SUMMER INTERNSHIP PROGRAM

at

Department of Medical Education, Rajasthan
MDM Hospital

From 15/05/2025 to 29/07/2025

A REPORT BY

ABHINAV CHAUDHARY

Master of Business Administration in Pharmaceutical Management

2024-26

under the Mentorship of

DR. AKSHAY KUMAR MISHRA

Government of Rajasthan

Office of The Superintendent, Mathura Das Mathur Hospital, Jodhpur

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- :S.No.:Gen-1/MDMH/JU/24/ 15911 Dated29-07-2025

CERTIFICATE

This is to certify that *Mr. Abhinav Chaudhary* of (batch) of 2024-26, IHMR University, Jaipur has worked with our organization for his/her summer internship from 15th May 2025 to 29th July 2025. The overall performance shown by him/her during the period was good.

Date:-29-7-25

डॉ. विकास राजपुरोहित
अधीक्षक
माथुरादास माथुर चिकित्सालय
जोधपुर

(Dr. Vikas Rajpurohit)

Superintendent

Mathuradas Mathur Hospital, Jodhpur

IIHMR UNIVERSITY

IIHMR University Faculty Mentor Approval

This is to certify that **Mr. Abhinav Chaudhary** of academic year 2024-26 **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: 31/07/2025

Dr. Akshay Kumar Mishra

Associate Professor

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GAP ANALYSIS OF SUBSTORE

IIHMR UNIVERSITY

PRESENTED BY
Abhinav Chaudhary
BATCH PM 16
ROLL NO 0596

MR. ASHOK KUMAR MISHRA (ASSOCIATE PROFESSOR AT IIHMR UNIVERSITY, JAIPUR)
DR. VIKAS RAJ PUROHIT (SUPERINTENDENT AT MDM HOSPITAL

History and Description

Mathura Das Mathur (MDM) Hospital, Jodhpur largest hospital in the western region. Attached with the government medical collage SN Medical collage at Jodhpur. Inaugurated in 1979 with capacity of 200 beds, which currently at around 2700 beds. SN Medical collage controls budget which headed by a superintendent, who is responsible for the health care services. Currently, 7 Super Specialty department and 12 other department are available. Hospital provide administrative services like, IHMS portal for patient registration and record-keeping and E-Aushadhi system which is an online system capable of having detailed information about availability of drugs . Provide free diagnosis, treatment, and medicine distribution and with various health schemes also like MAA yojana, RGHS, etc.

Mission:

Provide personalized healthcare that focuses on patient happiness and well-being through optimal, evidence-based medical interventions To improve patient outcomes through investments in medical technologies. To encourage health education and wellness through active engagement in community outreach and public health programs.

Vision:

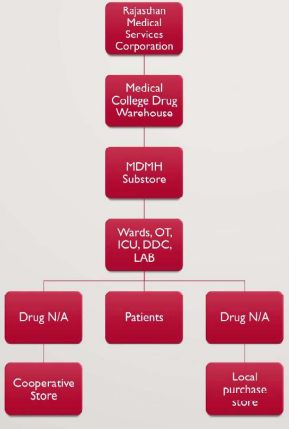
To provide comprehensive healthcare services accessible to all. To become a model and global leader in healthcare, and a research center on health.

About Project

The substore serves as a critical link in the hospital's pharmaceutical supply chain, responsible for the storage, management, and distribution of essential drugs and medical supplies to various departments. A gap analysis of the substore was undertaken to assess its operational efficiency, infrastructure, and compliance with Good Storage Practices (GSP) and institutional protocols. The objective was to identify discrepancies between the current practices and the desired standards, particularly in areas such as inventory control, temperature maintenance, record-keeping, and staff management. This analysis aims to provide actionable recommendations to improve the substore's performance, ensure timely availability of medicines, and enhance overall healthcare delivery.

Gap Analysis & Key Findings

Limited Racks: Only 35 racks, many cartons left on floor due to small shelf size.
Moisture Damage: Floor contact causes box damage, especially in monsoon.
Cold Chain Issues: Inadequate cold space for sensitive medicines.
Crowded Storage: Insufficient space for buffer or bulk stock.
Security Risk: No double-lock system for narcotics/Schedule H/X drugs.
Small Transport Vehicle: Requires multiple trips, wasting time/resources.
Structural Damage: Broken walls, windows, and poor ventilation.
No Fire Safety: No extinguishers, alarms, or emergency systems.



Practical Exposure vs Theoretical Understanding

- In theory we studied importance of SOP but in reality, SOP is not visible as well as not compliant.
- In theoretical classes we learned about all equipment, and staff available as per the standard guidelines. Whereas in practical we got the opportunity to observe real time situations
- In theory we learned about the supply chain works on quality of service in contrast MDM maintains its basic operational efficiency even with the daily OPD foot fall of 6000 patients.

SWOT ANALYSIS

STRENGTH

- e-Aushadhi enables real-time tracking and indenting.
- Functional DDCs ensure efficient medicine distribution.
- Wide drug availability (1800+ items).
- Skilled staff and defined workflows.

WEAKNESSES

- Overburdening of staff leading to decreased efficiency
- Lack of accountability because of lack of role clarity
- Inadequate space.
- transport vehicle limits logistics.
- Communication gaps

OPPORTUNITES

- Modernize substore with better layout and cold storage.
- Use barcoding and automation to improve accuracy.
- Train staff on safety, and compliance.

THREATS

- Stock-outs or expiries due to poor planning.
- Risk of theft/misuse of high-risk drugs.
- Regulatory non-compliance

Challenges

- Limited participation in decision-making.
- Delays in information due to absence of key personnel.
- Crowded substore made it difficult to observe storage systems properly.
- Lack of transparency in organisational.
- Lack of coordination between warehouse and hospital because warehouse is an entity of S.N. Medical College.

Major Learning

- Gained practical understanding of hospital drug supply chain, from RMSC to DDCs.
- Learned how e-Aushadhi is used for indenting, stock management, and reporting.
- Understood storage layout, cold chain requirements, and storage challenges.
- Observed real-world application of GSP, GDP, and regulatory compliance.
- Understood how indent is generated to dispencing of drug.
- Learned the method of seasonal drug forecasting.

Acknowledgment

I would like to express my heartfelt gratitude to the management of the **Department of Medical Education, Rajasthan MDM (Mathura Das Mathur), Jodhpur,** for giving me this amazing opportunity for a summer internship in their organization. I want to thank my organization mentor, **Dr Vikas Raj Purohit** sir, and special thanks to the Hospital Care Takers, **Chetan Sharma** sir, **Arun Gelda** sir, and **Kavita** mam for providing me with this opportunity and getting trained at MDM Hospital, without their support & supervision, I wouldn't be able to complete this project, throughout the internship, I had an immense learning experience in various departments & it would be helpful in my professional career.

Abhinav Chaudhary

Reporting Format (Weekly)

Name of the Organization: Department of Medical Education, Rajasthan (MDM Hospital, Jodhpur)
Area/ Department/ Project of Summer Internship Program: Supply Chain Management
Name of the Student: Abhinav Chaudhary
Roll no: 0596 **Stream: PM**
Week no: 01 **From: 15th MAY 2025 to 17th MAY 2025**

Activity Done	• Real time observation of the average waiting time for OPD (General medicine, Cardiology, Pediatrics, General Surgery) • Observed the average waiting time of a patient using MRI, CT, X- ray, USG • Collected April month data regarding claims submitted in the MAA yojana as percentage of IPD registration and claim rejection submitted by department • Eligible RGHS beneficiary coming from OPD/IPD • Percentage of bed occupancy of a department in a hospital
Linking theory (Classroom learning) with practice at your organization	• Observe the hospital and its various departments in terms of location, site and accessibility.
Gaps identified in the working area.	• Lack of record that supports calculation of waiting period, because of this real time observation of waiting period was done • Lack of smooth patient flow • Proper sign boards not available in OPD, patients face problems after registration
Suggestions for improvement	• Improve patient flow • Use of signs and boards
Plan for the next week	• Ongoing project

Signature of the Student

Approved by the IIHMR University's Mentor

Reporting Format (Weekly)

Name of the Organization: Department of Medical Education, Rajasthan (MDM Hospital, Jodhpur)
Area/ Department/ Project of Summer Internship Program: Supply Chain Management
Name of the Student: Abhinav Chaudhary
Roll no: 2072 **Stream: PM**
Week no: 02 **From: 19th MAY 2025 to 24th MAY 2025**

Activity Done	• Visit and data collection from all DDCs. • Made a report of E-aushadhi related backlog of prescription.
Linking theory (Classroom learning) with practice at your organization	• Applied concepts from supply chain and inventory management.
Gaps identified in the working area.	• Inadequate storage space impacting medicine handling and safety. • Use of outdated systems resulting in high pendency and delays
Suggestions for improvement	• Make segregation of waiting line for both follow up as well as new patients. • Increase the number of windows in drug distribution center to avoid overcrowding
Plan for the next week	• Understanding workflow of Supply chain management in MDM hospital.

Signature of the Student

Approved by the IIHMR University's Mentor

Reporting Format (Weekly)

Name of the Organization: Department of Medical Education, Rajasthan (MDM Hospital, Jodhpur)
Area/ Department/ Project of Summer Internship Program: Supply Chain Management
Name of the Student: Abhinav Chaudhary
Roll no: 0596 Stream: PM
Week no: 03 From: 26th MAY 2025 to 31th MAY 2025

Activity Done	• Understanding workflow of DDC in hospital. • Visit the regional cancer institute. • Visit the mental ward as part of the PWD inspection. • Coordinating with hospital staff for state government inspection.
Linking theory (Classroom learning) with practice at your organization	• Applied supply chain concepts while understanding the workflow of the Drug Distribution Centre (DDC).
Gaps identified in the working area.	• Shortage of staff in DDC with high footfall. • Long waiting lines on dispensing windows. • Communication barrier between staff and patients.
Suggestions for improvement	• Recruitment of staff like- Operators and Pharmacist especially in OPD DDC like 19 and 9 with daily average of over 800 patients. • Increase of dispensing windows will increase the rate of dispensing and decrease the waiting line.
Plan for the next week	• Learning about IHMS portal

Signature of the Student

Approved by the IIHMR University's Mentor

Reporting Format (Weekly)

Name of the Organization: MDM Hospital, Jodhpur
Area/ Department/ Project of Summer Internship Program: Janana Wing Waste Management System
Name of the Student: Abhinav Chaudhary
Roll no: 0596 **Stream: Pharmaceutical Management**
Week no: 04 **From: 02/06/2025 to 07/06/2025**

Activity Done	• Visit of Wards to understand the supply of drugs and medical equipment. • Understanding the workflow of Medical College Drug Warehouse. • Learning how IHMS portal in hospital works
Linking theory (Classroom learning) with practice at your organisation	• IHMS Implementation- Health Informatics, Digital Healthcare. • Gained practical exposure to pharmaceutical supply and hospital logistics.
Gaps identified on the working area.	• Absence of helpers to deliver drugs and medical equipment. • No trolley is allotted in various wards and multiple logistics equipments are not functional. • IHMS portal yet to be implemented fully.
Suggestions for improvement	• Helpers attendance sheet should be in Sub-store. • More functional and operational logistics equipment should be issued.
Plan for the next week	• Will be observing various other departments or issues and coming up with prospective solutions

Signature of the Student

Approved by the IIHMR University's Mentor

Reporting Format (Weekly)

Name of the Organization: Department of Medical Education, Rajasthan (MDM Hospital, Jodhpur)
Area/ Department/ Project of Summer Internship Program: Supply Chain Management
Name of the Student: Abhinav Chaudhary
Roll no: 0596 **Stream: Pharmaceutical Management**
Week no: 05 **From: 9th June 2025 to 14th June 2025**

Activity Done	• Routine follow up of DDCs. • Understanding layout and workflow of substore. • Learning about E-aushadhi portal integration with IHMS.
Linking theory (Classroom learning) with practice at your organization	• Inventory management and distribution concepts during routine follow-up of DDCs. • Strengthened practical understanding of public healthcare supply chains and digital inventory control. • Related digital health systems and pharmaceutical IT tools while learning about e-Aushadhi and IHMS integration.
Gaps identified in the working area.	• Multiple DDC doesn't have adequate space for storing stock. • Old prescriptions are stock which also acquired the much needed space. • Stock data transfer from E-aushadhi to IHMS portal causing mismatch in stock records and currently not integrated.
Suggestions for improvement	• Disposal of old prescription to access full storage capacity. • Staffing levels to be improved
Plan for the next week	• Visit to Substore.

Signature of the Student

Approved by the IIHMR University's Mentor

Reporting Format (Weekly)

Name of the Organization: Department of Medical Education, Rajasthan (MDM Hospital, Jodhpur)
Area/ Department/ Project of Summer Internship Program: Supply Chain Management
Name of the Student: Abhinav Chaudhary
Roll no: 0596 Stream: PM
Week no: 06 From: 16th June to 21st June 2025

Activity Done	• Observational round in Substore. • Analysis of substore by Central Drug Standard Control Organization guidelines (GSP, GDP).
Linking theory (Classroom learning) with practice at your organization	• Observed substore operations and linked them with GSP and GDP guidelines from CDSCO. • Understood substore layout and workflow, connecting with hospital logistics theories.
Gaps identified in the working area.	• Infrastructure was designed for an OT, due to which it didn't have adequate storage area. • No regular audits. • Temperature sensitive drugs are stored in fridges and commercial freezers which hold less storing capacity.
Suggestions for improvement	• Setting Up a Walk-In Cooler (WIC) Room. • Add More Racks or Use Raised Platforms. • Construction of a new Substore with more storage area.
Plan for the next week	• Root cause analysis of the gap.

Signature of the Student

Approved by the IIHMR University's Mentor

Reporting Format (Weekly)

Name of the Organization: Department of Medical Education, Rajasthan (MDM Hospital, Jodhpur)
Area/ Department/ Project of Summer Internship Program:
Name of the Student: Abhinav Chaudhary
Roll no: 0596 **Stream: PM**
Week no: 07 **From: 23rd June to 28th June 2025**

Activity Done	• Collected Information of Electrical and Civil work in hospital. • Maked a list of helpers present at each store and its department. • Night round of hospital to check the workflow and presence of staff in DDCs, Local Purchase stores, Wards and other critical areas like OT.
Linking theory (Classroom learning) with practice at your organization	• Applied Behavior change communication, classroom learning about how to communicate with the people.
Gaps identified in the working area.	• Absence of staff in some critical areas.
Suggestions for improvement	• Improve the staffing level • To monitor department-wise allocation of helpers by verification of personnel and implement a digital attendance system.
Plan for the next week	• To make an excel file over civil and electrical issues of various ddc.

Signature of the Student

Approved by the IIHMR University's Mentor

Reporting Format (Weekly)

Name of the Organization: Department of Medical Education, Rajasthan (MDM Hospital, Jodhpur)
Area/ Department/ Project of Summer Internship Program:
Name of the Student: Abhinav Chaudhary
Roll no: 0596 **Stream: PM**
Week no: 08 **From: 30th June 2025 to 05th July 2025**

Activity Done	• Visit to all DDCs for observing gaps in daily operations. • Attended a skilled based workshop on Robotic surgery (SS INNOVATION).
Linking theory (Classroom learning) with practice at your organization	• Conducted observational rounds based on CDSCO guidelines. • Strengthened understanding of pharmaceutical storage, regulatory compliance, and digital health systems in a real-world hospital setting.
Gaps identified in the working area.	• DDCs with high footfall have less operator to upload old and new prescription with daily average of around 700 patients and frequent server crash causes high pendency. • Poor ventilation and lighting in some DDCs, affecting both medicine safety and staff working conditions.
Suggestions for improvement	• Increase the staff of operators to upload prescription on e-Aushadhi. • Segregation of staff for uploading of backlogs between DDCs with less pendency. • Regular audit of every DDCs.
Plan for the next week	• Gap analysis of Substore.

Signature of the Student

Approved by the IIHMR University's Mentor

Reporting Format (Weekly)

Name of the Organization: Department of Medical Education, Rajasthan (MDM Hospital, Jodhpur)
Area/ Department/ Project of Summer Internship Program:
Name of the Student: Abhinav Chaudhary
Roll no: 0596 Stream: PM
Week no: 9 From: 07th July 2025 to 12th July 2025

Activity Done	• Gap analysis of Substore. • Visit of RMRS (Rajasthan medical relief society)
Linking theory (Classroom learning) with practice at your organization	• Observed substore operations and linked them with GSP and GDP guidelines from CDSCO.
Gaps identified in the working area.	• No secure locker for expensive and scheduled drugs. • Building wear and tears cause high risk of contamination. • Due to the unavailability of space cartons ends up on floor.
Suggestions for improvement	• Install a double-lock steel cabinet for Schedule H/X and costly drugs, with access limited to authorized staff. • Repair cracked windows, walls, and ceilings to ensure proper ventilation, safety, and stock quality. • Add more storage racks to avoid keeping supplies on the floor or use base plates or pallets to keep boxes raised and protected from moisture.
Plan for the next week	• Poster and report preparation on gap analysis project

Signature of the Student

Approved by the IIHMR University's Mentor

Reporting Format (Weekly)

Name of the Organization: Department of Medical Education, Rajasthan (MDM Hospital, Jodhpur)
Area/ Department/ Project of Summer Internship Program:
Name of the Student: Abhinav Chaudhary
Roll no: 0596 Stream: PM
Week no: 10 From: 07th July 2025 to 12th July 2025

Activity Done	• Observe near-expiry or expired stock management • Attended skilled based workshop
Linking theory (Classroom learning) with practice at your organization	• Inventory Management Principles: Applied concepts of FEFO (First Expiry, First Out) for ensuring timely usage of medicines before expiry.
Gaps identified in the working area.	• No automated alert system in e-Aushadhi for approaching expiry stock at substore/DDC level. • Lack of physical space or designated area for keeping expired/near-expiry items.
Suggestions for improvement	• Activate or configure automated expiry alerts in e-Aushadhi for all stores. • Maintain a dedicated "Quarantine" shelf or zone in every store for near-expiry and expired stock.
Plan for the next week	

Signature of the Student

Approved by the IIHMR University's Mentor

Compiled Reporting Format

Name of the Organization: Department of Medical Education, Rajasthan MDM Hospital.
Area/ Department/ Project of Summer Internship program:
Name of the Student: Abhinav Chaudhary
Roll no: 0596 **Stream: PM**
Week no: complete 10 weeks **From: 15th May 2025 to 29th July 2025**

Activity Done	• **Activity 1: OPD Observation and Analysis** a) Real-time observation of average waiting time in OPDs including General Medicine, Cardiology, Pediatrics, and General Surgery. Noted peak hours, staff availability, and causes of delay. b) Cardiology OPD: Identified overcrowding issues (especially on Mon/Wed/Fri). Noted existing token system and suggested vital checks by nurses during wait time. • **Activity 2: Radiology Department Analysis** Observed average waiting time for diagnostic tests including MRI, CT scan, X-ray, and Ultrasound. • **Activity 3: Government Health Scheme Data** a) MAA Yojana: Collected April month data for claims submitted as a percentage of IPD registrations. Analyzed reasons for rejections department-wise. b) RGHS Beneficiaries: Tracked eligible RGHS OPD/IPD patients and their service utilization. • **Activity 4: IPD Department Analysis** a) Collected data on bed occupancy percentage in selected departments. b) Night rounds conducted to observe staff presence and operations in Wards, DDCs, Local Purchase Stores, and OTs. • **Activity 5: DDC Operations and Workflow** a) Visited and observed all DDCs to understand medicine dispensing workflow. b) Collected and analyzed data related to e-Aushadhi backlog of prescriptions. c) Routine follow-ups to ensure operational efficiency and identify gaps in daily workflow.

	• **Activity 6: Substore Assessment** a) Observational rounds of substore layout and operations. b) Workflow analysis based on GSP (Good Storage Practices) and GDP (Good Distribution Practices) under CDSCO guidelines. c) Conducted a gap analysis of substore infrastructure and process. • **Activity 7: Supply Chain and Warehouse** a) Understood the drug and equipment supply chain by visiting hospital wards. b) Studied the workflow of the Medical College Drug Warehouse. • **Activity 8: Digital Health Systems** a) Learned IHMS portal functionalities for IPD entries, diagnostics, billing, and insurance. b) Understood e-Aushadhi integration with IHMS for efficient inventory management. • **Activity 9: Facility Inspection and Maintenance** a) Collected and reported information related to civil (leakage, cracks, tiles) and electrical (faults, fittings, lighting) work. b) Coordinated with staff during state government inspection and ensured Kayakalp compliance. • **Activity 10: Helper and Human Resource Mapping** a) Made department-wise list of helpers posted in hospital areas. b) Helped in preparation of duty rosters for smooth operations. • **Activity 11: Specialized Facility Visits** a) Regional Cancer Institute: Understood workflows in OPD, chemotherapy unit, and counseling services. b) Mental Health Ward: Observed as part of PWD inspection—checked infrastructure, psychiatrist availability, records, and treatment plans. • **Activity 12: Other Observations** a) Participated in a skill-based workshop on Robotic Surgery (SS Innovation). b) Attended Janana Wing rounds—observed bed conditions, cleanliness, and maternal care practices.
Linking theory	**1.Principles of Management**

(Classroom learning) with practice at your organization	Proposed workflow improvements in areas such as DDC operations and substore management, showcasing planning and organizing skills. Assisted in preparation of helper allocation lists and duty rosters, demonstrating understanding of staffing and manpower planning. Suggested digitization of DDC attendance, reducing manual errors and improving efficiency (Decision-making in resource management). **2. Organizational Behavior** Observed coordination between departments (e.g., pharmacy, substore, DDCs, diagnostic, ward) and hospital administration—real-world example of interdepartmental teamwork. Identified gaps in motivation among helpers and store staff, reinforcing classroom learning on workplace culture and employee motivation. Noted leadership roles played by floor managers and DDC in-charges during state inspection preparations and routine hospital functioning. **3. Business Communication** Communicated regularly with various departments for data collection (DDC, RGHS, MAA Yojana, IHMS portal)—applying skills in interpersonal and interdepartmental communication. Prepared reports on claim pendency, e-Aushadhi backlog, helper mapping, and substore analysis, practicing effective written communication. Attended and presented findings during internal reviews, applying professional verbal communication and presentation skills. **4. Supply Chain and Operations Management** Understood the workflow of the Medical College Drug Warehouse and substore to DDC drug supply, connecting classroom learning with real-time hospital drug logistics. Identified gaps in medicine availability, backlogs in prescription entries, and suggested inventory planning using e-Aushadhi data (Concepts of Inventory Control and Replenishment). Learned about integration of IHMS and e-Aushadhi, understanding digital transformation of pharmaceutical logistics systems in public health settings. Performed gap analysis of substore as per CDSCO standards, applying theoretical concepts of Good Storage Practice (GSP) and Good Distribution Practice (GDP). **5. Public Health Programs**

	Gained hands-on experience in tracking MAA Yojana and RGHS patient data, analyzing claim submissions and rejection trends (Program Monitoring and Evaluation). Identified issues like documentation errors, eligibility mismatches, and lack of timely submissions, reflecting real-world program implementation barriers. **6. Health Policy and Systems** Saw practical use of IHMS portal for admission, discharge, diagnostics, and claims—realizing digital health policy implementation in government hospitals. Understood policy-to-practice gap in areas like manpower shortage, drug stockouts, and infrastructure challenges, reinforcing theoretical learning on health systems bottlenecks. Learned how scheme-based service delivery (MAA Yojana, RGHS) supports larger national health coverage goals and reduces out-of-pocket expenditure.
Suggestions for improvement	**1. OPD Workflow and Patient Flow Management** • Implement digital token-based queue system in all major OPDs (currently only in Cardiology) to streamline patient movement. • Clearly segregate waiting lines for new and follow-up patients using signs and display boards. • Use visual aids such as directional signage and department boards to improve patient navigation and reduce congestion. **2. Drug Distribution Centre (DDC) Operations** • Increase the number of dispensing windows in high-footfall DDCs (e.g., DDC-9 and DDC-19 with 800+ daily patients) to reduce waiting time. • Deploy additional pharmacists and operators to meet daily dispensing demands. • Conduct regular audits of each DDC to identify prescription backlogs, storage issues, or HR deficiencies. Segregate backlog uploading tasks across DDCs with lower pendency to distribute digital workload effectively. • Implement a real-time prescription uploading monitor using the e-Aushadhi system to track progress and delay points. **3. Substore Management and Infrastructure** • Construct a new substore with larger storage capacity to meet rising drug demands.

	• Install Walk-In Cooler (WIC) Room for temperature-sensitive drugs. Add more steel racks or use raised pallets to avoid ground storage, protecting boxes from moisture and pests. • Dispose old/expired prescriptions and non-moving stock to create usable space. • Install double-lock cabinets for Schedule H/X and expensive drugs, ensuring only authorized access. • Repair damaged windows, walls, or ceilings to maintain hygiene, ventilation, and safety. **4. Logistics and Equipment** • Provide functional logistics support equipment like trolleys, ladders, weighing machines, and barcode scanners for improved internal movement. • Ensure availability of protective gear (masks, gloves) for all store and DDC workers. • Conduct monthly equipment checks and service schedules to ensure operational reliability. **5. Human Resource and Attendance Management** • Digitize helper attendance in all substores for accountability and transparency. • Prepare a department-wise helper deployment matrix to ensure proper coverage across critical zones. • Recruit additional operators, pharmacists, and storekeepers in areas showing chronic HR shortage. • Adopt digital duty rosters for pharmacy staff, helpers, and nursing staff to minimize confusion and avoid overlap. **6. E-Aushadhi and IHMS System Improvement** • Increase staffing for e-Aushadhi data entry, particularly for backlogged DDCs. • Conduct training workshops on IHMS-eAushadhi integration to improve staff efficiency. • Perform routine data verification to reduce claim rejection due to mismatches or errors.

Key learning	• Gained practical understanding of hospital pharmaceutical supply chain, from procurement to drug dispensing at DDCs. • Learned to use and analyze data from e-Aushadhi and IHMS portals for inventory, billing, and claims. • Understood workflow of Medical College Drug Warehouse and substores, including storage, indent processing, and GSP/GDP compliance. • Identified key operational issues like prescription backlog, medicine stockouts, and lack of digital coordination. • Performed gap analysis of substores and suggested infrastructure improvements like WIC room, storage racks, and digital tools. • Analyzed MAA Yojana and RGHS scheme data, understanding public health funding and claim challenges. • Developed skills in data collection, report writing, and interdepartmental coordination. • Learned about human resource planning by helping prepare helper duty rosters and mapping staff allocation. • Improved ability to assess infrastructure needs, observing civil/electrical issues and proposing facility upgrades. • Enhanced understanding of patient satisfaction factors such as wait times, staff behavior, and cleanliness. • Observed the importance of digitalization and automation in hospital supply chain operations. • Strengthened communication skills through interaction with staff, patients, and hospital managers.