

CASE STUDY OF PLANNING AND EXECUTION OF A MEDICAL EDUCATION PROJECT.

Client:

A rural medical college project in Western Maharashtra planned by a Medical entrepreneur under a charitable trust arm. The project belonged to an Educationist and was in a Rural area of Maharashtra.

Situation:

This was planned in a very half hazard manner and was over 6 years long for an expertise exchange and knowledge exchange to progress. The promoters though had a strong desire they did not have the required vision and planning so necessary for the long term gestation, prolonged break evens and low ROI s which are hallmarks of Medical education projects.

Our services were sought for knowledge sharing and comprehensive planning and navigation of this project based on our previous experience of project planning of Greenfield hospitals as well as Medical education projects.,

Interventions:

Our intervention was d from **Concept till commissioning.**

1. Mechanisms to navigate the Medical education institute project within the realms of regulatory authorities like Medical council of India and to fit the limitation and challenges of the Promotors
2. To identify the challenges of a rural set up and medical education institute in concept development stage like Resource constraints, Paucity of Clinical material, Getting quality manpower considering the Rural dispensation and of course Project management mechanisms to ADJUST TO Capital fund flow which was erratic.
3. We needed to incorporate some out of box ideas to achieve this within the time frame of 3 years and we could offer a comprehensive leadership based on our complete knowledge of regulatory norms till the LOP was received from MCI.
4. Major risk mitigated was a delay in timelines and compliance which can entail a severe rise of burden in form of Interest on debt and loss of revenue through the incoming fees

of Year One. Hence the Project monitoring mechanisms needed to be developed and customized for that typical environment for eventual success on timelines.

5. Architectural design innovations to suit a Rural Patient flow and workflow requirements within the limitations of MCI norms.
6. Reduction and phasing of CAPEX, Large savings on equipment CAPEX thro specific negotiation mechanisms with vendors AND Mechanisms to Optimize OPEX within the limit of Free treatment norms. This backed up by Sound HR plans, HR Matrix, Incentives and retention policies. Long term project success.

The project success of a medical education institute project will depend on sustenance in view of a longer break even , a sound financial plan and mechanisms to mitigate timeline delays and consequent risks. This is possible only thro our previous planning and implementation experience.

Impact :

The promoters received a comprehensive project road map for 8 years of operations to negotiate the specific yearly targeted needs thro establishment of UG and PG infrastructure and related targets.

Financial Objectives to achieve a total revenue target of Rs. 45 Crs by year 4 of operations with a CAGR of 10% thereafter and ensure effective revenue surplus and donations deployment aligned with growth strategy. Planned Revenue surplus reinvestments in advancing the infrastructure to support futuristic clinical services with effective combination of revenue deployment and debt.

Rational operational costs to advance the break evens. also ensure optimization of assets thro structured audit mechanisms and resources to achieve revenue and profit targets

A good Clinical Services Development and Technology plans and adoption to develop and establish new clinical services areas aligned to community needs of specific areas and growth targets and realign actively clinical services to enhance operational efficiency and reduce costs/ inconvenience at the same time invest in infrastructure to support existing and futuristic clinical services

Plan the Business Processes and Systems Objectives with futuristic perspectives

To establish key processes/ protocols in various departments based on standards and best practice norms at the same time aligned to expectations of specific rural client base.

The project negotiated well thro Stage of Planning, Stage of Construction including Phased rational capital inflow to suit the targets stipulated by MCI perspective , Stage of Operations to fit all the HR requirements in Faculty and clinical areas and to optimize the assets invested and Stage of Phased expansion with Clinical services and Faculty additions in planned manner.

It had an enhanced Debt servicing capability due to sound operational processes and expenditure rationalization. This was possible due to SARATHY ADVISORY's insights and experience of Medical education projects.

SARATHY



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