

Task 1: Daily Clinic Inventory Micro-Audit

STEP 1 — Identify High-Risk Medicines

Objective:

To focus daily inventory checks only on medicines most likely to cause entry errors and stock mismatches.

Selection Criteria:

- Medicines with high daily sales volume
- Medicines entered manually with multiple name variations
- Medicines where small quantity errors can go unnoticed

| Medicine | Why this medicine is high-risk in this clinic |
|------------------|---|
| Dolo 650 | Sold daily, entered with multiple name variants (e.g., Dolo, Dolo 650, Dolo kind), high chance of typing or quantity errors |
| Azithromycin 500 | Abbreviated differently in sales entries, manual entry causes mismatch |

Action Taken:

- Only these medicines will be included in daily micro-audits.
- Other medicines are excluded to reduce audit load.

Time Required:

30 minutes (one-time setup)

STEP 2: Daily Name-Variation Check

Objective:

To detect inconsistent or new medicine name entries in daily sales that can cause inventory mismatch.

Daily Check Process:

- From the Sales Register, filter entries for the selected high-risk medicines.
- List all distinct medicine names entered for each high-risk medicine on that day.
- Compare these names with the approved master medicine name.

Flag Rule:

- If any new or inconsistent name variant appears, flag it for review.

Action Taken:

- Inform billing staff of the correct medicine name.
- No stock correction or escalation on the same day.

Time Required:

5 minutes per day

STEP 3: Daily Usage Reasonableness Check

Objective:

To identify possible sales-entry or inventory errors by checking whether daily medicine usage is reasonable based on existing inventory records.

Daily Check Process:

- For each selected high-risk medicine, use the provided table values:
 - Opening Stock
 - Purchases
 - Sales
 - Closing Stock
- Calculate the expected closing stock using:
Opening Stock + Purchases – Sales
- Compare this expected value with the actual Closing Stock already recorded.

Flag Rule:

- If the difference between expected and actual closing stock exceeds a small tolerance ($\pm 2\%$), flag the medicine for review.

Action Taken:

- Recheck sales entries for the flagged medicine.
- Verify if any sales were missed or wrongly entered.
- Record the issue; no immediate correction unless deviation is significant.

Time Required:

5 minutes per day

STEP 4: Randomized Bill Spot Check

Objective:

To detect billing entry errors and discourage careless sales entries without increasing staff workload.

Daily Check Process:

- Randomly select 2–3 bills from the day's sales records.
- Verify the medicine names and quantities against the sales register entries.

Flag Rule:

- If a mismatch is found between the bill and the sales entry, flag it for review.

Action Taken:

- Inform the billing staff of the error.
- Correct the entry if required.
- Record the error for pattern tracking.

Time Required:

5 minutes per day

STEP 5: Weekly Error Pattern Tracking

Objective:

To identify repeated inventory and billing errors that indicate process or training issues rather than one-time mistakes.

Weekly Review Process:

- Review all flagged issues from daily checks (name variations, usage mismatches, bill errors).
- Group errors by medicine name and error type.
- Identify errors that repeat multiple times during the week.

Flag Rule:

- If the same error occurs **3 or more times in a week**, mark it as a recurring issue.

Action Taken:

- Discuss recurring issues with the billing or inventory staff.
- Reinforce correct SOPs or clarify naming rules.
- Escalate to the doctor only if errors persist after correction.

Time Required:

Approx 20 minutes per week

STEP 6: Doctor Escalation Rules

Objective:

To involve the doctor only when necessary, while protecting their time from routine operational issues.

Escalation Criteria:

- Repeated inventory or billing errors for the same medicine despite staff correction.
- Large or unexplained stock mismatches affecting patient billing or availability.
- Patterns indicating potential misuse or serious process failure.

Non-Escalation Rules:

- One-time or minor discrepancies.
- Issues already corrected at the staff level.
- Name-variation issues without stock impact.

Action Taken:

- Share a brief summary of the issue with the doctor.
- Recommend a simple corrective action if required.
- Update SOPs only if the issue repeats.

Time Required:

Minimal doctor involvement

Daily Checklist (Runs Every Day)

- Review selected high-risk medicines
- Check for new name variations in sales entries
- Perform usage reasonableness check using opening, purchases, sales, and closing stock
- Conduct random spot check of 2–3 bills
- Log any flagged issues

Weekly Checklist

- Review all flagged issues from the week
- Identify repeated name-variation or billing errors
- Discuss recurring issues with staff
- Escalate to doctor only if errors persist or are significant

Sample Tables

Sample: Name Variation Log

| Date | Master Name | Entered Name | Issue Flagged |
|--------|-------------|--------------|---------------|
| 12-Jun | Dolo 650 | Dolo kind | Yes |

Sample: Usage Reasonableness Check

| Medicine | Opening | Purchases | Total Sales | Expected Closing | Actual Closing |
|------------------|----------------|------------------|--------------------|-------------------------|-----------------------|
| Dolo 650 | 1000 | 500 | 30 | 1470 | 1440 |
| Azithromycin 500 | 300 | 200 | 10 | 490 | 480 |

Clear Action Rules

- One-time or minor issue → record only
- Repeated issue (3+ times/week) → staff correction
- Significant mismatch → immediate review
- Doctor escalation → only for repeated or high-impact issues