in Real-time inventory visibility, maybe due to delayed stock reconciliation or more returns than issues.

Suggestions for improvement	Strengthening the interdepartmental communication can enhance accuracy on visibility across supply chain. Regular short check-ins of demand can help with demand forecasting.
Plan for the next week	Will help the return department of IPD for return acceptance, stock management & drug clearance.



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Weekly report

Name of the Organisation: Narayana health

Area/ Department/ Project of Summer Internship Program: SCM intern

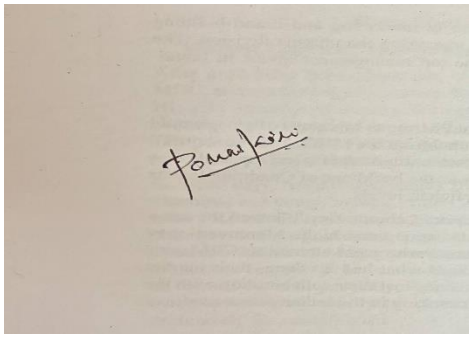
Name of the Student: Poras kiri

Roll no: 0683 **Stream:** Pharmaceutical management

Week no: 08 **From:** 30/6/25 to 5/7/25

Activity Done	Started this week from IPD (in-patients department) for better & deep understanding of the inventory that includes medicines purchase from LBU (local buying unit), med. returns from different wards, Billings. Arrangements of Narcotics to a separate safe lock, maintained a separate audit book of narcotic that should be filled every 8 hrs (i.e. 3 times a day), how ampules are collected, stored & discarded via separate box to be maintained. How anti-microbial restricted usage form should be collected, kept in a different storage box. How MISC items are dispensed after getting IP consumable forms that is filled by docs.
Linking theory (Classroom learning) with practice at your organisation	Theories helped to link with the ease of understanding of Narcotics that have different schedules, procedure of stocking, dispensing, auditing. Time management (optimizing time for proper dispense & stock management), Cash inflow-outflow (Budget planning and audit optimizations) Transparency and communication streamlined the workflow.
Gaps identified on the working area.	Major GAP I've been noticing are: inaccurate demand forecasting, maybe due to communication gap or surge in-patient admissions. Lack in Real-time inventory visibility, maybe due to delayed stock reconciliation or more returns than issues.
Suggestions for improvement	Strengthening the interdepartmental communication can enhance accuracy on visibility across supply chain. Regular short check-ins of demand can help with demand forecasting.

Plan for the next week	Will be at the IPD for furthermore understanding of things to understand smother workflow.



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Weekly report

Name of the Organisation: Poras kiri

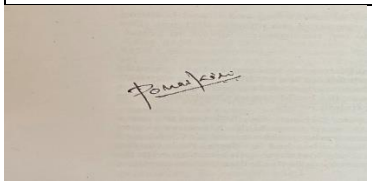
Area/ Department/ Project of Summer Internship Program: SCM intern

Name of the Student: Poras kiri

Roll no: 0683 **Stream:** Pharmaceutical management

Week no: 09 **From:** 07/7/25 to 12/7/25

Activity Done	Started this week with the project works. Tracked OPD compliances with patient MRN number, tracked their journey from consultation to meds purchased from OPD. Tracked the return requests from IPD & worked on minimisation of returns to reduce workload. Understood the whole SCM in whole, Departmental algorithm. Managerial algorithm.
Linking theory (Classroom learning) with practice at your organisation	Understood what EMR/EHC of the patients is. Time management, Cash inflow-outflow. Transparency and communication streamlined the workflow.
Gaps identified on the working area.	NA
Suggestions for improvement	NA
Plan for the next week	No plans as organisation concluded the training after the approval of the project & submission.



Signature of the Student

COMPILED REPORT

Name of the Organisation: Narayana health

Area/ Department/ Project of Summer Internship Program: SCM intern

Name of the Student: Poras kiri

Roll no: 0683 **Stream:** Pharmaceutical management

Activity Done	Acknowledged the stocking (understanding & keeping the meds in accordance with their consumption), dispensing (keeping proper hygiene and maintaining required SOPs for safer dispense), budget planning (minimising cost with respect to stock of high value & low value meds that help org to have better inflow-outflow of cash). Departments covered: MAIN STORE (supply area, purchase area, sterile area), IPD Started with the inventory understanding of narcotics, high value drug of the IPD. Understood how narcotics are given to the patients via narcotic prescription that should be filled by the docs. Maintained the narcotic stock by auditing (every 8 hrs a day, i.e. 3 times), collecting back the ampules from the nursing staff. (a separate box being maintained) Understood & saw what the use & work of IP investigation requisition slip & IP medicine/consumable requisition slip is. Understood how the audit is done & why is the daily audit important in different pharmacies of different drugs. Understood how a new drug gets in stock in the IPDs which is not there in the list charged by CBU (IP new drug requisition form). Understood how Day care patients being billed at the OPDs rather than IPD. No narcotics are being sell at the OPD. Lesser injectables than IPD. Learnt how 2 stores of Cath lab, i.e. Cath lab store, Cath lab consignment store works differently in their positions. Items that are indented on regular basis dispensed from normal store while some equipment used rarely at surgeries or diagnosis dispensed from consignment store.

	Everything at Cath lab & OT pharmacy is patient use, nothing is departmental. As the consignment items are purchased on credit memos & being charged to the patient after usage. Understood the patient journey (from admission to discharge) including all treatment, drug stocking and all other emergency procedures. Been Understood how different patients are treated via different procedures: - Ayushman patients, TPA patients, Cash. Understood how anti-microbial restricted usage form should be collected, kept in a different storage box. How MISC items are dispensed after getting IP consumable forms that is filled by docs.
Linking theory (Classroom learning) with practice at your organisation	Theories helped to link with the stocking (ABC analysis**)** which is in direct link with the budgeting (financial management). Time management (optimizing time for proper dispense & stock management), Cash inflow-outflow (Budget planning and audit optimizations) Theories helped to link with the ease of understanding of Narcotics that have different schedules, procedure of stocking, dispensing, auditing. How high value drugs dispensed, kept at different storages, conditions. Most important ABC analysis on stocking, Time management (giving enough time to each activity i.e. dispensing, stocking, auditing. Understood how communication helps to sustain the customers & importance of having strong interdepartmental bond and coordination which helps to achieve common goals smoothly & effectively the understanding of Disease, treatment, understanding of how different medicines are used at the radiation machine. How approval of treatment is done & how to maintain proper resources allocation.
Gaps identified on the working area.	inaccurate demand forecasting, maybe due to communication gap or surge in-patient admissions & Lack in Real-time inventory visibility, maybe due to delayed stock reconciliation or more returns than issues Too much issue orders of the meds & equipment being asked. Broken vials, ampules being asked for return. Proper check lists

	of different LASA, Crash cart items are delayed due to patient surge. Complaints of significant delay patients face while receiving their prescribed medicine. Often getting frustrated on stock-outs of essential meds or consumables.
Suggestions for improvement	Strengthening the interdepartmental communication can enhance accuracy on visibility across supply chain. Regular short check-ins of demand can help with demand forecasting. A daily refill checklist should be made to avoid too much issue orders. Simple pallet racks must be made to avoid brokage of different vials, ampules. A visible monthly rotation tag must be sticked at the sections of the boxes to avoid improper use of the drugs which affects the arrangements, understandings & audits Implementing daily audit systems & using different colour coded labelling & segregated storage will lead to proper stocking. Creating a daily task chart through which assigning different tasks to different staff along with using the techniques of making a staff in-charge will work with work distribution

Faculty Mentor Signature

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