# Running the whole guest journey from one plan.

A working plan for automating Pema from the first enquiry to the final invoice. Written after our call, in the language of your floor, not a software brochure.

PREPARED FOR
Pema Wellness leadership

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DATE
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READ TIME
About 15 minutes

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WHAT IS INSIDE



**PART ONE** WHAT WE HEARD

# First, let us repeat your operation back to you

If we have understood this correctly, everything after it follows. If we have got something wrong here, please stop us on this page.

- Enquiries reach you from your website, from Zoho, from ads and from people who simply call. Sales works them, takes a part payment, and the booking becomes real.
- A booking means a package and a room category, and that room has to be held for those exact dates so nobody sells it twice.
- The guest arrives, the front office checks them in, and a doctor is assigned.
- The doctor writes the treatment on paper or a tab. Someone types it into the system afterwards.
- Then somebody has to build that guest's *Dinachariya*, the whole day from 6 in the morning to 10 at night. What they eat, where they eat it, and every therapy in between.
- Each therapy needs a healer with that particular skill, on shift that day, of the right gender for that guest, and a treatment room that is set up for it.
- Abhyanga runs 40 minutes, but the room is gone for an hour because it has to be prepared and cleaned. Nothing else can be put in that room, or on that healer, during that time.

- If the same guest has two therapies back to back and the room he is already in has the equipment for the second one, he should stay where he is.
- The HOD changes the roster every week, and the whole plan depends on who is actually on duty.
- The day plan goes to the guest the evening before, as a PDF in your design and as a link.
- And at the end of it all, one bill.

> **The thing you said that decided the design:** "based on gender, based on skill and time availability, the assigning should happen." That sentence is the entire product. Everything else in this plan is built to make that sentence safe to trust.

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**PART TWO** THE REAL PROBLEM

## You are not short of software. You are short of evenings.

Most of what happens at Pema is already recorded somewhere. Zoho has the leads. A register has the bookings. A sheet has the roster. The gap is not record-keeping. The gap is the two or three hours every evening when somebody has to turn all of that into tomorrow.

Consider what that person is actually solving. A full house of guests, three or four therapies each, so roughly two hundred sessions to place. For every single one of them:

| | | |
|---|---|---|
| **THE GUEST**<br>Free at that time? Not still resting from the last therapy? Can they walk there in the gap? | **THE HEALER**<br>Has the skill? Right gender for this guest? On shift? Not already booked? Not on their sixth heavy therapy of the day? | **THE ROOM**<br>Allowed for this therapy? Free including prep and cleaning? Not under maintenance? |
| **THE EQUIPMENT**<br>The droni, the steam unit, the ozone machine. Is it in that room, or elsewhere in use? | **THE STOCK**<br>Enough medicated oil, herbs and linen left today for one more session? | **THE CLEANING**<br>Is there an attendant free to turn the room around before the next guest walks in? |

Six questions, two hundred times, against a roster that changed on Monday. A human being can do this. A human being cannot do it optimally, cannot do it twice the same way, and cannot redo it at 9:40 in the morning when a healer calls in sick.

> **So the promise of this system is narrow and specific.** It is not "digitise Pema". It is: the evening puzzle gets solved by the machine, a person spends twenty minutes checking the handful it could not solve, and when the day breaks, and it will, the system repairs what it safely can and asks a human about the rest.

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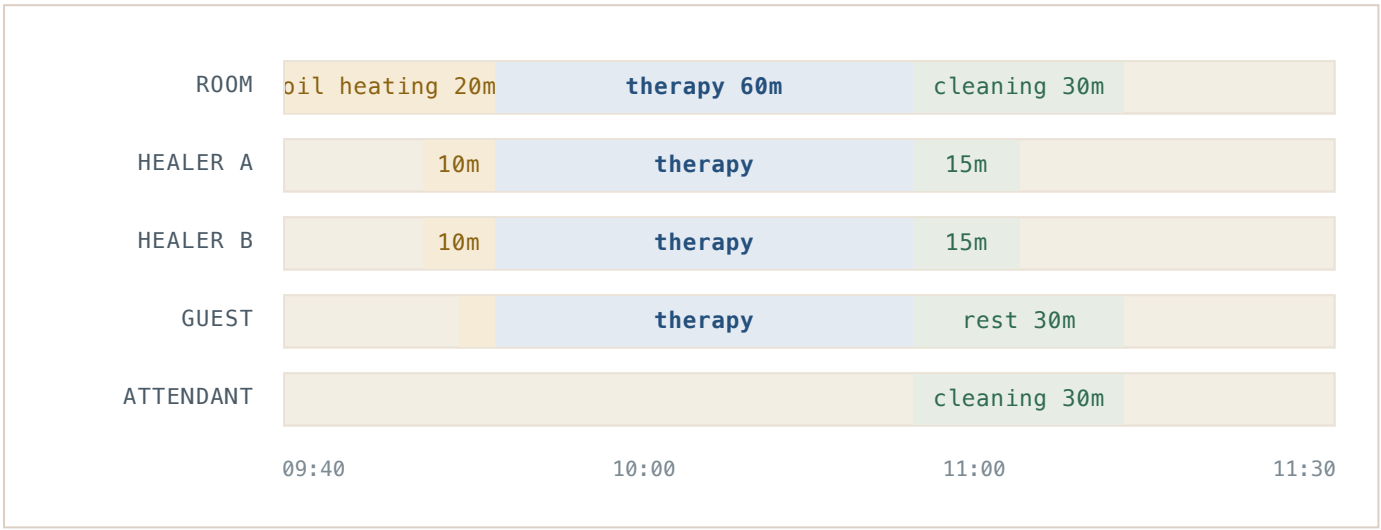
PART THREE HOW IT THINKS

# The 60-minute therapy that occupies five different things for five different lengths of time

This is the single most important idea in the plan, and it is where most spa software gets it wrong. Take Pizhichil. One hour of therapy, but look at what it actually consumes.




Five resources, five different windows. Notice three things:

- **Pizhichil needs two healers, not one.** Any system that assumes one person per therapy will hand you a roster that cannot be worked.
- **The healers are free at 11:15. The room is not free until 11:30.** If you lock the healer for the cleaning time too, you lose fifteen minutes per person per session. Across a week at your volume that is roughly two full-time healers of imaginary cost.
- **Somebody has to actually do that cleaning.** The gap on the chart is a task with a person's name on it. If nobody is free to clean, the room is not ready, and the next booking is a lie.

So the system holds a separate calendar for the guest, for each healer, for the room, for portable equipment, and for the cleaning staff. Every one of those has to say yes before a slot is confirmed. And every one of those numbers, the 20, the 60, the 30, the 15, is set by your team in a screen, per therapy, and can be changed any afternoon without calling us.

PART FOUR A DAY AT PEMA

# What a working day looks like once this is running

Nothing below needs a person to remember it.

05:30 **Today’s plan lands on every healer’s phone.**

Each one sees only their own list, with the guest’s cautions and preferences.

06:15 **Kitchen screen shows the 06:30 juices by location.**

Ordered backwards from service time using each item’s prep lead time.

07:00 **Therapies begin. One tap starts and ends each session.**

Ending a session releases the room to cleaning and posts the charge if it is not included.

09:00 **Doctors do rounds with yesterday on the same screen.**

What was delivered, what the guest skipped, what the healer noted.

11:00 **Roster warning to the HOD, seven days ahead.**

“Thursday: 14 male Healing Hub sessions expected, 3 male healers rostered. Short by 5.”

13:00 **Stores gets a stock warning before it becomes a problem.**

“Medicated oil covers four more days at the current plan. Requisition drafted.”

15:00 **Tomorrow’s arrivals, with whatever is still missing.**

Health form not filled, ID not uploaded. Chased automatically, flagged if still open.

17:00 **The system plans tomorrow. All guests, all departments, in one pass.**

“312 sessions placed. 6 could not be placed. Here is why, and here are your options.”

17:30 **One coordinator clears those six.**

Each one is a choice from a ranked list, not a puzzle from scratch.

20:00 **Dinachariya goes out.**

Guest gets the PDF and a link. Healers, kitchen and housekeeping get their boards. Locked.

21:00 **One page to the founders.**

Occupancy, utilisation, on-time starts, overrides, money outstanding, tomorrow's risks.

### The evening, specifically

**HOW IT GOES TODAY**

- Two to three hours of manual matching
- Depends on one or two people who hold it in their heads
- A conflict is found when a guest is standing at the wrong door
- Nobody can tell you why a particular healer got a particular guest
- A sick healer in the morning means the day is rebuilt by hand

**HOW IT WOULD GO**

- Twenty to thirty minutes of review
- The rules live in the system, not in one person's memory
- Conflicts surface the evening before, with alternatives attached
- Every assignment stores its reason and can be questioned
- A sick healer triggers a reassignment run in seconds

**PART FIVE** WHEN IT BREAKS

## Any system can plan a perfect day. Yours has to survive a real one.

Pick a scenario. This is how the system behaves, and just as importantly, where it stops and asks a human.

## A healer calls in sick at 07:00 with six guests booked

TRIGGER · HOD MARKS UNAVAILABLE FROM 07:00

Today this is a phone-call scramble. It should be a screen.

1. The system finds every incomplete session assigned to her, today and for the rest of her shift pattern if she is out for days.
2. For each one it looks for a replacement with the same skill, the right gender for that guest, on shift, not already booked, and not over her daily load.
3. It prefers a healer that guest has already had during this stay. Continuity matters more to guests than we usually admit.
4. Whatever it can cover, it covers, and tells the HOD what it did.
5. Whatever it cannot cover comes back as a short list: “Two sessions uncovered. Options: move to 16:00 today, move to tomorrow, or substitute.”

> **Human decides:** the uncovered ones, and anything that changes a plan already sent to a guest. **The system never** quietly assigns a male healer to a female guest in the Healing Hub to make the numbers work.

## A treatment room goes into maintenance at midday

TRIGGER · ROOM MARKED UNAVAILABLE FROM 12:00

1. The room is pulled out of the pool immediately, so nothing new lands in it.
2. Every session booked in it from noon onwards is identified.
3. Each is moved to another room that allows that therapy and has the right equipment, preferring a room in the same zone so the guest is not walked across the property.
4. If the room had fixed equipment that only exists there, the droni for instance, then those therapies cannot simply move, and are flagged rather than pretended away.
5. Guests whose location changed get one message with the new room, not five messages.

> **Human decides:** anything that cannot move. **Automatic:** straight swaps within the same room category and zone.

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## The doctor changes a prescription on day four

TRIGGER · CARE PLAN REVISED

This must be easy, because it happens constantly and it is clinically correct that it does.

1. The old prescription is kept, in full. Nothing is overwritten, so you can always see what was ordered and by whom.
2. The system works out the difference: what was removed, what was added, what is unchanged.
3. Removed sessions are cancelled and their rooms, healers and oil are released back.
4. Added sessions are planned into the remaining days, respecting how many therapies that guest is allowed in a day.
5. Untouched sessions are left exactly where they are. The rest of the day does not get reshuffled for no reason.
6. Diet changes flow to the kitchen. Charges change on the folio if the new therapy is not included in the package.

> **Doctor approves the difference** before anything moves. The guest gets one revised plan, not a running commentary.

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### Medicated oil will not last the day

TRIGGER · STOCK FALLS BELOW WHAT THE PLAN NEEDS

The scenario nobody puts in a software brief, and the one that actually stops therapies.

1. Every therapy that consumes the item is known, and so is how much each session uses.
2. When tomorrow's plan is built, the oil is reserved along with the room and the healer. If there is not enough for the last session, that session is never promised.
3. Stores sees the shortfall days in advance, with a draft requisition, not on the morning it bites.
4. If stock drops unexpectedly today, affected sessions are re-sequenced so the ones that can run, run.

> **Human decides:** whether to substitute an oil. That is a clinical call, never an inventory one.

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PART SIX WHO SEES WHAT

## Nine people, nine screens, one plan underneath

Nobody gets a general-purpose system to hunt around in. Each role opens to the work in front of them.

SALES

**Leads and follow-ups**

Who to call today, what was quoted, what is unpaid, and whether those dates can actually be delivered.

FRONT OFFICE

**Arrivals and check-in**

Who lands today, what is missing from their file, room ready or not, doctor assigned.

DOCTOR

**Rounds and prescriptions**

My guests, their history, yesterday's adherence, and a prescription that takes three taps instead of twenty fields.

HOD

**Roster and cover**

Next week's roster, checked against expected demand before the week starts. Who is short, where, and by how much.

COORDINATOR

**The live board**

Every room and healer right now. What is running late. What needs a decision.

HEALER

**My day**

My sessions, my guests, their cautions. Start, finish, add a note. Nothing else.

KITCHEN

### What to make, when

Ordered by service time with prep time already counted back. Allergies impossible to miss.

FINANCE

### One folio per guest

What is included, what is extra, what is paid, what is due, updated as services happen rather than at checkout.

GUEST

### Tomorrow, and today

The Dinachariya as a PDF in your design and as a link. Reminders before meals and therapies. Their bill, live.

PART SEVEN OUR OBSERVATIONS

# Eight things we think are missing from the brief

These are not criticisms. They are the things that would have hurt in month four, and we would rather raise them in week one. Each ends with a question for you.

### 01 Some therapies need two or four healers, not one

Pizhichil, Dhara and the four-hand therapies are worked by more than one person at the same time. If the system assumes one healer per therapy, every capacity number it gives you is wrong, and the roster it produces cannot be worked.

> Which of your therapies need more than one healer, and how many each?

### 02 Equipment that moves is not the same as equipment in a room

You mentioned rooms having equipment for particular treatments. But an ozone unit or a physio machine is one item that moves between rooms. It needs its own calendar, and time to be carried across. A therapy can be perfectly possible in a room and still impossible because the only machine is on the other side of the property.

> Which equipment is fixed to a room, and which is shared and moved? How many of each do you own?

### 03 Oil, herbs and linen can stop a therapy as surely as a missing healer

Every session consumes something. If the system does not know that Pizhichil takes a litre and a half of oil, it will happily schedule a session you cannot deliver, and the guest finds out at the door.

> Do you want stock to actually block a booking, or only warn the stores team?

### 04 The twenty minutes of cleaning belongs to somebody

Room preparation is not a gap in a chart, it is a task. If the attendants are stretched, rooms are not ready on time and the plan fails even though the calendar says it should work. We propose treating housekeeping as a scheduled resource like any other.

> Who cleans the treatment rooms, how many of them are on shift, and are they shared with the guest rooms?

### 05 Food and therapy are one problem, not two

Some therapies need the guest fasting. Others should not follow a heavy meal for at least an hour. If diet and therapy are planned on separate screens, the system will confidently produce a day that a doctor would never sign.

> Which therapies have food rules before or after, and what are they? Your doctors will know this instinctively. We need it written down once.

### 06 “Is this included in the package?” needs one answer, not two

The scheduler needs to know what a guest is entitled to, and billing needs to know what to charge. If those are separate lists they will disagree, usually at checkout in front of the guest. We propose a single running count per guest: entitled, used, remaining, extra.

> For each package, exactly how many of each therapy is included? And if a guest skips an included therapy, is it lost, moved, or refunded?

### 07 Sales is selling rooms, but your real limit is healer hours

You can have an empty suite and still be unable to take a booking, because your male Healing Hub healers are already committed that week. Today nobody finds that out until the guest is on the property. The system can tell sales at the moment of quoting.

> If capacity is short for the dates a guest wants, should the system block the sale, or warn and let a manager override?

### 08 Doctors writing on paper is the weak point in the chain

Everything downstream starts with what the doctor decides: the plan, the kitchen, the guest’s PDF, the bill. As long as that arrives as handwriting to be typed up later, the automation runs a few hours behind reality. We do not propose forcing doctors onto tablets on day one. We propose building standard treatment protocols so a prescription is three taps, and letting them come across when the tablet is genuinely faster than paper.

> Will your doctors accept a tablet eventually, and can we sit with one of them for an hour to design the prescribing screen around how they actually work?

PART EIGHT HOW WE BUILD IT

## Six stages, each one usable on its own

We would not disappear for six months and return with everything. Each stage ends with something your team can actually use, and nothing later depends on a promise.

Stage 0

### Agreeing the rules

Your decisions on the questions at the end of this document, and your master sheets for treatments, rooms and staff. No code yet, and it is the stage that decides whether the rest works.

2 weeks

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Stage 1

### The foundation

Packages, rates, rooms, equipment, therapies, skills and rosters. All of it in the system, and all of it editable by your team without calling us.

4 to 5 weeks

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Stage 2

### Enquiry to check-in

Leads flowing in from Zoho and the website without retyping, quoting, room holds, payments, check-in and doctor assignment.

4 to 5 weeks

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Stage 3

### The scheduling engine

Prescriptions, the automatic day plan, conflict explanations, manual editing, and the Dinachariya PDF in your design. This is the heart of the project.

6 to 8 weeks

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Stage 4

### The live day

Healer and HOD boards, start and finish capture, sick-leave recovery, kitchen screen, housekeeping queue, guest portal and reminders.

4 to 6 weeks

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Stage 5

### Money and management

The folio, extras and approvals, invoices with GST, checkout, discharge summary, dashboards and the capacity planner.

3 to 4 weeks

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Stage 6

## Pilot

One department, a set number of rooms, two packages, real rosters, running alongside your current method until it is clearly better.

4 weeks

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**How we will know it worked.** Not by a feature list. By four numbers: at least 85 out of every 100 sessions placed without a human touching them, therapies starting on time at least 90 percent of the time, zero double bookings, and the evening planning down to half an hour. If we do not hit those in the pilot, we fix the rules before we expand.

**One request that will pay for itself.** Give us two weeks of your actual past daily schedules, however they exist, whether registers, Excel or WhatsApp messages. We will run them through the engine and show you what it would have produced for days you already know. That is how you find out whether to trust it, before you depend on it.

**PART NINE** WHAT WE NEED

# Nine sheets from your team

We will send templates. These are what the system runs on, and they are the one thing we cannot write for you. The first three are on the critical path. Nothing can be tested without them.

| SHEET | WHO OWNS IT | WHAT GOES IN IT | ROUGH SIZE |
|---|---|---|---|
| Treatments | HOD & doctors | Every therapy: duration, prep, cleaning, healers needed, skill, gender rule, equipment, oil quantity, food rules, who cannot have it | 60 to 100 rows |
| Rooms & zones | Operations | Every treatment room: what it allows, fixed equipment, gender, cleaning time, and walking minutes between areas | 30 to 60 rows |
| Staff & skills | HR & HOD | Every healer: gender, department, skills and level, certificates, shift pattern, daily limit, languages | 60 to 80 rows |
| Packages | Reservations | Each package: duration, what is included and how many of each, what is excluded | 10 to 25 rows |
| Rates & seasons | Reservations | Room category by season by occupancy, season calendar, add-on prices | 100+ rows |
| Contraindications | Chief doctor | Which conditions block which therapies, and which need doctor approval | 1 grid |
| Diet catalogue | F&B & doctors | Every prescribable item: ingredients, allergens, preparation time, where it is served | 80 to 150 rows |
| Protocols | Doctors | Your ten to fifteen standard treatment patterns, so prescribing is a template not a blank page | 10 to 20 rows |
| Zoho fields | Sales | Which fields to bring across, and which are compulsory | 40 to 60 rows |

**PART TEN** OUR QUESTIONS

# What we still need you to decide

We have put our recommendation against each one, so most of these should be a yes or a correction rather than a discussion. Reply by number and we will lock the design.

## THINGS WE COULD NOT WORK OUT FROM THE CALL

**Q1** How many guests are in house on a full day, and how many treatment rooms do you have in each department?

*Everything about capacity depends on these two numbers and we are currently guessing.*

**Q2** How many therapies does a typical guest have in a day, and is there a maximum a doctor will allow?

*This becomes a safety rule in the system, so we need your real ceiling, not an average.*

**Q3** Are treatment rooms permanently male or female, or does that change by shift?

*Changes how rooms are pooled. Fixed is simpler; flexible gets you more usable hours.*

**Q4** Do you take couples and groups who expect to be scheduled together?

*If yes, we build it in now rather than bolting it on later.*

## SALES AND RESERVATIONS

**Q5** Does Zoho stay your system of record for leads, or do you move fully across after go-live?

*We recommend one-way from Zoho for six months, then retire it. Two-way sync doubles what can break and creates two versions of the truth.*

**Q6** What advance confirms a booking, and how long should a room be held while payment is in progress?

*We suggest 25 percent and a thirty-minute hold that releases itself.*

**Q7** Who can approve a discount, and up to what percentage?

*We suggest sales up to 5, manager to 15, founder above that.*

**Q8** When healer capacity is short for the dates a guest wants, block the sale or warn and allow an override?

*We suggest warn and require a manager to override, blocking only when the shortfall is severe.*

## SCHEDULING RULES

**Q9** Confirm the gender rule per department. Strict same gender in the Healing Hub, cross-gender allowed in physiotherapy, yoga and acupuncture?

*That is our reading of what you told us. We want it confirmed in writing because the system will enforce it absolutely.*

**Q10** Can a guest ask for a stricter rule than the department policy, for example a female guest wanting only female staff in physiotherapy?

*We suggest yes for stricter, never for looser.*

**Q11** What is the daily limit for a healer? Maximum sessions, maximum heavy therapies, and a break after how many in a row?

*Without this the system will legally work someone into the ground.*

**Q12** What time should tomorrow's plan be finalised and sent to guests?

*We suggest the system plans at 5 pm, your coordinator clears exceptions by 7:30, and it goes out at 8.*

**Q13** Once a plan is sent to a guest, how big a change justifies telling them?

*We suggest any change of more than fifteen minutes, a different healer, or a different room.*

**Q14** Who can override the system's assignment, and does an override after the plan is published need HOD approval?

*Overrides will always be allowed. We only need to know who, and what gets logged.*

**Q15** Who owns the weekly roster, and by when must it be final?

*We suggest the HOD publishes by Friday 5 pm for the following week. After that, changes are recorded as overrides. The engine can only be as good as the roster is honest.*

## CLINICAL AND PRIVACY

**Q16** What health information must a guest give before they arrive, as opposed to at check-in?

*We suggest conditions, medication, allergies, pregnancy and past surgeries before arrival, with vitals taken on site.*

**Q17** Who is allowed to see clinical notes? Should a healer see the guest's condition, or only the caution relevant to their therapy?

*We suggest healers see instructions and cautions, never diagnoses.*

**Q18** Can a doctor override a safety block, prescribing something the system says is contraindicated?

*We suggest yes with a written reason, and a second doctor's sign-off for high-risk cases.*

## MONEY

**Q19** When does a charge appear on the bill: when it is booked, when it starts, or when it is finished?

*We suggest when it is finished.*

**Q20** If a guest misses an included therapy, is it gone, moved to another day, or refunded? And what if they miss it twice?

*We suggest moved if there is room in the schedule, otherwise forfeited and clearly shown on the bill.*

**Q21** Can a guest check out with money outstanding, and who approves that?

**Q22** Confirm GST treatment and whether e-invoicing applies to you, ideally with your CA on the call.

## COMMUNICATION

**Q23** Do you have the official WhatsApp Business API, or are you using a personal or business app today?

*This matters more than it sounds. The official API needs every message type approved by Meta in advance, which takes time. If you do not have it, we should start that in week one.*

**Q24** Which languages must the guest's plan and messages be available in?

**Q25** Can we have your brand guidelines for the Dinachariya PDF: fonts, colours and logo files?

*You mentioned the PDF must follow a particular format. We would rather build to your guideline than guess and redo it.*

## AND ONE WE WOULD LIKE TO ASK IN PERSON

**Q26** Can we spend one day at the property? An evening with whoever builds the schedule today, a morning with the HOD and a healer, and an hour with a doctor.

*One day on the floor will correct more of this plan than a month of calls.*

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Nothing here is fixed. This is our reading of your operation after one conversation, and the parts we have got wrong are worth more to us than the parts we have got right. Send back the corrections and the answers to the questions above, and we will turn this into the final blueprint, the version your team signs and we build against.

NEXT STEP
Ninety minutes, going through Part ten by number

AVAILABLE ON REQUEST
Full technical blueprint, 23 sections

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