TASK 1: DAILY CLINIC INVENTORY MICRO-AUDIT

Real Problems Being Solved

In small clinics:

1.Medicines are not barcoded

2.Staff types medicine names manually

3.doctors work very fast

4.Small mistakes happen every day

These mistakes are usually not intentional, but when they add up, the clinic faces big inventory mismatches at month-end.The mistake most clinics make is checking everything only at month-end.By then, it is too late.So the goal is simple,Catch small mistakes every day, early, with minimum effort.

Step 1: Identify High-Risk Medicines

Checking every medicine daily is not practical.So we first select medicines where mistakes are most likely.

Why some medicines are risky:

1.They are sold many times a day

2.Their names are confusing

3.Doctors prescribe them very often

Example high-risk medicines:

Dolo 650, Azithromycin 500, Pantoprazole 40.

Once this list is ready, we focus only on these medicines every day.

Step 2: Daily Name-Variation Check

What usually goes wrong?

Staff may enter:

“Dolo”

“Dolo 650”

“Dolo kind”

But the inventory system has only one correct name:

Dolo 650

So sales happen correctly, but inventory numbers become wrong.

This step results:

1.Fewer inventory mismatches

2.Staff becomes careful about naming

3.Errors reduce naturally over time

“No punishment takes place here, Only correction”

Step 3: Daily Stock Reasonableness Check

This is not full reconciliation.We are only checking if the numbers make sense

Expected Closing Stock = Opening Stock+purchases-sales

Then we compare this with actual closing stock.

we use tolerance (±2%) because,Manual systems are never perfect.Small differences are ignored.Only meaningful differences are reviewed.

Benefits:

1.Catches missing bills

2.Catches wrong quantities

3.Catches unrecorded sales

And it happens daily, not at month-end**.**

Step 4: Random Bill Checking

Every day, we randomly pick 3 to 5 bills.

What we have to check:

1.Correct medicine name

2.Quantity looks reasonable

We choose random bills because, staff never knows which bill will be checked.So they stay careful all the time, not just during audits.No scolding. Only correction and logging.

Step 5: Weekly Error Pattern Review

One mistake is normal.The same mistake repeated many times is a process issue.So we keep a simple error log.

Weekly decisions:

Same error 3 times, required retraining.

Errors across medicines , SOP needs improvement

This helps fix the root cause, not just symptoms.

Step 6: When to Involve the Doctor

The doctor is involved only if:

1.Financial loss is serious

2.Medicine shortage affects treatment

3.Errors continue despite corrections.

For everything else,the system handles it.

Final outcomes of Task 1:

1.Fewer mistakes

2.Better staff discipline

3.clean inventory

4.No month end surprises

Doctors time is protected.

TASK 2: PATIENT CARE & COMMUNICATION SYSTEM

What problem are we solving?

In most clinics:

1.Doctors reply to WhatsApp messages

2.Follow-ups are remembered mentally

3.Messages are sent randomly

4.Doctor gets disturbed many times a day

This causes stress and wastes time.

Goal:

Create a system where:

1.Routine messages go automatically

2.Only important cases reach the doctor

3.Doctor spends very little time on messages

Step 1: Classify Messages

Not all messages need the doctor.Some messages are routine:

1.Follow-up reminders

2.Post-procedure care instructions

3.Common side-effects

Some messages need doctor input:

Custom instructions and Patient questions.

Once messages are classified, workload reduces immediately.

Step 2: Care Control Sheet

A Google Sheet is used as the control system.For every patient, we track:

1.What message is needed

2.Whether doctor approval is required

3.Message status

Nothing is left to memory.

Nothing is lost in WhatsApp.

Step 3: Doctor Review Windows

Instead of disturbing the doctor many times:

1.Messages needing approval are batched

2.Doctor reviews them once every 3–4 hours

3.Review takes around 10 minutes

Doctor only:

1.Reviews 2.Dictates 3.Approves

Doctor never:

1.Types messages

2.Opens WhatsApp

3.Replies individually

Step 4: Patient Questions via Google Form

Patients submit questions through a Google Form.

1.Structures the question

2.Captures urgency

3.Avoids random WhatsApp messages

Questions are answered in batches, saving time.

Step 5: Message Sending Rules

Messages are sent only when:

1.Message text is ready

2.Approval rules are followed

3.Status is correct

This avoids wrong or incomplete messages.

Step 6: End-of-Day Check

Before closing Pending messages are reviewed,Urgent cases are handled and others are rescheduled

FINAL OIUTCOMES OF TASK 2:

1.DOCTOR IS NOT OVERLOADED

2.PATIENTS GET TIMELY UPDATES

3.COMMUNICATION IS ORGANIZED

4.CLINIC RUNS SMOOTHLY