INVESTIGATION INTO CURRENT SUPPLY CHAIN PRACTICES AT A PRIVATE HEALTHCARE PROVIDER IN SOUTH AFRICA

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Abstract: As primary objective this descriptive research established to what extent a South African private healthcare provider in the metropolitan province of Gauteng, has contemporary knowledge and understanding of supply chain practices. In addition, the study investigated to what extent the selected private healthcare provider has adopted and applied such knowledge as recognised practices and concepts defining integrated supply chain management. To facilitate this, a generic supply chain model was defined for the private healthcare provider. This supply chain model – based on the private healthcare provider’s value chain – provided a roadmap for testing and benchmarking the selected organisation’s knowledge and application of supply chain practices. In terms of repeatability and objectivity of assessment, the defined approach lends itself for future comparative investigations of, either other primary healthcare providers’ relative performances on a defined supply chain continuum, or to determine knowledge levels and application competence of supply chain practices in different industries.

Research was conducted to measure the level of assumed or explicitly attributed knowledge of supply chain practices in relation to the companies’ ability for the application, implementation and utilisation of industry best-practices as pertaining to supply chain management. This component of specialised expertise can be viewed as a niche area of knowledge management and knowledge application from both strategic and operational perspectives, in the context of competitive operations in the Southern African private healthcare industry. Output of the analysis was subsequently plotted on a supply chain evolution matrix postulated as part of this study. This model measures and depicts the respective maturity levels of selected supply chain practices (within the specific industry). This allowed the investigation to establish the exact supply chain fit as a study output – in terms of the postulated supply chain matrix and evolution model – for the participating private healthcare company.

Based on study findings, the critical importance of knowledge and application of current supply chain management practices in terms of strategic positioning was confirmed by the private healthcare provider. The company’s view on its operational performance was also validated, with the selected organisation regarding the management of its overall supply chain as a potential source of strategic and operational advantage, e.g. attracting capital, fostering investor confidence and in bringing new projects to realisation in an accelerated
manner. Based on the collated findings, the study concluded that the particular private healthcare provider demonstrated good levels of knowledge of current supply chain practices covering a relatively large portion of its own supply chain, whilst applying current supply chain practices (incl. the proper management and application of this knowledge) to a large extent across its own supply chain.

Notwithstanding the progressive level of supply chain practice utilisation at the selected organisation, the study concluded that significant monetary savings of between 10 – 20 % still existed in potential total operating cost reduction, specifically in terms of further adoption and application of supply chain practices at the participant’s private healthcare operations. Adapting current integrated supply chain management practices into the South African private healthcare industry therefore holds the potential for increased shareholder value creation. This in turn, could translate into substantial amounts being made available annually for continuously increasing healthcare and service provision requirements, as well as enabling advances in the search for continued innovation. Thorough knowledge, understanding and application of these principles will therefore not only improve the participant’s competitiveness and success in local markets, but could indeed prove to be one of the kingpins for success and sustainable operations in an increasingly competitive market and changing economic landscape.

**Keywords:** Integrated supply chain practices; private healthcare provider; knowledge awareness and knowledge application; knowledge management; implementation; supply chain evolution matrix.

1. Introduction

The relevance and urgency of operational and process excellence is becoming more prominent and important in modern business. This applies equally to the practices of modern supply chain management. In the ever increasing competitive global market place (Bateman & Snell, 2002: 47; Kotler, 2003: 38), supply chain management is no longer an operational and functional area of expertise only – no, successful firms throughout the world have shown that supply chain management – and taking an integrated and strategic view thereof – is often the difference between business prosperity and failure (Gattorna & Walters, 1996: 107). This is particularly applicable for conditions such as experienced during the recent global financial crisis, where operational excellence often allowed corporations to draw upon improved efficiencies to pull through challenging times.

Porter (1998: 49) notes that most companies have tried various strategies and approaches over the past two decades in order to optimize their operations – often applying latest ideas on management, strategy and other disciplines
from one wave to the next – without really realizing the benefits that had been expected or that could have been realized. Improvements however, are not what push you ahead in the game – they just keep you in the game for the time being (Porter, 1998: 50). What companies require are ways to grow and build advantages instead of just catching-up or reducing disadvantages.

Much the same analogy can be applied to the management and application of a specialised area of an organisation’s knowledge, such as its supply chain. The problem is that it is no longer only a priority to improve an organisation’s supply chain performance, but a necessity to also explore different ways and methods of delivering superior and sustainable supply chain performance across the spectrum, as it relates to an organisation’s core function. And this requires new ways of thinking and looking for innovative ideas of how previously ‘unthinkable’ value can be generated for customers – because ultimately customers, or patients or clients – or whatever you want to call them, but the people that purchase value from your business – is what keeps you in business and allows growth of shareholder wealth.

Those companies and organisations that embraced the concepts of integrated supply chain management practices (Gattorna, 1998: 4), global logistics (Andersen Consulting Supply Chain School: 2000) and value networks (Kotler, 2003: 504) have not only increased their bottom-line performance, but have ultimately created increased shareholder value (Evans & Danks, 1998: 20), whilst contributing to the contemporary efforts of creating sustainable business operations.

The level of attained knowledge, its management and the subsequent application of the industry-recognised concepts defining integrated supply chain management (Bowersox et al, 1999: 34; Gattorna, 1998: 1) have been shown to ultimately deliver and optimise shareholder value (Evans, 1998: 21-29).

Although many industries have embraced this concept and spearheaded initiatives in this field (Torres & Miller, 1998: 43), many traditionally established companies and industry sectors have not yet delved into its concepts and explored its potential rewards. Is the South African private healthcare industry one of these? This is a significant question, as its answer will show how the participant’s operation is managing its supply chain as at the dawn of the 21st century and whether the participant holds – in its way of operations – potential improvement and savings opportunities in terms of reducing its operating cost and total cost profiles by specifically embracing a different approach to managing its overall healthcare and service provision supply chain – namely in a more integrated and holistic manner (Gattorna: 1998: 2).

This investigation examined to what extent a private healthcare provider has taken on the challenge of moving forward in the drive towards strategic alignment in and integration of its supply chain (Bowersox & Closs, 1996: 136; Gattorna, 1998: 5), as at the dawn of the 21st century.
For this study, the participant’s supply chain was defined and deployed as the basis of the measurement domain – in terms of the participant’s activities and operations across its value chain. The participant’s healthcare supply chain was defined to include all the capabilities to plan, source, supply, process and/or execute and distribute services, information, goods, end-services and/or products (Hugo & Badenhorst-Weiss & Van Rooyen, 2002: 29) across its end-to-end supply chain.

In terms of literature reviewed, the actual circumstances prevailing in the private healthcare industry as identified for this study, as well as exploratory research conducted in terms of secondary data analysis and case study evaluation of another industry, pointed to knowledge management and application thereof as key ‘problem’ areas. Hence the following aspects were identified and defined as specific research problems for this study:

- The absence of a comprehensively defined framework to identify and depict key components of the organisation’s (i.e. private healthcare provider in Gauteng) generic supply chain, operating as an integrated model of supply chain management.
- The absence of a measurement approach, tool or framework that, given the organisation’s (i.e. private healthcare provider in Gauteng) generic supply chain, measures and assesses by indication the organisation’s performance in specific supply chain practices as per a supply chain component basis.
- The absence of a measurement approach, tool or framework to determine an indication of collated performance to understand how well the organisation (i.e. private healthcare provider in Gauteng) performed overall, in terms of integrated supply chain management.

Based on the information presented above, another insightful description of the research problem from a knowledge management perspective is: “To what extent can the study participant demonstrate knowledge of and ability to apply (some) concepts of current supply chain management practices in its operations across the entire supply chain of its private healthcare provision?”

This question of successful ‘knowledge application’ is a key problem facing numerous organisations as regards supply chain practices, namely measurement of both knowledge (levels) and the application of such knowledge to yield tangible benefits in business operations. The results of this study aimed to fill the identified gap by proposing a mechanism or tool that can be deployed to measure knowledge and the ability for application – for each component of an organisation’s supply chain model, as well as overall – as would be required for a private healthcare provider. This, by default, required the formulation and development of an underlying generic supply chain model upon which a supply chain practices performance analysis could subsequently be applied.
2. Methods

The primary objective of this study consisted of two sections:

- To establish to what extent a private healthcare provider in the province of Gauteng, as a role player in the wider South African private healthcare industry, had knowledge and understanding of current supply chain practices;
- To establish to what extent the participating private healthcare provider had adopted and applied such industry-recognised practices and concepts defining integrated supply chain management.

The main section of the investigation conducted can be described as being of a descriptive research type, describing characteristics and phenomena of a defined process, system or model (Zikmund, 2003: 55). Applying the overall research process in seven phases (Zikmund, 2003: 59 - 61, 105), allowed for adequate upfront definition of what exactly the research problem was, prior to progressing into further research before the research problem had not been defined and bedded-down properly. This research process encompassed all aspects of research design – from the type of research to be conducted, to sampling planning, data gathering and analysis, followed by reporting on research conclusions and recommendations – bearing the type of output reporting required, in mind.

This study deployed an experience-survey, relying on respondents with relevant experience in specific areas as sources of information via completion of a survey. The applicable healthcare provider’s executives, their heads of departments and their respective management teams – across its entire supply chain – all with specific functional responsibilities, roles and deep process understanding of their own processes and supply chain, comprised the research interviewee list (Zikmund, 2003: 227). For this study, this respondent group was collectively referred to as ‘the participant’.

Questionnaire design was based on an assessment of each of the supply chain components that define the participant’s supply chain model, ultimately forming an integrated supply chain for the private healthcare provider. In defining the research area and questionnaire design of the survey, twelve components were considered. Performance of the ‘applied’ knowledge management across these twelve areas was determined by measuring responses to research questions regarding each of the corresponding domains across the defined private healthcare provider’s generic supply chain model. Two key conceptual research questions needed to be answered: What was the demonstrated level of knowledge (awareness / understanding) of the supply chain practice currently being evaluated? To what level was the supply chain practice currently being evaluated, being applied / implemented?

The sampling technique applied was selected as a non-random, non-probability sample – mainly based on the sampling unit and size selections
that were made, i.e. the participant’s entire team with supply chain and/or process management responsibility. Questions were determined to measure the respondent’s feedback to research questions regarding each of the above-mentioned domains across the postulated generic supply chain model.

Participants answered the survey questionnaire comprising of at least two or more questions designed to specifically establish the private healthcare provider’s current position as per the twelve supply chain components. Closed-ended questions, also called fixed-alternative questions (Zikmund, 2003: 331) were developed and constructed in such a manner that for each of the supply chain components tested, any specific question relating to a supply chain practice or approach, had only two possible answers along a continuum of either knowledge-levels or application-levels, thereby measuring current supply chain practices relating to a specific component of the supply chain. With respondents only allowed to choose or select the one answer per question that best described their current supply chain practice / approach, each answer could be correlated to a specific point in the continuum of supply chain practice, compared and aligned on the basis of published industry best-practice and benchmarked published results (including cross-industry measures).

Based on the respondents’ views on the specific supply chain component(s) falling in their area of expertise, all research input was subsequently collated into a per-component assessment – collectively forming the integrated and end-to-end supply chain for the private healthcare industry. With the basis that from each of the two possible answers per question, one answer each related or aligned to one of the specific supply chain evolution matrix quadrants defined in terms of the stage of supply chain progression / evolution as pertaining to that specific supply chain component.

Fieldwork was defined and conducted in terms of personal interviews to obtain questionnaire completion with a high level of completion, availability and speed of completion. Collection of data was done with minimal business disruption, continuously adhering to interview guidelines and ethics (Zikmund, 2003: 229). The subsequent data capture and analysis allowed for the identification of specific supply chain practice areas for improvement and gives an indication of the overall status of supply chain practices in the participant’s private healthcare industry.

It is important to note that in the context of this study, the participant did not represent medical aids, medical insurance companies, or medical equipment supplier companies, but rather a private healthcare service provider that focuses on the provision of a private hospital and healthcare service provision. The participant’s strategic business drivers, coupled with a performance-driven culture and openness to continuously improve and seek better ways and gains on the return of shareholder investments, were key reasons for this private healthcare provider’s participation.
3. Results

This study’s research results comprise findings and correlations across twelve key components:

- Supply chain strategy;
- Supply chain performance management;
- Supply chain relationship management (including interfaces to vendors, pharmaceutical & medical equipment suppliers, partnering healthcare professionals and medical aid schemes & insurers);
- Forecast & planning;
- Sourcing & procurement;
- Settlement;
- Inventory management;
- Supply & distribution (incl. information);
- Health professionals;
- Patient;
- Quality management (inclusive of treatment protocol and procedure adherence); and,
- Supply chain infrastructure management – which comprises of four distinctive areas, namely:
  - Clinical equipment & facilities (including maintenance);
  - Information management, systems & technology;
  - Diagnostics & Laboratories; and,
  - Competence, skills & training (including recruiting and agencies).

The generic supply chain model for the private healthcare provider, as presented in Figure 1 hereunder, formed the roadmap along which knowledge and application of supply chain practices were tested via the designed questionnaire per supply chain component, for the selected organisation. The applied supply chain model was derived following consultation with the private healthcare provider in terms of identifying the specific components that contribute and jointly deliver value to the organisation and form part of the process of realising required corporate outcomes.

Collectively the specific supply chain components – modeled upon an adaptation of the corporation’s value chain (adapted: Andersen Consulting: Supply Chain Mining Study: 2000) – produced the end-to-end supply chain model against which supply chain component performance was assessed as part of this study of the private healthcare provider’s operations in the Gauteng metropolitan region of South Africa.
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Figure 1: Generic supply chain model developed by researcher for a private healthcare provider (adapted: Andersen Consulting: Supply Chain Mining Study: 2000).

The researcher-postulated supply chain evolution matrix was subsequently employed as final output vehicle for the obtained study results. This allowed presentation of the participant’s position in terms of each of its individual supply chain component performances, as well as its overall progression on the respective stages of the evolutionary matrix of supply chain management practices, summarising its embracing of supply chain management practices / approaches. The specific evolutionary quadrants and their respective designations are summarised as follows in Table 1:

<table>
<thead>
<tr>
<th>Quadrant Designation</th>
<th>Evolution Matrix Quadrant</th>
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<tbody>
<tr>
<td>Embryonic stage</td>
<td>1st quadrant</td>
</tr>
<tr>
<td>Optimisation stage</td>
<td>2nd quadrant</td>
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<tr>
<td>Exploratory stage</td>
<td>3rd quadrant</td>
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<tr>
<td>Exploitation stage</td>
<td>4th quadrant</td>
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It is important to note that for the development of the supply chain evolution matrix, the corresponding answers of the research questions for the ‘knowledge level’ axis were designated (a) and (b) on section A of each question, and (c) and (d) on section B of each question in the current status section. The following rating mechanism was allocated accordingly:
• a = denotes a ‘Low’ level (L) of knowledge;
• b = denotes a high level (H) of knowledge of supply chain practices.

In a similar manner, for the ‘knowledge application’ axis:
• c = denotes a low level (L) of application; whilst,
• d = denotes a high level (H) of application.

Applying this framework to the data, it was possible to establish the Low-High correlations for population on the postulated supply chain evolution matrix. The supply chain matrix was then deployed to assign supply chain components / participants to specific sectors of supply chain excellence and can be used – from one measurement to the following – to follow the supply chain progression of components through the stages of the postulated matrix.

Due to length restrictions, the individual performances of each respective supply chain category tested across the value chain, have not been discussed for the purposes of this paper, but rather a summary overview of the survey results has been presented using the supply chain evolution model (in matrix format) as the output vehicle to convey and depict each respective supply chain component’s performance.

Collaboratively this represents the collated result as regards the overall supply chain performance of the participant. In addition, presenting the overall supply chain performance on the evolutionary matrix illustrates both the working of the measurement tool, as well as offers a relative comparison between specific supply chain components and their respective levels of performance.

The collated and summarised findings of this comprehensive investigation are presented in Figure 2, also indicating the relative spread of specific supply chain components performance across the integrated supply chain of the private healthcare provider.
As indicated by the study results, all of the components of the generic supply chain model (as developed for the private healthcare provider) have to work in unison in order to realise end-to-end and value-add benefits that ultimately achieve financial gain and competitive advantage for the organisation. In addition, the functioning of the supply chain does not operate in isolation, but rather it is aligned to the overall business vision, mission and strategic objectives of the organisation.

As is evident from the results depicted in the supply chain evolution matrix, there are quite a number of practices that are still in the embryonic stage. However, based on the relatively large number of practices that have progressed through to reaching the exploitation stage, the healthcare provider appears to be able to progress a fair number of practices introduced into stages where advantages and spin-offs become apparent. The study results also underline the importance of achieving a delighted or, at the very least, a satisfied ‘customer’ across the entire
supply chain – or in this healthcare scenario better put – a satisfied or delighted patient across all contact-fronts and interfaces of the healthcare provider’s services.

This means that value-add achieved due to specific supply chain performance, apart from aiding in meeting financial goals, also needs to contribute and support the ultimate and overall patient experience. Integrated supply chain practices needs to help fuel the sustainability of a delighted patient environment – where health and well-being can flourish. This in turn is not possible without the correct leadership undertone – clearly reflected in the healthcare provider’s organisation and culture.

4. Discussion

In this investigation, a private healthcare provider’s performance across a scope of twelve supply chain components (as adapted: Andersen Consulting Study: 2000) collectively forming the healthcare provider’s supply chain, was rated using the supply chain evolution matrix as a performance-level indicator.

Figure 3 illustrates the working of this supply chain evolution or progression, as well as the specific behaviour(s) and/or competence levels associated with each of the respective quadrants.

![Figure 3: The supply chain progression matrix as postulated by the researcher.](image-url)
The supply chain progression matrix illustrates supply chain evolution from quadrants one through to four. In the first quadrant, termed embryonic, the company has a low level of supply chain knowledge, innovation – low levels of supply chain awareness coupled with a low level of implementation or use of this corresponding supply chain knowledge – hence a low level of application. This is really the supply chain-ignorant phase for a company, and would be characterised by a lack of or minimal presence and useful application of any supply chain methodologies, concepts (Gattorna, 1998: 2) or even logistics-related activities (Ballou, 1999: 5).

In the second quadrant, termed optimisation, the company’s supply chain knowledge is still low, but it has become aware of the potential of the use of supply chain practices (awareness is high) and is trying to utilise more fully whatever it has got in terms of supply chain knowledge and skills – i.e. it is trying to optimise whatever it has got (Christopher, 1998: 273).

This stage is characteristic of companies that realise they need to do something in the supply chain domain, but have not yet equipped themselves properly and are trying to do wonders with nothing in their arsenal, e.g. in the extreme example a company that is trying to run a complete medicine inventory system using e.g. a simple / manual spreadsheet system.

In the third quadrant, termed exploratory, the company is awakening to the benefits that are to-be-gained by better understanding supply chain reasoning and by obtaining improved skills sets relating to the topic. There is typically a high awareness regarding supply chain methodology and practices – there could even be high levels of supply chain infrastructure or systems having been purchased or acquired – but the rate of implementation is lagging.

This is often the case for companies acquiring sophisticated supply chain solutions and lagging behind in the actual implementation and full on-boarding of the solution into their business environment. This could be due to slow uptake and/or acceptance of the solution, slow or absent training interventions and/or an incomplete understanding of what was actually purchased and what the system or solution is in fact capable of. In any event, there is under-utilisation of the supply chain solution and low use and/or management of the acquired knowledge with low application. Subsequently, a large spend has typically been made in obtaining the supply chain methodology or solution, but there is slow benefit realisation due to lagging or incomplete application and implementation of the solution.

Prolonged situations such as these can result in resistance against change in terms of subsequent attempts to introduce new applications (Bateman et al, 2002: 582) and eventually result in very poor return-on-asset financial performance for the acquisition. However, it is still necessary for a company to “move through” this position in the matrix, as this stage also rings in an era during which the company is typically in a searching mode – scouting for new knowledge, exploring new avenues of knowledge management and becoming increasingly aware of potential solutions to address its supply chain challenges.
In the **fourth quadrant, termed exploitation**, a phase begins rather than that a stage is attained. Here the company has a high level of supply chain knowledge or awareness and a corresponding high level of utilisation or implementation of this knowledge. The high application rate of new and complete supply chain knowledge leads to synergistic collaborations along the company’s supply chain (Beech, 1998: 92; Evans, 1998: 18) and these companies often champion new supply chain concepts or practices (Accenture, 2009). There is full exploitation and realisation of the benefits that supply chain applications, practices and improved operational excellence in the arena of the company’s supply chain, has to offer.

In addition, mutually beneficial exploitation of the supply chain synergies and outcomes is to be obtained – offering opportunities of exploitation due to demonstrated leadership, which might include first-mover advantages to new ways of doing things or new ways of operational alignment. This phase demarcates the domain of expert or market leader supply chain behavior and often industry benchmarking (Bowersox et al, 1999: 671; Coyle et al, 2003: 497; Kotler, 2003: 667) occurs against companies that occupy this quadrant.

Optimum supply chain synergy – achieved as a result of superior process excellence combined with meaningful supply chain integration – can only occur for the private healthcare provider when each individual supply chain component collaborates fully with upstream and down-stream value chain components. Then sustainable value creation is unlocked and benefits can be realised due to improved cost to income ratios, delivering a sustained competitive advantage for the organisation. Ultimately, it is about making the journey through the stages as defined in Figure 3 – and aiming to reach a level of excellence – across organisation, human capital deployment, processes and technology (Accenture, 2010) – whereby the defined business strategy delivers upon superior supply chain awareness or knowledge by excellence in application. This includes the realm of innovative supply chain applications in manners and/or areas of the value chain previously un-thought of. Only then can the organisation claim to be a market leader in this aspect, joining a select few who have demonstrated thought leadership in this area in a tangible manner.

In discussing the observed trends and insights obtained during this study, it is of course vital to realise from the onset that any supply chain does not operate or function in isolation, but rather it is prerequisite for it to be aligned to the overall business vision, mission and strategic objectives of the organisation. It also operates within the context of achieving a delighted or, at the very least, a satisfied ‘customer’ – and this should hold true even in the context of this study (Kuglin, 1998: 21) – i.e. for patients in a healthcare scenario – your business should still evolve around a satisfied or delighted patient.

This means that value-add achieved due to supply chain performance, apart from financial goals, needs to also contribute and support the ultimate patient experience. It needs to help fuel the sustainability of a delighted patient
environment – where health and well-being can flourish. A superior level of knowledge management forms a prerequisite and integral building block for achieving such process excellence. This in turn is not possible without the correct leadership undertone – clearly reflected in the healthcare provider’s organisation and culture.

The researcher believes that the domain of ‘patient experience’ – as viewed from the aspects of business practices and approaches that have been successfully applied in other, and often vastly differing industry sectors and spheres, such as the travel / leisure industry, oil & gas industry and selected financial services sectors – is yet to be fully unpackaged and applied to the benefit of company shareholders and its customers alike, within the business of delivering primary healthcare. This probably holds true even more so, in developing countries, where both the level of knowledge of supply chain practices, as well as the application of such knowledge, is generally lagging behind the typically competitive countries.

5. Conclusion

The following key recommendations were made to the business based on insights gained from this study:

• Reduction of supplier base – rationalisation of supplier base for improved partnering with increased quality / control, better discounts from larger volume purchasing at less suppliers – based on research finding large (500+) supplier base, large ordering catalogue with around 100 suppliers making-up 80% of participant’s purchase volume.
• Generating future savings between 10 to 20% due to cost reduction by further improvements in integration and alignment of current supply chain. Potential for rapid release of capital back into business, growing shareholder wealth above predictions / estimations for specific year / quarter.
• Explore acceleration of development and embedding of supply chain knowledge / principles via specific initiatives into supply chain areas of: healthcare professional, patient and patient experience.
• Improve migration strategies for new practices deployed, to more rapidly ‘move’ some supply chain practices currently ‘stuck’ in quadrant 1, through to subsequent quadrants. Value realisation opportunity to improve return on investments in practices / approaches made. Also enabling / expediting new ideas / ways of doing improvements.
• Deploying know-how in areas of currently well-performing supply chain practices, into other business units, to enable ‘inexperienced’ areas to acquant with principles of integrated supply chain management in action. Cross-linking / sharing of ideas / knowledge can more easily develop then across operations, automatically serving as an action plan for continued knowledge development and migration along the axes of supply chain insight
and knowledge. Provides mechanism to filter through organisation at large, exposing all employees to the body of knowledge and its principles.

These improvements will assist in establishing and driving supply chain practices in a balanced manner between strategy and execution and as a natural way of conducting business – preferably as continuous improvement or targeted intervention journeys, rather than transformational journeys accompanied by change on a grand or even ‘disruptive’ scale (Accenture, 2010).

In conclusion, this business should ultimately remember that the patient is its customer; and superior customer service and value delivery based on improved customer insights (Accenture, 2008) keeps businesses in operation – hence all customer interfaces and their related supporting activities and competencies should continuously be evaluated for possible areas of supply chain improvement opportunities. The future will not be a linear extrapolation of the present and no matter how deeply our attitude towards the future is rooted in our ingrained notions, beliefs and assumptions of predictability and control (Gibson, 1998: 5) as based on our knowledge of the ‘now’ – we will have to realise that we need to rethink the future…

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