

SUMMER INTERNSHIP PROGRAM

At

SMS Hospital, Jaipur

From 17/05/2025 to 29/07/2025

A REPORT BY

Priyanka Singh

Master of Business Administration

(Pharmaceutical Management)

Roll no: 0684

2024-26

under the Mentorship of
Dr. Kajal Sitalani



Name of Institution
SAWAI MAN SINGH HOSPITAL (JAIPUR)

Completion Certification from the Organization
CERTIFICATE

This is to certify that **Ms. PRIYANKA SINGH** of batch 2024-2026 from **IIHMR UNIVERSITY, JAIPUR (SCHOOL OF PHARMACEUTICAL MANAGEMENT)** has worked with our organization for her summer internship from **15 May 2025 to 29 July 2025**. The overall performance shown by her during the period was excellent.

Date: - 29 July 2025

(Signature of organization Mentor)

Name – Dr. Sushil Kumar Bhati

Designation- Medical superintendent



Seal Stamp of the Organization.

चिकित्सा अधीक्षक
तवाई मानसिंह चिकित्सालय
जयपुर

IIHMR University Faculty Mentor Approval

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

She has carried out work as per the guidelines. Her poster is approved for presentation.

Date: 31/07/2025

A handwritten signature in blue ink, appearing to read 'Kajal'.

Dr. Kajal Sitlani

Assistant Professor

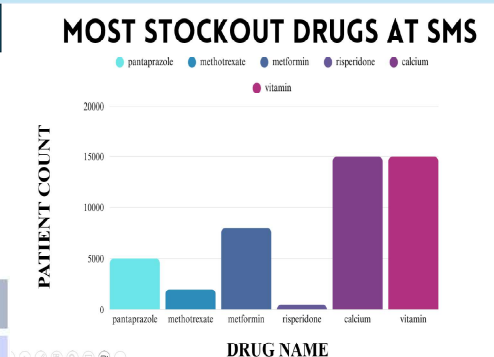
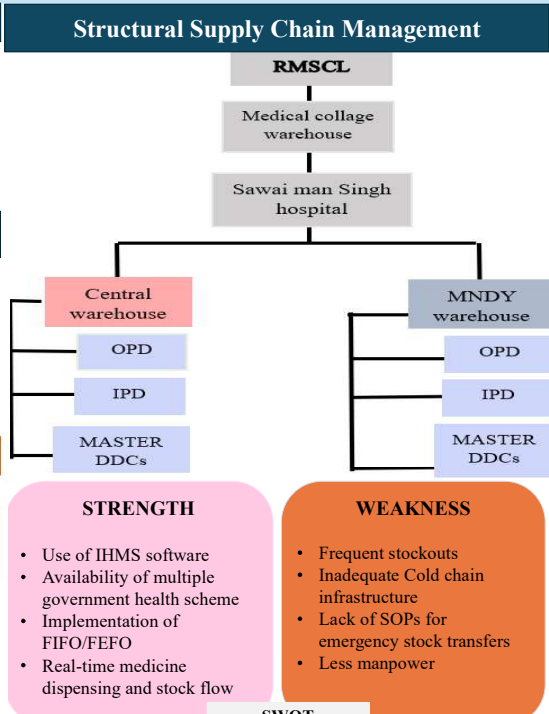
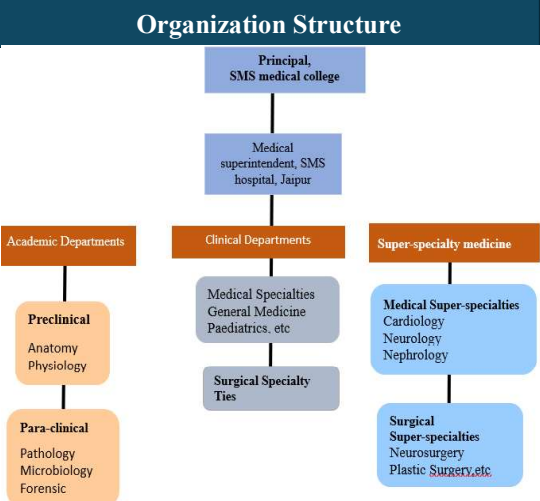
Faculty Mentor- Kajal Sitalani
Industry Mentor- Dr. Satveer Singh Gujar

Presented by
Priyanka Singh
Roll No:- 0684
Stream- MBA- PM (Batch-16)

Organization Profile

Sawai Man Singh (SMS) Hospital is one of the largest government healthcare institutions in Rajasthan. located in Jaipur, a vital medical hub, catering to a vast population. With around 6,500 beds, and over 65 DDCs. It operates as a multi-specialty center, and affiliated hospitals, provides free or subsidized healthcare services to patients from all walks of life.

Objective: Medicine Shortage At Sms Hospital.



My Role During Internship	Suggestions
- Identifying causes of delayed medicine supply - Evaluating supply chain workflows - Assessing cold chain and emergency logistics	- Shortlist frequently stocked-out drugs - Enhance coordination between DDCs and procurement team.. - Digitize emergency drug purchase orders.

Theoretical Learning	Practical Learning
FIFO, FEFO, buffer stock, reorder levels.	Partial use; many DDCs lacked automation and SOPs.
ERP functions in stock/data management.	Used IHMS but faced lags, UI issues, and manual overrides.
Fast-track indenting principles.	Faced delays and no centralized emergency tracking.
Statistical forecasting models.	Lacked tools; stockouts common; real-time data missing.

STRENGTH	WEAKNESS
- Use of IHMS software - Availability of multiple government health scheme - Implementation of FIFO/FEFO - Real-time medicine dispensing and stock flow	- Frequent stockouts - Inadequate Cold chain infrastructure - Lack of SOPs for emergency stock transfers - Less manpower
OPPORTUNITY	THREATS
- Upgrade IHMS with automated alerts - Implement real-time digital inventory monitoring - Use data for advanced demand forecasting	- Frequent unavailability of essential drugs - delay critical drug delivery - Ineffective Complaint Handling

Methodology	Findings
Site Visits: Observed inventory and dispensing. System Use: Hands-on with IHMS for drug entry, stock tracking, and indenting. Process Mapping: Monitored procurement, restocking, expiry handling, and returns. Gap Study: Compared real-time practices with theoretical	Manual Overload: Manual entries still common despite digital system. Stockouts Frequent: Due to poor forecasting and delayed procurement. Cold Chain Gaps: Missing equipment and temperature control. Staff Shortage: Limited trained manpower and IHMS skills.

WEEKLY REPORT

Name of the organization: SMS hospital, Jaipur

Area/department/project of summer internship program: supply chain.

Name of student: Priyanka Singh.

Roll no: 0684

stream: MBA-PM (Batch 16)

Week no: 1

from: 19/05/2025 to 25/05/2025

Activity done	Specific working department and mentor was allotted. Department assigned to me is the supply chain department and will be working under Dr. Satveer Singh. will be working on understanding and improving the material management process. Visited various departments including the MNDY warehouse and DDCs at SMS Hospital. Learned the A-to-Z drug supply chain process, indent generation, and inventory handling through IHMS. Participated in pharmaceutical stock distribution, expiry product management, and manpower coordination. Prepared a presentation summarizing the weekly learnings with a co-intern.
Linking theory (classroom learning) with practice at your organization	concepts of hospital pharmacy management, supply chain logistics, and health information systems was studied. Gained practical exposure to demand forecasting, stock rotation, tendering procedures, and digital inventory systems like IHMS.
Gaps identified	Identified occasional delays in indent approval and drug redistribution due to manual dependencies. Lack of automation in some DDC processes and insufficient training for some staff on IHMS features.
Suggestion for improvement	Recommend enhanced staff training on IHMS for better tracking and forecasting. Implement semi-automated alerts and dashboards for expiry management.
Plan for the next week	1 week of warehouse posting has been allotted to us to provide practical exposure on the IHMS and e-Aushadhi platforms.



Signature of student

Approved by IIHMR University Mentor

WEEKLY REPORT

Name of the organization: SMS hospital, Jaipur

Area/department/project of summer internship program: supply chain.

Name of student: Priyanka Singh.

Roll no: 0684

stream: MBA-PM (Batch 16)

Week no: 2

from: 16/05/2025 to 31/05/2025

Activity done	Worked with IHMS system practiced entering data related to drug name, batch no. and quantity issued. Observed how the system tracks stock levels at DDCs. learnt how drugs are distributed and documented from start to finish. recognised the ways in which digital health systems decrease paperwork and increase accuracy. learnt how to work in an organised software environment and manage real-time data entering.
Linking theory (classroom learning) with practice at your organization	concepts of hospital pharmacy management, supply chain logistics, and health information systems was studied. Gained practical exposure to demand forecasting, stock rotation and digital inventory systems on IHMS.
Gaps identified	Identified occasional manual delays, UI challenges, and lack of integration with e-Aushadhi and lab systems.
Suggestion for improvement	Use pre-filled templates for recurring OPD/IPD entries. Enable centralized dashboards to track livestock levels. Set up reorder alerts based on minimum stock level logic. including complaint and feedback mechanism.
Plan for the next week	15 days of posting at multiple OPD DDCs and hospital data center has been allotted to learn operations of medicine distribution under government health schemes.



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WEEKLY REPORT

Name of the organization: SMS hospital, Jaipur

Area/department/project of summer internship program: supply chain.

Name of student: Priyanka Singh.

Roll no: 0684

stream: MBA-PM (Batch 16)

Week no: 3

from: 16/05/2025 to 31/05/2025

Activity done	Worked with IHMS system practiced entering data related to drug name, batch no. and quantity issued. Observed how the system tracks stock levels at DDCs. learnt how drugs are distributed and documented from start to finish. recognised the ways in which digital health systems decrease paperwork and increase accuracy. learnt how to work in an organised software environment and manage real-time data entering.
Linking theory (classroom learning) with practice at your organization	Reorder level concepts and inventory management theories were compared to real-world procedures where reorder levels are not automatically generated. The use of IHMS software corresponds with the health IT modules that were covered in class.
Gaps identified	• No routine audits are carried out. • Absence of an automated system that replenishes inventories according to minimal stock levels. • Regular shortages of necessary medications. • Tracking by hand without future prediction.
Suggestion for improvement	• Put in place automated IHMS reorder level notifications. • Audit stocks every month to ensure correctness and responsibility. • For vital medications, use population-based demand forecasting models. • Keep extra inventory on hand for things that are in great demand.
Plan for the next week	Ask employees about the difficulties they have managing inventory. Examine RMSCL delay trends for medications that are frequently out of stock.



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WEEKLY REPORT

Name of the organization: SMS hospital, Jaipur

Area/department/project of summer internship program: supply chain.

Name of student: Priyanka Singh.

Roll no: 0684

stream: MBA-PM (Batch 16)

Week no: 4

from: 1/06/2025 to 7/06/2025

Activity done	Visited multiple Drug Distribution Centre (DDC) at SMS Hospital to observe the workflow of pharmaceutical product dispensing. Learned about medicine inventory management using the IHMS software, storage protocols, patient interaction, and coordination with the MNDY warehouse.
Linking theory (classroom learning) with practice at your organization	Applied classroom knowledge of pharmaceutical supply chain, inventory control, and healthcare logistics in a real-world hospital setting. Understood how ERP-like systems (IHMS) help in managing inventory, tracking drug movement, and reducing stockouts.
Gaps identified	• Shortage of trained manpower at peak hours. • Occasional delays in IHMS system due to server issues. • Manual tracking for some inventory levels despite the digital system. • Lack of patient waiting area and clear queue management system. • Need for clear direction board for DDC 10-11. • Poor patient query management.
Suggestion for improvement	• Conduct basic training for additional support staff to handle patient load. • Integrate automated alerts for low stock and expiry tracking. • Set up a structured queue system and improve signage for patients. • Introducing more help desk for patient query.
Plan for the next week	• Work on a comparative report of DDCs with respect to efficiency and gaps.



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WEEKLY REPORT

Name of the organization: SMS hospital, Jaipur

Area/department/project of summer internship program: reducing the cause of Narcotics pilferage with Digital Oversight & Regulation.

Name of student: Priyanka Singh.

Roll no: 0684

stream: MBA-PM (Batch 16)

Week no: 5

from: 9/06/2025 to 14/06/2025

Activity done	visited several DDCs to see how they operated daily. investigated the causes of frequent medicine shortages. learnt about supply gaps and stock restoration procedures. examined DDC 10–11's medication kinds and administration.
Linking theory (classroom learning) with practice at your organization	Classroom learning on drug inventory management, supply chain logistics, and stock auditing was directly linked with the real-time observation of medicine stockouts at DDCs. Concepts like buffer stock, lead time and reorder level helped in understanding the ground-level challenges.
Gaps identified	• Frequent unavailability of essential drugs due to delayed procurement or improper forecasting. • Lack of real-time tracking of drug stock levels at DDCs. • Limited coordination between supply unit and dispensing counters. • DDC 10-11 lacks automated stock management and relies on manual records.
Suggestion for improvement	• Implement a digital stock monitoring system at every DDC for better tracking. • Conduct monthly demand forecasting based on past dispensing data. • Train staff on optimal stock management and documentation. • Regular coordination meetings between supply, storage, and dispensing units.
Plan for the next week	• Patient interview at DDCs to identify further areas of improvement. • Compare management strategies at well-performing DDCs versus underperforming ones.



Signature of student

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WEEKLY REPORT

Name of the organization: SMS hospital, Jaipur

Area/department/project of summer internship program: Supply Chain Management.

Name of student: Priyanka Singh.

Roll no: 0684

stream: MBA-PM (Batch 16)

Week no: 6

from: 23/06/2025 to 28/06/2025

Activity done	interviewed patients in-person at different Drug Distribution Centres (DDCs) to learn about their experiences, waiting times, difficulties getting medications, and general satisfaction with the services. visited both underperforming and high-performing DDCs at the same time to compare stock management systems, personnel conduct, record-keeping methods, and operational processes. The goal was to evaluate the quality of service delivery and pinpoint areas that may be improved in a practical way.
Linking theory (classroom learning) with practice at your organization	DDC performance was evaluated using concepts that were taught in classroom modules, such as patient-centric care, continuous quality improvement, and total quality management (TQM). Best practices were compared using the Operations Management benchmarking technique. The design of the feedback system, which prioritised customer pleasure and experience, was informed by ideas of service marketing. Finding operational inefficiencies at underperforming DDCs was another area where lean management concepts were applicable.
Gaps identified	Particularly in the underperforming DDCs, a number of significant gaps were noted. These include inadequate staff communication, sporadic inventory updates in IHMS software, and the lack of a systematic patient feedback system. Service delivery was delayed because SOPs were not consistently followed. Patients also frequently complained about staff inattention and medicine stockouts. Proactive stock monitoring, improved data entry procedures, and streamlined processes were characteristics of high-performing DDCs.
Suggestion for improvement	Establish a systematic and frequent patient feedback system to document problems as they arise. To guarantee consistency in service delivery, all DDCs should establish and implement Standard Operating Procedures (SOPs). Plan frequent training sessions for employees at DDCs that aren't operating up to par in order to assist them in implementing effective strategies from centres that are performing better. Create actionable insights and auto-alerts for frequent complaints or medication shortages by integrating feedback

	data with IHMS. To find gaps and recognise advancements, conduct monthly performance assessments across DDCs.
Plan for the next week	• Create a comparative analysis report that shows how high- and low-performing DDCs differ from one another. • Create a proposal for the creation of a SOP based on best practices that have been observed.



Signature of student

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WEEKLY REPORT

Name of the organization: SMS hospital, Jaipur

Area/department/project of summer internship program: Supply Chain Management.

Name of student: Priyanka Singh.

Roll no: 0684

stream: MBA-PM (Batch 16)

Week no: 7

from: 23/06/2025 to 28/06/2025

Activity done	This week of internship at the IPD DDC of SMS Hospital Observed the drug indent generation and approval process through the IHMS system. Studied internal logistics and the movement of medicines to various IPD units. Analysed procedures for handling medicine returns and managing if any expired stock under schemes like RGHS, Janaushadhi, Bhamashah and MAA Yojana.
Linking theory (classroom learning) with practice at your organization	Concepts such as inventory control, pharmaceutical logistics, ERP systems (like IHMS), and supply chain cycle were directly applied. The classroom understanding of drug distribution models, stock ledger maintenance, and handling near-expiry products was observed practically. Emergency supply chain responsiveness, a theoretical concept, was witnessed in real-time during urgent drug requirements.
Gaps identified	• Lack of SOPs for Emergency Stock Transfer. • No advanced demand forecasting tools result in either stockouts. • Inadequate Cold Chain Infrastructure. • Emergency medicine request process lacks centralized tracking.
Suggestion for improvement	• Introduce a centralized dashboard to monitor emergency drug requests. • Conduct weekly reconciliation meetings between DDC and IPD coordinators. • Appoint dedicated personnel for handling returns/expiry management under each scheme. • Provide refresher training to staff for better utilization of IHMS modules.
Plan for the next week	• Track scheme-wise (RGHS, Jan Aushadhi, MAA Yojana) medicine utilization patterns. • Participate in cold chain monitoring of temperature-sensitive medicines. • Understand procurement processes and supplier coordination. • Explore challenges in last-mile delivery from DDCs to patient bedside.

	Analyse how returns and expiries are managed under different schemes.
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WEEKLY REPORT

Name of the organization: SMS hospital, Jaipur

Area/department/project of summer internship program: Handling the Unavailability of Medicine at SMS Hospital, Jaipur.

Name of student: Priyanka Singh.

Roll no: 0684

stream: MBA-PM (Batch 16)

Week no: 8

from: 30/07/2025 to 05/07/2025

Activity done	• Tracked scheme-wise drug utilization under RGHS, Jan Aushadhi, and MAA Yojana. • Understood the procurement process and supplier coordination under RMSCL and emergency procurement. • Analysed the process of returns and expiry drug management.
Linking theory (classroom learning) with practice at your organization	• Put concepts from government schemes, supply chain, procurement, and cold chain into practice. • Recognised how inventory control and IHMS contribute to the availability of medications. • observed the use of free medication programs in medical facilities.
Gaps identified	• Cold chain equipment is missing in some DDCs. • Poor digital integration between Central Store and DDCs leads to delayed drug supply to the patient. • lack of real-time data on stock levels and consumption patterns.
Suggestion for improvement	• Implement real-time inventory management system across DDCs and central store. • Conduct regular training for staff on expiry handling and stock rotation. • Strengthen dashboards to monitor scheme-wise medicine usage for better forecasting.
Plan for the next week	• Visit RMSCL (Rajasthan Medical Services Corporation Limited) office to understand centralized procurement, tendering, and supply chain processes.



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WEEKLY REPORT

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Area/department/project of summer internship program: Supply Chain Management.

Name of student: Priyanka Singh.

Roll no: 0684

stream: MBA-PM (Batch 16)

Week no: 9

from: 6/07/2025 to 12/07/2025

Activity done	Visited SMS Emergency IPD, Trauma Emergency IPD, and NRD-NRS High-Value DDC to observe medicine demand, supply procedures, documentation practices, and challenges in emergency pharmaceutical supply chain management.
Linking theory (classroom learning) with practice at your organization	• Classroom theories of FIFO (First In, First Out) and FEFO (First Expiry, First Out) were seen in partial practice, especially in high-value medicine handling at DDC. • Real-life understanding of emergency medicine flow under critical time constraints supplemented classroom learning on time-sensitive logistics and inventory responsiveness. • Concepts of indent generation, stock ledger maintenance, and audit-readiness were practically demonstrated in IPD handling processes.
Gaps identified	• Cold chain equipment is missing in some DDCs. • Discrepancy in batch-wise documentation, particularly for emergency-used narcotics. • Occasional mismatch in demand forecasting and supply availability, especially in high-turnover medicines.
Suggestion for improvement	• Implement mobile dashboard access or training for junior staff for quicker supply decisions. • Introduce automated temperature monitoring in all emergency storage units. • Upgrade digital indenting systems with department-specific interfaces for ease of access. • Conduct monthly stock audits in NRD-NRS DDC to avoid discrepancies and identify slow-moving drugs. • Increase coordination between the pharmacy, emergency IPDs, and procurement teams to streamline high-demand replenishment.
Plan for the next week	• Visit central medicine store , RGHS, Ayushman and lifeline department



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WEEKLY REPORT

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Area/department/project of summer internship program: Supply Chain Management.

Name of student: Priyanka Singh.

Roll no: 0684

stream: MBA-PM (Batch 16)

Week no: 10

from: 14/07/2025 to 19/07/2025

Activity done	• Observed the complete workflow from inward (vendor delivery) to outward dispatch (to DDCs and hospitals). • Understood temperature-controlled storage areas including cold rooms, refrigerators, and cold vans. • Examined preparation of dispatch notes and manual indent handling. • Analysed delivery timelines: actual vs expected. • Reviewed manual dashboard reports for stock, consumption, and expiry. • Monitored quality checks, packaging integrity, and expired drug handling. • Investigated emergency procurement delays. • Evaluated lack of IHMS portal usage.
Linking theory (classroom learning) with practice at your organization	• Applied SCM concepts like procurement cycle, inventory control, and lead-time analysis. • Observed gaps in ERP and IHMS usage compared to classroom ERP module learnings. • Connected cold chain logistics with theory of pharmaceutical temperature-sensitive storage. • Reviewed SOPs against academic standards for GxP (Good Distribution Practices).
Gaps identified	• Absence of IHMS data entry; over-reliance on physical records. • No real-time stock or expiry visibility across DDCs. • Delays in emergency drug procurement (3–5 days). • Lack of scheme-wise automated tracking. • Manual dashboard reporting prone to errors and delays. • Limited or no barcode/RFID tracking for drug batches. • No defined SOP for emergency procurement.
Suggestion for improvement	• Enforce regular data entry in IHMS portal with accountability. • Introduce barcode-based inventory management for traceability. • Develop SOPs for 24-hour emergency procurement. • Implement temperature loggers in cold chain storage. • Digitize dispatch notes and scheme categorization.

	• Train staff on ERP/IHMS systems for real-time data handling.
Plan for the next week	• Visit and map 2–3 high-load DDCs and compare inventory practices. • Track one cold-chain drug from warehouse to DDC delivery. • Interview staff on challenges with emergency procurement. • Propose draft SOP update ideas and prepare a summary presentation.



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WEEKLY REPORT

Name of the Organization: SMS Hospital, Jaipur

Area/department/project of summer internship program: Supply Chain Management.

Name of Student: Priyanka Singh.

Roll No: 0684

Stream: MBA-PM (Batch 16)

Activity done	During the internship at SMS Hospital, extensive hands-on experience was gained with the Integrated Health Management System (IHMS), focusing on pharmaceutical supply chain operations. Key responsibilities included data entry of drug-related information such as drug name, batch number, and issued quantity, and observing how the IHMS tracks stock levels at various Drug Distribution Centres (DDCs). Daily visits to multiple DDCs, including IPD, Emergency, Trauma, and NRD-NRS High-Value DDCs, provided in-depth exposure to the workflow of medicine dispensing, inventory management, storage protocols, and coordination with the MNDY warehouse. Special attention was given to studying the availability issues of essential medicines, investigating root causes of stockouts, and understanding the restocking and indent generation processes. The internship also involves assessing medication movement logistics, including indent approvals, inter-department transfers, and management of pharmaceutical returns and expired stock, particularly under key government schemes like RGHS, Jan Aushadhi, Bhamashah, and MAA Yojana. In addition, cold chain monitoring for temperature-sensitive drugs was carried out, and scheme-wise drug use was monitored. The digital environment of IHMS was noted to promote accuracy, minimize paperwork, and improve real-time data management, delivering significant insights into operating within an organised, software-based hospital supply system.
Linking theory (classroom learning) with practice at your organization	Throughout the internship at SMS Hospital, classroom topics of hospital pharmacy administration, supply chain logistics, and health information systems were effectively reinforced through real-world application. Practical exposure was gained in demand forecasting, stock rotation, buffer stock management, and the usage of digital inventory systems via the Integrated Health Management System (IHMS). Core theories such as inventory control, pharmaceutical logistics, stock auditing, and drug distribution models were observed in practice. Important principles like FIFO (First In, First Out) and FEFO (First Expiry, First Out) were partially adopted, particularly in the handling of high-value and sensitive drugs. Concepts of ABC-VED analysis, lead time, reorder levels, and stock ledger

	management were employed when assessing stockouts and resupply operations at various Drug Distribution Centres (DDCs). The internship provided a clear understanding of ERP-like systems (IHMS) and their role in inventory tracking, drug movement, reducing stockouts, and maintaining batch-wise traceability. The practical workflow seen at NRD-NRS DDC highlighted the decentralised distribution paradigm, where multiple IPDs are provided through a unified tracking system. Real-time observation of pharmaceutical indents, internal logistics, and emergency drug flow revealed the responsiveness of the hospital supply chain under crucial time limitations, agreeing with theoretical principles of emergency supply chain management. The management of expired or near-expiry products, audit preparedness, and the cold chain logistics for temperature-sensitive pharmaceuticals were directly tied to academic training. Furthermore, the implementation of government health programs like RGHS, Jan Aushadhi, Bhamashah, and MAA Yojana showed how hospital logistics and public health policy work together to guarantee the timely and free provision of medications.
Gaps identified	1. Identified occasional manual delays, UI challenges, and lack of integration with e-Aushadhi and lab systems. 2. Shortage of trained manpower at peak hours. 3. Occasional delays in IHMS system due to server issues. 4. Manual tracking for some inventory levels despite the digital system. 5. Lack of patient waiting area and clear queue management system. 6. Need for clear direction board for DDC 10-11. 7. Need for more master DDCs at least 1 in each building of SMS Hospital. 8. Poor patient query management. 9. Frequent unavailability of essential drugs due to delayed procurement or improper forecasting. 10. Lack of real-time tracking of drug stock levels at DDCs. 11. Limited coordination between supply unit and dispensing counters. 12. DDC 10-11 lacks automated stock management and relies on manual records. 13. Lack of SOPs for emergency stock transfer. 14. No advanced demand forecasting tools, resulting in stockouts. 15. Inadequate cold chain infrastructure. 16. Emergency medicine request process lacks centralized tracking. 17. Cold chain equipment is missing in some DDCs. 18. Poor digital integration between Central Store and DDCs leads to delayed drug supply to the patient.

	19. Lack of real-time data on stock levels and consumption patterns. 20. Lack of digital indenting in some emergency areas, leading to manual entries and delays. 21. Discrepancy in batch-wise documentation, particularly for emergency-used narcotics. 22. Occasional mismatch in demand forecasting and supply availability, especially in high-turnover medicines. 23. No major cost difference in local medicine purchase via master DDCs through purchase order and market price of medicine. 24. No management for most frequent stock-out medications. 25. Releasing purchase order daily for same medications but not creating a buffer stock. 26. Medication substitution policy is not implemented.
Suggestion for improvement	1. Use pre-filled templates for recurring OPD/IPD entries. 2. Enable centralized dashboards to track stock levels. 3. Set up reorder alerts based on minimum stock level logic. 4. Include a complaint and feedback mechanism. 5. Conduct basic training for additional support staff to handle patient load. 6. Upgrade system infrastructure for faster IHMS performance. 7. Integrate automated alerts for low stock and expiry tracking. 8. Set up a structured queue system and improve signage for patients. 9. Introduce more help desks for patient queries. 10. Implement a digital stock monitoring system at every DDC for better tracking. 11. Conduct monthly demand forecasting based on past dispensing data. 12. Train staff on optimal stock management and documentation. 13. Conduct regular coordination meetings between supply, storage, and dispensing units. 14. Introduce a centralized dashboard to monitor emergency drug requests. 15. Conduct weekly reconciliation meetings between DDC and IPD coordinators. 16. Appoint dedicated personnel for handling returns/expiry management under each scheme. 17. Provide refresher training to staff for better utilization of IHMS modules. 18. Implement real-time inventory management system across DDCs and central store. 19. Install IoT-based cold chain monitoring to maintain proper storage conditions. 20. Conduct regular training for staff on expiry handling and stock rotation.

	21. Strengthen dashboards to monitor scheme-wise medicine usage for better forecasting. 22. Implement mobile dashboard access or training for junior staff for quicker supply decisions. 23. Introduce automated temperature monitoring in all emergency storage units. 24. Upgrade digital indenting systems with department-specific interfaces for ease of access. 25. Conduct monthly stock audits in NRD-NRS DDC to avoid discrepancies and identify slow-moving drugs. 26. Increase coordination between the pharmacy, emergency IPDs, and procurement teams to streamline high-demand replenishment. 27. Implement a medication substitution policy for medicines of the same composition to reduce patient waiting time. 28. Shortlist most frequently stocked-out medicines and initiate a local tender of minimum 2 years to ensure supply continuity and cost efficiency.
Key learnings	1. Learned to forecast demand and track drug usage using IHMS, while analysing trends under different schemes. 2. I found key reasons for stockouts manual tracking, weak communication, and no real-time data and suggested digital fixes. 3. Understood how vital coordination is among pharmacists, department heads, warehouse, local vendors and RMSCL for timely medicine availability. 4. Realized that policies alone don't ensure patient care unless supported by tech tools better planning and on time drug supply and availability. 5. Got a clear picture of how schemes work on the ground and how delays or shortages can be overcome in real time with better coordination and tech driven solutions. 6. During my internship, I saw how even a simple stockout like calcium or a common multivitamin could delay patient treatment and affect their recovery.



Signature of student

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