CHAPTER - III

PATIENT CENTERED HOSPITAL

INTRODUCTION

"There are no great acts. There are only small acts done with great love."

-Mother Teresa

Patient-centered care has become a central aim for the nation's health system. The concept of patient-centered care has gained increasing prominence in recent years as a key aim of the India health care system. Yet, despite growing recognition of the importance of patient-centered care, as well as evidence of its effectiveness in contributing to other system goals such as efficiency and effectiveness, the nation's health care system falls short of achieving it. Data from national and international studies indicate that patients often rate hospitals and medical care providers highly, but report significant problems in gaining access to critical information, understanding treatment options, getting explanations regarding medications, and receiving responsive, compassionate service from their caregivers.

The Picker Institute in USA was to explore what it will take to achieve more rapid and widespread implementation of patient-centered care, in both inpatient and ambulatory health care settings. The findings and recommendations are based largely on a series of interviews, with opinion leaders selected for their experience and expertise in either
designing or implementing strategies for achieving excellence in patient-centered care.¹

**Patient-Centered Care:**

Care that is truly patient-centered considers patients' cultural traditions, their personal preferences and values, their family situations, and their lifestyles. It makes the patient and their loved ones an integral part of the care team who collaborate with health care professionals in making clinical decisions. Patient-centered care puts responsibility for important aspects of self-care and monitoring in patients’ hands — along with the tools and support they need to carry out that responsibility. Patient-centered care ensures that transitions between providers, departments, and health care settings are respectful, coordinated, and efficient. When care is patient centered, unneeded and unwanted services can be reduced.²

Advancing patient-centered care is clearly a multi-faceted challenge, and many organizations have achieved remarkable results. IHI, with the support of the Rx Foundation and The Robert Wood Johnson Foundation, is working to identify best practices and promising system changes that enable patient-centered care in three areas:

- Involving patients and families in the design of care
- Reliably meeting patient’s needs and preferences
- Informed shared decision-making

¹ Sharon Silow-Carroll, Tanya Alteras, Larry Stepnick, Patient-Centered Care for Underserved Populations: Definition and Best Practices, January 2006, Economic and Social Research Institute, Washington, DC 20037, pp. 4-12

² Crossing the Quality Chasm: A New Health System for the 21st Century. Institute of Medicine, March 2001.
In Patient centered Care each physician, nurse, physiotherapist, pharmacist, dietitian cares for one patient at a time, who exist to serve the patient. The patient is the center of their activity. The patient’s satisfaction should be the goal; even if that is less than what modern medicine has to offer. Patient centered care is the right care, the highest quality care and the most cost effective care for that individual patient.

Medical errors, mistakes and inappropriate care all stem from the emphasis on system processes at the expense of the unique individual patient. If the test or treatment is right for that patient with heart disease then patient centered care has been rendered. To do otherwise is doctor, nurse, hospital, institutional or other centered care, not patient centered care.

Each patient is a very unique biological, social, psychological, economic, ethnic and spiritual being. Multiple disciplines are important to the best patient centered outcome, so a team approach is essential in achieving the best individual patient outcome.3

Definitions of Patient Centered Care:

The preliminary definition of patient centered care set forth by the Institute of Medicine Committee on the National Health Care Quality Report is:

"Health care that respects and honors patients' individual wants, needs and preferences, and that assures that individual patients' values guide all decisions”.

3 http://www.pcc2010.conference.org.in/node/7
This definition requires the systematic inquiry about and responsiveness to patients' needs and preferences at both the clinical and system level. However, it does not fully recognize the importance of the partnership-based style of health care that is the true hallmark of patient centered care. As such, an expanded definition is offered as the basis for the identification of candidate patient centered care quality measures for the National Quality Report on Health Care:

"Health care that establishes a working partnership with patients and their families to ensure decisions are made that respect and honor patients' wants, needs and preferences and to ensure that patients have the education and support they need to act as a central resource in their own health and/or the health of their family".

Patient Centered Care is a critical component of healthcare. This project identifies core aspects common to many definitions, but also argues for a broadening of the term “patient”. Many people have care before they have the symptoms that identify them as patients.

According to the Picker Institute the following are the seven prime aspects of patient-centered care:

1. Respect for patient’s values, preferences and expressed needs: This dimension is best expressed through the phrase, “Through the Patient’s Eyes” and the book of the same title, and leads to shared responsibility and decision-making.4

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2. **Coordination and integration of care**: This dimension addresses team medicine and giving patients support as they move through different care settings for prevention as well as treatment.

3. **Information, communication and education**: This includes advances in information and social technologies that support patients and providers, as well as the cultural shifts needed for healthy relationships.

4. **Physical Comfort**: This dimension addresses individual, institutional and system design (i.e. pain management, hospital design, and type and accessibility of services).

5. **Emotional support**: Empathy and emotional well-being are as important as evidence based medicine in a holistic approach.

6. **Involvement of family and friends**: Care giving includes more than patients and health professionals so that the larger community of caregivers are considered.

7. **Transition and continuity**: Delivery systems provide for caring hand-offs between different providers and phases of care.

During the project – both in the interview and in the Vision Summit – it was pointed out that patient-centered care will reflect patient’s values and engage them as partners in their care. Patients and their families must be involved in decision-making. They need education, information, and coaching to facilitate their informed and full participation. Responsibility and accountability for health should be shared among members of the providers, payers, patients, families, communities, businesses and governments – essentially all elements of society.

The National Health Council commissioned a review of the many definitions of patient centered care, as part of its putting patients first
initiative and concluded with this definition; Patient-centered care is quality healthcare achieved through a partnership between informed and respected patients and their families, and a coordinated healthcare team.

There was widespread agreement that patient-centered care is one aspect of appropriate healthcare as defined in the Institute of Medicine’s six aims for the healthcare system in Institute of Medicine (IOM) 2001 Report, Crossing the Quality Chasm.⁵

❖ Safe – avoiding injuries to patients from the care intended to help them.
❖ Effective – providing services based on scientific knowledge to all who could benefit, and refraining from providing services to those not likely to benefit.
❖ Patient-centered – Providing care that is respectful of and responsive to individual patient preferences, needs and values, ensuring that patient values guide all clinical decisions.
❖ Timely – reducing waiting time and harmful delays for both those who receive and those who give care.
❖ Efficient – avoiding waste: including waste of equipment, supplies, ideas, and energy.
❖ Equitable – providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location, and socioeconomic status.

In the same report, Institute of Medicine (IOM) provided “Ten Rules for Redesign” of health care that further define patient centered care.⁶

1. Care is based on continuous healing relationships.
2. Care is customized according to patient needs and values.

⁵ Crossing the Quality Chasm, A New Health System for the 21st Century. Institute of Medicine, March 2001.
⁶ Crossing the Quality Chasm, ibid.
3. The patient is the source of control.
4. Knowledge is shared and information flows freely.
5. Design making is evidence-based.
6. Safety is a system property.
7. Transparency is necessary.
8. Needs are anticipated.
9. Waste is continuously decreased.
10. Cooperation among clinicians is a priority.

Health Care and Patient-Centered Model:

Health care has been evolving away from a "disease-centered model" toward a "patient-centered model." In the older, disease-centered model, physicians make almost all treatment decisions based largely on clinical experience and data from various medical tests. In a patient-centered model, patients become active participants in their own care and receive services designed to focus on their individual needs and preferences, in addition to advice and counsel from health professionals.

When patients and providers have a choice among treatment plans, a patient-centered approach has much to recommend it. This can happen when physicians do not agree on the optimal management for the condition or when different non-life-threatening outcomes may result from the different treatments available for a condition. Examples of such "preference-driven" conditions are benign enlargement of the prostate and visual problems resulting from cataracts. In such cases, the best treatment strategy depends on the strength of patients' preferences for the different health outcomes that may result from a treatment decision.
Nearly 30 years ago, Angelica Thieriot of USA, inspired by her own traumatic healthcare experience, conceived of a healthcare model designed not only to treat patients, but also to comfort, engage, and empower them. At the time, an approach calling for patients to be welcomed as partners in the care and healing process was a radical notion, challenging many of the industry's longest-held conventions. Her efforts led to the formation of Planetree, a not-for-profit organization in USA that works with hospitals and healthcare centers to implement patient-centered care environments.

Multiple models and frameworks have been developed for describing patient-centered care, with many overlapping elements. This section briefly summarizes three of the most influential models that form the foundation of approaches to patient-centered care in the U.S. today: (1) the Picker / Commonwealth dimensions, (2) the Institute of Family-Centered Care focus on collaborative partnerships, and (3) the Planetree model.

The Picker / Commonwealth Dimensions: The term “patient-centered care” was originally coined by the Picker Commonwealth Program for Patient-Centered Care, which later became The Picker Institute. This program conducted focus groups and national telephone interviews with patients and families to create the Picker survey instruments that measure the patient’s experience of care across the following eight dimensions: 8

- Respect for patient-centered values, preferences, and expressed needs, including an awareness of quality-of-life issues, involvement

8 M. Gerteis, T.L. Delbanco, J. Daley et al. (eds.), Through the Patient’s Eyes (San Francisco: Jossey-Bass, 1993)
in decision-making, dignity, and attention to patient needs and autonomy.

✧ **Coordination and integration** of care across clinical, ancillary, and support services and in the context of receiving "frontline" care.

✧ **Information, communication, and education** on clinical status, progress, prognosis, and processes of care in order to facilitate autonomy, self-care, and health promotion.

✧ **Physical comforts, including pain management, help with activities of daily living, and clean and comfortable surroundings.**

✧ **Emotional support and alleviation of fear and anxiety** about such issues as clinical status, prognosis, and the impact of illness on patients, their families and finances.

✧ **Involvement of family and friends** in decision-making and awareness and accommodation of their needs as caregivers.

✧ **Transition and continuity** as regards information that will help patients care for themselves away from a clinical setting, and coordination, planning, and support to ease transition.

✧ **Access to care**, with attention to time spent waiting for admission or time between admission and placement in a room in the inpatient setting, and waiting time for an appointment or visit in the outpatient setting.

**Institute for Family-Centered Care Model:**

The Institute for Family-Centered Care was founded in 1992 to ensure that principles of patient and family centered care are reflected in all systems providing care and support to individuals and families, including health, education, mental health, and social services. According to the
Institute, patient and family centered care is an innovative approach to the planning, delivery, and evaluation of health care that is grounded in mutually beneficial partnerships among patients, their families, and health care providers. The core concepts of patient and family centered care include:

- **Dignity and respect** – Health care practitioners listen to and honor patient and family perspectives and choices. Patient and family knowledge, values, beliefs and cultural backgrounds are incorporated into the planning and delivery of care.

- **Information-Sharing** – Health care practitioners communicate and share complete and unbiased information with patients and families in ways that are affirming and useful. Patients and families receive timely, complete, and accurate information in order to effectively participate in care and decision-making.

- **Participation** – Patients and families are encouraged and supported in participating in care and decision-making at the level they choose.

- **Collaboration** – Patients and families are also included on an institution wide basis. Health care leaders collaborate with patients and families in policy and program development, implementation, and evaluation; in health care facility design; in professional education; and in the delivery of care.

**The Planetree Model:**

The mission of Planetree, founded in 1978, is to serve as a catalyst in the development and implementation of new models of health care that cultivate the healing of mind, body, and spirit; that are patient-centered,

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[9](www.familycenteredcare.org)
value-based, and holistic; and that integrate the best of Western scientific medicine with time-honored healing practices.\textsuperscript{10} The nine elements of the Planetree patient-centered care model are:

- Explicitly recognizing the importance of human interaction in terms of personalized care, kindness, and being “present” with patients.
- Informing and empowering diverse patient populations through consumer-oriented health libraries and patient education.
- Integrating health partnerships with family and friends in all aspects of care.
- Attending to the nurturing aspects of food and nutrition.
- Incorporating spirituality and inner resources for healing into care of patients.
- Incorporating massage and human touch.
- Incorporating the arts (music, visual art forms) into the healing process.
- Integrating complementary and alternative practices into conventional care.
- Creating healing environments through architecture and design.

**Synthesis of Key Attributes - Patient-Centered Care:**

A high degree of consensus exists regarding the key attributes of patient-centered care. In a systematic review of nine models and frameworks for defining patient-centered care, the following six core elements were identified most frequently:

- Education and shared knowledge
- Involvement of family and friends

\textsuperscript{10} \url{www.planetree.org} last accessed October 17 2006.
• Collaboration and team management
• Sensitivity to non-medical and spiritual dimensions of care
• Respect for patient needs and preferences
• Free flow and accessibility of information

Factors contributing to Patient-centered care

This section summarizes seven key factors identified through the project interviews and literature review that contribute to patient-centered care at the organizational level: These factors are:

• **Leadership**, at the level of the CEO and board of directors, sufficiently committed and engaged to unify and sustain the organization in a common mission.

• **A strategic vision clearly and constantly communicated** to every member of the organization.

• **Involvement of patients and families** at multiple levels, not only in the care process but as full participants in key committees throughout the organization.

• **Care for the caregivers through a supportive work environment** that engages employees in all aspects of process design and treats them with the same dignity and respect that they are expected to show patients and families.

• **Systematic measurement and feedback** to continuously monitor the impact of specific interventions and change strategies.

• **Quality of the built environment** that provides a supportive and nurturing physical space and design for patients, families, and employees alike.

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• Supportive technology that engages patients and families directly in the process of care by facilitating information access and communication with their caregivers.\textsuperscript{12}

These factors can be found at work in a small but growing number of hospitals and medical groups across the country. Among the examples identified through the project interviews, a few were mentioned repeatedly as outstanding illustrations of organizations that have focused on these factors to achieve measurable excellence in performance.

**Barriers to Patient Centered Care:**

Despite their successes, the organizations studied faced numerous barriers in pursuing patient centered care, including the following:

➢ Difficulty in recruiting and retaining underrepresented physicians;
➢ Lack of defined ‘boundaries’ for outreach staff who may be overwhelmed dealing with interrelated health, social, cultural, and economic of patients;
➢ Strict hiring requirements that pose obstacles to hiring neighborhood residents
➢ Lack of tools to gauge and reward patient centered care performance
➢ Financial constraints
➢ Traditional attitudes among staff unwilling to change the “old school” provider / patient relationship or acknowledge and address cultural and socio-economic issues; and
➢ Fatigue and competing priorities.\textsuperscript{13}

\textsuperscript{12} Dale Shaller, “Patient-Centered Care: What Does It Take?”, 2007, The Commonwealth Fund Epub.No. 1067, pp. 5-6

Elements of a patient-centered culture:

Access to Information - Providing the patients information about their care in an open manner which is easy for them to understand.

Human Interaction - Providing personalized care for patients and their families as well as creating organizational cultures which support and nurture staff.

Family, Friends, Volunteers - Involving those who are close to the patients in their care.

Healing Environment - Creating a physical environment with the available facilities, which promotes and supports the healing process.

Arts and Environment - Involving art and music into the care of the patients.

Spirituality - Building on a spiritual foundation to help patients in the healing process.

Caring Touch - Incorporating massage into the healing process and using it as a powerful way to communicate caring for the patients.

Integrative Therapies - Providing patients a way to include integrative therapies such as aromatherapy, reiki, yoga, etc. into the conventional healing process.

Food and Nutrition - Recognizing the connection of food to the comfort of the patients and as a way to improve their health, as food has the power to nourish the body and soul of the patients.

Healthy Communities - Involving people in the community in caring for the patients improves connection with those the hospital serves.
Expanding Patient-Centered Care:

To help patients and their health care providers make better decisions, the Agency for Healthcare Research and Quality (AHRQ) has developed a series of tools. Patients have more information today about their diseases and treatment options than ever before.

In the area of health plan enrollment, information to help patients make better decisions has not been made available. For example, when trying to decide about which health plan to join or provider to see, it would be useful to know about the experiences of others already enrolled in that plan or cared for by its providers, but that information has not been published widely. This, too, could result in patients making unsuitable decisions.

This report describes tools developed by AHRQ that are currently available to help patients and their providers make better decisions. It suggests that a broader application of existing tools, as well as the development of similar tools for different areas of care, will improve the quality of care from the perspectives of patients, providers, and health plans.

The tools described in this report include:

- Patient questionnaires.
- A consumer survey
- Several publications on choosing health plans, obtaining quality care, avoiding medical errors, and getting preventive care.

In addition to helping patients make better treatment decisions, AHRQ also sponsors research and provides information resources so that
consumers may make better informed choices when they select health plans and health care providers and in their overall use of medical care. Information is available from AHRQ on such topics as:

- Helping consumers choose health plans and get good care from their doctor.
- Avoiding medical errors.
- Making sure they get proper preventive care.

AHRQ's consumer survey, CAHPS, helps patients choose health plans and obtain good health care. AHRQ-funded research has developed patient-reported functional status indicators that empower patients and assist providers in achieving desired outcomes. Consumers also benefit from CAHPS® survey findings and other information resources that are available to the public in a variety of media.¹⁴

Working together, providers and researchers can identify new areas where such tools need to be developed, find ways to test them in clinical settings, and implement them broadly. By so doing, the health care system can come much closer to realizing the goals of patient-centered care.

RESPONSIVE ORGANIZATION

A responsive organization is one that makes every effort to sense, serve and satisfy the needs and wants of its clients and public in with the constraints of its budget and good clinical practice.

People who come in contact with responsive organizations report high levels of satisfaction. “The Visiting Nurse Association really took

good care of my mother." "The new physicians’ group I used makes everything so easy— they took my blood, did an X ray, and filled my prescription all in the same building." "The hospital’s classes on emergencies in the home were very useful." These consumers, whether patients, friends, relatives, or healthy users of health services, are the best promotion for an organization. Their good will and favorable word of mouth reach others’ ears, making it easy for the organization to attract and serve more people.

The concept of a responsive organization includes the following assumptions:  

1. Each organization has a mission  
2. To perform its mission, the organization needs to attract resources through exchange.  
3. The organization will undertake exchanges with a large number of public.  
4. The public will respond to the organization in terms of their image of the organization.  
5. The organization can take concrete steps to improve the satisfaction it creates in its exchanges with its various public.

Each of these concepts serves as an important tool for understanding and improving organizational responsiveness.

1. Mission of Hospitals:

Every organization, whether proprietary or nonprofit, starts with a mission.

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"An organization can be defined as a human collective that is structured to perform a specific mission through the use of largely rational means."

Most hospitals start with a mission to provide inpatient services to the very ill. Some have not expanded their missions to include health promotion to the well, primary care services to the ambulatory patient, occupational health services to local industry, free-standing joint ventures with physicians, and emergency medical training to local police and fire departments. These hospitals' growing responsiveness to other needs is changing their character and mission.

A helpful approach to defining mission is to establish the organization's scope along three dimensions. The first is a consumer group – which is to be served and satisfied. The second is customer needs – what is to be satisfied. The third is technologies – how consumer needs are to be satisfied.

An organization should strive for a mission that is feasible, motivating, and distinctive. In terms of being feasible, the organization should avoid the "mission impossible" syndrome shown in the following mission statement of one organization:

➢ To serve individuals of all ages, families and the community, with the most comprehensive set of services possible, in view of our own resources, the resources and interests of other health care providers, and the needs of the community

➢ To provide the highest level of health care, by the most economical methods, without compromising quality, directed to prevention, diagnosis, treatment, rehabilitation, cure and education.

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➢ To respect human dignity as we carry out these services, and to be responsive to all expressions of community concern.

➢ To provide needed services regardless of the individual’s ability to pay.

➢ To protect the fiscal health of the organization through the usage of sound financial management principles, including the maintenance of services which, synergistically, are self-supporting, including the recovery of all costs, debt charges, principal reduction, bad debts all allowances.

While the sentiments contained in this mission statement are admirable — to serve all individuals of all ages regardless of ability to pay with the highest level of health care by the most economical methods while maintaining a fiscally sound self-supporting status — they are not simultaneously feasible.

A mission should also be motivating. Those working for the organization should feel they are worthwhile members of a worthwhile organization, engaged in some activity that will enhance people’s lives. People take pride in working for or using the services of an organization that is unique or different.

Mission Statements of Selected Hospitals: The mission statements of the three selected hospitals are as follows:

Government General Hospital: The hospital was started with the attainable mission of providing “better patient care to the needy and poor people free of cost”.

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NRI General Hospital: The hospital was started with the mission of "Educating the physician and medical scientist workforce, discovering new medical knowledge, developing innovative technologies for prevention, Diagnosis and Treatment of disease, Providing health care services in academic settings at an affordable cost."

St. Joseph’s Hospital: Its mission is to deliver compassionate, high quality, affordable health services, directly accessible to the poor and needy, fostering intersectoral approaches in the community, to improve the quality of life, affirm the dignity of the individual and the sacredness of life.

With the above said mission, the three selected sample hospitals make every effort to sense, serve and satisfy the needs and wants of its patients and public with good clinical practice.

2. Hospital Exchange Model:

To carry on its mission, an organization needs resources. It must be able to attract and maintain patients or clients, money, materials, staff, facilities and equipment.16

Figure - III.1
Organization Exchange Model

![Organization Exchange Model](image)

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16 Ibid., pp. 45-49.
The organization is seen as offering satisfactions (goods, services, benefits) to markets and receiving needed resources (goods, services, utilization, money, time, energy) in return.

Exchange is best understood as a process rather than an event. This process, when successful, is marked by an event called a transaction, which is the basic unit of exchange. A transaction takes place at a time and place, with specified amounts and conditions. Transactions themselves are a subset of a large number of events called interactions that make up the exchange process. Transactions are the interactions that involve the formal trading of values. When a nurse accepts a job in a physician’s office, a transaction takes place.

Figure – III.2

Classic Commercial Transaction Model

Hospital services

Hospital Management

Patients

Money

The figure III.2 describes the classic commercial transaction model. The selected three sample hospitals offer things of value to the patients in the form of services; the patients offers money in exchange.

3. Public in Hospitals:

Every health care organization has several publics and must manage responsive relations with most or all of them. We define a public in the following way:
A public is a distinct group of people and/or organizations that has an actual or a potential interest in and/or impact on an organization.

It is fairly easy to identify the key public that surrounds a particular organization. Not all public are equally active or important to an organization. A mutually welcome public is a public that likes the organization and whose support the organization welcomes. A sought public is a public whose support the organization wants, but which is currently indifferent or negative toward that organization. An unwelcome public is a public that is negatively disposed toward the organization and which is trying to impose constraints, pressures, or controls on the organization.

Public can also be classified by their functional relation to the organization. An organization is viewed as a resource conversion machine in which certain input public supply resources that are converted by internal public into useful goods and services that are carried by intermediary public to designated consuming public. Let’s look at the various types of publics more closely.17

Figure – III.3

The Main Publics of an Organization

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17 ibid., pp 52-61.
The three selected sample hospitals have their functional relationship with the four categories of the main publics.

4. Image of Hospitals:

The image of the hospital is the best marketing approach of the hospital in the public. Many health care organizations have said: "If only we could improve our image, everything would get better." Often, these organizations have then laden the public relations director with the responsibility of "improving our image".

The term "image" is currently used in a variety of contexts, organizational image, corporate image, national image, brand image, public image, self-image, and so on. The definition of image is as follows:

"An image is the sum of beliefs, ideas, and impressions that a person has of an object."

This definition enables us to distinguish an image from similar sounding concepts such as beliefs, attitudes, and stereotypes, for an image is more than a simple belief. For example, the belief that the American Medical Association (AMA) is more interested in serving physicians than society would be only one element in the image one might hold of the AMA. On the other hand, people's images of an object do not necessarily reveal their attitudes toward that object. An older physician may have a positive attitude toward the AMA, while a patient advocate may not. Yet they both may hold roughly the same image of the AMA: that it is a powerful lobbying force, that it represents the interests of physicians that it holds to traditional values and that it is slow to change its policies. Their
image of the AMA will influence their attitudes toward that group, but it is not the same as their attitudes.\textsuperscript{18}

**Semantic Differential:** Each hospital needs to go further and research the content of its image. One of the most popular tools for this is the semantic differential. It involves the following steps:

1. **Developing a set of relevant dimensions:** The researcher first asks people to identify the dimensions they would use in thinking about the object. If someone suggests "quality of medical care," this would be turned into a bipolar adjective scale, with "inferior medical care" at one end and "superior medical care" at the other. Generally, this would be rendered as a 5 or 7 point scale. A set of additional relevant dimensions for a hospital is shown in Figure - 3.4

2. **Reducing the set of relevant dimensions:** The number of dimensions should be kept low to avoid respondent fatigue. There are three basic types of scales: evaluation scales (good-bad qualities), potency scales (strong-weak qualities), and activity scales (active-passive qualities). Using these scales as a guide, or performing a factor analysis, the researcher can remove scales that fail to add new information.

3. **Administering the instrument to a sample of respondents:** The respondents are asked to rate one organization at a time. The bipolar adjectives should be arranged so as not to load all the poor adjectives on one side (so that a respondent could not sensibly rate the organization by selecting the far right for far left ranking throughout).

\textsuperscript{18} Ibid., pp.61-67
4. **Averaging the results:** Figure III.4 shows the result for averaging the respondent’s pictures of hospitals A, B, and C. Each hospital’s image is represented by a vertical “line of means” that summarizes how the average respondent sees that institution. Hospital C is seen as a small, dated, impersonal, and inferior hospital.

5. **Checking on the image variance:** Since each image profile is a line of means, it does not reveal how variable the image actually is. If there were 100 respondents, did they all see hospital B, for example, exactly as shown, or was there considerable variation? In the first case, we would say that the image is highly specific, and in the second case that the image is highly diffused. An institution may or may not want a very specific image. Some diffused. An institution may or may not want a very specific image. Some organizations prefer a diffused image so that different groups can project their
needs into this organization. The organization will want to analyze whether a variable image is really the result of different subgroups rating the organization, with each subgroup having a highly specific image.

The semantic differential is a flexible image-measuring tool that can provide useful information. For example, the organization can discover how a particular public views it and its major competitors. By assessing its own and the competition's image strengths and weaknesses, the organization can then take any necessary remedial steps. The organization can also discover how different publics and market segments view it. The organization can monitor changes in its image over time as well. By repeating the image study periodically, the organization can detect any significant image slippage or improvement.

Figure – III.5

Current and Desired Image of Hypothetic Hospital

Inferior Medical Care ↔ Superior Medical Care
Specialized Hospital ↔ Full-service Hospital
Dated Facilities ↔ Modern Facilities
Impersonal Service ↔ Friendly Service
Small ↔ Large
Research-oriented ↔ Community-Oriented
Health care organization seeking to change their images must have great patience, because images tend to last long after the reality of an organization has changed. The quality of medical care may have deteriorated at a major hospital, and yet it may continue to be highly regarded in the public mind. Image persistence is explained by the fact that once people have a certain image of an object, they tend to be selective perceivers of further data: their perceptions are oriented to selective perceivers of further data; their perceptions are oriented toward seeing what they expect to see. An image enjoys a life of its own for a while, especially when people are not likely to have new first-hand experiences with the changed object.

Images of Selected Hospitals:

Figure – III.6

Images of Three Selected Sample Hospitals
(Semantic Differential)
GGH: The present research study with the help of above figure illustrates that, the GGH has familiarity and a partially satisfactory image in the public and community. The public response to GGH is more, mainly by the very poor categories of people, because it gives free treatment. The above figure illustrates the image of GGH is in the weakest position: it extends inferior medical service minimally specialized, not equipped with dated facilities, impersonal services are rendered due to its size and it is minimally research oriented. This hospital needs to be equipped with day to day facilities and further interest should be taken by the authority to make it one of the best patient centered hospitals, by establishing different super speciality units where every poor man can be treated with maximum interest and human respect.

St. Joseph's Hospital: The St. Joseph's Hospital has more familiarity and stronger image in the public and community. It extends unique services to all categories of people with the affordable cost. The present research study with the help of above figure III.6 illustrates best the superior medical care and full hospital service with modern facilities it offers. It is known for its friendly service related to all the patients without any exception. It is a 250 bedded hospital and extends community oriented service. The St. Joseph's Hospital tries to focus the health care services that are hospital oriented to promote human dignity and respect.

NRI Hospital: The NRI hospital is less familiar when compared to the other two hospitals to most people, but to those who know it like it and it has a strong image in the public. The present study illustrates that it is a large 750 bedded hospital and community oriented. It has many super speciality units and modern facilities. It offers full hospital service with superior medical care. It tries to extend friendly and patient oriented
services. The management aims to make this hospital one of the best super speciality hospitals where all the categories of people can receive best services at affordable cost.

5. Patient Satisfaction:

Earlier it was believed that health care organizations need to deliver only high quality medical or clinical care. But, more recently, many health care organizations have added market satisfaction; as another goal, to their list. A responsive organization makes every effort to sense, serve and satisfy the needs and wants of its markets. Most health care organizations would like to be viewed as very responsive. Each health care organization must determine how responsive it wishes to be and develop appropriate systems for measuring and improving satisfaction in its market place.19

Level of Organizational Responsiveness in the three Selected Hospitals:

GGH: It functions as an unresponsive organization. Its main characteristics are, it encourage inquiries, complaints, suggestions, or opinions from its customers. It does nothing about what it hears. It does not train its staff to be customer-minded. The unresponsive organization is typically characterized by a bureaucratic mentality. Such organizations work mechanically, replace personal judgment with impersonal policies, specialize the job of every employee, create a rigid hierarchy of command, and convert the organization into an efficient machine. Employees are expected to perform discrete, definable tasks but not to be responsive to consumers.

St. Joseph’s Hospital: It functions as a highly responsive organization. It differs from GGH. It not only surveys current consumer satisfaction, but also researches unmet consumer needs and preferences to discover ways to

19 Ibid., pp.67-72
improve its service; and it selects and trains its people to be customer-minded. It distributes patient satisfaction questionnaires, for the patients’ to assess real needs and desires. It takes efforts and plans to meet the patient’s needs and desires. It motivates and trains the staff to seek increased patient satisfaction. The staff member is not only clinically competent but also responsive to non-clinical patient needs. It aims to be a fully responsive organization by encouraging customers to participate actively in the affairs of the organization. It tries to be responsive to the greatest extent possible to its customers.

**NRI Hospitals:** It comes under the category of the highly responsive healthcare organization and it also differs from GGH. It not only surveys current patient satisfaction but also researches unmet patients' needs and preferences to discover ways to improve its service. It selects and trains the staff and motivates them to be patient-oriented. This organization makes further efforts to be a fully responsive organization by encouraging patients to participate actively in the affairs of the organization while responding to the greatest extent, to the patient needs and preferences.

**SOME BEST PATIENT CENTERED HOSPITALS**

A brief account of how some well-known hospitals became Patient Centered Hospitals is presented below.

1. **Griffin Hospital, U.S.A**

Griffin Hospital appraises innovative activities and incorporates patient-centered design factors that are intended to create a homelike atmosphere, including a spacious and barrier-free physical environment; natural lighting, plants, and other elements of nature; carpeting, wood, and
soft paint colors; music and art; and common areas such as lounges and kitchens that can be used by patients and visitors. Dedicated staff and volunteers within the facilities greet and assist patients and visitors, with the goal of making the inpatient feel as pleasant as possible. Although the hospital has not attempted to quantify a direct relationship between outcomes and facility design, hospital administrators believe that the facility design has contributed to low infection rates, fewer calls to nurses, higher patient satisfaction, a reduction in malpractice claims, an increase in patient admissions and financial performance, and recognition of the hospital as an excellent place to work.

**Many new facilities, creating an opportunity to improve outcomes, satisfaction:** The aging condition of Griffin and many other hospitals has led to a "building boom" in recent years. In fact, approximately $100 billion has been spent on new hospitals construction in the United States in the last 5 years, and an estimated $250 billion more will be spent in the next 10 years. This high level of construction offers an opportunity for hospitals to enhance patient outcomes and satisfaction through better facility design. A literature review identified more than 600 articles in peer-reviewed scientific journals that demonstrate the impact that the hospital environment can have on health status, safety, efficiency, and staff effectiveness and morale. For example, one study found that natural lighting can reduce depression, improve sleep, decrease length of stay, lessen agitation, and alleviate pain.

Dedicated staff and volunteers within the facilities are available to greet and assist patients and visitors, with the goal of ensuring as pleasant an experience as possible. Key patient-centered design and staffing features include the following:
❖ **Easy-to-navigate hospital entry:** Entry to the hospital facility is made as non-threatening as possible through the use of the following elements:

❖ **Easy, pleasant parking:** Speakers in the hospital parking lots pipe in soft music; free valet parking is available at the entrance for patients who prefer not to park on their own.

❖ **Warm, inviting lobby:** The hospital’s front entrance and lobby resemble a hotel, with warm decorative elements, including comfortable chairs and a baby grand piano.

❖ ** Welcoming staff:** Paid receptionists staff the lobby reception desk, greeting and assisting all who enter. In addition, volunteer ambassadors welcome patients and visitors, and offer to escort them to their destinations.

❖ **Library:** A health resource library, open to the community, is adjacent to the main lobby; the library includes mainstream “lay” publications as well as a comprehensive medical library with clinical publications.

❖ **Comforting transition to patient units:** In contrast to the sterile environment in traditional facilities, the hallways are designed to be warm, with woodwork, soft colors, carpeting, artwork, soft lighting, and large windows that allow for natural lighting wherever possible.

❖ **Patient-friendly units:** Patient units incorporate a number of patient-centered design features, as follows:

- **Receptionists:** Reception desks are located outside elevator doors on every floor so that all patients and visitors are greeted and assisted if necessary.
- **Warm design:** Patient unit hallways have natural lighting, carpeting, artwork, and soft colors, with soft music piped in as well. Top-floor patient units have skylights. Acoustical ceiling tiles reduce sound levels.

- **Decentralized nursing stations:** In contrast to the traditional central nursing station, Griffin has decentralized nursing stations into “pods” that allow one nurse to be stationed directly outside of patient rooms, ensuring quick and easy access to patients. Units have one nursing station for every four beds. Nursing stations house medical records and basic medical/surgical supplies.

- **Mostly private patient rooms:** Approximately two-thirds of patient rooms are private, and even semi-private rooms are designed for maximum privacy via bathroom and cabinetry placement. All beds have a view of the window, while air filtration systems enhance infection control.

- **Unit-based resource centers:** A satellite health resource center is located on every unit, with Internet access and educational books and materials relevant to the conditions treated on the unit.

- **Kitchens, lounges, and entertainment:** Each floor has a home-style kitchen, a quiet lounge with comfortable furniture and a fish tank, and an entertainment lounge with a piano where pianists and other musicians come to entertain ambulatory patients and visitors. Some musicians, such as violinists and guitarists, stroll in the units.

- **Equipment storage:** Each unit has an equipment corridor so that equipment normally stored in hallways is tucked away from patient view.
- **Open medical record**: Signs in patient rooms encourage patients to read and make notations on their medical record. On request, the nurse will review the medical record with the patient.

**Patient- and family-friendly critical care unit**: The critical care unit is designed in a unique horseshoe shape, with private rooms forming the horseshoe, an outer ring that serves as the visitor corridor and a center area for professionals. Patient rooms have doors that access both the visitor and professional areas. Each room also has a private, handicapped-accessible bathroom, which improves infection control.

❖ Ambulatory care pavilion and cancer care center incorporates similar design elements; it also has an outside waterfall and reflecting pool, which, the infusion and chemotherapy patients can view while receiving treatment.

**Higher patient satisfaction**: In the mid-1990s, the patient satisfaction rate (patients who give Griffin a "very satisfied" or "somewhat satisfied" rating on its patient satisfaction survey) was approximately 80 percent. Since the year 2000, satisfaction rates have been on the rise.

❖ Above 90 percent. Information provided in August 2010 indicates that from 2004 to 2009, inpatient satisfaction rates have been 97 percent. Outpatient satisfaction rates from 2006 to 2009 have been 97 percent and emergency department satisfaction has averaged at 93 percent over the past 5 years. In addition, Griffin's scores on the Hospital Consumer Assessment of Healthcare Providers and Systems survey are in the top 5 percent of hospitals in the United States. Examples of Griffin's High Hospital Consumer Assessment of Healthcare Providers and Systems scores in selected areas include the following:
Effective nurse communication: Griffin's Hospital Consumer Assessment of Healthcare Providers and Systems scores in this area are 85 percent (meaning that 85 percent of patients answered "always" to all questions in this category), versus a 74 percent state average and a 73 percent national average.

Responsiveness of nursing services: Griffin scored 71 percent in this area, versus a 58 percent state average and a 60 percent national average.

Willingness to recommend the hospital: Griffin scored 84 percent, compared with a 69 percent state average and 67 percent national average.

Reduction in malpractice claims: The number of claims against the hospital dropped from 32 in 1996 to 18 in 2005, a decline of more than 43 percent during a period when annual discharges increased by 40 percent.

More patients: Information provided in August 2010 indicates that Griffin's inpatient admissions have increased by approximately 28 percent (from 5,866 in 1997 to 7,533 in 2009), compared with an average increase of about 10 percent for U.S. hospitals. From 1998 to 2009, annual outpatient visits grew from 93,347 to 179,202, an increase of 92 percent.

Better financial performance: Annual net patient revenue increased from $81.5 million in 2003 to $109.1 million in 2007; information provided in August 2010 indicates that annual net patient revenue increased to $113 million in 2009. Net patient revenue growth has averaged at 9 percent annually since 1999. The hospital has also had
revenues exceed expenses every year since 1999, with the exception of 2003, when the inpatient psychiatry unit was closed for renovation.

❖ Recognition for an exceptional patient experience and for quality: Information provided in August 2010 indicates that Griffin Hospital has received National Awards from Premier Healthcare Alliance (2010 Award for Quality), Health Grades (2009 and 2010 Distinguished Hospital for Clinical Excellence; 2009 Outstanding Patient Experience Award; and numerous Clinical Specialty Awards), Data Advantage (2009 and 2010 Hospital Value Index Award), and Cleverly Associates (2008 and 2010 Community Value Index Five Star Hospital)

2. Picker Institute, U.K.

Picker Institute, Inc., based in Boston, Mass., with offices in Germany and Switzerland and a sister organization, Picker Institute Europe, in the UK, is an independent nonprofit organization dedicated to promoting the advancement of patient-centered care and the improvement of the patient's experience and interaction with healthcare providers.

Established in 1994, Picker Institute pioneered the use of scientifically valid nation wide surveys and databanks on patient-centered care to educate doctors and hospital staff on how to improve services to patients, from a patient's perspective. As a result, the patient's perspective is now a standard metric for measuring performance and used routinely by healthcare organizations worldwide.

Picker Institute has widened its focus to include a search for solutions as well as the measurement of the scope of the problem. Worldwide, Picker Institute promotes the advancement of patient-
centered care through education programs, research grants, annual awards recognizing best practices, publications on patient-centered care topics, scientifically valid survey instruments and the maintenance of research databanks.

Education is a major component of the Picker Institute mission. The Picker Awards for Excellence in the Advancement of Patient-Centered Care were established in 2003 to honor people and organizations that have made significant contributions to advancing patient-centered care, and to highlight them as role models for others in the healthcare field.\(^\text{20}\)

3. **Wockhardt Hospital, Mumbai, India**

Wockhardt Hospitals, has become first super speciality hospital in South Asia to achieve accreditation from Joint Commission International (JCI), USA.\(^\text{21}\)

- Wockhardt has associated with Harvard Medical International, USA, to bring you Wockhardt Hospitals, Mumbai. Wockhardt joined hands with the Government of Maharashtra to set up a 250 - bedded super-speciality hospital in Mumbai, with state-of-the-art Surgical and Medicare facilities, latest technology, multi-disciplinary capability, state of the art facilities, world class infrastructure and excellent patient care ambience and processes.

- Wockhardt Hospitals is poised to become the most advanced and progressive healthcare institution in India. Wockhardt will hold 51

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20 [www-pickerinstitute.org/](http://www-pickerinstitute.org/)
percent of the joint venture equity and the Government of Maharashtra with the funding assistance of the World Bank will hold 49 percent.

Harvard Medical International:

➢ In pursuance of its vision to establish state of the art medical facilities in India with high degree of clinical excellence, Wockhardt hospitals has entered into two strategic alliances with Harvard Medical International.

➢ A long-term exclusive agreement with Harvard Medical International, Boston, USA, whereby Wockhardt has access to Harvard's expertise and experience in the field of surgical and medicare services, as well as in setting up and developing hospitals of excellence throughout the world.

Interesting Facts about Harvard Medical International:

✧ Harvard Medical International: JCI Accredited Hospital India, ISO Accredited Hospital Mumbai JCI Accreditation Harvard Medical International "a non-profit organization" was established to extend Harvard Medical School's tradition of improving the quality of health care through excellence in clinical medicine, medical education and biomedical research. Adhering to the standards that have made Harvard one of the most respected academic medical institutions in the world.

✧ Wockhardt Medical Excellence Awards: ISO Accredited Hospital Mumbai JCI Accreditation, List JCI Hospital in India As an honour to the work of doctors in our country and a common vision to catalyse medical excellence, Wockhardt and Harvard Medical International, US,
came together to institute lifetime achievement awards for outstanding Indian doctors.

◊ **A Partnership for Medical Excellence**: Harvard Medical International has associated with Wockhardt Hospital group for devising and executing programs to improve patient-centered quality care, particularly in the areas of:

- ISO Accredited Hospital Mumbai
- JCI Accreditation, List JCI Hospital in India, List JCI Hospital in Mumbai
- Facility development
- Leadership development
- Nursing excellence
- Clinical education and clinical investigator training
- Quality management.

◊ **A health care delivery system in transition**: During Martin’s visit, Wockhardt Hospitals Ltd. announced the opening of a new private multi-speciality hospital located north of Mumbai. The HMI health systems team worked closely with Wockhardt to develop a hospital design based on disease-focused multi-disciplinary teams, continuous quality measurement, and patient centered care. They also helped design systems that integrate with community care programs.

◊ **Quality Initiatives**: JCI standards and evaluation methods are developed by healthcare experts from around the world and tested in various countries. They are created to provide a framework for risk reduction and are focused on creating a culture of patient safety. JCI assesses the quality of patient care from the time a patient enters a
facility to discharge, and utilizes the data to plan and implement changes that create optimal care.

❖ Joint Commission International (JCI): Joint Commission International is a division of Joint Commission Resources (JCR), the subsidiary of the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). For more than 75 years, JCAHO and its predecessor organization have been dedicated to improving the quality and safety of health care services.

❖ We Care Core Values:

"We have a very simple business model that keeps you as the centre."

Having the industry’s most elaborate and exclusive Patient Care and Clinical Coordination teams stationed at each partner hospital, we provide you the smoothest and seamless care ever imagined. With a ratio of one Patient Care Manager to five patients our patient care standards are unmatched across the sub continent.

We Care Health Services provide treatment and surgery to international patients at JCI / ISO Internationally accredited hospitals in India. The partner hospitals of We Care are located in major cities of India including New Delhi, Gurgaon, Mumbai, Chennai, Bangalore and Hyderabad. The advanced and world class treatments offered at low cost all inclusive price packages are performed by USA / Europe trained and board certified doctors and surgeons. The partner hospitals in India include Apollo Hospital Bangalore, Apollo Hospital Chennai, Apollo Specialty Cancer Hospital Chennai, Apollo Hospital Hyderabad, Indraprastha Apollo Hospital New Delhi, Sagar Hospital Bangalore, Max Hospital Delhi, Max
Heart and Vascular Institute Delhi, Fortis Hospital Delhi, Fortis Hospital Noida, Wockhardt Hospital Mumbai, Wockhardt Hospital Bangalore, Artemis Hospital Gurgaon, Escorts Heart Institute Hospital Delhi, MIOT Hospital Chennai, Narayana Heart Hospital Bangalore, and many more.22

4. Kamineni Hospitals, Hyderabad, India

"At Kamineni, we believe that we have a responsibility towards bringing the finest in Medicare within the reach of all. Our constant endeavor is to earn the trust and confidence of patients in the battle against ill health, and offer them the vital ray of hope when confronted with the gravest of illness and disease. Our satisfaction lies in placing a patient back in the warm embrace of his loved ones, and our greatest reward is the happy relieved smile on their faces."

Kamineni Hospitals is a chain of super specialty Hospitals (www.kaminenihospitals.com) operating 1600 beds with a clear focus on Cardiology, Oncology, Minimal Access Surgery, Neurology, Nephrology, Orthopedics and Trauma, located at LB Nagar, King Koti, Basheer Bagh at Hyderabad and Narketpally in Nalgonda District. It’s motto is to bring the best of health care within the reach of all. As a group Kamineni Hospitals is operating in this region of the country with a vision to be a leading healthcare group in future. Kamineni Hospitals provides health care services to patients of India as well as the patients of neighboring countries like Uzbekistan, Nigeria, Srilanka, Bangladesh and Malaysia.

Kamineni Hospitals are well furnished across the country, with the latest medical equipments as is evident from our Operating Rooms with Global Quality Standards and Laminar air flow. There are latest Cardiac

Catheterization Lab, well equipped patient centered SICU, MICU & NICU facility, CT Cardiac Angiography facility, latest Echocardiography Machine - 4D for the first time in Hyderabad, Epiduroscope for Pain Management Clinic (for the first time in South India).

Kamineni Hospitals is also recognized for pioneering in the field of Health Education, with international standards, by setting up Kamineni Institute of Medical Sciences, Kamineni Institute of Dental Sciences, Kamineni Institute of Para Medical Sciences and Kamineni Institute of Nursing.

5. Fortis Hospitals, Delhi, India

Fortis Hospitals embodies a 40 year old tradition of healthcare built by Fortis Ltd., India's leading pharmaceutical and healthcare company that has a presence in over 20 countries. For years, the patient centered care at Fortis Hospitals has been a familiar and a comforting touchstone for the community, creating new standards and thus setting itself apart.

Fortis provides a tradition of compassionate patient care and medical advances that is unique to India. As Fortis works towards enhancing clinical excellence and quality, it continues to concentrate on increasing the clinical efficiency, which improves patient care. Fortis believes that a judicious blend of technology, clinical expertise and personalized care is the mantra for attaining excellence in patient satisfaction.

The Fortis Hospital Group is one of the very few healthcare centers which offers computer navigation and imaging coupled with Robotically-Assisted Technology for advanced joint replacement surgery. It is the one of the few hospitals in India to offer Orthopedic Oncology.
6. Care Hospital, Secunderabad, India

CARE Secunderabad, a patient centered organization, established on 1st June 1998, has earned the reputation of being the best family neighborhood hospital in the vicinity. Through the years of its establishment, it has treated more than 11,000 patients successfully. This decade old hospital has been first commissioned as a 33 bedded "The Institute of Heart" hospital, to provide round the clock Secondary Level Medical Cardiology Care in times of emergency. This Institute has expanded its expertise into Pulmonology, Neurology, Nephrology, Orthopedics, Psychiatry and Dietetics Services.

The hospital has extended its support to many people in suffering, by providing the appropriate as well as cost effective medical treatment. What sets Care Hospital apart is it's zeal and constant pursuit to provide the best of medical attention on time. It has emerged as a 24 X 7 Cardiology emergency service and best care provider to every patient through comprehensive evaluation, efficient assessment and treatment through integrated clinical practice, education and research.

It always has a back up for availability of the most advanced, innovative diagnostic and therapeutic technology and techniques at it's tertiary CARE group of hospitals at stone throw distance.

At CARE Secunderabad, it's not just it's technology that makes it unique. The ability to reach a large radius of patients through it's healthy interaction and personalized care.

CARE Secunderabad uses a collaborative approach where each physician can call on the expertise of medical specialists and sub
specialists. This teamwork helps physicians arrive at an accurate diagnosis and the most effective course of treatment. Each patient benefits from the experience and skills of many physicians. CARE continues to offer superior value with an efficient, streamlined approach to medical care that emphasizes accurate diagnosis and effective treatments.\textsuperscript{23}

**Highlights**

- Cardiac Electrophysiology (ECHO, TMT & Holter Monitor Services)
- Cost Effective Treatment, low price in comparison with other units
- State of art Cardiology services

CARE Secunderabad unit has been recognized as one of the major centre for clinical trials.

One of the landmark international trials EXTRACT TIMI – 25 was conducted and completed by Dr. Surya Narayana, Senior Cardiologist, and his team. Few other clinical trials such as POLYCAP Trail and HEART FAILURE Trail are under research here.

**7. Apollo Hospitals, New Delhi, India**

Indraprastha Apollo Hospitals, New Delhi has recently been accredited by Joint Commission International (JCI) USA as the first internationally accredited Hospital in India and South Asia. An accredited hospital assures the best practices in a safe environment and that the patient is in "safe" hands. JCI accreditation is the gold standard for US and European hospitals as it reflects provision of the highest levels of patient care and patient safety. It has always striven to provide high-end tertiary

\textsuperscript{23} http://www.medicaltourinfo.com/IndiaHospitals/Andhra_Pradesh/Care_Hospital_Secunderabad_10272.htm
care with a human touch and will continue to improve it’s services to keep pace with the growing patient needs.

**Operations:**

The hospital has recorded a significant growth within a short span of five years. The performance highlights are:

- Average daily bed occupancy increased by 8% from 295 last year to 319 this year.
- Number of in-patients increased by 28% from 18066 last year to 23114 this year.
- Total income increased by 23% from Rs. 11267.13 lakhs last year to Rs. 13842.97 lakhs this year.
- Profit increased by 85% from Rs. 648.77 lakhs to Rs. 1197.51 lakhs this year.
- The hospital has performed 1507 open-heart surgeries with growth of 09% over the previous year.
- The hospital has performed 903 Neuro surgeries with growth of 46% over the previous year.
- The hospital has performed 224 Transplant surgeries with growth of 35% over the previous year.

The hospital continued to show rising trend during the first quarter of the current financial year. With the total net profit after tax 401.70 lakhs which is higher by 54% over the corresponding quarter of previous year.

At present, 520 beds have been commissioned. The hospital had privilege of treating overseas patients and earning precious foreign exchange. An MOU has been signed with the
governments of Tanzania & Mauritius to treat patients from these countries sponsored by their Governments.

A another Satellite Clinic of the Hospital at Vasant Kunj was opened in February 2001, for providing outdoor consultations and diagnostics facilities and to function as a center for laboratory investigation for the Hospital. A tele-medicine link is in position between the satellite clinic and the Hospital. The response to the clinic has been encouraging and it is doing well. Many other offers for satellite clinics in and around Delhi are under consideration.

The Hospital has been providing free treatment exclusive of medicines and medical consumables, to the poor and needy patients sponsored by the government of Delhi and during the year 2009, 391 patients were extended the benefits of this facility.

The Hospital had a joint CME programme in association with Mayo clinic USA wherein their faculty members along with the Hospital Consultants delivered a series of lectures to the participants.

In the direction of providing excellent health care, the Hospital is starting teaching programmes like:

- One year course leading to Fellowship in Emergency Medicine
- One year course in Family Medicine
- Three months course leading to diploma in Laboratory Technology in collaboration with Indian Medical Association
- A course in radiology technology is under consideration.
Monitoring Outcomes

The Apollo Clinical Excellence (ACE) Model has been conceived by the Apollo Hospitals group in order to ensure that international healthcare standards are met and maintained across all the hospitals in the group. This ensures meeting the world's highest benchmarks for key patient care parameters such as mortality, safety, infection control and surgical outcomes.

Concept of ACE

The key areas that determine the quality of services provided at a healthcare facility are -

- Clinical professionals
- Support personnel
- Equipment
- Patients
- Environment of Care

The following parameters are taken into consideration in rating the quality and standards of the hospitals within the group.

- Quality Indicators of clinical processes, outcomes and infection control
- Analysis of Sentinel events and Root Cause Analysis
- Clinical staff credentials, appraisals, privileging for senior staff, job descriptions for junior staff and training of all in resuscitative techniques
- Collaborative governance through multi-disciplinary committees
- Effective utilization of resources through implementation of clinical pathways
8. All India Institute of Medical Sciences (AIIMS), Delhi, India

AIIMS was created in 1956 to serve a nucleus for nurturing excellence in all aspects of health care.

Creating a country imbued with a scientific culture was Jawaharlal Nehru's dream, and immediately after independence he prepared a grand design to achieve it. Among the temples of modern India which he designed, was a centre of excellence in the medical sciences. Nehru's dream was that such a centre would set the pace for medical education and research in Southeast Asia, and in this he had the wholehearted support of his Health Minister, Rajkumari Amrit Kaur.

The Health Survey and Development Committee, chaired by Sir Joseph Bhore, an Indian Civil Servant, in 1946 had recommended the establishment of a national medical centre which would concentrate on meeting the need for highly qualified manpower to look after the nation's expanding health care activities. The dreams of Nehru and Amrit Kaur and the recommendations of the Bhore Committee converged to create a proposal which found favor with the government of New Zealand. A generous grant from New Zealand under the Colombo Plan made it possible to lay the foundation stone of All India Institute of Medical Sciences (AIIMS) in 1952. The AIIMS was finally created in 1956, as an autonomous institution through an Act of Parliament, to serve as a nucleus for nurturing excellence in all aspects of health care.

All-India Institute of Medical Sciences was established as an institution of national importance by an Act of Parliament with the objectives to develop patterns of teaching in Undergraduate and Postgraduate Medical Education in all its branches so as to demonstrate a high
standard of Medical Education in India; to bring together in one place educational facilities of the highest order for the training of personnel in all important branches of health activity; and to attain self-sufficiency in Post-graduate Medical Education.

The Institute has comprehensive facilities for teaching, research and patient-care. As provided in the Act, AIIMS conducts teaching programs in medical and para-medical courses both at undergraduate and postgraduate levels and awards its own degrees. Teaching and research are conducted in 42 disciplines. In the field of medical research AIIMS is in the lead, having more than 600 research publications by its faculty and researchers in a year. AIIMS also runs a College of Nursing and trains students for B.Sc. (Hons.) Nursing (post-certifcate) degrees.

Twenty-five clinical departments including four super speciality centers manage practically all types of disease conditions with support from pre- and para-clinical departments. However, burn cases, dog-bite cases and patients suffering from infectious diseases are not entertained in the AIIMS Hospital. AIIMS also manages a 60-beded hospital in the Comprehensive Rural Health Centre at Ballabgarh in Haryana and provides health cover to about 2.5 lakh population through the Centre for Community Medicine.

AIIMS strives hard to make world class clinical care available to millions of underprivileged citizens of India and neighboring countries.

Its corridors are thronged by patients, most of them too poor to afford quality treatment elsewhere. They come here with high hopes because of the reputation which AIIMS has built up. AIIMS is at present, not a single hospital but a conglomerate of facilities .It has over 1500
branches spread over the main hospital, Dr. Rajendra Prasad Centre for Ophthalmic sciences, Cardiothoracic Centre, Neurosciences Centre, Institute Rotary Centre Hospital and De-addiction Centre. This complex of facilities caters to about 1.5 million outpatients and 80,000 inpatients every year. The number of surgical operations performed at AIIMS last year was over 100,000.

However, the strength of AIIMS lies not in numbers, but in the availability under one roof, of the best team of medical and surgical experts, state-of-the-art equipment, and their capacity to rise to the occasion to meet diagnostic or public health challenges. Be it the autoanalyser or the linear accelerator, magnetic resonance imaging or the gamma knife, AIIMS has them all. Once something new arrives on the scene, someone, somewhere in the Institute takes the initiative and musters the energy and drive required to get it.

Among the areas pioneered by AIIMS are cardiac catheterization, heart valve surgery, porto-caval surgery, neonatal surgery, joint replacement, cochlear implant and multi organ transplants (cornea, kidney, bone marrow, heart and liver). Their results in sophisticated medical and surgical care are among the best in the world. The most satisfying aspect of this endeavour is that these cutting-edge modalities are being actually used for the poor.

The role of AIIMS in patient care is not confined to their own hospital. AIIMS has trained physicians and surgeons who have fanned out across the country and abroad. For decades a large proportion of neurologists, neurosurgeons, cardiac surgeons, paediatric surgeons and gastroenterologists were from AIIMS, simply because they the first to start courses in these superspecialities. Now they have DM, a super speciality.
courses also in endocrinology and medical oncology. The nation has invested heavily in AIIMS, so that it’s attempt to provide the best possible health care to its people irrespective of their paying capacity could be realized.

HEALING ENVIRONMENT

The article by Terri Zborowsky, Ph.D., and Mary Jo Kreitzer, Ph.D., on “Creating Optimal Healing Environments in a Health Care Setting”, discusses some of the research supporting healing design and provides examples of how it is being used in new construction and renovations.

Health care organizations are becoming aware of the growing body of evidence that shows the benefits of a healing environment, and are incorporating ideas generated by such studies into new facilities.

Among other things, they’re taking to heart ideas from environmental psychology, sociology, geography, architecture, landscape architecture, interior design, nursing, medicine, and public health research that demonstrate how specific design changes in health care environments can reduce stress and alleviate the physical outcomes associated with it. These changes also can help prevent medical errors and hospital-acquired infections, while improving staff morale and efficiency.24 As Jain Malkin, a founding member of the Center for Health Design’s board of directors and an authority on healing environments, says, “the environment can influence the healing process.”25

Such insight comes at a time when the U.S. health care system is poised to spend hundreds of billions of dollars building new hospitals, nursing homes, and clinics to replace out-of-date facilities from the 1960s and '70s and to respond to the demands of aging baby boomers who want cutting-edge care delivered in a comfortable environment.

The contribution of a healing environment is complex in part, because it can vary based on a person’s culture and preferences.

**The Healing Environment:**

The word “healing” comes from the Anglo-Saxon word haelen, which means to make whole. One way to understand the term is as harmony of mind, body, and spirit.

Healing is not the same as curing, which is about fixing problems, eradicating disease, and decreasing symptoms. People can be healed even if they are not cured. For example, those with a chronic disease can learn to be at peace despite their condition. Conversely, people may be cured but not healed. For example, a woman whose breast cancer had gone into remission could find herself grieving and angry about her losses and unable to function. Thus, healing environments are designed to promote harmony of mind, body, and spirit.

Such environments can reduce stress and anxiety, which positively affects our health in a number of ways. Neuroscience is showing that our brain and nervous, endocrine, and immune systems are constantly interacting. As neuroscientist Candace Pert said, “What you are thinking at any moment is changing your biochemistry.”

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Thus, a noisy, confusing hospital room might leave a patient not only feeling worried, sad, or helpless but also might raise his or her blood pressure and heart rate and increase muscle tension.\(^{27}\) In addition, hormones released in response to stress could suppress the patient’s immune system, causing wounds to heal more slowly.\(^{28}\)

Just what contributes to healing is the subject of much research. The Samueli Institute, a nonprofit organization dedicated to research on healing, has developed a model that suggests that healing is the result of intention, personal wholeness, relationships, healthy lifestyle, collaborative medical care, healing organizations, and healing spaces.\(^{29}\) This inclusive view of what is needed for healing is not new. Thousands of years ago, the Greeks designed temples that surrounded patients with nature, music, and art to restore harmony and promote healing. In the 19th century, Florence Nightingale spoke of the importance of natural light, fresh air, and quiet for healing; saying that health care providers should put the patient in the best possible condition so that nature can act and healing occur.

Evidence for Creating a Healing Environment:

A number of studies have linked the physical environment of hospitals to health outcomes. According to Ulrich and Zimring, more than 600 articles that illustrate how aspects of health care design can influence patient outcomes have been published. Much of this research has shown that the conventional way hospitals have been designed with their bland color schemes, hallways that echo, cramped patient rooms, and loud, overhead paging systems, contributes to stress.

This not only can hinder a patient's ability to heal but also can affect the productivity of staff. Because of poor design, nurses in most hospitals spend a great deal of time gathering what they need to provide care. One study showed that almost one-third of nurses' time was spent walking. If facilities were designed more efficiently, nurses could instead spend that time with patients.

Evidence that good design can have the opposite effect is mounting. Malkin has identified the following ways research is showing how organizations can adapt health care facilities in order to alleviate stress and ultimately improve patient outcomes.30

1. Increase connection to nature: A number of studies have presented strong evidence that even 3 to 5 minutes of contact with nature can significantly decrease stress, reduce anger and fear, and increase pleasant feelings.31 This calming effect can be achieved by providing views to the outside, interior gardens or aquariums, or artwork with a nature theme.

2. Offer options and choices: Giving patients a sense of control can significantly decrease stress. Hospitals can do this by allowing them to adjust lighting and temperature, choose the music they want to listen to, select where they would like to sit, and control the timing of meals. In addition, better way finding (signs and information about where to go) lessens disorientation. Also, a thoughtful layout that makes it easier for frail patients to get around by themselves increases their independence, giving them a greater feeling of control.

3. Provide positive diversions: A study by Ulrich showed that heart surgery patients in intensive care units who viewed landscape scenes

reported less anxiety and stress and needed fewer pain medications than a control group that was not exposed to the pictures.\textsuperscript{32} Diversions that have a calming effect may include artwork depicting scenes of nature (not abstract art, which has actually proved to have the opposite effect), fireplaces, videos of nature, and aquariums.

4. Provide access to social support: An extensive amount of research has shown that support from family and close friends can help in healing. For example, Uchino and Garvey found that having social support accelerates recovery in heart patients and improves the emotional well-being and quality of life of late-stage cancer patients.\textsuperscript{33} Hospitals can promote social support by providing waiting rooms and lounges with comfortable furniture, designing patient rooms that accommodate visitors, and providing amenities that make it easier for family members to stay overnight.

5. Reduce environmental stressors: Recent studies have shown that excessive noise, glare, and poor air quality can create stress as is evidenced by increased heart rate and blood pressure and reduced oxygen levels in the blood in both adults and babies who are exposed to these environmental concerns.\textsuperscript{34} Good design can dampen noise from paging systems, equipment, alarms, roommates, and staff, making hospitalization less stressful and more restful for patients.

\textsuperscript{32} Ulrich RS. View through a window may influence recovery from surgery. Science. 1984;224 (4647):420-1.
MARKETING MIX IN SELECTED HOSPITALS

Whether it is the marketing of goods or services, there are seven entities that comprise the essential elements of marketing everywhere. These are together referred to as the “Marketing-Mix”. These elements are depicted in Figure - III.7

1. Product in selected Hospitals:

A product is a set of attributes assembled in an identifiable form. The product is the central component of any marketing mix. The product component of the marketing mix deals with a variety of issues relating to development, presentation and management of the product which is to be offered to the market place. It covers issues such as service package, core services and peripherals, managing services offered and developing services offered.

The different types of services that are offered in the three selected Hospitals in the form of preventive, “Cure” and “Care” with diagnostic equipment, therapeutic equipment, clinics, medicines and treatment procedures. These are viewed in terms of the benefits to the patient – relief from pain, longer life, less disability, etc. These different services are provided through various departments of sample hospitals.

The products of the three selected Hospitals - GGH, NRI and St. Joseph's Hospital today offer the following services:

1. **Emergency services**: Emergency services and care in St. Joseph’s and NRI hospitals are unique and advanced. The hospitals have state-of-the-art CCU, ICUs and the CCU's on Wheels under supervision by medical and para-medical staff. There is hi-tech telecommunication available to a patient in an emergency at any given time. The GGH provides ICU services and care in a satisfactory level to the public.

2. **Ambulance services**: In NRI and St. Joseph’s Hospital Hi-tech ambulances linked by state-of-the-art telecommunications are fully
equipped with doctors that are available to render medical attention and assistance in case of emergencies at the patient's doorstep. The GGH has ambulance, but is not fully equipped.

3. **Diagnostic services:** The three selected hospitals are modern, multi-speciality and multi-disciplinary, that can handle any kind of ailment, they offer a wide range of facilities for instance, Oncology, Orthopedics, Neurology, Plastic Surgery and so on.

4. **Pharmacy services:** The three selected hospitals have a pharmacy which is open 24 hours. It caters to the needs not only of the inpatients and outpatients, but also patients from other hospitals that require emergency drugs.

5. **Causality services:** Causality service includes 24 hours. Causality department, which attends to the accident or emergency cases.

Apart from the above mentioned services, the St. Joseph's and NRI hospitals also offer "Health Diagnosis Programme" which is a complete, comprehensive, periodic health check up offered for busy executives, professionals, business persons and so on. The health diagnosis programme comprises of the following:

1. Master health check up
2. Executive Health check up
3. Diabetics health checks up etc.

**The Product of GGH - Different Departments:**

1. a. Casualty
   b. Medical Department : I - VI (6 units) Male & Female
2. Surgical Department : I – IV (6 units) Male & Female
3. Plastic Surgery Department
4. Cardiology Department
5. Orthopaedic Department
6. Dermatology Department
7. Psychiatry Department
8. Ear Nose Throat (ENT) Department
9. Venereal Diseases (VD) Department
10. Radiology Department
11. Radiotherapy Department
12. Gynaecology & Obstetrics Department
13. Neurology Department
14. Neuro Surgery Department
15. Cardio Thoracic Department
16. Intensive Care Unit (ICU)
17. Pediatric Department
   a. Neonatal Intensive Care Unit (NICU)
   b. Paediatric Intensive Care Unit (PICU)
   c. Paediatric Ward
   d. Paediatric Out Patient Department (OPD)
18. Central Sterilization Section Department (CSSD)
19. Family Planning Department
20. Urology Department
21. Pediatric Surgery Department
22. Dialysis Department
23. Gastroenterology Department
24. Major Operation Theaters – 4 (OT)
25. Minor Operation Theaters – 3 (OT)
The Product of NRI: Different Departments:

General services, General medicine, Ophthalmology, Diagnostic imaging, Psychiatry, TB and Chest, Dermatology, Gynaecology, General surgery Orthopaedics, Anaesthesia, E.N.T., Emergency, Paediatrics, Physiotherapy, Transfusion Medicine, Immuno Haematology, Dental Labs, M.B.A. Program in Hospital Administration, Medical camps and Contact us.

Super Specialty Departments:

Cardiology, Cardiothoracic Surgery, Neurology, Neurosurgery, Gastroenterology, Surgical Gastroenterology, Urology, Nephrology, Oncology, Endocrinology, Pediatric Surgery, ENT (Head & Neck), Rheumatology, Plastic Surgery and Joint Replacement.

The Product of St. Joseph’s: Different Departments:


Medical Specialties: General Medicine, Gastroenterology, Nephrology, Oncology, Endocrinology, Pulmonology, Paediatrics, Psychiatry, Anesthesia, Emergency Medicine

Surgical Specialties: General Surgery, Obstetrics and Gynaecology, Trauma, Orthopedic, Neuro Surgery, Urology, Surgical Gastroenterology, Surgical Oncology, Plastic Surgery, Burns, E.N.T., Ophthalmology, Paediatric Surgery
Super Specialties: Cardiology, Neurology, Neuro Surgery, Gastroenterology, Surgical Gastroenterology, Nephrology, Urology, Oncology, Endocrinology, Pediatric Surgery, ENT (Head & Neck), TB and Chest, Dermatology, Rheumatology, Plastic Surgery, Joint Replacement, Nephrology & Dialysis, Dentistry, Dialectology, Radiology, Pathology

Other Departments: General services, Diagnostic imaging, Anaesthesia, Emergency, Physiotherapy, Transfusion Medicine and Immuno, Haematology, Dental, Labs, Medical Camps

Generally, the services offered in the three selected hospitals comprise of the following levels:

1. Core level – it comprises of the basic treatment facilities and services offered by the hospital like diagnostic services, emergency services, and casualty services etc.

2. Expected level – it comprises of cleanliness and hygiene levels maintained in the hospital.

3. Augmented level – it comprises of dress code for staff, air conditioning of the hospital, use of state of art technology, services of renowned consultants.

2. Placing in selected hospitals:

It refers to contact point between the customer and the service provider, who gets the benefit of the service. This element in the marketing mix leads to the identification of a suitable location.

The two major issues considered, regarding the decision of a place are accessibility and availability of the service to customers. Accessibility refers to the ease and convenience with which a service can be purchased,
used or received. Availability refers to the extent to which a service is obtainable or capable of being purchased, used and received.

Factors influencing the place of decision are market size and structure by geographical regions, number and types of competitors in the region, location of potentially attractive consumer segments, local infrastructure, good road access facilities and public transportation network. A hospital must be ideally located and must be easily accessible to all.

Among the three selected hospitals, the **St. Joseph's General Hospital** is ideally located in the heart of the city, Guntur, (opposite A.C. College), near over bridge and close to the railway station. It is easily accessible. It serves patients all the 24 hours. It has state-of-the-art critical care unit with the latest break through in medicine and ambulance service with all facilities and best service.

The **GGH** is located in a busy centre opposite the railway station, Railpet, Guntur, easily accessible to all and provides 24 hours service to the public. The hospital has a wide popularity. People from far off districts also come here for treatment.

The **NRI General Hospital and NRI Academy of Sciences Medical College** was established in Chinna Kakani, between Guntur and Vijayawada in Andhra Pradesh. The hospital campus consists of 8 buildings. The infrastructure is composed of fully equipped laboratories and air-conditioned operation theatres. The teaching staff consists of many renowned professors from all over India. A group of physicians have collectively decided to establish the NRI Academy of Sciences with great
enthusiasm, commitment and a determination to make this a premier institution.

3. Price in selected hospitals:

It is one of the most prominent elements in the marketing mix. Price charged must be able to target customers and it should co-ordinate with other elements of the marketing mix. Price usually depends on treatment prescribed by the respective consultants and the facilities offered to the patient.

As a service is intangible, it is very hard for deciding the price of the particular service offered. Pricing strategy adopted does not depend on the price offered by competitors. The St. Joseph’s and NRI hospitals pricing strategy is formulated after consulting the concerned heads of department concerned. Prices of various facilities are revised every year depending on the change in technology. Before fixing prices, government controls are also taken into consideration.

On admission, an initial deposit is collected at the inpatient billing counter. The amount depends on the category of room and the treatment or surgical procedure planned. Various categories of rooms, ranging from the general ward which attends to the needs of the lower classes to the deluxe suite which attends to the needs of the middle and upper classes are available.

The three selected hospitals have no belief in profit maximization and these aim at providing quality service for their customers at reasonable price. In general, GGH has no service charges and from the private room patients’ very nominal fee is collected. The St. Joseph’s General Hospital
charges the services depending upon the length of stay, level of illness, frequency of visits, type of room, use of equipment and treatment procedures, etc. The charges are collected at bill section and are considered low when compared to the other hospitals in Guntur. It provides best services to the patients. The NRI General Hospital also charges depending upon the length of stay, level of illness, frequency of visits, type of room, use of equipment, treatment procedures and so on. The product has to be adequately priced. This involves the cost, consideration of profit margin, the concept of right price.

4. Promotion in selected Hospitals:

Promotion function of any service organization involves the transmission of message to present, past and potential customers. Customers need to be made aware of the existence of the service offered, develop an interest in using a service, actually utilize it, use it regularly and recommend the organization to friend etc.

Promotion is the aspect of selling and advertising, sales promotion and publicity. In other words, it is communicating the benefits of the service to the customers in order to persuade them to purchase such services.

The St. Joseph’s General Hospital does not normally undertake aggressive promotion; it relies a lot on a favourable word of mouth and public relations. To increase the clientele, a hospital may continuously introduce different health services like the master health programmes and diabetes health checkup apart from annual health checkup offered to different companies and public.
The St. Joseph's and NRI General Hospitals conduct camps in rural areas to give medical check up at a reasonable price so that the rural people approach the hospital again in future. They also sponsor frequent visits to the spastic society, old age homes, etc. The NRI General Hospital generally advertises in T.V., leaflets, small booklets, posters, health and fitness magazines, publicity, word of mouth and public relations. In GGH there are no promotional programs, it also depends on the word of mouth from its own patients and their relatives.

5. People in selected hospitals: The People component reflects the important role played by individuals in the provision of services. People are also an important element in the marketing mix.

All human actors like doctors, specialists, nurses, nursing aides, technicians, paramedics, dieticians, security and front office staff participating in the delivery of a service provide cues to the customer regarding the nature of the service itself. Service personnel play an important role in an organization which offers service. The uniforms of the staff, their personal appearance, their attitudes and behaviours, all influence the consumer's perception of service. Customers are a source of influencing other customers by word of mouth. It is necessary that the staff in hospital are trained to offer quality patient care with a human touch using state of the art technology.

The objectives of the three selected sample hospitals focus in offering quality service to the patients and the public. These hospitals take effort in motivating employees to be efficient, dedicated and loyal to the organization. They offer regular on-job training of employees to ensure continuous improvement in health care. They utilize services of
professional competent medical consultants and make use of latest technology.

The **St. Joseph's and NRI General Hospitals** motivate the staff by giving best salaries and other incentives like concessions for employees near ones. They establish regular liaison with the staff to know their important needs. They involve the staff to take active part in the activities of the hospital.

The St. Joseph's and NRI hospitals provide hostel to the Doctors, specialists, nurses, nursing aides, technicians, paramedics, dieticians, security and front office staff, with all the facilities to feel happy, comfortable and free from all kinds of tension, to make the job easier. This makes the staff to cater to the needs of sick and depressed. Warm ambiances with efficient and cheerful doctors, specialists, nurses, nursing aides, technicians, paramedics, dieticians, security and front office staff help make the experience of the public a memorable one. Therefore, the hospitals take interest to emphasize among the staff the important attitudes of friendliness, cheerfulness and comfort.

**6. Physical Evidence People in selected hospitals:** It is the environment in which the service is delivered with physical or tangible commodities and where the firm and the customer interact. Physical evidence plays an important role in hospital services, especially when customers have little on which to judge the actual quality of service they will rely on these cues, just as they rely on the cues provided by the people and the service process. Health care service delivery sites often stand in prominent locations offering exposure to a broad variety of audience. Memorable architecture and attractive signage can convey a variety of important messages from overall highlighting a particular competitive advantage.
Physical evidence (hospital wards, outpatient clinics, diagnostic and therapeutic equipment, general ambience of premises) manifests as under in the eyes of customer:

a. Facility design, aesthetics
b. Functionality
c. Ambient-conditions
d. Equipment
e. Signage
f. Employee dress, appearance
g. Reports, statements, stationary
h. Furnishings
i. Colour
j. Layout
k. Noise level.

It makes a huge impact on the customer. Physical evidence offers customers means of evaluating the service. Corporate image plays an important role in terms of physical evidence. This can be developed through corporate relation programme.

Modern hospitals need to create a good ambience. Right from the reception one finds very cordial and comforting staff. The ambience plays an important role because when a patient walks into the hospital he immediately forms an opinion about the hospital.

The three selected hospitals staff follow a dress code to show professionalism and to maintain discipline. The staff are trained to be understanding, warm and comforting because the clientele that comes to the hospital are usually disturbed or unhappy.
The St. Joseph's and NRI General Hospitals are well organized and segregated into different departments. All the doctors are offered with a well-equipped cabin. The ICU departments and Operation theatres are centrally air-conditioned with good lighting. Ventilation is taken care of by air-conditioning, providing adequate space in the wards and in the departments. Special care is taken to maintain hygiene, cleanliness and the whole hospital is well lit. This is taken care of by the housekeeping department.

The GGH is very old, doctors are not provided with well-equipped cabins. The ICU departments and Operation theatres are centrally air-conditioned with good lighting. Ventilation is not taken care by providing adequate space in the wards. Special care is not taken to maintain hygiene and cleanliness.

The hospitals have kept in mind both the aspects of physical evidence that is essential and peripheral evidence. Physical evidence particularly plays an important role in the hospital where the patients are already depressed or traumatized and a good atmosphere could make all the difference.

7. Process People in selected hospitals: Process is a set of activities that take an input, convert it and add value to the input and finally create an output. Process has only recently been given much attention in the service sector although it has been the subject to study in manufacturing for many years. Processes are designed by a blueprint, which sets a standard for action to take place and to implement the service. This covers the actual procedures like physical examinations, tests, immunizations, surgery, diagnostic and therapeutic procedures, records, catering, laundry mechanism and the other flow of activities by which the service is
delivered, i.e. the service delivery and operating systems. The actual
delivery steps which the customer experiences, or the operational flow of
the service provides customers with evidence on which to judge the
service.

The three selected hospitals process is divided into three phases.

1. The Joining Phase – includes the following:

* The arrival of the patient.

* Registration – where a patient has to make an initial deposit at the in-
  Patient billing counter after which a file is opened in the patient's name
to know the patient's medical history.

2. The Intensive Consumption Phase – includes the following:

Diagnosis: where the consultant diagnoses the illness by making the
patients undergo various tests.

Treatment: when the illness is treated with proper medication or surgery
and so on.

Information about further actions – the consultant will instruct the
patient regarding the diet to be followed, the medication to be taken, when
to consult him again in the future and so on.

3. The detachment Phase: includes the following:

* Discharge of the patient – a patient can be discharged from the hospital
  on the advice of the consultant

* Payment – after the patient is discharged, the bill will be paid at the
  billing counter.

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4. **Feedback**: includes the following:

At this stage, in **NRI General Hospital**, the patient is requested to fill an evaluation form, which assists the hospital authorities to know the level of satisfaction derived by the patient. Patients' suggestions are always welcomed, valued and considered and many times are very useful for improving the services of the hospital.

**General Process in the three selected Hospitals:**

Within the hospital, each department is inter-related, it is noticed that each department serves the needs of another department, for example, the purchase department serves the needs of the stores, the billing department serves of the finance department and so on. So in a way, each department is a customer to another department, at the same time it might be a supplier to another department. Each department is an "internal customer" of the other departments. Only when each unit of the hospital understands who customers are and what their needs are, will the hospital be able to develop a basis for giving the best service in the most efficient way to the patient.

In a way, each department or unit should consider itself to be a service provider, serving the needs of the customer department. In a superficial level, it may seem as if each department is working as an independent unit rather than a team. However, the world-over, in many organizations that have used this concept, it has been found that this kind of a customer-supplier relationship helps to offer an important system of checks and balances and gives the organization a more focused customer orientation.
CONCLUSION

Patient-centered care has become a central aim for the nation's health system. The concept of patient-centered care has gained increasing prominence in recent years as a key aim of the India Health Care System. Yet, despite the increasing recognition of the importance of patient-centered care, as well as evidence of its effectiveness in contributing to other system goals such as efficiency and effectiveness, the nation's health care system falls short of achieving it. Data from national and international studies indicate that patients often rate hospitals and medical care providers highly, but report significant problems in gaining access to critical information, understanding treatment options, getting explanations regarding medications, receiving responsive and compassionate service from their caregivers.