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“A patient coming to the hospital gives us an opportunity to serve. By treating a patient we are not doing a favour to him, the patient is doing a favour to us by giving us an opportunity to serve the humanity.”

■ Mahatma Gandhi

“The aim of hospital management is to strengthen the preventive, promotive, curative and rehabilitation aspects of health care to reach the population in the remotest area of the country, state, district and villages and development of health care manpower resources by proving good quality of medical education”.

In brief, the functioning of the hospital should be organized and re-organized to serve the patients most efficiently. All the personnel engaged in patient care must keep the following definitions of the “patient” in their minds. The patient is the most important in the Hospital: The patient is not dependent upon us-we are dependent on him. The patient is not an interruption of our work-he is the purpose of it. The patient is not an outsider to our business-he is our business. The patient is a person and not a statistic. He has feelings, emotions, biases, and wants. It is our business to satisfy him. At present there is no comprehensive legislation to guide the organization and management of hospitals. There is a need of a hospital legislation to ensure maintenance of standards, to define rights of hospital staff and to ensure the efficient performance of duties of the hospital staff and to ensure the efficient functioning of the hospitals. It is suggested that the Government of India may set up a body Development Council of Hospitals with its branches in the States like the Medical Council of India, to lay down policies to ensure that the hospital have requisite facilities and provide efficient services to the patients. It has become a common practice to set up nursing homes in the private sector. These so called ‘nursing homes’ are often huge money making projects devised by the specialists in league with one another. All these nursing homes must be under the control of the proposed council. It should be the duty of the council to see that the specialties like the private industry do not fleece the people and provide medical care of right quality and at a reasonable price. Besides, the proposed council may attend to the
complaints of the patients to ensure smooth relations between the hospital authorities and the beneficiaries and thus help in the building of a Welfare State, a cherished ideal in the constitutions of most of the states in the world.

Let us spell out our conclusion under different heads:

**OUT-PATIENT SERVICES**

This is the most important service provided by all the hospitals as it provides services to a large number of patients at a low cost. In ordinary hospitals, the same doctor examines all categories of patients while in secondary and tertiary hospitals, patients are examined by specialists. Successful management of out-patient departments can lighten the burden on the wards. Besides, poor people have to rush to private clinics and nursing homes because of the poor services provided in out-patient departments (OPDs). Based upon our discussion with the doctors, hospital administrators, nurses and patients, we mention the major problems being faced in the OPD.

**I. Delays and Wastage of Time**

Need of streamlining the procedures: Most of the patients complained that they have to waste a lot of time in waiting for their turn. They mentioned that sometimes it takes 2-3 hours for them to see the doctor concerned. The doctors, on the other hand complain that patients visit most of the hospitals again and again without making use of the earlier records. Many of the patients were sore because they felt that the doctors examine the VIP patients in preference to other patients. The delay can be avoided if the patients at the time of registration may be advised about the probable time of his turn. This can help the patient in chalking out his schedule. Besides, the patients from the village may be given preference so that they can go back to their village after examination and consultation and thus may not unnecessarily crowd the hospital premises and go back home, in time.

**Dull and Awful Atmosphere Outside the OPDs**

Need of decorating the lounge with meaningful literature: Most of the patients and their relatives who wait outside the OPOs feel insecure and are afraid
of the consequences of the diseases they are suffering from. Moreover, the congregation of different categories of patients make the situation still more serious. It is suggested that the hospital authorities must decorate the lounges outside the OPDs and use the opportunity for providing health-education. Changing behaviour is a complex process cultural traits are intertwined and change in one area of life is linked with changes in others. This is what makes behaviour change difficult, complex; but given the right conditions, behaviour change can be accelerated. People's pragmatic wisdom moves them into action.

**Great Rush of Patients** Need of appointment of Doctors according to Need: It has been seen that the OPDs are overcrowded and it becomes very difficult for the doctors to examine them, seriously resulting into superficial check-ups done hurriedly. However, there are some OPDs where doctors do not get even the minimum number of patients. It is suggested that statistics may be collected for 2-3 years and personnel may be appointed accordingly so that the decent medical care may be made available. We must work out some norms for appointment of medical personnel to optimise the use of qualified personnel.

**Inpatient Services:**

**Lack of Effective Inter-Personnel Relationships**

As we already know a ward has a large number of personnel—doctors, nurses, sweepers, etc. The efficiency of the ward depends upon the team spirit among all these persons. Most of the staff members interviewed were of the view that there is absence of harmonious relationship among the personnel working in a ward as all individuals think in terms of their own interest rather than that of the group. It is suggested that the hospital authorities should see that the ward is conceived of as a team or group of people so related that the efforts of each duly contribute to the best patient care and most satisfying to all. The trend should be to encourage the growth of informal relations which would create better understanding and appreciation of each other's role. Such an atmosphere would promote administrative vitality and ensure access to group opinion by extending and broadening the avenues of institutional planning and thought. Henry Fayol (1841-1925) recommended the principle of esprit d'corps, i.e., in union there is strength.
The organisation ought to function as a team and every team member should do his best to accomplish organisational goals.

**Low Morale among Nursing Personnel**

If we examine the hospital structure, we find that the hospital authorities have not given due status to the nursing personnel—the backbone of the hospital system. Staff nurses get the chance of being promoted to nursing sisters but the avenues of promotions are blocked after that. A sound policy of promotion fosters a feeling of belonging and dedication among the personnel and leads to building up of healthy traditions and conventions. It is suggested that more posts of Assistant Nursing Superintendents, Deputy Nursing Superintendents may be created, to provide suitable avenues of promotion. Besides, the ratio of ward sister to staff nurse may be decreased to 1:6 from 1:12 at present. This would provide better avenues of promotion to staff nurses.

Moreover, the hospital authorities should encourage higher education among nurses and provide facilities for their growth. Henry Fayol has rightly said that: "a sign of good administration is the steady methodical training of all employees required at all levels."

Most of the nurses were very sore and mentioned that they are not encouraged to undergo higher education. It is suggested that the nursing personnel should be encouraged to undertake higher education and their promotion avenues may be increased by increasing their status in the hospital system. Most of the nurses feel that there is hardly any job satisfaction. It was mentioned by Mrs. Nagpal in her interview to The Tribune (November 15, 1979), that when the patient is cured, it is the doctor who gets the credit. "The nurse who must have spent hours together by the patient's beside is more often than not ignored."

**Unsatisfactory Nurse/Patient Ratio**

The present ratio of 1 nurse to 12 patients is against the recommended norm 1:3. Secondly, the number of staff nurses on night duty further decreases as compared to day time. It is a strange paradox as the patients feel more necessity of medical care during night hours. This need to be corrected by
appointing more nurses. It should be practised at least in Central Institutes which are to set standards for other hospitals.

8. Non-nursing Duties by Nursing Personnel

There are many duties which are clerical and can be performed by non-technical personnel. Most of the nursing personnel in the ward were having 40 per cent of their work which was non-nursing. This would result in the wastage of resources. It is suggested that the hospital should appoint a committee to demarcate the nursing duties so that they can devote more time to patient care and non-nursing duties may be transferred to other personnel.

Favouritism in the Allotment of Bed-Room in the Wards

There is always a pressure on the hospital for allotment of rooms. Because of the absence of clear-cut rules and guidelines, rooms are allotted to VIPs, relatives and friends of personnel working in the hospitals. Besides, this also involves corrupt practices. Hospitals have lost their credibility in this context and that is why most of the patients and their relatives are always in search of influential people to get accommodation. It is suggested that rooms should be allotted according to the seriousness of the diseases and need of the patients. There should be well-laid out rules/guidelines so that the chances of favouritism are ruled out.

Non-Courteous Attitude of Employees in the Wards

Most of the people who were contacted were of the view that the staff on duty in wards is not courteous. Wards are the places where people are already suffering from physical and mental torture. The staff on duty should be given training in conducting themselves in a way that can lessen the pain of the patients and their presence and talks can act as a soothing balm for them. In short, they should try to provide the homely environment.

Corrupted Practices in the Wards

Many patients and their relatives complain that the staff in the wards is always on the look out of the opportunities to fleece them on one count or the other. In hospitals at the district and lower levels, doctors generally admit a patient only if he/she has already got examined privately and paid the fee, in advance. This
is nothing but indirect corruption. Besides, patients are asked many times to bring the things personally which are available in the hospital itself. To avoid all this to ensure a good image of the hospital, hospital authorities must ensure efficient management of wards.

Food Arrangements not Satisfactory

Except the well established hospitals, patients are not happy with the quality of food supplied to them and that is why most of them get food from their homes or relatives. Therefore, there is a need of good dietary services.

Emergency Services:

Casualty, as defined by the Ministry of Health, London, means- patient who comes to the hospital unannounced with accidental injury and is seen and treated otherwise than at a consultative session. Every hospital, big or small, therefore, requires to set up a well organised emergency unit, because the image of hospital mainly depends upon the quality and type of treatment a hospital can provide to a patient suffering from any medical or surgical complications, requiring immediate care. Emergency Department of a hospital, therefore, means a section or a part of hospital to which persons injured in road accidents or those suffering from serious complications are taken for urgent treatment. The Emergency Department provides round the clock, immediate diagnosis and urgent treatment for illness of emergent nature and injuries from accidents. It is in this context that the Emergency Department of the hospital is often the point of major public impact, even more than the out-patient department, providing every important service and at the same time being the most vulnerable to criticism and censure. The department is meant to provide round the clock immediate diagnosis and best possible treatment for illness of emergency nature and injuries from accidents.

1. The separate registers may be maintained for Emergency cases (both OPD and Indoor) so that "Vital-Statistical-Data" is available. The present data reveals that an extra Doctor and Nursing Staff be posted in the months of July, August, September and October, i.e. summer and rainy season. For Emergency Indoor cases the time of admission must be entered.
2. The Emergency Observation Beds are a few. At times 2-3 patients are kept on a bed simultaneously. Stay in Emergency should not be encouraged. These may not be used as regular beds. The present bed strength of Emergency is 27 which should be raised to 50, i.e. one-tenth of the total bed strength in hospital and out of which 15 may be the observation beds.

3. Every day morning by 8 am., the Emergency Basement and Observation Beds be vacated by shifting the patients to regular wards. If it is not possible, then the NOC must be obtained from the Casualty Medical Officer/Staff Nurse by the patient admitted directly from the OPD.

4. At present, it takes long time for the laboratory results and X-Rays resulting in delay of diagnosis. A speedy mechanism may be evolved.

5. The trolleys may be used for transportation of the patients and not for observation/treatment of the patients or transportation of hospital equipment.

6. Though the Oxygen is supplied centrally, still the reserves of Oxygen may be improved so that the Oxygen Cylinders are kept spare.

7. At present only Air-Cooler is provided in Minor Operation Theatre, but for the patients of Heat-Stroke-Air Conditioner is required.

8. The Call book is an important office record, due importance should be given to it. It must be maintained in a register, and pages of it must be numbered and authenticated.

9. A separate fixed budget must be allocated to the Emergency Department so that Emergency Medical Services can be improved/ensured.

Medical and Paramedical Staff lack facilities:

We must attend to all these problems to ensure efficiency of the hospitals. These problems also emanate from a number of constraints on hospital authorities, e.g., shortage of staff at all levels, absence of proper accommodation to provide space to the ever increasing number of patients, shortage of funds, shortage of medicine, shortage of equipment, political and administrative interference, etc., which need to be attended to by the Government to provide satisfactory hospital services. Besides, the patients and their relatives must co-operate with the hospital
authorities to make the best use of the available resources. Thus, we shall have to have a three-pronged attack-increasing internal efficiency, mobilizing Government support and enlisting people's co-operation to ensure the reputation, prestige, credibility and viability of the hospital services.

Doctor Patient Relationship

The study of doctor-patient relationship is of paramount importance, in the context of good patient care. It is to be realised that in this set-up both the participants are under a degree of stress. The doctor has to use his professional knowledge and skill, observing a degree of discipline and ethics to improve the patient's lot, who in turn looks upon him as a man of knowledge and science and who is pictured as kind, friendly, thoughtful and warm person, committed to do everything possible for patient's welfare. In this task he may be constrained by his ability, time, communication, money, attitude of the referral hospital, hospital systems, hospital environment, etc.

In India, medical attention is claimed as a Fundamental Right and in turn a good deal of sympathy and human approach is shown in most of the clinics/hospitals (unlike in advanced countries like U.S.A, where monetary considerations rule supreme). It would be desirable to keep the Doctor free from hunger, wants, exploitation and extraneous stresses, if the health care delivery is to be saved from completes commercialisation. This entails giving him the conditions of confidence and comfort, so that he is neither affected by ego, nor enters unhealthy competition to muster more and more money.

The Government doctor often refuses to develop any relationship with the OPD/Ward patients and tends to just mark his time. Some of them attend to only VIPs, who can bestow favours in one way or the other, others do it for a consideration. Some of them report only on the day of 'visit of the boss' other tend to limit it to the salary day. Many of them continue to run their business outside, even during the stipulated hours of the hospitals. A minority of them who work earnestly and with devotion, are called worldly unwise, eccentric or even foolish. In this process, the patient care is wholly or partially sacrificed. When the reluctance to even look after the seriously ill is visible, where is the scope for
preventive health, community education or to look into the promotions or rehabilitation aspects?

There is at present no proper referral system in place. Once a patient is received at a particular institution, the doctor examines the patient and decides whether he/she can be managed there itself, or need a referral to a higher level facility. There is complete lack of co-ordination among the peripheral institutions on the one hand, and between the institutions and district hospitals, on the other. There are no guidelines or procedures that govern the peripheral institutions and the higher-level hospitals in a referral chain. No written or unwritten conventions exist as to what types of conditions are to be treated, from where and when. There is also no prioritization of referred cases, either from private or government institutions. Lower-level facilities lack even basic facilities, equipment and major specialists, leading to a large number of self-referrals and overcrowding in the higher level facilities.

It is the high time that we must promote forward and backward linkages among all levels and institutions of all systems of medicine to provide decent health services. At present, our hospitals are working in isolation causing misuse of services. In the new millennium, we must define the clear-cut referral system to provide "S. R.S. Pathak, Ethics in public Life, Some Observations, in IJPA, July to Sept. 1995", integrated health services and pooled wisdom of health experts.

Conceptually a multi-tier system which combines preventive, curative and specialized care is efficient when it provides patients access to levels of care that are appropriate to their health needs with a minimum of inconvenience and delay. It works best when the lowest tier is easily accessible to the community and provides the bulk of the preventive care as well as curative care services for common illnesses. Patients with more complex problems are identified in a timely and systematic manner and referred to the appropriate higher level. Each successive level provides services that are more complex and therefore more expensive. In such a system, the higher tier provides technical leadership and support for the lower tiers, and the community has confidence in the quality of care provided at each tier and the patients understand they will be in accordance with patient needs.
No hospital review: need of study and research in different areas of hospital administration

Hospital administration is being run by hit and trial methods without going in-depth studies in various areas of administration effecting hospital services.

In the 21st Century, the hospitals should be run on scientific lines. This would require research and in-depth study of various administrative issues impinging on the medical services. Some of these areas may be mentioned here:-

- the effective use of hospital services e.g. X-rays, beds and of imaging and other services,
- staff issues such as job satisfaction and the retention of staff members, particularly nurses and other highly trained personnel,
- patient satisfaction,
- clinical data, such as readmission rate, length of stay for various illnesses, and the effectiveness and efficiency of referral to and from the hospital and health centers,
- cost-benefit analysis of different programmes, the incidence, etiology, and prevention of infection,
- design of new aids and gadgets for the care and comfort of patients, especially the disabled, a management of human, financial, and material resources,
- quality assurance in hospitals,
- cost accounting of various services,
- utilization time of different categories of persons, and
- transport efficiency.

NEGLECT OF HOSPITAL MAINTENANCE: NEED OF MAINTENANCE AND BEAUTIFICATION

The first impression of the visitors to the hospital depends upon the proper upkeep of buildings, equipment, water-supply, electricity supply, etc. A visit to a number of hospitals revealed the following which should be taken care of in the new millennium:
The surroundings of the hospitals are covered with congress grass and is full of dirt. Even in many hospitals there are no boundary walls. It is suggested that green grass and plants should be grown to make the hospitals clean and greener.

Buildings of the hospitals are in bad shape. Because of the shortage of funds, these are not maintained properly. These become the breeding ground of insects and cause infection. In the hospitals, buildings must be maintained properly at regular intervals of time to avoid deterioration.

Sweepers and ward boys must be encouraged to keep the hospital clean. They must be told that cleanliness is very important for the recovery of patients.

Lavatories are in bad shape and even stinking. Hospital authorities must attend to it seriously otherwise the foul smell make the whole environment of the hospital unpleasant.

The disposal of condemned vehicles and other equipments need urgent attention.

Quality Health Services:

Quality control is essential to make the efficiency of health institutions possible through:

(a) Improvement of existing obsolete processes and procedures.
(b) Improved layout of office and working environment.
(c) Economy in human effort.
(d) Suggesting the best use of money and material.
(e) Improved design of the goods or services provided by the organization.
(f) Improved performance.
(g) Job satisfaction.
(h) Improved flow of work.
(i) Standardisation of processes and products.

In brief, it aims at optimisation of resources which are:
QUALITY IMPROVEMENT

Quality improvement is a process internally designed by the hospitals in consultation with their staff. This process anticipates and focuses on improving efficiency and the system by encouraging staff to participate honestly without fear of punishment. This results in cutting costs and improving the quality of care. It also measures outcomes in comparison with previous results and other organizations. These Quality Assurance and Quality Improvement programs have resulted in other questions about our responsibility to the profession. We are faced with issues such as:

- Ethics-what we should do?
- Science-what we can do based on our knowledge?
- Economics-what we can afford to do?
- Law-what we have to do?

Records Management:

ISSUES AND PROBLEMS OF RECORDS MANAGEMENT IN HOSPITAL

Based upon observation, discussion and analysis we give here the main problems faced by hospital authorities in Records Management and suggest probable solution:

(a) Use of Out-dated Forms

Need of Constant Revision: At present, forms being used in most of the hospitals are not in tune with the improvements in new technology and scientific developments. Some of the columns in the forms are obsolete while many important columns are not available. It is thus essential that forms must be revised constantly to keep them up-to-date. The ultimate purpose of tabulating the data from forms
becomes insignificant as the forms do not convey the desired information. It must be statutory for every organisation to get their forms reviewed after every three years either by the internal O & M cells or central O & M organisation.

**(b) Shortage of Experienced Personnel**

*Need of Trained Personnel:* The hospital authorities do not attach as much weightage to records management as is done to other sources. This gives less emphasis in terms of resources to this activity. There is generally shortage of trained personnel to handle records. It is suggested that adequate experienced personnel may be appointed to take care of records management.

**(c) Lack of Planning of Storage of In-active Records**

*Need of Effective Storage and Control of Inactive Records:* Storage should be done at a proper place where proper conditions of temperature, circulation of air and humidity are provided. Mostly, we find dirt and dust in this area. After storing the records, indexing is necessary to locate the record for retrieval. We can reduce congestion and cost through the control of inactive records. This would indirectly help us in finding the relevant record immediately. The Secretariat Training School in its report on Work Study (III) suggested the following improvements to make effective control of the inactive records:

(a) Keep a table of the important contents of a file on the cover or a slip. This will facilitate location of contents which the title of the file or its number may not help to locate speedily.

(b) Keep documents like records; separately from the files. This will reduce the bulk of the files and assist speedier location and use of documents not related to correspondence and notes.

(c) Papers containing information may be carried in a third folder separately from notes and correspondence.

(d) Persons dealing with 'information' should compile the vital elements of information and keep it at hand in cabinets for ready reference. Simple 'Home made' devices can be invented to carry such information and reduce dependence on records.
(e) Keep a small alphabetical register of important files, cases, reports and other documents in your personal custody for more purposeful follow up, records location and speedier disposal.

(d) Need of Effective Handling and Processing of Records Handling and processing of records should be simple and should not consume much time and personnel resources. The expert handling and processing of records would depend upon the design of registry and its place in the office layout, rational and well laid out procedures and the training of the personnel responsible for job. Evaluation of Records Handling: There is a need to check the records frequently. A random checking can be done with the help of the following two ratios:

1. Accuracy Ratio = \(\frac{\text{No. of references not found}}{\text{No. of references found}}\)

2. Activity Ratio = \(\frac{\text{No. of references found}}{\text{No. of documents filed}}\)

If the accuracy ratio is half or one per cent, it is considered to be excellent. If it is three or more per cent, it is in a poor state. If the activity ratio is below ten per cent, it exhibits that there is too much inactive material. If it is between ten to twenty per cent, it means that there is a need of improvement while it is more than twenty per cent, it shows that the records are in bad shape. Such evaluations can help in improving the records.

(e) Need of Determination of Records Retention Period

There is no hard and fast rule that specific record should be retained for specific period of time. The decision regarding the retention period should be decided by the organisation basing on its needs, requirements and objectives. The records which help in tracing the history of the organisation and help in policy-making should be kept for long. The unwanted records should be destroyed to save time and resources.
Transfer of Records

Transfer of records entail two stages, i.e. (i) Dating of unimportant records for destruction and ultimate disposal, (ii) moving the records from active to inactive files and from there to storage area. In a complex organisation we can make use of micro-films. Micro-films can help in space saving, safe preservation and clean and easy handling. Besides, these reduce the risk of fire hazards and chances of losing document.

(f) Need of Improving Quality of Medical Records

Quantitatively the system of medical records is fairly satisfactory, but qualitatively the medical records need lot of improvements. It is recommended that more efforts should be made by the hospital management, all clinicians as well as medical officer towards improving the quality of medical records.

Nursing Personnel:

Low Morale among, Nursing, Personnel

If we examine the hospital structure, we find that the hospital authorities have not given due status to the nursing personnel—the backbone of the hospital system. Staff nurses get the chance of being promoted nursing sisters but the avenues of promotions are blocked after that. A sound policy of promotion fosters a feeling of belonging and dedication among the personnel and leads to building up of healthy traditions and conventions. It is suggested that more posts of Assistant Nursing Superintendents. Deputy Nursing Superintendents may be created, to provide suitable avenues of promotion. Besides, the ratio of ward sister to staff nurse may be decreased to 1:6 from 1:12 at present. This would provide better avenues of promotion to staff nurses. Moreover, the hospital authorities should encourage higher education among nurses and provide facilities for their growth. Henry Fayol has rightly said that "a sign of good administration is the steady methodical. Training of all employees required at all levels."

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There are many duties which are clerical and can be performed by non-technical personnel. Most of the nursing in the ward were having 40 per cent of their work which was non-nursing. This would result in the wastage of resources. It is suggested that the hospital should appoint a committee to demarcate the nursing duties so that they can devote more time to patient care and non-nursing duties may be transferred to other personnel.

**Conclusion:**

In the new millennium, the hospitals should attend to maintenance of buildings, equipment, dietary services, security services, registration services, etc. to maintain the prestige and dignity of the hospital as well as to ensure quality health care. In this great venture, hospital authorities may seek the involvement and co-operation of the people to make the medical services, patient-oriented. Hospitals should provide an environment of extended family where the patients can get professional and expert medical care and homely environment. Patients should be welcomed in this extended family type hospital services, rather than exposed to sullen or greedy or indifferent faces.
A spirit of service and dedication must pervade among the service providers of the health care as they are considered second God on earth by the receivers of health care. In the new millennium, we must empower the patients by looking after them carefully and making them feel important.

The progress and achievements of the past 50 years are solid foundations for a healthier and better world. It is already time to build on them. Life in the 21st century could and should be better for all. We can pass no greater gift to the next generation than a healthier future. That is our vision. Together, the people of the world can make it a reality.

Hospitals have grown both in size and direction, making their management a challenging task. With the coming in of poly-clinics and big hospitals in private sector, the problems of hospitals administration have compounded. What are the problems that are likely to be encountered by hospitals in new millennium? What can be done to make them serve the cause of health of the community? How can we translate the definition of health given by WHO to make the lives of people healthier. We may keep the following words in mind. We cannot continue doing what we have always done. Tomorrow cannot be just more of yesterday. We need flexibility and pragmatism as much as innovation. But the stress must invariably be on action.