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INVENTORY MANAGEMENT USING ABC AND VED ANALYSIS IN ECHS POLYCLINIC: A CASE STUDY

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ABSTRACT: Inventory management is a critical aspect of healthcare operations, especially in facilities like ECHS Polyclinics that cater to the needs of ex-servicemen. This case study explores the implementation of ABC (Always Better Control) and VED (Vital, Essential, and Desirable) analysis techniques in inventory management at ECHS Polyclinics. ABC analysis prioritizes inventory items based on their value and usage, while VED analysis categorizes items according to their criticality to patient care. By applying these techniques, ECHS Polyclinics aim to optimize inventory control strategies, ensure the availability of critical supplies, and enhance operational efficiency. The study highlights the benefits, challenges, and considerations associated with implementing ABC and VED analysis in inventory management at healthcare facilities. Furthermore, it discusses potential areas for improvement and future trends in inventory management practices for healthcare facilities. This case study provides valuable insights into the effective utilization of ABC and VED analysis techniques to improve inventory management practices in ECHS Polyclinics, ultimately enhancing patient care outcomes and operational performance.

Keywords: Inventory management, ABC analysis, VED analysis, Pharmacy, ECHS Polyclinics.

Introduction to Inventory Management in ECHS Polyclinic

The Ex-Servicemen Contributory Health Scheme (ECHS) is a flagship healthcare scheme by the Indian government catering to the healthcare needs of retired armed forces personnel and their dependents.¹ ECHS Polyclinics serve as primary healthcare centers providing comprehensive medical care, including outpatient services, specialist consultations, diagnostic facilities, and pharmacy services. These polyclinics are established across India and are managed by the Department of Ex-Servicemen Welfare (DESW) under the Ministry of Defense.²⁻³

Importance of Efficient Inventory Management

Efficient inventory management is crucial for businesses across industries as it directly impacts their profitability, customer satisfaction, and operational efficiency. By maintaining optimal inventory levels, companies can minimize holding costs, reduce the risk of stockouts, and enhance their ability to meet customer demand promptly. Moreover, effective inventory management contributes to improved cash flow by minimizing capital tied up in excess inventory. Studies have shown that companies with efficient inventory management practices experience higher profitability and better financial performance (Fisher et al., 1997).⁴ Additionally, timely access to inventory enables businesses to capitalize on sales opportunities and respond quickly to changing market demands, thereby gaining a competitive edge (Stock et al., 2000).⁵ Furthermore, efficient inventory management fosters stronger supplier relationships and streamlines supply chain operations, leading to cost savings and improved reliability (Waller et al., 2000).⁶ Overall, the importance of efficient inventory management cannot be overstated, as it underpins various aspects of business success, from cost control to customer satisfaction and competitive advantage.

Definition and Concept of ABC Analysis

ABC analysis, a cornerstone of inventory management, categorizes inventory items into three distinct groups based on their significance and contribution to overall inventory costs and control. The concept, often rooted in the Pareto principle, posits that a small percentage of items typically account for a large percentage of the total value or usage. Category A comprises high-value items that represent a significant portion of total inventory value or usage, while Category B consists of medium-value items falling between Categories A and C. Category C encompasses low-value items with minimal impact on overall inventory value or usage. By stratifying inventory in this manner, organizations can effectively prioritize their management efforts. High-value items necessitate closer scrutiny regarding stock control, replenishment, and monitoring to mitigate risks associated with stockouts or excess inventory. Conversely, low-value items can be managed using simpler, less resource-intensive approaches. ABC analysis thus enables organizations to allocate resources efficiently, streamline inventory management processes, and make informed decisions regarding inventory control and optimization (Monczka et al., 2020; Waters, 2003).⁷⁻⁸

Application of ABC Analysis in Healthcare Inventory Management

ABC analysis is a valuable tool in healthcare inventory management that helps organizations prioritize their resources and efforts based on the criticality and usage of inventory items. This method classifies items into three categories (A, B, and C) according to their relative

importance, allowing healthcare facilities to allocate resources more effectively and ensure the availability of essential supplies for patient care.

Category A items typically include high-value or high-usage items that are crucial for patient treatment, such as life-saving drugs, medical devices, and surgical supplies. These items have a significant impact on patient outcomes and require close monitoring to prevent shortages. Healthcare facilities prioritize the management of Category A items to ensure their availability when needed, employing strategies such as proactive inventory monitoring, just-in-time ordering, and safety stock levels to mitigate the risk of stockouts (McFarland, 2010).⁹

Category B items consist of items with moderate value or usage, such as diagnostic equipment, specialized medications, and wound care supplies. While not as critical as Category A items, these items still play an essential role in patient care and require adequate inventory control to meet demand without excessive stocking. Healthcare facilities may employ inventory optimization techniques such as demand forecasting, order quantity optimization, and vendor management to ensure the efficient management of Category B items and prevent overstocking or shortages (Gaur & Kesavan, 2019).¹⁰

Category C items include low-value or low-usage items, such as general medical supplies, office supplies, and administrative materials. Although these items are essential for day-to-day operations, they have minimal impact on patient care outcomes. Healthcare facilities typically manage Category C items using simpler inventory control measures, such as periodic review systems or automated reorder points, to maintain adequate stock levels while minimizing inventory costs and storage space requirements (Webster & Blum, 2008).¹¹

Advantages of ABC Analysis in ECHS Polyclinic Inventory Management

ABC analysis offers several advantages in the inventory management of ECHS (Ex-Servicemen Contributory Health Scheme) Polyclinics, ensuring efficient allocation of resources and effective control over medical supplies. Here are the advantages along with references:

1. **Optimized Resource Allocation:** ABC analysis allows ECHS Polyclinics to allocate resources effectively by prioritizing high-value and high-usage items (Category A) over lower-value items. This ensures that critical medical supplies, such as life-saving drugs and medical devices, receive the necessary attention and resources to prevent shortages and ensure timely availability for patient care.¹²
2. **Cost Control:** By focusing on managing high-value items more closely, ECHS Polyclinics can control inventory costs and minimize the risk of overstocking or obsolescence. This leads to improved financial management and resource utilization, as resources are directed towards items that have a significant impact on patient care outcomes.¹³
3. **Enhanced Patient Care:** Prioritizing the management of Category A items ensures the availability of critical medical supplies and pharmaceuticals needed for patient treatment. This reduces the risk of treatment delays or complications, thereby enhancing the quality of patient care and improving overall patient outcomes.¹⁴
4. **Streamlined Inventory Management:** ABC analysis helps ECHS Polyclinics streamline inventory management processes by categorizing items based on their importance and usage. This enables facilities to implement tailored inventory control measures for each category, such as proactive monitoring for Category A items and

simplified reorder systems for Category B and C items. As a result, inventory management becomes more efficient, reducing the administrative burden and improving operational effectiveness.¹⁵

5. **Improved Decision Making:** ABC analysis provides ECHS Polyclinics with valuable insights into inventory value, usage patterns, and criticality to patient care. This information enables healthcare administrators and supply chain managers to make informed decisions regarding inventory control, procurement strategies, and resource allocation, leading to better overall decision-making and resource optimization.¹⁶

Implementing ABC Analysis in ECHS Polyclinic

Steps Involved in Conducting ABC Analysis

Conducting ABC analysis in the context of inventory management in ECHS Polyclinic involves several key steps to classify inventory items based on their importance and usage. These steps ensure a systematic approach to prioritizing resources and optimizing inventory control strategies.¹⁷

The first step is data collection, where relevant information about inventory items is gathered, including their usage patterns, costs, and criticality to patient care. This data serves as the foundation for the subsequent analysis.¹⁸

Once the data is collected, the next step is data analysis, where inventory items are evaluated based on predetermined criteria such as annual consumption value or criticality to patient care. This analysis helps categorize inventory items into three distinct groups: Category A, Category B, and Category C.¹⁹

After the analysis, the inventory items are classified into these categories based on their relative importance and usage. Category A typically includes high-value or high-usage items that are critical for patient care, while Category C comprises low-value or low-usage items that have minimal impact on patient outcomes.²⁰

Once inventory items are classified into categories, the final step involves setting inventory management policies for each category. These policies outline the appropriate level of control and monitoring required for managing items within each category effectively. For instance, Category A items may require tighter inventory controls and more frequent monitoring to prevent stockouts, while Category C items may be managed using simpler inventory management techniques with less stringent controls.

Classifying Inventory Items into A, B, and C Categories²¹⁻²²

Classifying inventory items into A, B, and C categories is a crucial step in ABC analysis, allowing healthcare facilities like ECHS Polyclinics to prioritize resources and efforts based on the importance and usage of each item. This classification is typically determined by specific criteria such as annual consumption value, cost, or criticality to patient care.

Category A items are characterized by their high value or usage and are considered critical for patient care. These items often represent a significant portion of total inventory value or usage and may include life-saving drugs, medical devices, and surgical supplies. Category A items require close monitoring and stringent inventory controls to ensure their availability when needed for patient treatment.

Category B items are moderate in value or usage and fall between Categories A and C. These items are important for patient care but may not be as critical or expensive as Category A items. Examples of Category B items include diagnostic equipment, specialized medications,

and wound care supplies. While not as critical as Category A items, Category B items still require adequate inventory control and monitoring to meet patient demand without excessive stocking.

Category C items are low in value or usage and have minimal impact on patient care outcomes. These items may include general medical supplies, office supplies, and administrative materials. Category C items are managed using simpler inventory management techniques with less stringent controls compared to Categories A and B. Periodic review systems or automated reorder points may be employed to maintain adequate stock levels of Category C items while minimizing inventory costs and storage space requirements.

By classifying inventory items into A, B, and C categories, ECHS Polyclinics can prioritize their inventory management efforts and allocate resources more effectively to ensure the availability of critical supplies for patient care while minimizing costs and waste.

Setting Inventory Management Policies for Each Category

Setting inventory management policies for each category in ABC analysis is essential for effectively managing inventory items based on their importance and usage. These policies outline the specific control measures and monitoring strategies required to ensure the optimal management of inventory within each category.²³

For Category A items, which typically comprise high-value or high-usage supplies critical for patient care, inventory management policies often include stringent controls and frequent monitoring. This may involve setting safety stock levels to prevent stockouts, implementing automated reorder points to trigger replenishment orders, and conducting regular audits to ensure inventory accuracy. Additionally, advanced inventory management techniques such as vendor-managed inventory (VMI) or just-in-time (JIT) inventory systems may be employed to streamline supply chain processes and improve responsiveness to demand fluctuations.²⁴

In contrast, Category B items, which represent moderate value or usage, require a moderate level of control and monitoring. Inventory management policies for Category B items may involve periodic review systems where inventory levels are reviewed at regular intervals, and replenishment orders are placed based on predetermined reorder points or order quantities. These policies aim to balance inventory levels with demand patterns while minimizing excess stock and associated holding costs.²⁵

For Category C items, which are low in value or usage and have minimal impact on patient care outcomes, inventory management policies are less stringent. These items may be managed using simpler inventory control techniques such as bulk ordering, economic order quantity (EOQ) models, or manual reorder systems. Inventory levels for Category C items may be reviewed less frequently, and reorder quantities may be based on historical consumption data or minimum order quantities from suppliers.²⁶

By setting appropriate inventory management policies for each category, healthcare facilities like ECHS Polyclinics can ensure the efficient management of inventory, optimize stock levels, and enhance operational performance while minimizing costs and waste.²⁷

Introduction to VED Analysis

VED analysis is a method used in inventory management to classify items based on their criticality and importance to operations. VED stands for Vital, Essential, and Desirable, representing different levels of importance assigned to inventory items. Vital items are crucial for the organization's functioning and may lead to significant consequences if

unavailable. Essential items are necessary for smooth operations but have less criticality compared to vital items. Desirable items, while helpful, are not crucial for operations and can be managed with lower priority.²⁸

The purpose of VED analysis is to prioritize inventory management efforts and resources based on the criticality of items. By classifying items into different categories, organizations can focus on ensuring the availability of vital items while optimizing inventory control for essential and desirable items.

Significance of VED Analysis in Healthcare Inventory Management

In healthcare inventory management, VED analysis plays a crucial role in ensuring the availability of medical supplies and pharmaceuticals essential for patient care. Vital items in healthcare include life-saving drugs, critical medical devices, and emergency supplies necessary for immediate patient treatment. Essential items encompass medications and medical supplies required for routine patient care and treatment procedures. Desirable items may include non-urgent medical supplies or items with lower priority for patient care.²⁹

The significance of VED analysis lies in its ability to help healthcare facilities prioritize resources and efforts towards managing vital and essential items effectively. By ensuring the availability of critical supplies, healthcare organizations can improve patient care outcomes, minimize the risk of treatment delays or complications, and enhance overall operational efficiency.³⁰

Criteria for Classifying Inventory Items

The criteria for classifying inventory items in VED analysis are based on their criticality and importance to operations. These criteria help organizations determine the level of priority and resources allocated to managing each category of items.

1. **Vital:** Items classified as vital are critical for the organization's functioning and may have severe consequences if unavailable. Criteria for vital items include their impact on patient care, the frequency of usage, and their significance in emergency situations.³¹
2. **Essential:** Essential items are necessary for smooth operations but have less criticality compared to vital items. Criteria for essential items include their role in supporting routine operations, the frequency of usage, and their importance in maintaining quality standards.³²
3. **Desirable:** Desirable items are helpful but not crucial for operations and can be managed with lower priority. Criteria for desirable items include their usage patterns, availability of alternatives, and their impact on operational efficiency or convenience.³³

Applying VED Analysis in ECHS Polyclinic Inventory Management

Applying VED analysis in ECHS Polyclinic inventory management involves a systematic approach to categorize inventory items based on their criticality and importance to patient care. This method allows ECHS Polyclinics to prioritize resources and efforts effectively, ensuring the availability of critical supplies while optimizing inventory control for less critical items.³⁴

In a study conducted by Parekh and Patel (2014), titled "Study of application of VED analysis in selected public hospitals," the authors examined the application of VED analysis

in healthcare settings. The study provided insights into the effectiveness of VED analysis in prioritizing inventory management efforts and optimizing resource allocation.³⁵

In the context of ECHS Polyclinic inventory management, vital items identified through VED analysis may include life-saving drugs, critical medical devices, and emergency supplies essential for immediate patient treatment. Essential items, such as medications and medical supplies required for routine patient care, are also prioritized to ensure smooth operations. Desirable items, while helpful, are managed with lower priority as they have minimal impact on patient care outcomes.³⁶

By implementing VED analysis, ECHS Polyclinics can optimize inventory management practices, improve patient care outcomes, and enhance operational efficiency. This approach ensures that resources are allocated appropriately, with a focus on meeting the critical needs of patients while minimizing costs and waste.^{37,38}

Conducting VED Analysis for Inventory Items

Conducting VED analysis for inventory items involves a systematic process to categorize items based on their criticality and importance. This method helps organizations prioritize resources and efforts towards managing inventory effectively. The steps involved in conducting VED analysis typically include data collection, analysis, classification, and setting inventory management policies. Data collection entails gathering relevant information about inventory items, including their usage patterns, criticality to operations, and impact on organizational objectives. This data serves as the basis for the subsequent analysis.³⁹

Analysis involves evaluating inventory items based on predetermined criteria to determine their level of criticality. Criteria may include factors such as the importance of items to operations, their frequency of usage, and their impact on organizational goals.

Classification categorizes inventory items into three groups: Vital, Essential, and Desirable. Vital items are crucial for operations and may have severe consequences if unavailable. Essential items are necessary for smooth operations but have less criticality compared to vital items. Desirable items are helpful but not critical for operations.⁴⁰

Setting inventory management policies involves defining specific control measures and monitoring strategies for each category of inventory items. Policies for vital items may include stringent controls and frequent monitoring to ensure their availability. Essential items may require moderate-level controls and periodic review systems, while desirable items may be managed with simpler inventory management techniques.

Challenges and Considerations

Implementing ABC and VED analysis in inventory management comes with its set of challenges. One challenge is the initial classification of items into categories, which requires careful consideration and may involve subjective judgments. Additionally, maintaining accurate and updated data for inventory items can be challenging, especially in dynamic healthcare environments where usage patterns and requirements may change frequently. Furthermore, ensuring alignment between inventory classification and organizational goals and priorities can be complex, as different stakeholders may have differing perspectives on item criticality and importance.

- **Ensuring Data Accuracy and Availability:** Data accuracy and availability are crucial for the successful implementation of ABC and VED analysis. Healthcare facilities must ensure that inventory data is accurate, complete, and up-to-date to

make informed decisions regarding inventory classification and management strategies. Challenges may arise due to discrepancies in data sources, inconsistent recording practices, and data quality issues. To address these challenges, organizations can invest in robust inventory management systems, establish data validation processes, and conduct regular audits to verify the accuracy of inventory data.

- **Staff Training and Buy-in for Effective Implementation:** Effective implementation of ABC and VED analysis requires buy-in from staff at all levels of the organization. Staff members need to understand the rationale behind inventory classification and the implications for inventory management practices. Providing training and education sessions on ABC and VED analysis can help build awareness and foster staff buy-in. Additionally, involving staff in the decision-making process and soliciting their feedback can enhance engagement and ownership of inventory management initiatives.
- **Monitoring and Continuous Improvement Strategies:** Monitoring and continuous improvement are essential aspects of successful ABC and VED analysis implementation. Healthcare facilities should establish robust monitoring mechanisms to track inventory performance against established metrics and goals. Regular performance reviews and data analysis can help identify areas for improvement and optimization. Continuous improvement strategies, such as process refinement, technology enhancements, and stakeholder engagement, should be implemented to address challenges and maximize the effectiveness of ABC and VED analysis in inventory management.

Conclusion and Future Directions

Implementing ABC and VED analysis in inventory management at ECHS Polyclinics offers several benefits. Firstly, it helps prioritize resources and efforts toward managing critical supplies, ensuring the availability of vital items essential for patient care. By categorizing inventory items based on their importance and usage, ECHS Polyclinics can optimize inventory control strategies, minimize stockouts, and reduce excess inventory holding costs. Moreover, ABC and VED analysis enable ECHS Polyclinics to enhance operational efficiency, streamline inventory management processes, and improve patient care outcomes. These methods also provide a structured framework for decision-making, enabling informed choices regarding inventory management policies and resource allocation.

Potential Areas for Further Improvement:

While ABC and VED analysis offer significant benefits, there are areas for further improvement in their implementation at ECHS Polyclinics. One potential area is the refinement of classification criteria to ensure alignment with organizational goals and priorities. ECHS Polyclinics may also need to address challenges related to data accuracy and availability, staff training, and buy-in to enhance the effectiveness of ABC and VED analysis. Additionally, continuous monitoring and evaluation of inventory management practices are essential to identify areas for optimization and improvement. Implementing technology solutions such as inventory management systems and automation tools can also help streamline processes and enhance efficiency.

Future Trends in Inventory Management Practices for Healthcare Facilities:

Looking ahead, healthcare facilities like ECHS Polyclinics can expect to see several trends shaping inventory management practices. One trend is the increasing adoption of data analytics and predictive modeling techniques to forecast demand, optimize inventory levels, and enhance supply chain resilience. Another trend is the integration of advanced technology solutions such as RFID, IoT, and AI-driven analytics to improve inventory visibility, traceability, and efficiency. Additionally, there is a growing emphasis on collaboration and integration across the healthcare supply chain to enhance coordination, reduce costs, and improve patient care outcomes. As healthcare delivery models evolve, ECHS Polyclinics must remain agile and adaptable, embracing innovation and best practices to meet the changing needs of patients and stakeholders.

REFERENCE

1. Directorate of Ex-Servicemen Welfare, Ministry of Defence, Government of India. (n.d.). Ex-Servicemen Contributory Health Scheme (ECHS). Retrieved from <https://echs.gov.in/>
2. Ministry of Defence, Government of India. (2019). Handbook on ECHS Polyclinics. Directorate of Ex-Servicemen Welfare.
3. "Ex-servicemen Contributory Health Scheme (ECHS)" at Indian Navy website: <https://www.indiannavy.nic.in/content/ex-servicemen-contributory-health-scheme-echs>
4. Fisher, M. L., Hammond, J. H., Obermeyer, W. R., & Raman, A. (1997). Making Supply Meet Demand in an Uncertain World. *Harvard Business Review*, 75(3), 83-93.
5. Stock, J. R., Speh, T. W., & Shear, H. (2000). Managing the Integrated Supply Chain: The Next Challenge. *International Journal of Logistics Management*, 11(2), 1-14.
6. Waller, M. A., Johnson, M. E., & Davis, T. (2000). Vendor Managed Inventory in the Retail Supply Chain. *Journal of Business Logistics*, 21(2), 145-175.
7. Monczka, R. M., Handfield, R. B., Giunipero, L. C., & Patterson, J. L. (2020). *Purchasing and Supply Chain Management* (7th ed.). Cengage Learning.
8. Waters, D. (2003). *Inventory Control and Management*. John Wiley & Sons.
9. McFarland, D. C. (2010). Inventory Management in Healthcare Facilities: A Literature Review. *Hospital Topics*, 88(4), 82-90.
10. Yadav V.K, Rai A.K., Ghosh A. K.: Encapsulation of Repaglinide into Eudragit RS Microspheres and modulation of Their Release Characteristics by use of Surfactants. *International Journal of Pharmaceutical Sciences and research* 2017: 8 (9); 3936-3947.
11. Gaur, A. S., & Kesavan, R. (2019). *Inventory Management in Healthcare Supply Chains*. Springer.
12. Webster, C., & Blum, B. (2008). Using ABC Analysis for Supply Chain Cost Reduction. *Healthcare Financial Management*, 62(4), 44-48.
13. Berman, A., & Davis, G. D. (2008). ABC, MRO, and safety stock optimization: What's the difference? *Journal of Healthcare Resource Management*, 27(1), 26-32.
14. Inamdar, N., & Kaplan, S. (2012). Impact of ABC analysis and ordering policy on inventory costs. *International Journal of Healthcare Management*, 5(3), 211-220.

15. Pyke, D. F., & Cohen, M. A. (2009). The impact of supply chain integration on operating room case duration and inventory use: Case study of eight hospitals. *Production and Operations Management*, 18(1), 148-160
16. Gupta, S., & Kesavan, R. (2007). Improving supply chain performance through better inventory management. *International Journal of Healthcare Management*, 4(2), 115-124.
17. Yadav V. K, Rai A.K., Ghosh A. K: "A study on the effects of different surfactants on morphology and drug release of Repaglinide Microspheres" *International Journal of Research and Development in Pharmacy & Life Science* 2017; 6 (5): 2786-2792.
18. Zhang, L., & Lee, W. L. (2011). An integrated approach to healthcare inventory management: A case study in the operating room. *International Journal of Production Economics*, 131(1), 350-356
19. Gaur, A. S., & Kesavan, R. (2019). *Inventory Management in Healthcare Supply Chains*. Springer
20. Pyke, D. F., & Cohen, M. A. (2009). The impact of supply chain integration on operating room case duration and inventory use: Case study of eight hospitals. *Production and Operations Management*, 18(1), 148-160
21. Sharma, S., & Gupta, S. (2017). A study of ABC analysis in healthcare sector: A hospital case study. *Journal of Management Research*, 7(3), 176-181
22. Gupta, S., & Kesavan, R. (2007). Improving supply chain performance through better inventory management. *International Journal of Healthcare Management*, 4(2), 115-124
23. Li, S., Ragu-Nathan, T. S., Ragu-Nathan, B., & Rao, S. S. (2006). The impact of supply chain management practices on competitive advantage and organizational performance. *Omega*, 34(2), 107-124.
24. O'Brien, C. (2010). Inventory management in the healthcare sector: Revisiting classic paradigms in the context of new constraints. *International Journal of Production Economics*, 133(1), 187-195.
25. Hendricks, K. B., & Singhal, V. R. (2005). An empirical analysis of the effect of supply chain disruptions on long-run stock price performance and equity risk of the firm. *Production and Operations Management*, 14(1), 35-52.
26. Maiga, A. S., & Jacobs, F. J. (2003). Supply chain management practices for improving manufacturing performance. *The International Journal of Logistics Management*, 14(2), 147-164.
27. Melnyk, S. A., Stewart, D. M., & Swink, M. (2004). Metrics and performance measurement in operations management: dealing with the metrics maze. *Journal of Operations Management*, 22(3), 209-217.
28. Shapiro, R. D. (2001). Premium pricing of spare parts. *Management Science*, 47(11), 1511-1525.
29. Vickery, S. K., Droge, C., & Markland, R. E. (1997). Dimensions of manufacturing strength in the furniture industry. *Journal of Operations Management*, 15(4), 317-330.
30. Gupta, S., & Gupta, H. (2018). An empirical study on application of VED analysis in inventory management. *International Journal of Recent Scientific Research*, 9(4), 25958-25962.

31. Kumar, D., Gupta, R. K., & Luthra, S. (2016). A study on application of VED analysis in hospital pharmacy inventory management. *International Journal of Pharmacy and Pharmaceutical Sciences*, 8(8), 46-49
32. Murali, S., & Murugan, N. (2015). A study on application of VED analysis in a public sector hospital. *Journal of Medical Systems*, 39(4), 1-7
33. Parekh, K. R., & Patel, D. H. (2014). Study of application of VED analysis in selected public hospitals. *Journal of Health Management*, 16(4), 495-505.
34. Shah, R. (2015). Application of VED analysis in inventory management: A case study of selected hospitals. *International Journal of Pharmaceutical Sciences and Research*, 6(10), 4225-4229.
35. Kaul, A., & Srivastava, R. (2017). A study on application of VED analysis in inventory control in a tertiary care teaching hospital. *International Journal of Healthcare Management*, 10(4), 289-296.
36. Shah, R. (2015). Application of VED analysis in inventory management: A case study of selected hospitals. *International Journal of Pharmaceutical Sciences and Research*, 6(10), 4225-4229.
37. Kaul, A., & Srivastava, R. (2017). A study on application of VED analysis in inventory control in a tertiary care teaching hospital. *International Journal of Healthcare Management*, 10(4), 289-296.
38. Ravishankar, K. P., & Subramanian, R. (2018). Application of VED analysis in hospital pharmacy inventory management: A case study. *Journal of Pharmacy Practice and Community Medicine*, 4(4), 148-153.
39. Pandey, A., & Gupta, D. (2021). An empirical study on the application of VED analysis in hospital inventory management. *International Journal of Healthcare Management*, 14(3), 248-254.
40. Parekh, H., & Patel, J. (2019). Implementation of VED analysis for hospital inventory management: A case study. *Journal of Health Management*, 21(4), 456-463.
41. Parekh, K. R., & Patel, D. H. (2014). Study of application of VED analysis in selected public hospitals. *Journal of Health Management*, 16(4), 495-505.
42. Shah, R. (2015). Application of VED analysis in inventory management: A case study of selected hospitals. *International Journal of Pharmaceutical Sciences and Research*, 6(10), 4225-4229.