SUMMARY AND CONCLUSION
SUMMARY AND CONCLUSION

Good health is a fundamental human right, each country is responsible for the provision of adequate health facilities for its population since health and development are closely inter-twined and inseparable aspects. The health of a nation is not only an essential component to the nation’s economic growth but also for internal stability. Health contributes to a better quality of life and world peace. Improvement in the health and nutritional status of the population has been one of the major thrust areas for the social development programmes of the country. The governments all over the world have accepted the health of the people as public responsibility, World spending on health totaled about $1,700 billion or 8% of global income. The scope of health services varies widely from country to country and is influenced by general, ever changing national, state and local health problems, needs and attitudes as well as available resources.

Health Care Services in Different Countries:

In countries that see health care as a basic right, the state becomes the main provider and health care is largely subsidized. In countries where health care is seen as a commodity, the private sector is the dominant provider and the cost of health care is market driven. China, UK, Cuba, Canada and Serbia have the state as major provider while in countries like USA and Australia the private sector is the major provider. According to the World Health Organization (WHO), the United States spent more on health care per capita ($7,146), and more on health care as percentage of its GDP (15.2%), than any other nation in the world. Health care in the United States is provided by many distinct organizations; health care facilities are largely owned and operated by private sector businesses. Health for public sector employees is primarily provided by the government. 60-65% of health care provision and spending comes from programs such as Medicare, Medicaid, TRICARE, the Children's Health Insurance Program, and the Veterans Health Administration. Most of the population under 65 is insured by their
employer or a family member’s employer, some buy health insurance on their own, and the remainders are uninsured. The U.S. Census Bureau reported that out of the 49.9 million residents, only 16.3% of the population, were uninsured.

In the United Kingdom (UK), since 1948, the National Health Service (NHS) has grown to become the world’s largest publicly funded health service. The NHS offers free primary care, preventive care, mental health care and hospital services for anyone who is a resident of the United Kingdom. China proclaimed its “open door policy” in 1978, which called for the country’s transition from a social planning economy to a market-based one. As part of this transition, the burden of health care shifted from largely successful state-owned enterprises, such as “barefoot” doctors and the Co-operate Medical Scheme. Health care reforms in the 1980s encouraged localities to raise their own tax revenues to offset decreased central government financing, in stated price controls on a catalogue of essential health services to safeguard basic health care, and permitted local health institutes to generate additional revenue by pricing non-essential health services above cost recovery. In Australia, from 1984, the federal government’s health insurance scheme Medicare was introduced to ensure health care for all Australians regardless of income. Medicare provides insurance against the cost of private medical services, together with access to free care for patients in public hospitals. In countries like Netherlands, France and Germany health care is financed by a mixture of social and private insurance. In Italy 52% of medical programmes are financed by social insurance and 48% by public providers. Sweden and Britain have a history of planned development health service. The State has an important role in their finance supply and management. In a few socialist countries like Cuba, the state is the sole provider of medical care.

Public Health Care Services and Administration in India

According to the Indian Constitution, Articles 39, 41, and 47 of the Directive Principles of State Policy stipulates the basic responsibility of the government towards promotion of health and living standards of its people. In India, the Central Government
regulates and maintains health standards, provides preventive and curative services and builds up the infrastructure for medical and health services. It has a separate ministry for health and family welfare, the ministry of health and family welfare is the nodal agency to look after health services. The center’s responsibility is mainly of Policy making, Planning, guiding, financial assistance, evaluating and co-coordinating the work of the state health ministries. As per WHO report India’s expenditure on health care per capita is $32, and on health care as percentage of its GDP is 4.0%.

The states are largely independent in matters relating to delivery of health care to the people. India is a union of states having 28 States and 7 Union territories. Health is a State subject and providing health services to all people is the responsibility of State Governments, by the state health department with assistance of local health organizations. Each state has developed its own system of health care delivery. Since state governments implement the projects and deliver the regular health services they have fairly well demarcated systems. Separate directorates or head offices usually exist at the state capital for primary, secondary and tertiary health care which includes medical colleges and medical education. Many states have a separate structure for family welfare operations, since population control through family planning is given great importance.

Health administration is a key part of governance and an important social welfare activity of the government. In India a systematic public health administration was introduced under the British rule. The British rulers appointed several committees and enacted a number of Acts in order to develop the health system. After independence, the era of scientific planning in India started with the establishment of the Planning Commission in 1950. Since then, the Government of India has been giving priority to health matters and several steps have been taken through five year plans. Health policy in India is formulated in each of the five year plans. During the first, second and third Five year plans, a policy was sought to be implemented to control and eradicate communicable diseases and to provide curative and preventive health service in the rural areas through the establishment of a ‘Primary Health Centre’ in each community development block with
trained medical personnel. In India, the district is the principal unit of health services administration. There are about 640 districts (including union territories) in India. The government owns nearly half (49 per cent) of the hospitals and 69 per cent of all beds. Local administrations manage 46 per cent of the hospitals with 26 per cent of beds; the remainder is in the private sector. At the district level, health administration consists of a number of officers and doctors. This entire arrangement results in a number of vertical channels of information, multiplicity of agencies, dual reporting systems etc.,

**Health Care Services and Administration in Andhra Pradesh**

The Department of Health, Medical and Family Welfare in Andhra Pradesh consists of four most important governing bodies. They are:

1. The Directorate of Health
2. Directorate of Health and Family Welfare,
3. Andhra Pradesh Vaidya Vidhana Parishad (APVVP),
4. Directorate of Medical Education

The Commissioner of Family Welfare is responsible for family planning, pre and post natal care and immunizations. The Department of Health, Medical and Family Welfare provides health care facilities to the people of Andhra Pradesh. The Andhra Pradesh Vaidya Vidhana Parishad deals with medium scale hospitals, with bed strengths ranging from 30 to 350. The APVVP is managing the secondary care hospitals in the districts and hospitals at sub-district level. The APVVP is an additional structure in the state level health administration and is specific to Andhra Pradesh conceived and implemented in the mid 1980s to give secondary level health care more attention. The Directorate of health in Andhra Pradesh ensures the prevention of diseases spreading in the state. The directorate is responsible for implementing corrective health care services throughout the state. The directorate of health takes care of primary health care and
implements the vertical programmes of area hospitals and community health centers. The main functions of the health department are:

- Construct primary health centres, sub-centres, hospitals, dispensaries, clinics and other health care centres
- Develop major and minor operation theatres, emergency medical services, wards with attached nursing cubicles and more
- Formulate and undertake schemes for acquisition of medical equipment and implementation of infrastructure facilities
- Formulate, organise, and execute schemes that provide housing for medical and para medical staff

**Directorate of Medical Education**

The Directorate of Medical Education (DME) is the administrative authority for the smooth functioning of all medical colleges and attached teaching hospitals, nursing schools and nursing colleges. There are 34 hospitals under DME control, out of which 14 are teaching (general) hospitals attached to each of the medical colleges. Osmania General Hospital and Gandhi Hospital together attend to more than 5000 Out Patients and about 300 Emergency patients daily. The DME monitors the medical education in Andhra Pradesh through medical colleges. It is located in the state capital at Hyderabad. It is the agency through which the Government guides, supervises and controls the medical services and the health programmes. The Directorate regulates the Government hospitals in the State by issuing instructions from time to time. It is headed by the Director of Medical Education who supervises the functioning of medical and nursing colleges, Superintendents of General and Specialty Hospitals and Chief Accounts Officers. He is assisted by an Additional Director, Joint Directors and Assistant Directors and Chief Information Officer.

**Government Teaching Hospital- Internal Organization**

There are 14 large teaching general hospitals under DME. Osmania General Hospital, Hyderabad and Gandhi Hospital, Secunderabad are the large hospitals among
them. The administrative organization of the government teaching hospital could be discussed under six heads. They are:

(1) Superintendent,
(2) Advisory committee,
(3) Administrative Wing (Technical),
(4) Administrative Wing (Non-technical),
(5) Medical Wing, and
(6) Nursing Wing.

The State Government finance the total budget of the hospitals as the hospitals do not have any source of income of their own except the rent on paying-rooms which too has to be credited to the government accounts. There are some paying-rooms in the large teaching hospitals. For example, Gandhi and Osmania general hospitals have 4 types of paying rooms and the respective charges per day are cubical-Rs 200/-, single room-Rs 500/-, AC single-Rs 1000/- and VIP suit-Rs 1500. The paying-rooms are not fully occupied so the income from this source is hardly sufficient to meet the maintenance charges. The growth of private sector also has weakened the position of public hospitals in resource mobilization. However, it is noted that the high proportion of outpatient and inpatient treatment in the private sector in the state does not in any way indicate the under utilization of public hospitals. In fact there is overcrowding and more than the full capacity utilization of public hospitals.

**Private health care sector in India**

The private sector is the major provider of curative care services in India. For the last three decades, the private sector has emerged as a dominant player in the health sector of the country private participation is not at all new to India. It existed in India prior to independence and after independence private participation increased significantly private hospitals were fewer during the 50’s and 60’s but from the 70’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. In India, now health care is a public-private mix.

The private sector in India consists mainly of small hospitals owned by individual doctors, but the corporate phenomena are gradually spreading. In India the private sector participation in health care is on the increase because entrepreneurs and technocrats see immense opportunity for earnings in this sector so many corporate hospitals and nursing homes have come up. These institutions are providing specialized services to the needy that can pay. Public spending on health in India is amongst the lowest in the world (about 4% of GDP), whereas its proportion of private spending on health is one of the highest. Households in India spend about 5%-6% on health National Sample Survey Organization (NSSO). The cost of services in the private sector makes it unaffordable for the poor and the underprivileged.

Emergence of Corporate Hospitals in Andhra Pradesh:

A large private for-profit hospitals are known as corporate hospitals. These 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. 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 the 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. There is a trend towards trans-nationalization of corporate hospitals. For example Apollo hospital has tie up with a Singaporean health group as a joint venture company to undertake management of hospitals in South East Asia.
Impact of Corporate Sector on Public Hospitals:

- 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.

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

PUBLIC PRIVATE PARTNERSHIP (PPP):

During the last few years, the Centre as well as the state governments in India have initiated a wide variety of PPP arrangements to meet peoples’ growing healthcare needs. Partnership with the private sector has emerged as a new avenue of reforms, due to resource constraints in the public sector across the world, collaboration with the private sector and a partnership for providing health care services to the under privileged sections of society. By reviewing the health sector in India the World Bank and the National Commission on macro economics in health strongly advocated harnessing the private sector energy and countering public sector failures by making both public and private sectors more accountable. The 10th five year plan (2002-2007) envisioned in detail the need for private sector participation in the delivery of health services. Just like other sectors, the health care sector in Andhra Pradesh has also undergone many changes in the last two decades. It witnessed a new concept called PPP to improve the health sector. Andhra Pradesh is a role model state in this aspect. Many health care activities are being implemented under PPP in Andhra Pradesh. The familiar PPP model is Rajiv Aarogya Sri (RAS).
Public Private Partnership (PPP) Activities in Andhra Pradesh:

The following activities are being implemented under PPP in Andhra Pradesh.

**Emergency Health Transportation scheme -108:**
- To meet the emergency management services, a nonprofit joint venture launched on August 2nd, 2005, by A.P State Government and Satyam foundation.
- The Government of AP initiated the scheme mainly to enable the rural poor to have easy access to the hospital health care services free of cost in times of emergency particularly in respect of maternal and neonatal / infant health emergencies.
- The Emergency Management Research Institute (EMRI), an NGO set up by the Satyam foundation is identified as nodal agency by Government of Andhra Pradesh.
- A common toll-free telephone number 108 is provided for 24 hours and 365 days for accessing ambulance services.

**Health Information Helpline (104):** This scheme was started during the year 2007. It is a PPP with Health Management Research Institute, by Government of Andhra Pradesh. The objective of the scheme is to provide health information advice and counseling to the people through toll free No.104. On average 36,000 calls are being attended by HIHL.

**Urban Slum Health Care Project:** The state government of Andhra Pradesh operating urban slum health care project on PPP mode with selected NGOs in slums. Under this project 192 health centers are established in different municipalities of 21 different districts.

**RAJIV AAROGYA SRI- COMMUNITY HEALTH INSURANCE SCHEME**

The Government of Andhra Pradesh (under the leadership of Dr. Rajasekhar Reddy the late Chief Minister), has accordingly implemented a community health insurance scheme named Rajiv Aarogya Sri (RAS). It is a unique community health insurance scheme being implemented in Andhra Pradesh from 1st April, 2007. The scheme provides
financial protection to families living below the poverty line upto Rs. 1.50 lakhs a year for the treatment of serious ailments requiring hospitalization and surgery. 938 treatments are covered under the scheme. The objective of the scheme is to improve access of BPL families to quality medical care for treatment of identified diseases involving hospitalization, surgeries and therapies through an identified network of health care providers. The scheme provides coverage for the systems like heart, lung, liver, pancreas, kidney, neuro-surgery, pediatric congenital malformations, burns, post-burn contracture surgeries for functional improvement, protheses (Artificial limbs), cancer treatment (surgery, chemo therapy, radio therapy ), polytrauma and cochlear implant surgery with auditory-verbal therapy for children below 6 years (costs reimbursed by the trust on a case to case basis ). All the pre-existing cases of the above mentioned diseases are covered under the scheme.

The beneficiaries of the scheme are the members of Below Poverty Line (BPL) families as enumerated and photographed in the BPL Ration Card and available in civil supplies department database. The benefit to the family is on a floater basis i.e. the total reimbursement of Rs.1.50 lakhs can be availed of individually or collectively by members of the family. An additional sum of Rs 50,000 is provided as buffer to take care of expenses if it exceeds the original sum i.e. Rs 1.50 lakhs.

Monitoring Mechanism of RAS

Regular review meetings on performance or administration of the scheme would be held between the state government /trust and the insurer.

The state level monitoring committee consists of the following members.

- Chairman: Chief Minister
- Principal Secretary of health and finance department as vice chairman of Aarogya Sri health care trust.
- CEO, Aarogya Sri health care trust
• State co-ordinator/ zonal manager insurer
• Any member of trust board and
• Technical committee member nominated by the trust

The district level committee includes:
• District collector as the chairman
• Project director DRDA
• District medical and health officer
• District co-ordinator of insurer
• Representative of Zilla samakhya

The chairman of the district committee may invite any member of the legislative Assembly whose constituency falls in the 3 districts/ elected members of Panchayati raj institutions for the meetings. Fortnightly meetings shall be organized at both district and state level preferably on alternative mondays. The minutes of the meetings at district level and state level will be forwarded to the Government of AP trust

Importance of Hospital administration

The Hospital is an integral part of social organization. Hospital administration is more complex than administration of any other business organization. It is concerned with planning, organizing, staffing, directing, coordinating and evaluating. The success of a hospital is generally measured in terms of patient care, efficiency, experience of personnel and community service. Absence of any one of these requirements leads to failure. The administration is mainly responsible for success and smooth operation of the hospital. The hospital administration is made up of medical and health service managers and assistant administrators. The administrator plays a vital role in saving lives, without having to take a scalpel in hand. In large hospitals, there are several administrators, one for each department. Their responsibilities are numerous and they act as liaisons between
governing boards, medical staff, and department heads and integrate the activities of all departments. To perform the above responsibilities, administrators must possess leadership and multitasking skills.

In India the private sector participation in health care is on increase because entrepreneurs and technocrats see immense opportunity for earnings in this sector. Many corporate hospitals and nursing homes have come up. These institutions are following different governing models to render effective and specialized services to the patients. With this background the present study is conducted to understand the administrative practices, human resource management, public private partnership and the patient’s satisfaction in government and corporate hospitals of Andhra Pradesh. The study is taken up in Hyderabad, the capital of Andhra Pradesh, India. Hyderabad is selected as a sample area, since many important government hospitals and corporate hospitals exist here. For the present study purpose all major Government and Corporate hospitals in the city are listed in alphabetical order and two hospitals from each side have been selected in simple random method. These four hospitals are involved in teaching with super specialties treatment and bed strength is more than 350.

**OBJECTIVES OF THE STUDY**

The present study is conducted with the following objectives.

1. To examine the Administrative and management patterns of Multi-specialty Government and Corporate Hospitals.
2. To study the growing importance of Human Resource Management in the selected Hospitals of “Greater Hyderabad” in Andhra Pradesh.
3. To study patients satisfaction levels in both sector hospitals.
4. To understand the public private partnerships between the Government and Corporate Hospitals in the implementation of community health programme Aarogya Sri
Research methodology:

The present study is an attempt to give a descriptive and diagnostic analysis. The descriptive research includes fact findings, enquiries of the administrative patterns of government and modern corporate hospitals.

The study is based on both primary and secondary sources of data

- Observation method
- Questionnaire method, and

Focus is laid on observation in the selected hospitals. To elicit necessary information, the researcher personally visited all the sample hospitals many times, to observe the conditions and to understand the details about administrative systems, health care facilities and patient’s satisfaction. A pre-designed questionnaire was used to interview the officials of the hospitals and other staff members at various levels to get quality insight and to assess the perceptions and motivations of their job satisfaction and about the public and private partnership.

Secondary source: Data is drawn from books, journals, e-journals, government publications, reports, newspapers, hospital records and handbooks:

Findings in Government Teaching Hospitals:

The research is conducted in Osmania general hospital Afzal Gunj, Hyderabad. and Gandhi hospital Musheerabad, Secunderabad. The following issues are found in these hospitals in the study:

Administrative aspects:

- The government hospitals are charity hospitals. They provide medical services free of cost especially for poor people.
Both the hospitals have spacious buildings and good infrastructure to facilitate the best services.

Both the hospitals have all super specialty departments.

The hospitals are under the control of the Directorate of Medical Education, Andhra Pradesh.

These hospitals follow a centralized and hierarchical administrative pattern.

The hospitals have a governing body called Hospital Development Society which meets periodically to attend to the needs of the hospital.

In government teaching hospitals, the administrative activities are carried out by the senior doctors such as Medical Superintendent and Resident Medical Officers.

The administrators obtain the position almost by the time of their superannuation so they have very little time to act upon administrative issues and their age also does not help them to be active.

As the senior doctors including super specialists are given administrative responsibilities, they are not able to render quality services regarding clinical matters.

Dealing with medico legal cases is a unique feature of these two government hospitals.

National health policy is being implemented strictly by the administration.

Disaster management and community health programmes are followed very well.

In both sample hospitals, teaching is available in all the faculties.

Administration grants study leave to encourage research and advanced studies to the faculty which benefits ultimately the patients.

The ineffective accountability mechanisms are a barrier to improving services in the government hospitals.
Suggestions:

Keeping in mind the perceptions of respondents and on the observation of the study, the following suggestions are made by the present study:

- The government should adopt modern and scientific hospital administration at least in teaching hospitals.
- As the senior doctors are entrusted with administrative responsibilities, there is a shortage of doctors whose experience in the clinical field is in vain. Hence, the government may appoint separate administrators who possess management qualifications to govern the hospital.
- Like in the All India Institute of Medical Sciences, Public relation officers (PRO) can be appointed so that Resident Medical Officers (RMO’s) can concentrate on clinical work.
- The Directorate of Medical Education (DME) should work out proper training plans based on the training needs of the staff.
- The Hospital Development Society (HDS) can increase frequency of meetings.
- Citizen charters should be formulated by the HDS only after consultation with staff and local representatives.
- Hospital administrators should see that the sub staff maintains ethical conduct in hospitals to protect the rights of the patients.
- The heads of the departments should conduct meetings often with the employees to motivate and follow up the action plan to improve the department.

Human Resource Issues:

- Job security is a prominent feature of these hospitals.
- In government hospital remuneration of employees is fair and equitable.
- There is much scope for promotions of the staff and the administration follows the seniority principle in the promotion system.
Hospital authorities are not conducting performance appraisal on regular basis.

Most of the staff leaves the hospital before the prescribed duty hours.

In government hospitals employees associations and labor unions are very strong. They influence the administrative decisions of the hospital. At times it affects the medical services of the patients.

The nursing staff complains that they are over burdened with excessive work load, clerical work, besides the nature of their work. That is why they are unable to meet the expectation of patients.

Most of the staff in the government hospitals felt that they have excessive work load, poor infrastructure and unhygienic work environment.

There is no motivating leadership in government hospitals and

Very poor staff-patient relationship is found.

Suggestions:

Government hospitals need to focus on human resource issues and innovative practices which will yield good results.

Performance appraisal should be conducted periodically for the staff to know their abilities and to render accountability.

Hospitals may introduce biometric machines to make sure that the staff is punctual for the duty hours.

Risk and reward system may be introduced to increase the staff’s satisfaction level in all public hospitals.

Maintenance of clean environment in the hospital is very important for hospital personnel and patients; it creates a favorable impression in the minds of patients and his attendants.

The staff including doctors should be friendly with patients.
Patient satisfaction levels:

• Minimum user charges are collected only from the people above the poverty line.
• There are some medical students in every ward of government hospitals apart from the civil surgeon to attend to the patients.
• Emergency services are managed well in these hospitals and
• Aarogya Sri Wards are maintained very well and the patients appreciate the services of the staff in these wards.
• There are complaints from the patients on admission procedure and on the reception services.
• The nature of a disease and the mode of treatment have not been explained to the patient clearly by many doctors in these hospitals.
• Most of the incharge doctors does not visit their wards regularly.
• The treatment and consultation is done by the junior doctors only, who are still students and inexperienced so patients are not happy.
• The patients complain that guidance given by most of the nursing staff is not satisfactory.
• Periodical maintenance of hospital equipment and furniture is not being done. So breakdown of equipment is the commonest problem in these hospitals.
• Most of the patients expressed their dissatisfaction towards non availability of medicines and the patient care rendered by the service providers.
• The patients in government hospitals are unhappy with the attitude of the staff. Therefore many patients leave the hospital before they are discharged officially without informing the staff.
• Although the government provides treatment free of cost, the patients are not in a position to appreciate the services due to the behaviour of the staff.
• Expecting petty amounts from the patients by the sub staff is common in these hospitals.
• The user charges are collected from the patient for a very few diagnosis services. The charges are very low when compared to the private sector hospitals.
• In government hospitals, patients face problems due to lack of co-ordination among the departments.
• There is no privacy for the patients in the wards of government hospitals.
• Sanitation and safe drinking water facility in the hospital wards are not good.
• Insufficient and unclean toilets have been found in the wards.
• Seating arrangements in the out patients department are not adequate.
• The public hospital however handles the patient population in excess of its infrastructural capability and hence unable to provide services to all the patients.

Suggestions:
• Quality health care delivery system may be needed in government hospitals.
• Like corporate hospitals the government teaching hospitals also can have cubical wards to minimize the risk of infection wherever possible.
• A simplified admission procedure may be followed.
• Effective enquiry and reception services are needed.
• Government hospitals can adopt wider use of e-governance to simplify the registration process, to speedy services and to improve interaction between medical staff and the patients.
• The hospital’s administration should deal with the public complaints diligently, which may enhance the reputation of the institution.
• Hospital equipment, machinery, cots, and trolleys should be maintained well.
• Display of Citizens’ charters to be placed at appropriate places for information awareness to the patients and their attendants to get better services.
• Appointment of hospital volunteers or counselors is of a great help to the needy and illiterate patients.
• Adaptation of better policy regulations and the establishment of public private partnerships are possible solutions to the problem of manpower shortage.
• House-keeping duties such as periodic cleaning, garbage removal and pest control preventing and wastage of electricity should be monitored thoroughly.
• Hospital administration should visit regularly the ward areas to listen to the grievances of the patients and must take necessary remedial measures.
• Functioning of patient welfare department to monitor patient’s grievances and find a way to solve their problems to be checked regularly.
• Daily security patrolling is necessary in different wards and in outpatient department area for monitoring safety in the hospital. Arrangement of CC cameras at important places is also useful.
• Display of name boards should be done appropriately.
• The administration should make efforts to attract government employees and private sector employees to the hospital by introducing comprehensive executive checkups, through which it can raise its revenue.
• Pictorial representation of services will be a great help especially for the common people.
• Supply of good food is one of the factors in a patient’s satisfaction. So the administration must concentrate on diet, safe and clean water supply in the hospital.
• There should be a sufficient number of spittoons at convenient places to maintain hygienic conditions.
• The Government hospitals administration should work out to get the Joint Commission International (JCI) accreditation to avail the opportunities of the medical travel industry.
Findings in Corporate Hospitals:

The following study is conducted in Apollo Hospital jubilee hills, Hyderabad and Krishna Institute of Medical science, Minister’s road, Secunderabad. During the research period the following are found in these hospitals.

Administrative Aspects:

- The corporate hospitals are working on a business pattern. They treat the patients as consumers, and the administration work to satisfy the needs of the consumers.
- Governing body meetings are conducted regularly.
- Division of labour is strictly followed in corporate hospitals.
- Corporate hospitals function with dual executive i.e. Medical Director looks after clinical affairs and General Manager of administration is in charge of administrative operations of the hospital.
- The study found a large number of administrative staff at various levels in the hospital.
- These hospitals are following matrix model of administration, that facilitates the horizontal flow of information.
- Employees in matrix organization report on day-to-day performance to the project or product manager and also continue to report to the head of their department.
- In corporate hospitals professional managers are appointed as administrators who posses post graduate qualification in hospital management.
- Most of the administrators in corporate hospitals are young compared to government hospital administrators.
- Effective planning, supervision and discipline are maintained in corporate hospitals.
- Decision making policy is flexible. The supervisors at all levels have powers to act.
• Department and inter department meetings are held regularly to have co-ordination in order to attain the objectives of the institution.

• Motivating leadership is present in corporate hospital administration.

• The involvement of corporate hospitals in disaster management and community health programmes are very limited.

Suggestions:

• The administration should follow strictly the hospital policy procedure rules, standards of operation procedure; various statutory laws, judgment laws of the government regarding treatment, pollution control, transplantation of organs etc.,

• Corporate hospitals should treat the poor, 20% in outdoor patients and 5% indoor patients free of cost as per the government and Supreme Court norms.

• The hospital operates in a community, so it has to maintain an effort to establish good relations not only with a corporate community but also with civil society and should help the society in the time of crisis.

• Geriatric service is one of the essential community services on which corporate hospitals can concentrate. Junior doctors, nurses and medico-social workers team can visit old people in adopted areas.

Human Resource Issues:

• A well established and competent human resource department is one of the characteristic features of the corporate hospitals which take care of human resource planning and staffing.

• Most of the staff in these hospitals are recruited on a contract and out sourcing basis.

• A 360 Degree performance appraisal is conducted periodically for the staff to know the abilities.
• Based on performance appraisal of the staff, orientation and capacity building programmes are organized by the human resource department to improve the efficiency in their respective fields.

• Employer-employee relations are in good order.

• These hospitals are utilizing manpower to the extent possible.

• Corporate hospitals use biometric machines to make sure that the staff is punctual for their duty, with which most of the employees are not comfortable.

• Promotion channel in these hospitals is a major dissatisfaction among employees when compared to government hospitals. Some of the senior employees are not happy because their juniors get promotion and a good hike in their salaries in the name of performance.

• Inadequate sub-staff were found in the hospitals.

• Infection controlling and protective measures are given priority.

• There are counselors to guide patients and the visitors in the hospital.

• Impact of associations and labour unions are minimal in decision making in these hospitals.

• Doctors and nursing staff explain the nature of the disease and the mode of treatment clearly to the patients and their attendants.

• The management monitors online doctor’s appointment system.

• Health information system is used extensively by the hospitals for effective communication in administrative and clinical purposes.

• The hospitals take a feedback from the patients and their attendants for better management and responds well to the grievances.

Suggestions:

• There could be little flexibility in working conditions

• Reward mechanisms need to be changed as per staff expectations.
• Corporate hospitals should provide opportunities for advanced studies and for research to its staff.

• Apart from merit and qualifications, seniority also should be considered for promotion to satisfy its employees.

Patients’ satisfaction levels:

• Patients are satisfied with the overall services rendered by the corporate hospitals such as patient care, reception and house-keeping services etc.,

• Patient and Staff relations are good due to the positive approach of the corporate administration.

• Expecting petty amounts from the patients by the sub staff is not found in the corporate hospitals.

• Most of the patients expressed that the hospital user charges are high.

• Hospital equipment, machinery and trolleys are well maintained.

• Security services are well organized by using latest technology.

• Sanitary conditions are good and well appreciated by patients.

• Corporate hospitals utilize the most sophisticated technology for diagnostic and therapeutic purposes.

• Patients from Africa, Middle East and Russian republics regularly visit for tertiary treatment and diagnostic packages. Apollo and KIMS are able to attract patients from different countries.

• Some patients complained that hospital management does not keep the promises that were made at the time of admission in the treatment package.

Suggestions

• The Corporate hospitals may collect reasonable user charges so that its services can be accessible to the majority people in society.
• There is a need for effective regulation by the government to control high user charges in corporate hospitals

• The emergency and speciality care is well beyond the reach of an average citizen. The government can encourage co-operative hospitals like in Mumbai where a unique experiment which offers total health care, including super-specialty care at affordable cost based on the principle of health care as a right without exploitation, which can be replicated even in Andhra Pradesh to help the middle class up to some extent.

• Corporate hospitals should avoid some of the irrelevant diagnosis tests in the name of medical care.

• Rates and exemption procedures should be widely publicized by putting up display boards in prominent locations in the hospital.

• Corporate hospital management must keep their promises or commitments regarding the treatment package that are made with the patients, especially with foreign patients otherwise the reputation of the country will be damaged.

Findings on Public Private Partnerships

• The Andhra Pradesh Government’s Aarogya Sri health insurance scheme was well appreciated by the patients, their attendants and by the hospital staff. They have described it as a savior for the Below Poverty Line (BPL) Families.

• Aarogya Sri Trust received e-India 2010 award for both Aarogya Sri and e-Office governance. 6.45 Crores population is covered under this project for various diseases and surgical procedures in the state.

• There are criticisms that the Government of Andhra Pradesh is patronizing corporate hospitals as the ministers, legislatures and higher authorities are using corporate hospitals at the cost of state revenue.
• Recently 133 diseases of Aarogya Sri list were transferred to government hospitals. This policy of Aarogya sri trust may help the government hospitals to get separate funds and raise the revenues of the hospitals.

• Ambulance services are available round the clock throughout Andhra Pradesh. These ambulance services are a joint PPP venture launched in the year 2005.

• Very positive response was received on the quality of services rendered by 108. There were no complaints about this service from the respondents. Both in corporate and government hospitals, people praised these ambulance services.

**Suggestions:**

• The Government should deal meticulously with Arogya Sri health insurance scheme to prevent misuse by a some hospitals and by a few people.

• Instead of paying huge sums of money to the corporate hospitals the government can restrict the reimbursement facility and invest these resources to improve the facilities in public hospitals.

• The government should follow strictly the advice of the World Bank for staff recruitment on contract basis particularly the supporting services like laundry, dietary and sanitation to the private agencies. Contracting with the private sector is considered more efficient than the directly hired labour.

• It is important to emphasize that partnerships are mere substitutes for good governance and that partnership requires governmental leadership. There is a danger that wherever governance is weak, partnerships could be projected as an automatic choice rather than improving governance.

• One of the corner stones of partnership is autonomy enjoyed by both the partners. The Public sector should not take away the freedom of the private agency to take operational decisions.
• Private partners who are known for their informal and flexible systems are uncomfortable with the rigid managerial process and procedures of the public sector. So the Government should adopt the principles of new public management.

Medical tourism:

• India is quickly becoming a hub for medical tourists seeking quality healthcare at an affordable cost. As per government records nearly 450,000 foreigners sought medical treatment in 2010. It is common to see citizens of other nations seek high quality medical care (United States of America) over the past several decades; however, in recent times the pattern seems to be changing. As healthcare costs in America are rising, price sensitivity is soaring and people are looking at medical value travel as a viable alternative option.

• Many Indian hospitals have been accredited by the Joint Commission International (JCI) accreditation and compliance with quality expectations are important since they provide tourists with confidence that the services are meeting international standards. Reduced costs, access to the latest medical technology, growing compliance with international quality standards and ease of communication will work in favour of India’s advantage.

• The combined cost of travel and treatment in India is still a fraction of the amount spent on just medical treatment alone in some of the western countries.

• In order to attract foreign patients the corporate hospitals in Andhra Pradesh are promoting their international quality of healthcare delivery by turning to international accreditation agencies to standardize their protocols and obtain the required approvals on safety and quality of care.

Suggestions:

• Government hospitals should maintain good relations with various medical societies and accrediting agencies.
• In infrastructure and in human resources wise the government teaching hospitals are no way inferior to corporate hospitals. If the government hospitals have a proper administrative setup and sophisticated equipment they also can get international accreditation, which in turn will raise the revenue of the government hospitals due to foreign patients.

CONCLUSION:

Some of the government hospitals are among the best hospitals in Andhra Pradesh. Most essential drugs are offered free of cost in these hospitals. Government hospitals provide treatment either free or at minimal charges. Government of Andhra Pradesh allocated Rs 5,040 crores and Rs 5,889 crores on Health for the financial years, 2011-12 and 2012-13 respectively. Osmania General Hospital and Gandhi Hospital, together attend to more than 5000 Out Patients and about 300 Emergency patients daily. It performs about 80,000 outpatient consultations and 42,000 inpatient admissions yearly and 11,000 major and about 15,000 minor operations are also being performed yearly with free of charge. For inpatient treatment, an amount of Rs. 15/- per day per bed is provided as diet charges, the commercial value of services rendered to the poor people of Andhra Pradesh would run into thousands of crores. The above services rendered by a large work force. Inspite of these many efforts, patients and general public are not satisfied with the services of government hospitals. The main problem of the present system in government hospitals is that the medical doctors are not able to take up the entire administrative functions and the Lay Secretaries, are not trained in hospital administration, so they are unable to gear their work to suit the specific requirements of the Hospital. The administrator trained in hospital administration and administration in general, knows the special requirements of the hospital and would devote his full attention to its administrative tasks. Then the Superintendent and RMO’s can concentrate mainly on the medical needs of the patients.
Proper planning, changes in administrative structures, value system and motivating leadership are essentially required in the health administration of Andhra Pradesh. The state has great potential to solve the present emerging health administration problems. Government hospitals will do well with professional administrators. Trained and professional administrators can bring change in hospital the environment. There are two sets of hospital administrators emerging these days. One group comprises the medicos, who branch out into hospital administration after completion of their medical education. The other group comprises non-medicos who choose to specialize in hospital administration. Many people are of the opinion that doctors should restrict themselves to clinical practices and leave the administration to the professionals because a doctor spends a period of nine years to complete his masters in medicine. Having spent such a long period in acquiring a professional degree, he must be properly utilized by society. The present study is also of the opinion that “a good doctor may not always be a good administrator”. For Doctors, it is difficult to attend to both kinds of duties effectively. So, hospitals need a separate cadre for hospital management since a medical job is no more a one-man job. To keep pace with the changes, hospital administration has to be vibrant, dynamic and proper leadership has to be provided to face the challenges encountered by it.

The present study concludes with the words proposed by the then Chairman, Center for Good Governance, (late Chief Minister of Andhra Pradesh, Dr. Y.S. Rajasekhar Reddy) that “The world is changing. It is changing so fast that by the time we take stock of things, we face newer challenges. The aspirations of the people from the government have increased so that the government should initiate a new approach called good governance like informed decision making and transparent program implementation. The government is one of the actors in governance. People are at the core of governance. One cannot talk of good governance without ensuring the basic necessities like drinking water, health and education”. The study understood that it is not only infrastructure, efficient and qualified staff but the attitude of the administration and staff that makes an institution to be accepted by society. Commitment, accountability and ethics in governance are the need of the hour in both public and corporate hospital administration in India.