FORMAL FEATURES OF CORPORATE HOSPITALS
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**Introduction:**

Private sector is the major provider of curative care services in India. Private participation is not at all new to India. It existed in India prior to independence, after independence private participation increased significantly. The private sector in India consists mainly of small hospitals owned by the individual doctors but in recent years the corporate phenomena are gradually spreading. These multi specialty corporate hospitals had a phenomenal growth in India. Private allopathic hospitals were very less during 1950’s and 60’s but from 1970’s onwards there has been a steady growth. The official national health accounts shows that 77% of health expenditure in India takes place in the private health care sector. (Dilip T. R, 2008:4).

The private health care system in India has grown vastly over the years and now it is well established and flourishing. At the time of Independence, the private health sector accounted for only 5 to 10 per cent of total patient care. In 2004, the share of private sector in total hospitalized treatment was estimated at 58.3 percent in rural areas and 61.8 per cent in urban areas. In the case of nonhospitalized treatment, government sources account for only 22 per cent in rural areas and 19 per cent in urban areas (Planning Commission, 2008: 68–69) Data from the National Family Health Survey (NFHS) III also confirms that the private medical sector remains the primary source of health care for the majority of households in urban (70 per cent) as well as rural areas (63 percent). Private doctors or clinics are the main source of care in India, catering to 46 per cent of the urban and 36 per cent of the rural households (Rao P.H, 2010:1).

**The structure of private health care sector in India:**

One could characterise the structure of the private sector as pyramidal, with the base consisting of the large number of individual practitioners who may be trained or untrained. The middle level is occupied by institutions providing both out-patient and in-
patient care and promoted largely by a single entrepreneur, mostly doctors. These are mostly located in urban areas but in some states they are located in towns and even villages. The apex of the pyramid is occupied by large hospitals that are promoted as trust, private limited or corporate enterprises. These hospitals offer super-specialty services and are located largely in the metropolises. (Srinivasan A V, 2000:58). The emergence of corporate hospitals in Indian health care revolutionized the entire health care scenario of the country. All these hospitals have been functioning in a very competitive environment. They emerged as a major facilitator to those who could pay price for the services. Most of these hospitals professionally managed with objectives of providing prompt, adequate, continuous and satisfactory services to the patients. More and more corporate hospitals are entering in Indian health market.

In India, hospitals gained the status of corporate sector in the year 1984. The Madras city has a fair share of corporate as well as private limited hospitals offering super-specialties. Apollo hospitals limited launched its operations in Madras in 1987 and two other private hospitals with NRI involvement have been established. In Delhi, the Modi group, Singhanias of the JK group industries and the Oberois have setup hospitals at Mothi nagar with emphasis on specialties like paediatrics, cardiology and cancer treatment. The Nandas group of escorts established a heart institution in Delhi in 1988 (Md Faizal Khan, 2005:21).

In India, till recently, hospitals were funded by central or state governments or by charitable trust. But now joint stock companies are coming up to establish and manage hospitals on business lines. They collect share capital and deposits, raise funds from financial institutions create surplus and offer dividends to share holders. Many of the private hospitals offer super specialty services to attract rich clients however they offer subsidized services to the poor in a limited way in order to retain the service perspective.

The Indian heath care industry growing at a rate of 13% annually and the private sector hospitals shares a major part of GDP(4.7%) compared to 1.2% of public sector.78.4% of total expenditure on health is shared by private sector while 20% is
accounted by public sector. Private health care network is spreading fast throughout the country (Ambuj Bhardwaj, 2007:6-10).

**What is a Corporate Hospital?**

- A large private for profit hospitals are known as corporate hospitals.
- Hospitals run on the basis of profit earnings and are registered under companies act are called corporate hospitals (Srinivasan A V, 2008:56)
- Corporate hospitals are public limited companies which are formed under the Companies Act. They are normally run on commercial lines. They can be either general or specialized or both. (Goyal R C, 2000:16)

**Objectives of Corporate Hospitals:**

- To provide all possible medical care under one roof
- To provide quality and international medical care at reasonable cost
- To earn a reasonable return for the investors

**Features of Corporate Hospitals:** These modern hospitals are a distinct and unique category of hospitals with diversified product mixed to satisfy individual and personalized medical needs. The following are some of the important characteristics of corporate hospitals.

- **Size:** Corporate hospitals are big in size having an average of 300 plus beds when compared with other private hospitals.
- **Technology:** These hospitals procure most of the medical equipments from abroad such as auto analyzer, echo cardiogram, heart lung, haemo dialysis, EEG, gamma camera, CT scan, MRI machines etc., to maintain universal standards.
- **Investment:** Corporate hospitals depend heavily on commercial banks, financial institutions, foreign currency loans, public deposits like any other industry in the corporate world.
• **Staffing:** These hospitals in general staffed well trained and qualified doctors, nurses, paramedical personnel, bio-medical engineers, accountants’ auditors’ hospital administrators and public relation officers. The unique feature of corporate hospitals are, they have doctors and Para-medicals who have crossed 58 years of age which is retirement age of government hospital staff. In corporate hospitals promotions are through seniority cum merit. Generally merit is given more importance when compared to government sector where merit does not play any role in promotion. These hospitals recruit their employees as per the rules laid down by medical counsel of India purely through interviews. One more feature is they have consultants. They are not the employees of the organization. They pay 30% from their consultation fee to the hospital.

• **Organization:** The organizational structure is a vital factor that influences the success of the hospital. Rapidly changing technology, competition, expectations of patients and government policies making corporate hospital administrators search for alternative organization structure. To overcome the organizational problems matrix organization is followed by corporate hospitals. Successful implementation of matrix organization requires control, planning and development of number of behavioral skills, sophisticated information system (Seth Allocaran, 1990: 575).

Matrix is an organizational structure that facilitates the horizontal flow of skills and information. It is used mainly in the management of large projects or product development processes, drawing employees from different functional disciplines for assignment to a team without removing them from their respective positions. Employees in matrix organization report on day-to-day performance to the project or product manager whose authority flows sideways (horizontally) across departmental boundaries. They also continue to report on their overall performance to the head of their department whose authority flows downwards (vertically) within his or her department.
In addition to a multiple command and control structure, a matrix organization necessitates new support mechanisms, organizational culture, and behavior patterns. This model developed at the US National Aeronautics and Space Administration (NASA) in association with its suppliers, this structure gets its name from its resemblance to a table (matrix) where every element is included in a row as well as a column .(htt.www.organisational- culture: accessed,03-01-2012)

**Governing Body:**

The corporate hospitals are functioning with the following organs, and the effective functioning of the hospital depends on the working style of governing body. They are:

1. **Board of Directors, 2. Executive Body**

   1. **Board of Directors**: All the corporate hospitals possess a body of persons statutory responsible for running hospital. This body is called Board of Directors or Governing body or Board of Trustees or Management board. The board of directors includes salaried corporate directors and executives. There will be a full time chairman of the board who functions as the chief executive of the corporation. Other board members are service minded people like an educationalist, religious leader, psychologist, sociologist etc., these members are paid a fee for attending a meeting. This body makes and guide policies but it cannot run hospitals. This task is carried out by the hospital administrator or chief executive officer. The hospital administration is accountable to the board for management of the hospital and the implementation of policies that are approved by the Board(Joy Deep Das,2009:23)

   2. **Executive Body**: The Executive Body of a corporate hospital consists of three levels of management.

      - **Top Management**: It consists board of directors, managing director (hospital administrator) executive directors of finance and supply chain. They perform more of administrative functions and less of management
functions. The top management translate the policy into goals it makes decisions that affect everyone in organization and it is held entire responsible for the success or failure of the organization. Top management is responsible for financial aspects, services, and personnel functions of the hospital.

- **Middle management**: It consist functional managers, heads of the departments they perform almost equal functions but they have less administrative powers when compared with top management.

- **Lower management**: It consist supervisory cadre they deal mostly management tasks and very low administrative activities. (http://appollo.org.in: accessed on 10.12.2011)

The key person in the top management of corporate hospital is hospital administrator. He is called by different names in different hospitals like chief executive officer, medical superintendent, managing director and hospital general manager.

There is a group of corporate staff to provide ongoing and long range support services to the hospital administrator. They provide support in such functional areas as human resource, public relations, data processing, legal affairs and planning. The Chief Executive Officer (CEO) has overall authority for administration including services such as front office, billing so on. On the other hand, he has to look after quality assurance programs. The director of medical services is accountable for medical services of the hospitals to the managing director, who in turn gives an account of the overall performance of the hospital to the chairman and the board. Although the hospital administrator holds the right to control the actions of others he or she is not a free agent in the decision making process because the administration is subordinate to the board of trustees. Final rights or powers ultimately vested in an authoritative board which do not involve in day to day directions of the organizations. As the hospital administrator (general manager) is responsible for human resource management and human resource development. So he performs the following responsibilities.
- Directs all the activities of hospital to achieve its objectives,
- He is liaison among the governing body and helps in formulation of policies and their implementation,
- He is transmitter, interpretator of rules and regulations among the staff,
- Delegates duties and responsibilities to appropriate person and establish accountability,
- Emphasis on team approach to management,
- Prepares periodical reports including the effects of government policies on health care services and prepares budget (Francis C.M, 1995:11).

The factors involved in managing corporate hospitals are;

- **Planning framework.** To achieve objectives and efficiency the hospital requires a systematic approach to planning, budgeting and monitoring its activities. An annual plan has to be drawn in consultation with various departments. The financial resources have to be allocated on different activities on the basis of equi-marginal principals i.e. the expenses should be incurred in such a way that the marginal product derived from all the uses is the same (Srinivasa Reddy M, 1992:271-273).

- **Professional management:** In recent years many corporate hospitals are upgrading and promoting the quality of healthcare delivery on par international standards. To ensure quality in service they are turning to international accreditation agencies for protocols and obtain the required approvals on safety and quality of care to attract foreign patients. Management of hospital wards, cafeteria, transport, pharmacy stores, laundry, power houses etc., lend themselves to strict surveillance through international standards so these activities are managed by non medical managers as in any business enterprise.

- **Information Technology/ Computers: ** As in every field of human endeavors, computers have made deep in roads in to hospital management, data base management systems provide up to date on line information relating to patients
ailments and drugs. Most of the soft ware firms offer packages which are compatible with several systems with different modules such as registration, admission, discharge, medical records index, personal registration, employees’ data bank, surgical scheduling, patient care, billing and diet planning. Each module covers a number of on line functions and generates a set of reports to provide information to various levels of management. All the corporate hospitals using Health Management Information System (HMIS).

- **Hospitality:** In any hospital only 20% of the time is spent on clinical diagnostics and prescriptions while the remaining 80% goes to patient care activities. Corporate hospital patient care resembles a hotel activity. Both hotels and hospitals seek client satisfaction but hospital client is often sick irritable and more demanding so everything should be done to the patient at ease at every stage from admission till discharge. The wards need to be kept clean, diet should be provided as advised by the doctors and those suffering serious ailments need constant vigilance and attention. The level of hospitality depends on the commitment of the hospital personnel (Nagamani C.V, 1991:7).

- **Corporate Social Responsibility (CSR):** CSR also known as corporate responsibility, corporate citizenship, responsible business, sustainable responsible business (SRB), or corporate social performance. The term "CSR" came in to common use in the early 1970s, after many multinational corporations established. CSR can be defined as the process by which a corporate participates in welfare of both internal and external community, enhancing its environment and well-being to the advantages of organization and the community concerned.

CSR programs include wide range of activities like professional advice, training technology, education, population control, removal of illiteracy and ignorance providing employment, mother and child health etc. CSR policy would function as built-in employees, communities, stakeholders and all other members of the public sphere.
Essentially, CSR is the deliberate inclusion of public interest into corporate decision-making, and the honoring of a triple bottom line: people, planet, profit (Neeraja M, 2004:15).

CSR has been redefined throughout the years. However, it essentially is titled to aid to an organization's mission as well as a guide to what the organisation stands for and will uphold to its consumers. Development of business ethics is one of the forms of applied ethics that examines ethical principles and moral or ethical problems that can arise in a business environment. Interest in business ethics accelerated dramatically during the 1980s and 1990s, both within major corporations and within academia. For example, today most major corporate websites lay emphasis on commitment to promoting non-economic social values under a variety of headings (e.g. ethics codes, social responsibility charters). In some cases, corporations have re-branded their core values in the light of business ethical considerations. ISO 2000 is the recognized international standard for CSR (Narsimha Reddy, 2004:45-47).

**Emergence of Corporate Hospitals in Andhra Pradesh:**

The corporate phenomena in medical care in Andhra Pradesh began with the establishment of a multi specialty diagnostic centre Medinova with outpatient consultancy by a local pharmaceutical company in 1985. In the hospital sector it began with the establishment of Apollo hospital in the state capital in 1989 by the NRI doctors from USA. The state government encouraged the corporatization of medical care by providing government land, while the central government gave tax concessions on import of medical equipment. The corporate hospitals have also come up in agriculturally prosperous areas such as Vijayawada, Guntur and Vizag and a good number of specialists from Hyderabad visits these hospitals every week end. There is a trend towards trans nationalization of corporate hospitals. For example Apollo hospital has tie up with Singaporean health group as a joint venture company to under take management of hospitals in the South East Asia (Narayana K V,2004:357-358).
The corporate phenomena are gradually spreading. These multi specialty corporate hospitals had a phenomenal growth in A.P in recent years. This is a trend perhaps not matched by any other state. Hyderabad, the capital city, itself is having more than 17 star hospitals with branches and franchised units. The main reason behind the growth and craze of multi specialty hospital is deficiency of government hospitals and over crowdedness and another reason is majority of the population in Hyderabad are from rich, upper middle and middle class so they are attracted towards these hospitals (Narayana K. V, 2004:351-356).

Factors for the growth of Corporate Medical Care in Hyderabad

After state formation, in 1956, there was an expansion in the number of government hospitals. In Hyderabad seven specialist hospitals were established and during the same period two teaching hospitals were upgraded with introduction of a variety of specialties. Until 1990’s there has been no growth in the number of public hospitals which is the most responsible factor for the increase of private institutions. The increase in the population of the city during 70’s and 80’s is clearly linked to the growth of industry in Hyderabad which opened up avenues for employment. As a result the pressure on existing services increased and created a space for the growth of private services in areas like health and education. There are several factors contributed to the growth of private corporate medical care in Hyderabad. They are:

- Lack of significant expansion of the public sector hospitals,
- Ban on private practice by government doctors,
- Return of NRI doctors,
- Nationalization of banks enabled borrowing for the services sector,
- State subsidies for import of high technology medical equipment has provided a fillip to the growth of corporate hospitals,
- Structural adjustment programmes emphasize the growth of private sector at the tertiary levels (Rama V. Baru, 1998:151).
Impact of Corporate Sector on Public Hospitals:

1. With the large-scale expansion of private health care in 1980’s and 1990’s, the rich and middle classes no longer go to the government hospitals. The public hospitals are used mostly by the poor at present. While the rich have deserted the government hospitals in favour of the corporate hospitals, the middle classes rely on the small private hospitals. As a consequence, the public hospitals are facing unfair competition in mobilizing resources.

2. The day-to-day maintenance of public hospitals is also neglected. Whenever public services are used exclusively by the poor, the quality of services tends to degenerate due to lack of resources and effective supervision.

3. Due to corporate hospitals the bed occupancy rate in the paying wards of government hospitals declined. In the past, there used to be waiting lists for paying wards.

   - A study on public and corporate hospitals by few Scholars found that the popularity and use of corporate hospitals depend mainly on the reputation of individual doctors. The patients still choose the doctors, not the hospitals. As a result, there is severe competition between the corporate hospitals to attract the reputed specialists by offering higher remuneration and better service conditions. In the process, many reputed specialists are lured away from the government teaching hospitals and shortage of specialists has further adverse impact on the image of government hospitals.

4. The junior doctors prefer government service on account of job security, better working conditions, diversified experience i.e. greater exposure to a variety of cases. Once they gain enough experience in the government hospitals, the corporate hospitals lure them away with better salaries and service conditions. The government sector has thus become a cheap source of well-trained specialists for the corporate hospitals.
5. Public hospitals are used by the corporate hospitals for dumping unwanted cases. The corporate hospitals transfer serious cases to the government hospitals to avoid medico-legal problems and to maintain the image of being efficient.

6. Due to competition in private sector there is excessive investment in diagnostic and other equipments to attract patients.

7. The government policy of tax exemption on import of medical equipment led to unnecessary tests and treatment to recover huge investments (Narayana K.V, 2004:361-363).

Inter-relationship of the state with the corporate sector

The state offers a variety of financial concessions and loans through the banks and reduction of import duties on technology equipment directly. The corporate hospitals like any other industry issue public shares in the market. Apart from this, government recognizes private hospitals for implementing national programs and family welfare programs. Another inter-relationship between public and corporate sector is many state and Central government departments referring their employees to corporate hospitals for treatment. Although the employees of public sector are covered by Central Government Health Scheme (CGHS), there is no hospital run by CGHS in Hyderabad. Therefore the companies recognize some of the corporate hospitals for treatment of their employees (Rama V. Baru, 1998:151-161).

International Context

The organization of medical care in U.K and U.S offers comparisons to the Indian situation with regard to issues like mixed economy in medical care, the rise of corporate medicine and the role of multi-national corporations both medical and pharmaceuticals in promoting curative, specialist and high technology services across the world. In U.K. the creation of National Health Service after Second World War was an effort to provide equal health care to all citizens. A similar model of provision was adopted by Indian leadership
after independence with the state playing a central role. Although there has been no comprehensive enquiry of this kind in India, the second five year plan document has referred to the negative impact of allowing private practice by teaching staff in medical college. Until 1970 the number of private hospitals and nursing homes were very few and they were mostly managed by single owners in both U.K and India. The 70’s witnessed the world wide recession cut-backs in the economy as well as in the welfare sector across the world. So both developed and developing countries offered concessions to accelerate the growth of private sector. During this time hospital co-operation of America and American Medical International entered the British market and promoted co-operate hospitals. From the mid 80’s non resident Indian doctors started investing and promoting corporate hospitals in several major Indian cities. The reason for NRIs to invest in medical care was partly related to the recession, cut-backs on employment opportunities as well as the risk of malpractice, which made practice very difficult (Rama V. Baru, 1998:167).

Conclusion:

Now in many countries public sector is a minor provider of health care and private sector became the major provider of health care services. Private hospitals are growing day by day with their innovative practices. People generally view the hospital as a place in which sick and injured receive medical care and at secondary level hospital is a training centre for physicians and paramedical personnel. But now the corporate hospitals became like any other business firm with in the frame work of patient care system. In India, people are under the impression that the government is responsible for encouraging growth of private sector in medical care. Recent trends indicate that though the Central Government has augmented its health care spending in recent years the state governments are unable to replicate the same due to fiscal crises. Therefore government spending on health is likely to remain the same or even plunge further, leading to an overwhelming dominance of private health care sector in future.
Chapter IV

CONFIGURATION OF A 350 BEDDED CORPORATE HOSPITAL

Figure 4.1

Source: Srinivasan A.V., (2008), Managing Modern Hospital, Jay Pee publishers, New Delhi.
Profiles of Corporate Hospitals
Apollo Hospitals is the largest healthcare group in Asia. Apollo group owns and manages 41 hospitals in and around India and has a total capacity of 7000 beds. Apollo hospitals were founded by Dr. Prathap C. Reddy in 1979 and are the first group of hospitals that pioneered the concept of corporate healthcare delivery in India. Apollo Hospitals Enterprise Limited (AHEL), is the flagship company of the group, is a listed company on the Bombay Stock Exchange.

The first in the chain of Apollo group of hospitals was started at Chennai as 150-bedded hospital. In course of time, similar ventures were started in Hyderabad and Delhi, in India and one at Dubai. Apollo Hospitals, Jubilee Hills, Hyderabad is one of the sample hospital for the study; it is a 350-bed tertiary care centre. It has over 50 medical and surgical disciplines. Spread over a campus area of 35 acres, the hospital has a built-up area of 190,000 square feet. Its services are supported by sophisticated technology and of internationally trained and educated doctors and experienced medical and administrative professionals.
It has 10 branches in the twin cities in different areas. Most of the consultants at the hospital have international experience either educational, work experience - related or observational. As per hospital management, the average staff to patient ratio for the hospital is 3:1 with a 1:1 ratio prevailing in priority areas like the intensive care unit and the cardiac care unit. Apollo Hospitals, Hyderabad handles close to 100,000 patients per year. Many International patients are also treated by the hospital.(www.apollo.org.in :accessed, 30-10-2012).

Administrative-Affairs:

Board of Directors: Apollo hospitals possess a body of persons statutory responsible for running the hospital. This body is called Board of Directors or Governing body. The board of directors includes salaried corporate directors and executives. There is a full time chairman of the board who functions as the executive chairman of the corporation. Other board members are service minded people like an educationalist, religious leader, psychologist, sociologist etc., these members are paid a fee for attending meetings. This body makes and guide policies but it cannot run hospitals. This task is carried out by the hospital administrator or chief executive officer. The hospital administration is accountable to the board for management of the hospital and the implementation of policies that are approved by the board. The following members are the Board of Directors of this hospital (as on September, 2012).

Executive Directors

Dr. Prathap. C. Reddy- Executive Chairman
Dr. Preetha Reddy-Managing Director
Ms. Suneetha Reddy-Joint Managing Director
Ms. Sangeetha Reddy-Executive Director Operation
Ms. Shobana Kamineni- Executive Director Special Invitee.
Non-Executive Directors

Mr. N. Vaghul
Mr. Habibullah Badsha
Mr. Deepak Vaidya
Mr. Rajkumar Menon
Mr. Rafeeqe Ahamed
Mr. T.K. Balaji
Mr. Khairil Anuar Abdullah
Mr. G. Venkatraman
Mr. Shashank Singh

The Apollo Hospital follows a decentralized matrix model of administration. It consists of 3 main groups in administration.

Managing director: This body consists of executive directors of finance and supply chain. It is responsible for decisions on strategy, growth, values and policies. While the doctors operate as single unit for the purpose of operational control and ensure clarity to senior executive in terms of their own reporting relationship and seeking guidance for certain functional responsibilities that are defined for the directors.

Corporate group: It consists of heads. All corporate functions are common for all the units and support the units to take full advantage of synergies.

Units: Each unit will have functional managers who have a functional reporting relationship with the relevant functional head at the corporate group.

Human Resource Department

Apollo hospital has a separate and well managed department called Human Resource Department. It looks after the recruitment and training, policy proposal, proposal
of salary structure, performance appraisal and record maintenance of the staff. About 1098 employees of the hospital work in 3 shifts i.e. 8AM to 4.30PM, 10.30PM to 7AM, 8PM to 8AM and the general shift is from 9AM to 5.30PM.

**Centers of Excellence:**

There are 50 super specialty departments functioning in the hospital. Some important departments in this hospital are:

- Cardiology and Cardiothoracic Surgery
- Cosmetic, Plastic, Hand and Micro Surgery
- Critical Care Medicine
- Diabetology and Endocrinology
- Medical and Surgical Gastroenterology
- Nephrology and Urology
- Neurology and Neurosurgery
- Obstetrics, Gynecology and IVF
- Oncology
- Orthopedics
- Pediatric Cardiology
- Ophthalmology

25 out-patient clinics are available from 8AM to 8PM from Monday to Saturday and one of the specialties of this hospital is front office. It is the first point of contact of patients with the hospital. The functions of this department are reception, registration, admission, transfer and discharge. It also co-ordinates medical records. This hospital has e-appointment facility, patients can take doctor’s appointment on phone and can cancel or postpone appointments. It has excellent ambulance service which is known as hospital on wheels.
The hospital has 5 different types of wards. They are:

1) **General ward**: It has facilities like newspapers, 24-hours pharmacy services for which the patient is charged Rs.500/- per day as rental.

2) **Semi private room**: consists of personal nurse calling system and newspapers for which they are charged Rs.1250/- per day.

3) **Deluxe room**: consists of personal TV, personal nurse calling system and newspaper which is charged Rs.2750/- per day.

4) **Super deluxe rooms**: Private rooms consist of personal TV, locker facility, newspaper of choice which is charged as Rs.3700/- per day.

5) **ICUs with counselor and nursing station**.

**Corporate Programmes**:

Apollo hospitals were the first corporate hospital groups in the country, also has the unique distinction of redefining corporate health services in the country. Hospital conducted over 700,000 preventive health checks for over 500 leading corporate across the country.

Apollo is also the largest third party administrator in Asia, managing the insurance needs of 4.7 millions lives for major corporate from 23 operating offices. Some of their corporate clients include: Motorola, Citibank, GE, HSBC, Philips, American Express, HP, Coca Cola, Glaxo Smithkline, Wipro, Reliance, Tata, Bharti, HCL, Hindustan Lever, Max New York Life, Maruti, ICICI, Ranbaxy, ING Vysya, RPG and PepsiCo India. The following facilities are available in the hospital;

- Corporate Service
- Outpatient Facilities
- Consultation across 57 Specialties
- Inpatient Facility
- Priority Admission
- Radiation Packages
• Comprehensive Surgical Packages
• Choice of rooms
• Air Ambulance
• Fully-equipped ambulance capable of handling all emergencies
• On site Telemedicine facility in areas where medical consultation is not available
• On-site Doctor
• Medical Manpower Assistance
• Ambulance Service
• Management of Medical Centre Designing, Equipment & Maintenance, Providing & Training Manpower, Medicine Supplies, Day-to-day Operations
• Awareness Lectures
• Health and Wellness Workshops
• Corporate/Insurance Help Desk
• Cashless facility
• Complimentary medical and lifestyle journals
• Guest accommodation

**Community Initiative:**

**Save a Child's Heart (SACH):**

SACH is a community service initiative from the Apollo hospitals with the aim of providing quality pediatric cardiac care and financial support to children from underprivileged sections of society suffering from heart diseases. This is a need-based initiative, which covers all aspects of congenital heart disease, a major socio-economic problem in India.

**Emergency and Trauma Care**  It set up the National Network of Emergency Services to provide emergency care of uniform quality standards across the country. Its 24-hour emergency and trauma care is geared to meet all medical and surgical emergencies. The
latest technological advancements like 64 slice CT Angio Imaging System MRI, Philips Intera 3T, Flat Panel Cath Lab, Linear Accelerator -Spin Echo and Echo-Planar Imaging are using by the hospital

**Ambulance**

Saving time is the first step in saving lives. Air ambulance services are used by the hospital when ground transport could endanger a patient’s life. They are also indispensable when the patient is in a remote area and time is critical.

**International Accreditation:**

The Joint Commission International (JCI) is a U.S based accreditation body dedicated to improving health care quality and safety around the world. The accreditation is an international gold standard for hospitals and has been so far achieved by only 24 hospitals in the world. The Apollo hospital is one among them and the International Organization for Standardization (ISO) is a network of the national standards institutes of 151 Countries on the basis of one member per country. A central secretariat based in Geneva, Switzerland co-ordinates the system. Apollo Hospitals, Chennai was the first hospital in India to be awarded an ISO 9002 certification. Due to JCI and ISO, Apollo is able to attract patients from different countries.

Today, AHEL is the leading private sector health care provider in India and owns and manages a network of specialty hospitals and clinics. The company also operates a chain of pharmacy retail outlets across the country, and provides consultancy services for commissioning and managing hospitals. The consultancy division of Apollo hospitals offers project and operations management consultancy services to clients that vary from conceptualization to commissioning of a wide range of healthcare models.
Figure 4.3

Source: Apollo Human Resource Department
KRISHNA INSTITUTE OF MEDICAL SCIENCES (KIMS), SECUNDERABAD

PROFILE

Krishna institute is a 350 bedded upscale multi specialty hospital located centrally at Minister’s Road in Secunderabad, spread over a campus of 5.5 acre and expanding its bed strength to 1000 beds with a built up area of 12,00,00 square feet. It has over 30 medical and surgical disciplines. It has been established with international standards using “Cutting-edge technology” and is managed by a group of highly qualified doctors and health care professionals with a mission “Quality do not happen by chance”. KIMS endeavors to provide the highest quality of care to our patients. Beyond the wonderful ambience, advanced technology and professional expertise KIMS also offers multi specialty treatment and facilities on a par with the best available globally. From a 24 hour ambulance service and a round the clock pharmacy and diagnostic centre, to specialist services that extend from cardiology to urology, nephrology, dermatology, gynecology and more, KIMS aims to ensure that every patient’s need is met with speed, accuracy and
efficient medical care. The hospital extends a wide range of services that encompass almost all major specialties such as cardiology, C.T. surgery, general surgery, pediatrics, plastic surgery, rheumatology, radiology, robotic institute, spine surgery, urology and kidney transplantation etc.,

**Governing Body**

KIMS is managed by Bollineni group of hospitals, a reputed health care group with a chain of hospitals located in different parts of the state such as Nellore, Rajahmundry, and Kadapa. Mr.B.Krishnaiah, Chairman and Managing Director, started this hospital in Secunderabad in the year 2004 with well known and experienced doctors. KIMS follows an open system of administration which in turn is obliged to the CEO as well as the board members. The following members are the Board of Directors of this hospital (as on September, 2012).

- Mr. B Krishnaiah – Chairman & MD
- Dr. Bhaskar Rao – CEO
- Dr. Sahariah – Vice Chairman
- Dr. M. Shambhasiva Rao – Director
- Mrs. Anitha – Director
- Dr.P.Rajendra Kumar Jain- Director
- Mr.Srinivas Baratam-Director
- Mr.B.Kameshwar Rao – Director
- Dr. Padmasri Krishna – Director
- Dr. Krishna Kumar – Director
- Dr. Amith Varma –Additional Director
- Mr. K.Thanu Pillai - Additional Director

Medical Director, NursingDirector Chief Executive and General Manager Operations are the main officials assisted by large number of administrative staff.
Human Resource Department

There is a separate department called Human Resource Department. It ensures maximum employees satisfaction and enhances overall productivity of the organization. The main functions of this department are:

- Implementation of statutory act,
- Recruitment and training,
- Policy proposal and proposal of salary structure,
- Performance appraisal and record maintenance,
- Checking shift schedules, attendance and record of late maintenance.

Important wings in HR:

Senior personal officer: He is an assistant to G.M operations of HR. He prepares service rules, coordinates with all HOD’s, and handles all disciplinary cases.

Central desk: This is to coordinate the functions of the two important systems i.e. G.M operations of HR and heads of the departments by maintaining a log book with tentative and confined work which are required to be specific.

Medical stores: It supplies medicines to both in-patients and out-patients.

As on September 2012 the following number of employees are working in the hospital.

- Doctors (DMO) - 36
- DNB - 50
- PGDCC - 11
- Consultants - 122
- Nursing Staff - 322
- GNM (internship) - 51
- Trainees – 82
- Administrative Staff-88
- IVth class employees - 592(contract)
The employees of the hospital work in 3 shifts i.e. 8AM to 4.30PM, 10.30PM to 7AM, 8PM to 8AM and the general shift is from 9AM to 5.30PM. The hospital uses biometric machines to make sure that the staff is punctual to their duty.

**Patient Services:**

It has 30 super specialty departments, each headed by an expert specialist with an excellent professional record. KIMS is exclusive in its philosophy of giving personalized care and a unique concept of photo identity cards with bar coding for patients. The staff takes care of the patient at every stage and coordinates with the administration by offering complete support to the patients during their stay in the hospital. 30 departments are spread throughout 7 levels (floors) of entire hospital building. Each level has separate cabins for consultations, wards, waiting area and investigating rooms for a particular department.

The hospital provides quality patient care at affordable cost. It has a facility of processing medi-claim insurance policies and Arogya Sri offering cashless services. For this it has authorization of most of the insurance companies and Third Party Administrators (TPAs) also have facility to offer cashless services to employees of number of private and public sector companies such as Acharya N G Ranga Agricultural University, State Government, Administrative Staff College of India, Airports Authority of India, Bharath Electronics Ltd., and Delta Technology. In addition, it offers a health scheme in association with the oriental insurance company limited.

KIMS provides various online services to patients such as doctor’s appointment, laboratory result through internet and it takes the reports of the patients from other hospitals. The wards in this hospital are basically divided into 6 categories. Their names and rental charges are:

- General or economy wards- Rs 350/day,
- Cubical -Rs 500/day,
- Sharing rooms -Rs 800/day,
- Single rooms -Rs 1500/day,
• Deluxe room - Rs 2100/day,
• Luxury suit - Rs 3200/day

KIMS is one of the top five hospitals in India to have established a state of the art epilepsy center in October, 2010. Since then it has done nearly 200 surgeries.

Academically too it is on par with the best in the country. KIMS has a paramedical nursing college. Now with KIMS Research Foundation Center, KIMS is the hospital with technical and academic excellence. KIMS is accredited by National Accreditation board for hospitals and health care providers (NABH). After grueling inspection NABH accreditation is conferred on KIMS as a centre of excellence. This is the top accreditation in the field of health in India. Safety, quality healthcare, accountability are hallmarks of KIMS. KIMS believes in providing highest standard of clinical skills and nursing care across an extensive range of specialties, paying close attention to the comfort of its patients helping in their speedy recovery. Patients from Africa, Middle East and Russian republics regularly visit KIMS for tertiary treatment and diagnostic packages. (www.kims.org: accessed, 01-11-2012)
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