SUPPLY CHAIN MANAGEMENT AT MBS HOSPITAL KOTA

PREPARED BY YOGANSH KHARE PM-16 ROLL NO. 0669

ORGANIZATION MENTOR-Dr. Dharmraj Meena, COLLEGE MENTER-Dr. S.S Chowhan

POFILE OF ORGANIZATION

Maharao Bheem Singh (MBS) Hospital, located in Kota, Rajasthan, is affiliated with Government Medical College, Kota. Established in 1992, its served as the largest government hospital in the region for many years, providing a wide range of medical services to the public. With a capacity of 750 beds, the hospital serves approximately 8 lakh patients annually

MISSION

To deliver high-quality, accessible, and patient-centric healthcare services in Kota, Rajasthan. This includes providing a wide range of medical treatments, surgeries, and procedures, as well as promoting patient health and well-being through various support services.

VISION

To be a leading healthcare provider in the region, known for its excellence in medical care, advanced facilities, and a supportive environment for patients and their families.

ORGANIZATION STRUCTURE

Secretary of DME

Principal of medical college Kota

MS of MBS Hospital

Deputy MS of Hospital

Nursing superintendent

Head of Departments

Department in-charge

LEARNINGS DURING SIP

Learned drug distribution process in Govt. hospital

Usage of E-aushadhi platform and how to work on e-aushsadhi platform

Role of various schemes of government in healthcare

Learned supply chain process how govt. procure medicine from various suppliers

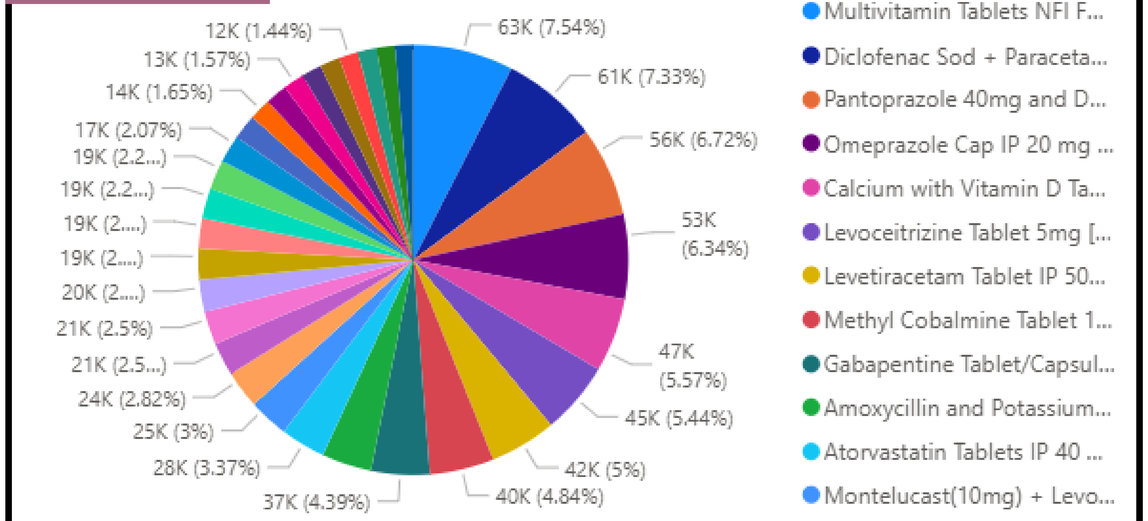
Gain insight how DDC and hospital store manage the supply of medicines

SIP PROJECT

The objective of this project is to understand how medicines are actually used in the hospital by collecting and analyzing data from different DDCs s, on usage patterns of this year and prepare a detailed report. This helps in identifying high-demand drugs, forecasting future requirements, minimizing wastage, and ensuring efficient inventory management to support uninterrupted patient care in hospital supply chains.

S	W
Free/affordable medicines for patients Centralized drug control and monitoring Bulk purchasing reduces costs Supports rational and need-based drug supply	Lack of digitalization Limited storage space Occasional stockouts of essential medicines Dependence on government budget cycles
O	**T**
Use consumption data for better forecasting Digitization and e-DDC tracking Staff training for efficient handling Better services for patients	Delayed supply from suppliers/depots Policy changes affecting procurement Pilferage or misuse in the supply chain Expiry and wastage due to overstocking

REPORT



CHALLENGES

Working ecosystem is rigid difficult to apply changes

Mis-mangement of fast moving drug

inadequate upgrades in system

Crowd mismanagement

KEY INSIGHT'S OF PROJECT

Top Issued Drugs:
Multivitamin Tablets, Diclofenac + Paracetamol, Pantoprazole, Calcium + Vitamin D, Levetiracetam, Levoceitrizine

High Issuance of Consumables:
Gloves, Syringes (5 ml & 10 ml), Perfusion Sets show high usage, reflecting consistent hospital procedures and patient load.

Critical Chronic Medications:
Atorvastatin, Metformin, Gabapentin, Methylcobalamin issuance highlights the ongoing management of chronic conditions