Chapter 2: Government & Private Hospitals: An Overview

2.1 Indian Hospitals: An Overview

Indian hospitals were racially segregated hospitals, mostly tuberculosis sanatoria, for Aboriginal people in Canada (First Nations, Métis, and Inuit; "Indians" in the parlance of the day) which operated from the late nineteenth to the late twentieth century. The hospitals were used to isolate First Nations tuberculosis patients from the general population, because of a fear among health officials that "Indian TB" posed a danger to the non-Aboriginal population. Many of these hospitals were located on Indian reserves, and might also be called reserve hospitals, while others in nearby cities.

Early hospitals for Indians were mostly church-run, in a manner similar to the Indian residential schools. For example, the Nuns opened a small hospital on the Blood reserve in southern Alberta in 1893 with the support of the Department of Indian Affairs, while the Church of England in Canada founded a hospital on the nearby Blackfoot reserve in 1896. Slowly, the Department of Indian Affairs took control of the hospitals away from the churches. The Blood hospital was replaced with a new structure paid for by the department in 1928, and the Blackfoot hospital was replaced in 1923, partially with funds taken from the band's trust fund.

The newly created federal Department of National Health and Welfare took over the building and running of Indian hospitals in 1946 as part of Canada's new welfare state policies following the Second World War.

The public health system in India comprises a set of state-owned health care facilities funded and controlled by the government of India. Some of these are controlled by agencies of the central government while some are controlled by the governments of the states of India. The governmental ministry which controls the central government interests in these institutions is the Ministry of Health & Family Welfare. Governmental spending on health care in India is exclusively this system; hence most of the treatments in these institutions are either fully or partially subsidized.
Healthcare is one the fastest growing service sector in India. The healthcare sector as an industry is expanding rapidly and has not been as severely impacted by recent economic slowdown as some of the other industries. It comprises of hospital services, diagnostic services, diagnostic products, medical technology, clinical trial services and clinical research organizations.

Indian healthcare delivery system is categorized into two major components - public and private. The Government, i.e. public healthcare system comprises limited secondary and tertiary care institutions in key cities and focuses on providing basic healthcare facilities in the form of primary healthcare centers (PHCs) in rural areas. The private sector provides majority of secondary, tertiary and quaternary care institutions with a major concentration in metros, tier I and tier II cities. India's competitive advantage lies in its large pool of well-trained medical professionals. India is also cost competitive compared to its peers in Asia and Western countries. The cost of surgery in India is about one-tenth of that in the US or Western Europe.

The overall Indian healthcare market today is worth US$ 100 billion and is expected to grow to US$ 280 billion by 2020, a compound annual growth rate (CAGR) of 22.9 per cent. Healthcare delivery, which includes hospitals, nursing homes and diagnostics centers, and pharmaceuticals, constitutes 65 per cent of the overall market. There is a significant scope for enhancing healthcare services considering that healthcare spending as a percentage of GDP is rising. Rural India, which accounts for over 70 per cent of the population, is set to emerge as a potential demand source. India requires 600,000 to 700,000 additional beds over the next five to six years, indicative of an investment opportunity of US$ 25-30 billion. Given this demand for capital, the number of transactions in the healthcare space is expected to witness an increase in near future. The average investment size by private equity funds in healthcare chains has already increased to US$ 20-30 million from US$ 5-15 million. The Indian medical tourism industry is pegged at US$ 3 billion per annum, with tourist arrivals estimated at 230,000. The Indian medical tourism industry is expected to reach US$ 6 billion by 2018, with the number of people arriving in the country for medical treatment set to double over the next four years.
Investments:

The hospital and diagnostic centers attracted Foreign Direct Investment (FDI) worth US$ 3.14 billion between April 2000 and June 2015, according to data released by the Department of Industrial Policy and Promotion (DIPP).

Some of the major investments in the Indian healthcare industry are as follows:

- Mylan Inc signed a deal to acquire the female health care businesses of Famy Care Limited, a specialty women’s health care company, for US$ 750 million in cash and additional contingent payments of up to US$ 50 million.

- Apollo Hospitals Enterprise (AHEL) plans to add another 2,000 beds over the next two financial years, at a cost of around Rs 1,500 crore (US$ 225.28 million).

- Malaysia-based IHH Healthcare Berhad has agreed to buy 73.4 per cent stake in Global Hospitals Group, India’s fourth-largest healthcare network, for Rs 1,284 crore US$ 192.84 million.

- Temasek Holdings Pvt Limited acquired the entire 17.74 per cent stake of Punj Lloyd Limited in Global Health Private Limited, which owns and operates the Medanta Super Specialty Hospital in Gurgaon.

- CDC, a UK based development finance institution, invested US$ 48 million in Narayana Hrudayalaya, a multi-specialty healthcare provider. With this investment, Narayana Health will expand affordable treatment in eastern, central and western India.

- Apollo Health and Lifestyle Limited (AHLL), a wholly-owned subsidiary of Apollo Hospitals Enterprise, acquired Nova Specialty Hospitals at an estimated cost of Rs 135-145 crore (US$ 20.3-21.8 million).

- IHH Healthcare Berhad acquired a controlling 51 per cent equity stake in Hyderabad-based Continental Hospitals Limited for about approximately US$ 45.4 million.

- Sanofi-Synthelabo (India) Limited invested Rs 90 crore (US$ 13.52 million) in Apollo Sugar Clinics Limited (ASCL), a unit of its subsidiary Apollo Health and Lifestyle Limited.
• AHEL entered into a definitive agreement worth US$ 9 million to acquire 51 per cent in Assam Hospitals Limited (AHL), which runs a 220-bed hospital in Guwahati.

• Carlyle Group acquired a stake in Metropolis Healthcare Limited, an operator of pathology laboratories in India, for an undisclosed sum.

Origin of Hospital in Jaipur:

A single hospital and one dispensary were born in Jaipur, in 1845. Subsequently, such facilities were recommended for other parts of the state as well. However, due to lack of trained doctors the initiative witnessed limited success. In 1855, a maternity hospital and one dispensary and a medical school were opened in Jaipur, inaugurated on 7th September, 1861 and in the first batch 24 students got registered. “Dr. Kingford Burr was appointed as director of this college and he used to teach material medical, practical therapeutics, surgery and practice of medicine. Later, Dr. Najeeb Khan and Dr. Hussain Baksh were appointed as demonstrator in anatomy and assistant surgeon Parvati Charan Gosh was appointed as lecturer to teach principles and practice of medicine, physiology and material medica”.

During the years 1861-1864, some personal disputes and certain unfortunate developments led to closure of the medical school, the toddler which was still crawling. In 1945, late “Sir Mirza Ismail, prime minister of Jaipur state, during his visit to Sikar, was invited for tea by Late Rao Raja Kalian Singh of Sikar at his guest house. Incidentally, the chief medical officer, Dr. S. C. Mehta was also one of the invitees. During discussions, Dr. Mehta pointed out that doctors coming from other states leave the services as soon as they get suitable jobs in their parent states and hence there was always a shortage of doctors. The solution which he recommended was establishing a medical college in our own state. Sir Mirza then started working on this project. On March 13th, 1946 Lord Wavell laid the foundation-stone of SMS college in a very impressive function presided over by H.H. Sawai man Singh, the Maharaja of Jaipur”.

The year 1947 was a glorious year initiating a new era in medical education in Rajasthan with the inception of the 15th centre for medical education in India, the prestigious Sawai Man Singh Medical College of Jaipur. Initially, the college started working in the south wing of SMS Hospital and in the building of the Jaipur Medical
Association. **Dr. G.N.Sen was its first principal.** He had a dinky duration at this post and was followed by Dr. S.C.Mehta, famous for his great enthusiasm, drive and sense of discipline. His sagacious measures of choosing his staff reflected in selection of Dr. H.C.Choudhary, first professor of Physiology, and Dr.B.M.Lal, first professor of anatomy, both of whom were loved and admired by their students. Professor Ram Bihari Arora and professor R.K.Goel were the fortunate ones to head the department of pharmacology and pathology respectively. In 1951, Dr. S.K.Menon took over as principal of the college.In 1952, the college was recognized by the Medical Council of India and the foundation of a new OPD block was laid in the succeeding year. 1952 also marked the beginning of P.G Courses and the first batch of M.D. and M.S. students qualified in 1955.

Jaipur, the pink city has its own boundaries of palaces’ royalty and people’s simplicity. In all its charm, it is one of the magnetic tourist destinations in India and tourists will undoubtedly run and run for it. The cherry on the cake is that it is also equipped with advanced health care facilities and services. There are various hospitals in the heart and premises of pink city. These hospitals are well maintained and are equipped with latest technology machines for providing the best services to the people such as medical, OPD, diagnostic, dispensing and consultancy. Furthermore, there is the facility of 24 hours emergency service in the hospitals. There are around 40 hospitals in the city which are well known for their medical aid and other facilities and, are also well organized with the staff and transportation. The city includes both the types of hospitals government as well as private. In the government hospitals, the treatment and the medicines are provided on the reasonable rates whereas in the private hospitals, the medical service provided is fairly expensive. In addition to this, there are also various multispecialty hospitals.

### 2.2 Government and Private Sector Hospital: Overview

**Government Hospitals:**

The Government or public sector hospitals are those hospitals which are possessed by the government and their financial needs are fulfilled by the government. In many countries these kinds of hospitals provide complementary medicines and medical care to its citizens and the cost of this free medical service is covered by government reimbursement.
Chapter 2: Government & Private Hospitals: An Overview

In India, government hospitals provide cost-free health care services to its citizens. These services are usually funded by individual state. However central government funded hospitals also exist. State hospitals are run by the state government and may be varied in forms like dispensaries, rural hospital, district hospitals or medical college hospitals. In many states the hospital bill is entirely funded by the state government with patient not having to pay anything for treatment. However, other hospitals will charge nominal amounts for admission to special rooms and for medical and surgical consumables. The government health care system in India comprises of a set of state-owned health care facilities controlled and funded by the government of India. Some of these are controlled by the government of the states of India while others are controlled by agencies of the central government of India. Ministry of Health & Family welfare is the government ministry which controls the central government interests in these institutions. Governmental spending on health care in India is exclusively this system; hence most of the treatments in these institutions are either fully or partially subsidized. The facilities government hospitals provide are:

- **All India Institutes of Medical Sciences** owned and controlled by the central government. These are referral hospitals with specialized facilities. All India institutes presently functional are “All India Institute of Medical Sciences, New Delhi, AIIMS Bhopal, AIIMS Bhubaneswar, AIIMS Jodhpur, AIIMS Raipur, and AIIMS Rishikesh”.

- **Regional Cancer Centers** are cancer care hospitals and research institutes controlled jointly by the central and the respective state governments.

- **Government Medical Colleges** owned and controlled by the respective state governments. These are referral hospitals.

- **District Hospitals** or **General Hospitals**: Controlled by the respective state governments and serving the respective districts (administrative divisions in India).

- **Taluk hospitals**: Taluk-level hospitals controlled by the respective state governments and serving the respective taluks (administrative divisions in India, and smaller than districts).

- **Community Health Centre CHCs**: Community Health Centers are available in basic health unit in the urban areas.
• **Primary Health Centers**: The most basic units with the most basic facilities, and especially serving Indian dorps (villages).

**Private Hospitals:**

A Private hospital is a hospital owned by a for-profit company or a non-profit organization and privately funded through payment for medical services by patients themselves, by insurers, governments through national health insurance schemes, or by foreign embassies. This is normal in the United States, Chile, France, Germany, and Australia.

In the United Kingdom, private hospitals are distinguished from the far more prevalent National Health Service institutions. In 1979 there were about 4,000 beds in private hospitals.

2.3 Overview of Sawai Mansingh Hospital

Sawai Man Singh is the Grand old daddy among the hospitals of Jaipur, Rajasthan. It is a government hospital and has 915 total employees, out of which 255 are doctors and 660 are nurses. It has 1,563 beds in 43 wards. This hospital was named after the king of Jaipur; Maharaja Sawai Man Singh II, and the construction of the building of the hospital began in 1934. The hospital also has a medical college for the medical students and provides professional training to them.
A Glance on Sawai Man Singh Medical College

In 1845 the provision of one dispensary and one hospital was started. Afterwards, this policy was extended to other parts of the state as well. Though, countable number of well trained doctors proved a great setback. In Jaipur, “Dr. Kingford Burr was appointed as the director of the first maternity hospital, one dispensary and a medical college which were opened in 1855, and inaugurated on 7th Sep 1861. The first batch of this school had 24 students. Dr. Kingford the director of this college used to teach practical therapeutics, material medical, surgery and practice of medicine. Later on Dr. Najeeb Khan and Dr. Hussain baksh were designated as a demonstrator anatomy and assistant surgeon parvati charan gosh were designated as a lecturer to teach principle & practice of medicine, material medicine and physiology”.

In between the years 1861-64 certain dodgy policies led it in deep doo-doo and finally to Doomsday scenario (closure) of the medical college. In 1945, “Late Sir Mirza Ismail, then chief minister of Jaipur state, was invited as a guest in Sikar for tea by Late Rao Raja Kalian Singh of sikar state, at his guest house. Incidentally, the chief medical officer, Dr. S.C. Mehta was also one of the invitees there. During their discussion Dr. S.C. Mehta pointed that doctors who are coming to the state for jobs leave their jobs as soon as they get suitable jobs in their own origin state, hence there was always a shortage of doctors in the state. The solution of this problem he recommended that the state should have its own medical college. Sir Mirza then started working on this project and on 13th March, 1946 Lord Wavell laid the foundation-stone of SMS College by the name of the Maharaja of Jaipur H.H. Sawai Man Singh”.

Sawai Mansingh Medical College well known as SMS College was established in the year 1947 and was the first medical college of the state. It was the 15th medical education centre of the India. Dr. G.N. Sen. was the first principal of this college. In 1952, the medical council of the India recognized the college, and in the same year the PG courses for M.S and M.D. also started here. There are 32 departments and 6 hospitals attached to this medical college and have 3 boys and 1 girls hostel. This medical college has bachelors, PG, Diploma, M.C.H, D.M., M.Sc, Med, PhD and nursing course. The college has its own separate and a very large library and constellation of departments. Few of them are:-
Chapter 2: Government & Private Hospitals: An Overview

1. Emergency and Accident

2. Pre-Clinical Departments
   - Anatomy
   - Physiology
   - Biochemistry

3. Para-Clinical Departments
   - Immunohematology & Transfusion Medicine
   - Pathology
   - Microbiology
   - Forensic Medicine
   - Pharmacology
   - Preventive & Social Medicine

4. Medical Specialties
   - General Medicine
   - Geriatric Medicine
   - Pediatrics (Jay Kay Lon Hospital)
   - T. B. & Chest (Hospital)
   - Skin & V. D. (Charak Bhawan)
   - Psychiatry (Psychiatric Hospital)
   - Radiodiagnosis
   - Radiotherapy
   - Radiological Physics
   - Anesthesiology
5. Surgical Specialties

- General Surgery
- Surgical Gastroenterology
- Birla Cancer Centre
- Orthopedics
- Ophthalmology (Charak Bhawan)
- Otorhinolaryngology (ENT) (Charak Bhawan)
- Physical Medicine and Rehabilitation (RRC)

6. Obstetrics & Gynecology

- Zanana Hospital
- Mahila Chikitsalaya (Hospital)

7. Medical Super Specialties

- Cardiology
- Neurology
- Gastrology
- Nephrology
- Endocrinology

8. Surgical Super Specialties

- Cardiovascular and Thoracic Surgery
- Neuro-Surgery
- Pediatric Surgery (Jay Kay Lon Hospital)
- Plastic Surgery
- Urology
9. Other Department

- Library Department
- Vehicle Section
- Department of Physical Education
- Medical Education Unit

Hospital attached with SMS Hospital:

- Sawai Man Singh Hospital
- Zanana Hospital
- Mahila Chikitsalaya
- TB and Chest Hospital
- Sir Padampad Mother and Child health center
- Psychiatric Center
- Physical Medicine and Rehabilitation Center

Present Heads of SMS Hospital and College:

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sh. Rajendra Singh Rathore</td>
<td>Honable Medical education minister</td>
</tr>
<tr>
<td>Dr. Man Prakash Sharma</td>
<td>Medical Superintendent</td>
</tr>
<tr>
<td>Dr. U.S. Agarwal</td>
<td>Principal Controller</td>
</tr>
<tr>
<td>Dr. S.M. Sharma, Dr. R.S. Mittal , Dr. Deppak mathur and Dr. I. D. Gupta</td>
<td>Additional Principal</td>
</tr>
</tbody>
</table>

2.4 Overview of Rukmani Devi Beni Parsad Jaipuria Hospital

Rukmani Devi Beni Parsad Jaipuria Hospital, a public/government general hospital, and has been constructed on a 7 ½ Acres plot of land on renowned Jawaharlal Nehru marg, Jaipur. The Hospital started operating in 1991 with a total constructed area of 70,000 sq.ft. Due to increase in patients and their demands, another 45,000 sq.ft. area has now been added to the new building consists of the following facilities:-

**OT Block:** - Five new operation theaters, each with mosaic facilities and multitudinous features have been added in the new OT block of the hospital with new supporting facilities like recovery room with 10 bedded facility, surgeons’ room, changing rooms, autoclave room, anesthesia room, separate rooms for doctors, staff and patients – all these have been constructed on the first floor of the new building and a separate I.C.U. block has also been constructed with 10 bedded facility on the same floor.

**O.P.D:**- The old O.P.D block of the hospital had only 9 rooms/chambers for the doctors but the number of specialties is continuously seeing uprising, so a new and improved O.P.D block has been constructed with the facilities of 32 kinds of treatment and consultation chambers for the doctors and 2 separate rooms for BPL patients. The new O.P.D of the hospital now has a separate entrance and is connected to the main building of the hospital as well as to the emergency.

**Gynecology block:**- The old O.T. block which had only 3 operation theaters and was situated on the ground floor of the old building has now been fully converted into the
gynecology department, which consists of labor room, septic labor room, antenatal and postnatal wards with the capacity of 16 beds. Separate provision for neonatal care unit is also being made.

**Radiology block:** A new and improved radiology department has also been built in the new building of the hospital which consists of 2 X-Ray rooms, Sonography rooms and a separate CT scan and color Doppler room. A T.B. clinic has also been made with the separate entry in the hospital.

**There are four labs in the hospital:**
- General Hospital Lab
- Integrated Diseases Surveillance Programme Lab (Which is the only State level Lab in Rajasthan)
- Iodine Lab and
- ICTC Lab for diagnosis of Aids.

**Emergency block:** A separate emergency block has been constructed with eight cottage wards. This emergency block is a separate unit in itself which has emergency O.T, plaster room, X-Ray and E.C.G. room. This emergency section has a separated direct entry from the main entrance road of the hospital for direct and speedy access.

The Jaipuriya hospital has a capacity of 124 beds from which 24 are new cottage wards including 8 old cottage wards which have been built on the first floor of the new building and 80 general ward beds have been added to the new general ward on the upper floor of the building so that patient can get proper ventilation and natural light.

This new construction of the hospital has been planned in such a way that if in future there arises a need of expansion then it will be able to expand up to 500 beds without interfering the functioning of the hospital.

There is a different provision for courtyards and green spaces in the hospital for proper ventilation and natural light. The number of staff already working in the hospital is 145 which include doctors, nurses, paramedical and other office staff including 3rd grade staff as well. The hospital is a government hospital and is run by the Rajasthan government with the timely advice and help of the trustees of the Rukmani Devi Jaipuriya Charitable trust.
Services provided by the Hospital:-

1. Emergency and Accident

2. Pre-Clinical Departments
   - Anatomy
   - Physiology
   - Biochemistry

3. Para-Clinical Departments
   - Immunohematology & Transfusion Medicine
   - Pathology
   - Microbiology
   - Forensic Medicine
   - Pharmacology
   - Preventive & Social Medicine

4. Medical Specialties
   - General Medicine
   - Geriatric Medicine
   - Pediatrics (Jay Kay Lon Hospital)
   - T. B. & Chest (Hospital)
   - Skin & V. D. (Charak Bhawan)
   - Psychiatry (Psychiatric Hospital)
   - Radiodiagnosis
   - Radiotherapy
   - Radiological Physics
   - Anesthesiology
5. Surgical Specialties

- General Surgery
- Surgical Gastroenterology
- Birla Cancer Centre
- Orthopedics
- Ophthalmology (Charak Bhawan)
- Otorhinolaryngology (ENT) (Charak Bhawan)
- Physical Medicine and Rehabilitation (RRC)

6. Obstetrics & Gynecology department

7. Medical Super Specialties

- Cardiology
- Neurology
- Gastrology
- Nephrology
- Endocrinology

8. Surgical Super Specialties

- Cardiovascular and Thoracic Surgery
- Neuro-Surgery
- Pediatric Surgery (Jay Kay Lon Hospital)
- Plastic Surgery
- Urology

Present Heads of Jaipuria Hospital:

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mr. M.P. Jaipuria</td>
<td>Chairman</td>
</tr>
<tr>
<td>Mr. C.K. Jaipuria</td>
<td>Chairman</td>
</tr>
<tr>
<td>Mr. Anuraag Jaipuria</td>
<td>Managing Director</td>
</tr>
<tr>
<td>Mr. Ruchirans Jaipuria</td>
<td>Managing Director</td>
</tr>
</tbody>
</table>
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2.5 Overview of Santokba Durlabji Memorial Hospital

SDMH came into existence on November 29, 1971, and was inaugurated by the then prime minister. Smt. Indira Gandhi. It was immediately dedicated to the nation as India was then indulged in a heroic war with Pakistan. It was the first private hospital of the state. It commenced operations modestly and unassumingly with 80 beds and 6 specialties. The Santokba Durlabji Memorial Hospital, Jaipur, popularly known as SDMH or the Durlabji Hospital, is a private, trust-managed, autonomous, fee-for-service, and not-for-profit hospital. Running into fifth decade. SDMH has evolved into a multidisciplinary, 450-bedded, tertiary care hospital. It houses several wards, operation theatres, ICU’s, laboratories, utility services, specialties and super specialties, including one of the best blood banks in India, catering not only to the entire state of Rajasthan but also lending a helping hand to neighbouring states. Specially qualified doctors, skillful nurses and efficient technicians paint a rosy picture of the hospital where facilities and departments conglomerate to bring life, and to provide succor, to all its patients. State-of-the-art operations theatres make cutting-edge surgeries possible in all areas. Santokba is equipped with high-tech equipments and high-resolution imaging machines, including MRI, CT scan, nuclear medicine, EUS, NAT machine and bone dexometry scans.

Vision- SDMH shall be an integrated quaternary healthcare hub for delivery of affordable quality medical care in an economically viable, regionally nationally and internationally positioned institutional environment.

Mission- The hospital cares. SDMH is committed to providing quality health care at the most affordable rates to all sections of society, irrespective of caste, creed or color. Towards making this possible, we pledge to dedicate all its efforts and energies.
Quality Policy- With a view to establish a system of clinical excellence, patient centricity, service delivery and ethical practices, team SDMH, through adherence to establish standards of healthcare delivery, will apply medical science and technology in such a way so as to maximize benefits to health without concomitant risks.

Values- Efficiency, Empathy, Integrity, Progressiveness and Trust.

Patient Rights:-

- Patients have a right to receive treatment irrespective of their type of primary and associated illness, socio-economic status, age, gender, sexual orientation, religion, caste, cultural preferences, linguistics and geographical origins or political affiliations.
- Right to personal dignity and to receive care without any form of stigma and discrimination.
- Privacy during examination and treatment.
- Accommodating and respecting their special needs such as spiritual and cultural preferences.
- Patients and/or their family members have the right to receive complete information on the medical problem, prescription, treatment and procedure details.
- A documented procedure for obtaining patient’s and/or their family’s informed consent exists to enable them to make an informed decision about their care.
- Patients have the right to complete information on the expected cost of treatment.
- Patient has the right to seek a second opinion on his/her medical condition.
- Patient on their authorized attendants have the right to request access and receive a copy of their clinical records.
- Right to confidentiality about their medical condition.
- Patients have the right to information on hospital rules and regulations.
- Patient has the right to justice by lodging a complaint through an authority dedicated for this purpose by the healthcare provider organization or with government health authorities.
- Receiving safe & secure environment.
Services provided by the Hospital:-

- Anesthesiology
- Cardiology
- Cardiothoracic surgery
- Cosmetics
- Dentistry
- Dermatology
- Dietetics and nutrition
- ENT
- Executive health check up
- Gastroenterology
- General medicine
- General surgery
- Joint replacement & arthroscopy
- Neonatology
- Nephrology
- Neurology
- Obstetrics and gynaecology
- Ophthalmology
- Orthopaedics
- Paediatric
- Paediatric cardiology
- Paediatric neurology
- Paediatric surgery
- Physiotherapy
- Plastic surgery
- Psychiatry
- Pulmonary medicine (chest and T.B)
- Rehabilitation limb fitting centre
- Rheumatology
- Sports medicine
- Santokba institute of digestive surgical sciences
- Speech therapy and audiology
- Urology
Other Clinical Services:-

- Cardiac medical-I
- Cardiac medical-II
- Cardiac surgical
- Medical ICU
- ICU (IPU & PCU)
- Neuro ICU
- Paediatric ICU
- SIDSS ICU
- Surgical ICU
- Operation theatre
- Cath lab
- Endoscopy
- Bronchoscopy
- Haemodialysis

24 Hours Services:-

- Ambulance
- Blood bank
- Emergency
- Laboratory investigation
- Pharmacy
- Radiology and imaging

Diagnostic Services:-

- Laboratory services
- ECG
- 2D Echo cardiology
- 3D Echocardiography
- TEE
- Holter Monitor
- PFT
- Audiometry
• Spirometry
• TMT
• Urodynamics studies
• Doppler
• Sleep study
• Diagnostic imaging

Utility Services:-
• Bank and ATM facility
• Book shop
• Cafeteria
• Dairy
• Dharamshala
• Mortuary
• Post office
• Salon
• Telephone booth

Services not Available:-
• Medico legal cases
• Burn cases when burns are greater than 20%
• IVF Lab
• Organ transplantation
• Chemotherapy & radiotherapy

Visitor’s Policy:-
• SDMH visitor policy has been established to provide a supportive and caring atmosphere for the patient. A member of the family may visit between the following hours.
• Visiting hours- 5-8 pm
• Only one visitor with a visiting pass is allowed at a time.
• Children under 12 are not allowed as visitors.
• Flowers are not allowed inside hospital premises.
• On the recommendation of the consultant and additional pass may be issued on payment of extra charge.
Chapter 2: Government & Private Hospitals: An Overview

Payment Guidelines:

- Hospital charges are not negotiable.
- If the patient has to undergo an operation/ procedure, the patient/ attendant have to deposit the full amount prior to the operation/ procedure.
- Any shortage of initial deposit during emergency admission has to be cleared within 24 hrs. Of admission or before 12:00 noon of the next working day.
- Provisional bills will be presented every 4\textsuperscript{th} day for all wards/ rooms and every 2 days for ICU patients. They should be cleared the same day.
- Advance deposits will be adjusted against the final bill.
- Please obtain receipt of all payments made from authorized countries only.
- Payment is accepted in cash, credit cards, demand draft, and pay orders. Personal cheques are not accepted.
- During banking hours, payment of the final bill must be paid at the union bank of India. SDMH Branch.
- On national holidays, and after banking hours, the payment of final bill has to be paid at the IPD admission counter.
- SDMH is empanelled with all major TPA`\textquotesingle s for cashless treatment.
- 24 hr ambulance services are available on advance cash payment basis only.

Refund:

- A refund required, will be paid out in cash, only if the refund needs to be made the same day. It will be made by cheque, if it is to be paid later.
- Refunds above Rs 50,000/- would be made by a/c payee cheque only.

Credit Facility:

- Credit is offered only to patients from empanelled organizations and TPA`\textquotesingle s / Insurance companies on panel of the hospital. Client from empanelled organizations are requested to submit their company`\textquotesingle s credit letter on the date of admission. In case of emergency admission, the credit letter has to be submitted within 24 hrs of admission For TPA`\textquotesingle s / insurance companies having a tie-up for the patient covered under medical insurance. It is mandatory to get approval for cashless facility from TPA before the patient is admitted, however, if the patient gets admitted in an emergency, this approval for cashless facility must be produced before discharge.
In case there is a delay in patient authorization or denial of authorization from the TPA’s/insurance companies. The hospital cannot be held responsible and 100% of the estimated cost or the difference in cost to be deposited at the time of admission or before the surgery.

**Present Heads of SDMH Hospital:**

**Founders of SDMH Hospital:**

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Late Padamshri Khailshanker Durlabhji</td>
<td>Former Chairperson</td>
</tr>
<tr>
<td>Late Shri Rashmikant Durlabhji</td>
<td>Former Secretary</td>
</tr>
<tr>
<td>Late Smt. Hemlata Durlabhji</td>
<td>Former Chairperson</td>
</tr>
<tr>
<td>Mrs. Sumedha Durlabhji</td>
<td>Chairperson</td>
</tr>
<tr>
<td>Shri Yogendra Durlabhji</td>
<td>Secretary</td>
</tr>
<tr>
<td>Shri Mehul Durlabhji</td>
<td>Trustee</td>
</tr>
<tr>
<td>Mrs. Nirmala Durlabhji</td>
<td>Trustee</td>
</tr>
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**Heads of SDMH Hospital:**

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
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<tbody>
<tr>
<td>Lt Gen (Dr.) K.K. Singh</td>
<td>Medical Director</td>
</tr>
<tr>
<td>Alok Sharma</td>
<td>Additional Administrator</td>
</tr>
<tr>
<td>Dr. Heena Kausar</td>
<td>Assistant Medical Superintendent</td>
</tr>
<tr>
<td>Dr. Vibhuti Bhatnagar</td>
<td>Dy. Medical Superintendent</td>
</tr>
</tbody>
</table>
2.6 Overview of Fortis Hospital

Fortis Escort Heart Institute and Research Centre in India is a pathfinder in the field of cardiac care facility. Fortis hospital has been a hallmark, each time defeating its previous achievements in providing cardiac care since past 25 years. After setting high standards in cardiac care; today Fortis hospital has been recognized as a core of excellence in providing advanced technology in pediatric surgery and cardiac bypass surgery.

Fortis Escorts Hospital, Jaipur, is the first super specialty hospital in Rajasthan. Equipped with high end diagnostic equipment like 64 slice CT Scan machine, 1.5 Tesla MRI, Electro-Physiology Laboratories, RFA, 2 hi-end Cath Labs, Touch Screen Monitors, and world-class Dialysis facilities, Fortis Escorts Hospital, Jaipur, brings world class treatment to the people of Rajasthan.

In Jaipur the hospital has the most advanced laboratories, which are performing complete range of investigative tests in the field of Nuclear Medicine, Radiology, Biochemistry, and Hematology. This hospital harbours experienced and talented team of doctors, supported by well trained and experienced staff. Currently, there are more than 200 cardiac doctors and 1600 employees working together to manage over 14,500 admissions and 7, 20019 emergency cases in a year. Until date, the hospital has an infrastructure comprising of 285 beds, 5 Cath Labs besides a host of other excellent facilities. These hospitals differentiate themselves by exposing what they have.
Patient care and services

Admission process: - The front office staffs at the reception assist patients during the admission process. They will generate a Unique Identification Number (UID) for the patient and all the medical records will be maintained and stored by the hospital for all future reference. They will also draw out an estimate and guide patients for selecting the relevant category of room.

In addition, patients are required to make an advance payment. The advance is been adjusted against the final bill at the time of discharge. Those seeking the cashless route would have to visit the insurance desk / TPA desk for the hospitalization of the patient. The staff will escort the patient to the allotted room/bed and make them feel comfortable.

Discharge process: - The nurses in the hospital assist patients in the discharge process which may take few hours to complete the process. Once the final bill is generated, patients are expected to clear their dues by paying cash or by a credit/debit card. The nurse will hand over the discharge summary and other belongings (like thermometer, urinal bedpan, etc.--used during the course of your stay) to the patients after the payment. The nurse will then explain the medications that patients need to continue after their discharge and any other follow-up instructions. In case patients need a medical ambulance for their drop at home, then they need to inform the nurse and he/she will make the necessary arrangement.

Guidelines for visitors: - The hospital values the family and friends and recognizes that they are an important part of each patient’s recovery process. Therefore, hospital has formulated the following guidelines for the well-being of patients and expects their cooperation towards these guidelines.

- For the comfort of all the patients, hospital limits the number of visitors during the visiting hours. (Please note that visitors may be restricted according to a patient’s medical condition and/or special needs.) This note is written in the waiting area of the hospital.

- At the time of admission, patients are being issued passes for attendants and visitors. The attendants and visitors are expected to wear/display their passes within the hospital premises. In case of loss of the pass, they may get in touch with the Concierge Desk located at the main entrance of the hospital.
Visits by children under the age of 12 are not allowed on patient floors. This is to protect children from catching any infection.

Sanitizing hands before and after visiting, is also one of the policy of the hospital.

Use of mobile phones is prohibited where critical medical equipment and patient monitoring systems are in operation. Attendants or visitors have to read and follow all posted signs about the usage of cell phones, only in approved areas. If they are using cell phone in approved areas, they need to speak in a soft tone so that other patients are not disturbed.

**Patient and Attendants responsibility:** There are few responsibilities patients and attendants have to follow they are:

- Keeping appointments, being on time for appointments, and calling the doctor / hospital if they cannot adhere to the appointment timing.

- Providing complete and accurate information, including their full name, address, telephone number, date of birth, particulars of next-of-kin and insurance company/TPA/employer, past illness, and medication details wherever required.

- Actively participating in the treatment plan and keeping the doctors and nurses informed about the effectiveness or recovery of their treatment.

- Ensuring safety of their valuables.

- Treating all hospital staff, other patients and visitors with courtesy and respect.

- Abiding by the hospital rules (such number of visitors; no smoking policy) and safety regulations.

- For understanding all instructions before signing the consent forms.

**Patient and Attendants rights:** Patients and attendants have some rights in the hospital they are:

- Be treated with respect, consideration, compassion and dignity, in a safe and clean environment regardless of their age, gender, race, origin, religion, sexual orientation or disabilities.
• Be addressed by their proper name and be informed about the names of the doctors, nurses and other healthcare team members involved with the patient’s care.

• Full protection of their privacy, dignity and confidentiality pertaining to their care discussions, examinations, and treatments.

• A clear and understandable explanation by the doctor about the diagnosis, as well as the benefits and risks of each treatment, expected outcome and change in medical condition.

• Be protected from physical abuse and neglect.

• Receive information from the hospital regarding the expected cost of treatment and payment policies.

• Request for a copy of their medical records as per protocol.

**Visiting guidelines for Intensive care units (ICU) Patients:** - All Intensive Care Units (ICUs) areas are restricted areas. Visitors are requested to adhere to protocol and wear isolation gown, mask, gloves, shoe covers and use hand sanitizer available at the hospital before and after entering these areas.

To minimize the risk of infection, only one attendant at a time is allowed for a maximum of 10 minutes. Visitors are requested to wait for their turn to enter these special zones.

**It is expected that visitors will follow following rules of the hospital:**

1. Not to visit if the visitors are sick.

2. Comply with safety and security procedures.

3. Wear and display their visitor identification card at all times while in patient/restricted areas.

4. Leave the hospital during a disaster or fire alarm.

5. Patients are the responsibility of the hospital and will be rescued as per an evacuation plan.

6. Act in a respectful manner.
Unacceptable behavior:

1. Unreasonable interference with a patient’s plan of care.
2. Harassment of any kind, including inappropriate telephone calls to a staff member.
3. Use of loud, threatening, abusive or obscene language.
4. Use of physical violence or acting in a threatening manner towards staff.
5. Arriving under the influence of drugs or alcohol.
6. Damage to hospital property.
7. Theft.
8. Possession of weapons or firearms.
9. Disturbance to other patients.

Present Heads of Fortis Hospital Jaipur:

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Malvinder Mohan Singh</td>
<td>Executive Chairman</td>
</tr>
<tr>
<td>Shivinder Mohan Singh</td>
<td>Vice Chairman</td>
</tr>
<tr>
<td>Harpal Singh</td>
<td>Mentor &amp; Chairman</td>
</tr>
<tr>
<td>Sunil Godhwani</td>
<td>Managing Director</td>
</tr>
<tr>
<td>Dr. P.S. Joshi</td>
<td>Director</td>
</tr>
</tbody>
</table>
Chapter 2: Government & Private Hospitals: An Overview

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