CHAPTER – I

HOSPITALS IN INDIA

"A Hospital is no place to be sick"

-Samuel Goldwyn

Health care is one of the most complex activities in which human beings engage. Hospitals are basically service organizations. The professional area of an organization is influenced by its user's satisfaction. Healthcare services make up a significant portion of national expenses, and thus it is essential that the nature and quality of services be explored. Patient satisfaction is one of the primary outcome variables when considering healthcare services. Patient satisfaction has become an important performance indicator for the delivery of quality medical care services.

The hospital, a major social organization, offers considerable advantages to both the patient and the society. Certain health problems require intensive medical treatment and personal care which normally cannot be made available at home or in the clinic of a doctor, this is possible only in a hospital where a large number of professionally and technically skilled people apply their knowledge and skill with the help of world class advanced and sophisticated equipment. The first and foremost function of a hospital is to give proper care to the sick and injured without any social, economic or racial discrimination.

In the past, the hospitals were set up as charity institutions, especially for poor and weaker sections of the society. The only function of those institutions was to care for the sick and poor. Of late, the
hospitals are set up with a motto to serve all sections of the society. In addition, some of them are also engaged in conducting and promoting medical education, training and research.

The development of healthcare facilities is influenced not only by the opening of hospitals or health care centers but more so by their administration and management. If hospitals and health care centers are managed properly, there would be an expansion in the medical care facilities, even with the least possible investment.

**Hospital as a Service Organization**

A hospital is an extremely complex organization and this is evident from the fact that it provides essential services which must be available 24 hours a day. Every hospital deals with the problems of life and death. Health care organization comes under the purview of Services. For example, one cannot avail oneself of the services of staying in a hospital without using other services like catering services, paramedical services, clinical services, etc. The services offered by health care organization do not exist. They are generated as and when required.¹

The organizations engaged in hospital business provide a wide variety of services like providing beds, complete nursing to the patients or providing equipment for diagnosing all sorts of ailments, arranging transportation in the form of ambulances, catering services, etc. to the patients. The example of providing services to the government can be traced back to the services given to the government officials and the persons who hold high positions in the government, the white cards holders. They provide health services by creating good atmosphere.
The hospitals are playing a vital role in maintaining the well-being of the people. While talking of services, Yakeshel Hasenfield and others have touched upon another important characteristic of services, that of input and output, but unlike the manufacturing organizations where input is in the form of raw materials, here both input and output are human beings. The difference between human beings as input and human beings as output is the changed behaviour or condition of human beings after availing the some services, or the satisfaction that they get, which is reflected in human being as output. This definition too fits in very well in the services offered by healthcare organizations. In the case of healthcare services also, there is no tangible raw material which is not processed. It is only the guidance which is given and the facilities which are provided in the form of beds, tests, local transportation, and nursing care.

All these services are finalized through an organized system. After availing these services a person gets satisfaction, which is the output. Moreover, hospitals satisfy all characteristics of service organizations. As far as the facilities provided by healthcare organizations are concerned, they cannot be physically touched, but they can simply be felt. They are in the form of an organized system which makes the provision of service possible on time and effectively. A hospital has a network of medical services, paramedical services, clinical services and catering services to facilitate patient satisfaction. These organizations also have contacts throughout the world with leading hospitals and practitioners to provide updated facilities to the users.

The services cannot be stored. It is also true with services provided by hospitals that their expertise cannot be stored. They are perishable. If one is not hiring them, they get useless for the day. Hospital services also can be consumed during the process of production. One cannot carry accommodation, home or bring a hospital service to the place of his/her stay. He/she has to go to the place and then avail himself/herself of the facility. The final result will be in the form of relief from the ailment and satisfaction. When the services cannot be stored they cannot be transferred too.

The above discussion underlines the fact that the hospital is a service organization. One can say that all the hospital services are linked with other supplementary services. For example, one cannot avail oneself of the services of staying in a hospital without using other services like catering services, paramedical services, clinical services, etc. for this reason, stay in a hospital carries something more than merely proportionate amount. In terms of existence also, one finds that the services offered by a healthcare organization do not exist. They are generated as and when required. Only the physical part of those help-providing services exists. For example, if a patient needs a transfer from his house to hospital, he gets the service from the hospital authorities in the form of an ambulance followed by a suitable accommodation.4

The hospitals are now taking the phrase 'being hospitable' to a new level. With the changing era, the typical concept of hospital is being changed. The hospitals are now a combination of healthcare and hospitality.

There has been tremendous progress in the field of medicine in the last decade. Research in drugs and medical technology has played the most important role in curing the patients. The last decade lent a new meaning to health care industry. The ‘feel good’ factor seems to have stronghold everywhere. Improved socio-economic status, easier access to medical care, increasing literacy information available at finger tip, print and electronic media have changed the mindset of Indian patient and their attendees.

Hospitals and Competitive Market

Today the competitive market leaves no space for error. Slowly but surely the health care market is changing from being primarily a seller’s market to buyer’s market. Today’s mantra is “patient focus care”. Satisfaction surveys are often regarded as the most accurate barometers to predict the success of any organization, because they directly ask about the critical success factors of the services. Customer satisfaction surveys can deliver powerful incisive information and provide ways to gain a competitive edge.

Hospitals are complex to manage where the highest caliber and best informed management is required. Management style of all developed, developing and under developed countries are different but they are faced with similar problems with regard to claims of patients. In a developing country like India, the health care expenses are mostly out of pocket expenditures, healthcare consumer pays each and every penny for the services rendered. The patients search for the best available services and pay the affordable cost. This intensifies the competition in

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the healthcare providers to serve at the lowest possible cost without compromising the quality of services.

Healthcare scenario is fast changing all over the world. Today Indian health care industry is business driven and one can see entry of all sorts of service providers to be part of this massive multi core business, growing at the rate of 13% annually. Globalization and privatization have also changed the functioning of the healthcare system. The private health network is spreading fast throughout the country. Economical, political, social, environmental and cultural factors are influencing the health care and the delivery of the health care services.

Having viewed healthcare organization under the purview of services to the patient with a focus on patient centered approach, now it would be appropriate to centre on the concept of a hospital.

**CONCEPT OF A HOSPITAL**

Modern society has developed formal institutions for patient care. The hospital, a major social institution, offers considerable advantages to both the patient and the society. A number of health problems require intensive medical treatment and personal care, which is possible only in a hospital where a large number of professionally and technically skilled people apply their knowledge and skill with the help of world class expertise, advanced sophisticated equipment and appliances. The excellence of hospital services depends on how well the human and material resources are utilized for patient care. The first and the foremost function of a hospital is to give proper care to the sick and injured without
any social, economic and racial discrimination. In a document of World Health Organization (WHO), it is stated that “The hospital is an integral part of a social and medical organization, the function of which, is to provide for the population, complete healthcare both of curative and preventive nature”.

In a modern dynamic society, the administration and management of such a complex organization requires a fair blending of technical and administrative excellence. All services are to be handled by the right persons, in a right way. The administration and management of a hospital is an activity to secure better output by utilizing inputs optimally. In this context, introducing management in a hospital becomes imperative. An organization does not exist in a vacuum. Every Organisation consists of six important elements such as purpose, structure, work, co-ordination, people and environment. No organization can really exist without these elements. Hospitals are no exception.

**Definition of a Hospital**

Hospitals in India have been organized along British lines with strict hierarchical structure. The term hospital implies an establishment for temporary occupation by the sick and injured. The World Health Organization (WHO) defines modern hospitals thus:

“A hospital is an integral part of social and medical organization, the function of which is to provide complete healthcare for the population, both curative and preventive and whose out-patient services

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reach out to the family and its home environment. The hospital is also a
centre for training of health workers and for bio-social research.8".

❖ The hospital is a unique institution of man. A WHO Expert Committee
in 1963 proposed the following working definition of a hospital.

“A hospital is a residential establishment which provides short-term
and long term medical care consisting of observational, diagnostic,
therapeutic and rehabilitative services for persons suffering or
suspected to be suffering from a disease or injury and for parturient. It
may or may not also provide services for ambulatory patients on an
outpatient basis”.9

❖ Syed Amin Tabish, “The hospital can be defined as an institution
whose primary function is the provision of a variety of diagnostic and
therapeutic services of patients, both in the hospital and in the
outpatient clinics. It is umbrella organization under which many
individual health care professionals provide some or all of their
services. More than 30 disciplines are represented in most hospitals,
each having its own processional structure, body of knowledge, code
of ethics, and technical procedures. A hospital is also a social
institution, dealing daily with a broad panorama of human hopes,
fears, and concerns. Finally, a hospital is a business, responsible for
the efficient, cost-effective provision of wide range of services”.10

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8 World Health Organization, Technical report series No. 122, Geneva, quoted in Mrs. A. Dalal’s research thesis
on hospital administration in Bombay with respect to Bombay’s Municipal Teaching Hospitals.
Ltd., New Delhi.
Changing Concept of Hospital

With the passage of time, it is natural that a change in perception is visible. Yesterday, the hospitals were considered as alms houses. They were set up as a charity institution to take care of the sick and poor. Today, it is a place for the diagnosis and treatment of human ills, for the education, for imparting training for promoting healthcare activities and to some extent a center helping bio-social research. The viewpoints expressed in the WHO document have enlarged the functional areas for modern hospitals. Today, they demand modern and best possible means of medical care and health education. They want everything not only within the four walls of the hospital but at their doorstep or in the vicinity of living places. Thus hospital is a major social institution for delivering healthcare, offering considerable advantages to both patient and society.

Broadly the role of modern hospital has two major aspects viz. the curative and preventive aspects.

The Curative Aspect: The curative or restorative function of the hospital remains its most important and best appreciated service. This involves firstly diagnosis as an out and in patient service. Early diagnosis and prompt treatment is of prime importance not only for the individual patient but also for the general health and medical care system as well. The curative function includes, apart from diagnosis and treatment, rehabilitation of patients. Rehabilitation means to help the physically and mentally handicapped to resume their normal roles as useful members of the society.
The Preventive Aspect: In a developing country like India, with a large population, the importance of preventive aspect of healthcare cannot be undervalued. The preventive aspect includes health education, maintaining hygienic conditions, immunization, etc. In developing countries the bulk of preventive work needs to be decentralized and carried out by health centers situated at the periphery of health services as majority of the population lives in rural areas.\textsuperscript{11} The role of modern hospital in this context would be to act as a referral base for health centers.

Classification (Typology) of the Hospitals

Hospitals are classified in two ways.

\begin{itemize}
  \item According to the objective of the hospital or service offered to the patient
  \item According to the ownership or control
\end{itemize}

According to the objective, or service offered, hospitals are divided into:

\begin{itemize}
  \item Teaching-cum- Research hospitals
  \item General Hospitals
  \item Special Hospitals\textsuperscript{12}
\end{itemize}

Here the hospitals are classified mainly focusing on the objectives. Some hospitals are set up with the motto of imparting medical education, training and research facilities whereas in some other hospitals, the prime attention is on health care.

\textsuperscript{11} Syed Amin Tabish, “Hospital and Health Services Administration principles and Practice”, 2005, Oxford University Press, New Delhi, pp.157-160
\textsuperscript{12} S.L. Goel and R. Kumar, Hospital Administration and Management, Deep & Deep Publications Pvt. Ltd, New Delhi, 2007, pp. 28-29
Teaching-cum-Research Hospitals: These hospitals are teaching based. They are found engaged in advancing knowledge, promoting the research activities and training the medicos. Here the healthcare is secondary. For example, All India Institute of Medical Sciences, New Delhi, Post-Graduate Medical Education and Research Institute, Chandigarh etc.,

General Hospitals: The main objective in the General Hospitals is to provide medical care. The General Hospitals also offer teaching and research facilities but these objectives are secondary, for example, different General Hospitals, District and Sub-divisicnal hospitals. In general hospital, care is given to many kinds of conditions such as medical, surgical, pediatrics and obstetrics. Nowadays in many general hospitals, there are sections for psychiatry and communicable diseases. A special hospital limits its services to a particular condition or sex or age such as tuberculosis, maternity and pediatric hospital, respectively.

Special Hospitals: The main objective of Special Hospital is to provide specialized medical services. These hospitals concentrate on a particular organ of the body or a particular disease.

According to ownership, hospitals are divided into:

- Government Hospitals
- Semi-Government Hospitals
- Voluntary Agencies Hospitals
- Private Hospitals

The Government Hospitals are owned, managed and controlled by the Government whereas Semi-Government Hospitals are found acting as an autonomous body. The voluntary agencies hospitals are owned by
voluntary organizations whereas the private hospitals are owned by private parties.\textsuperscript{13}

\textbf{According to Medical System, hospitals are divided into:}

- Allopathic Hospitals
- Ayurvedic Hospitals
- Homeopathic Hospitals
- Unani Hospitals
- Others

According to different systems of medicine, classification can be made as Allopathic, Ayurvedic, Homeopathic, Unani and hospitals of other systems of medicine.

\textbf{Government or Public Hospital may be:}

- Medical College Hospital
- District Hospital
- City or Town Hospital
- Primary Health Center
- Rural Hospital
- Employees of State Insurance Hospital

These government hospitals may be a general hospital or a special hospital according to the need of the community.

\textbf{Non-Governmental or Private Hospital may be:}

- Medical College Hospital
- Mission Hospital

\textsuperscript{13} Syed Amin Tabish, Op.cit., pp. 158
The following are the main functions of hospitals:

a. Investigation, Diagnosis and care of the sick and injured:

In modern times, the chief functions of the hospital; conduct the investigations, for diagnosis, and provide care to the sick and injured. According to the condition of the patient, they are examined or the necessary investigations are done of the outpatient or inpatient. When the condition of the patient requires a detailed investigation or due to many other reasons, the doctor may advise the patient to stay as an inpatient. In undiagnosed conditions – the patient may be admitted for observation only. For the care of the sick, the wards are of different types. According to the age of the patient, he is admitted in a general ward or pediatric ward. According to the type of disease, he may be admitted in a medical or surgical ward or in any special ward and according to the income and preference of the patient, he may select a general ward or pay ward.

Several other departments such as clinical laboratory, kitchen, X-Ray, pharmacy, operation room, etc. work under the control of the administration for a common goal, the care of the sick. So also, several categories of personnel as doctors and nurses and other technical and non-technical persons work together in the hospital for the common goal, care of the sick.

b. Health Supervision and Prevention of Disease:

The prevention aspect of medical work has been given so much emphasis in all aspects of medical practice, that, hospitals and health centers are involved in health supervision and preventive therapy. In the entire outpatient department provisions are available for the routine health examination and supervision of antenatal and postnatal mothers, health supervision and immunization of sick and healthy children and other services to persons in normal conditions. Hospitals prevent the spread of diseases by isolating the patients with communicable disease and help to raise the standard of health in the community by health education. Hospital staff and other medical social workers render great
services in dealing with the social problems and recurrence of psychiatric conditions and the adjustments of such persons in the community. Different types of home care are given to patients by community health programme.15 Modern hospitals extend their services to the community by arranging camps and clinics such as eye camps, detection of cancer, diabetic clinics, immunization camps, family welfare programme camps, etc. by specialized doctors and other health supervisors for the health supervision and prevention of diseases in the community.

c. Education of Medical workers:

Doctors, nurses, dieticians, social workers, physical therapists, technicians, hospital administrators and other medical and paramedical people are taught within the hospital much of what they must learn in order to practice their profession. The theoretical part of their learning is conducted in an affiliated institution and they practice their knowledge in the actual situation of the hospital. Without hospitals or equivalents, it would be impossible to give an adequate preparation for almost any type of modern medical service, because such experiences are not available anywhere in the community other than a hospital or health clinic.

d. Medical Research:

Hospitals offer medical workers opportunities for investigations in the form of laboratory facilities, trained personnel, patients and accumulated records, which are not available elsewhere. This research is thought to be an important factor in the successful practice of medicine and the advancement of medical science. The modern trend is to establish a close association between the small rural hospitals, research centers and

15 CM. Francis, Mario C de Souza, "Hospital Administration" 3rd Edition, 2000, Jaypee Brothers Medical
between all hospitals and other community health organizations in order that their personnel may have provision for an adequate research and diagnostic and therapeutic facilities. The large number of patients and workers in these research centers and district hospitals help promote should foster all kinds of medical research. The statistical side of the research works in the hospital help to evaluate the occurrence and prevalence of particular disease in locality or society and the health status of a country.

e. Rehabilitation:

The rehabilitation in the hospital is a facility to provide additional help to recover from an injury for stabilized patients who still need inpatient hospital care. They might require physical, occupational or speech therapy as their injuries improve, and they might need social work assistance to determine how to live life once they are discharged.

ASPECTS OF THE HOSPITAL SERVICES

The different aspects of hospital services are shown in chart-I.2 and chart-I.3.
Chart – I.2

Aspects of Hospital Services

Staff Functions

SUPPORTIVE SERVICES

Blood Bank  | Diet  | Central Sterilization | Nursing Service | Laboratory And X-Ray | Laundry | Pharmacy

Outdoor  ![Diagram Arrow](arrow)

Indoor  ![Diagram Arrow](arrow)

Patient

Operation  ![Diagram Arrow](arrow)

Intensive Care Unit

Emergency  ![Diagram Arrow](arrow)

Day-care Centre  ![Diagram Arrow](arrow)

Transport  ![Diagram Arrow](arrow)

Engineering Department  ![Diagram Arrow](arrow)

Stores  ![Diagram Arrow](arrow)

Mortuary  ![Diagram Arrow](arrow)

Registration in Indoor and Outdoor Case Records

HOUSE-KEEPING SERVICES

Auxiliary Function
The above classification of products is based on different categories of hospitals. The medical colleges and some of the medical institutes impart medical education, training and research facilities. It is natural that concentration of products varies depending on the nature of the hospitals. However, it is right to believe that the ultimate aim of all the providers is to make available the best possible medical services and to prepare best medicos to simplify the task. Here it is essential that providers should be aware of the nature, behaviour, requirements and status of the users. This helps in planning and development of services.\textsuperscript{17}

\textsuperscript{17} Ibid., pp. 33-41
1. Line Services

a. Emergency (casualty) Services: The casualty department provides round the clock service, immediate diagnosis and treatment for illness of an urgent nature and injuries from accidents. Cases of serious nature are admitted in emergency wards to provide immediate medical care. Now-a-days, emergency service is acquiring increasing importance due to modern problems arising out of urbanization and mechanization. Such patients are either discharged after two or three days or transferred to the inpatient wards. This procedure in emergency is given below.

Chart – L4

Procedure in an Emergency Service

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Reception and Enquiry
  ↓
Registration
  ↓
Examination
  ↓
Admission          Keeping under observation          Dressing
  ↓
Discharged i.e. Restored to Normal health or Death
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b. Out-Patient Services: Here, all patients suffering from diseases of minor, acute and chronic nature are analyzed. These services are
designed to provide services to at least 1% of the population of the area. The functions of outpatient services are provision of diagnostic, curative, preventive and rehabilitative services on an ambulatory basis.\textsuperscript{18} This process of out-patient department is explained in the following diagram.

\textbf{Chart – I.5}

\textbf{Out-Patient Services}

\begin{itemize}
\item Registration
\item Waiting and examinations
\item Prescription of Medicines
\item Investigation
\item Dressing and Treatment
\item Admission to in-patient ward & treatment
\item X-Ray
\item Laboratory
\item Reports of tests
\end{itemize}

\textbf{c. In-patient Services (wards):} After the patient has been examined in the outpatient department or in the casualty, he may be advised admission into the wards. Each ward has generally a doctor’s duty

\textsuperscript{18} Ibid. pp. 34-35
room, dressing room, central nursing staff station and other essential items needed for patient care.

d. Intensive Care Unit: Some of the patients admitted into the hospitals require acute, multi-disciplinary and intensive observation and treatment, hence it is desirable to have an intensive care unit for such patients.

e. Operation Theatres: Each operating room will have a pre-anesthesia room, sterilization room and scrub room. There is a trend to provide simple laboratory facilities within the operating area to serve the purpose during emergency.

2. Supportive Services

a. Central Sterile Supply Services: The Central Sterile Supply Department is to store, sterilize, maintain and issue those instruments, materials and garments which are sterilized.

b. Diet Services: The catering department comprises the kitchen, bulk food stores and dining rooms and supplies of food material throughout the hospital. This department is required to provide general diet or special diet for patients suffering from certain diseases.

c. Pharmacy Services: The Pharmacy Services represent the functions of procurement and distribution of medicines through medical stores on the basis of Doctor’s prescription by the persons hitherto known as Compounders, generally under the control of Medical Officers.
d. Laundry Services: There is a need for an efficient mechanical laundry to ensure the availability of bacteria free linen. The aim of this service is to make available to the patients clean and sterile linen.

e. Laboratory and X-ray services: For proper diagnosis of ailments of patients, it is necessary to have a properly manned diagnostic laboratory facility. Laboratory and X-ray services play a prominent role in aiding the Doctor fulfill his.

f. Nursing Services: Nursing is a vital aspect of healthcare. It needs to be properly organized. A nurse is in frequent contact with the patients. Hence, her role in restoring the health and confidence of the patients is of utmost importance. The nursing services are managed by a matron who is assisted by a sister-in-charge of the ward and staff nurses. Nursing sisters control the ward. The quality of nursing care and the management of nursing staff reflect the image of the hospital.

3. Auxiliary Services

a. Registration and Record Keeping Services: Registration is a must for a hospital which enrolls new patients with proper entry in outpatient department and keeps the track record of the re-visits of patients. A medical record helps in regulating the admission of patients. It helps in codifying the records according to internal disease index.

b. Stores: The central store receives and issues bulk items. Stores are of different types-Pharmacy Stores, Chemical Stores, Linen Stores etc. Stock policy should be devised in such a way that vital and
essential items are always available. It should be managed by a competent stores officer.

c. **Transport Services**: Transport services are required for the carriage of supplies and patients such as trolleys, stretchers and wheel chairs.

d. **Mortuary Services**: Each hospital has a cold storage where dead bodies are kept before they are claimed by their relatives. Sometimes post-mortem is needed for medico legal reasons. Unclaimed bodies will be disposed according to rules.

e. **Engineering and Maintenance Services**: Regular repairs and maintenance of the hospital building, furniture and other equipments are essential for the efficient functioning of the hospital, especially in a large hospital. Therefore, there is a need to have a separate department of engineering and maintenance services to provide immediate services and keep the hospital effective and efficient.

f. **Hospital Security**: The establishment of hospital security force is essential to ensure the safety of the patients and the staff. This department will have active liaison with the local police in the area so that they can supplement each others effort.

**HOSPITAL ENVIRONMENT**

The term environment implies all the external factors- living and non-living material – which surround man. In its modern concept, environment includes not only the water, air and soil that form our environment, but also the social and economic conditions under which we live.
The Hospital Environment consisting of:

a. External Environments

b. Internal Environments

a. External Environment: Consists of clients, competitors, patients and their families for healthcare organization, students in teaching hospitals, surrounding community, government bodies, news-media, and professional associations. Here the factors to be considered are demographic, economic, socio-cultural, political and legal environments.

On the other hand, internal environment consists of the Human Resources in the organization and related activities that exist inside the organization.

Input-Conversion-Output Perspective: Health service organizations are settings in which inputs (Resources) are converted into output (work results and objective accomplishment). Management is the catalytic process by which this is done. The figure presents this Input-conversion and output perception in chart 1.6:

1. The Health Service Organization is the formal setting in which outputs are created (objectives) through utilization (conversion) of inputs (resources).
2. Managers are the catalysts who bring about the conversion of inputs into outputs through the act of managing.
3. The health service organizations and their managers interact, which is affected by, and affects its external environment, which represents all forces and influences outside the organization.\(^{19}\)

4. Inputs are obtained from the external environment and outputs go into it.

**Chart – L6**

**Health Service Organisation Model**

**External Environment**

![Chart of Health Service Organisation Model](source)

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**External Environment Factors**

External environment factors are regarded as un-controlled factors they are beyond a control of a company. This includes demographic, economic, socio-cultural, political and legal factors.

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Demographic Environment: Demographic factors like growth rate, age composition, sex composition of the population, educational levels, density of population, all relevant to the hospitals, affect the demand for hospital services. A rapidly increasing population increases the demand for considerable growth in hospital services. It demands diversification and expansion of hospital services.

Socio-Cultural Environment: The socio-cultural fabric is an important environmental factor that should be analyzed while formulating hospital business. The consumption habits of the people, their language, beliefs, values, customs, traditions, tastes, preferences, education are all factors that affect the health care settings. In India, even now people are following traditional methods. This is because of their low educational levels and disparities in rural and urban areas. People of India are mostly accustomed to Indian types of medicine. They still believe Unani – Ayurvedic, etc., systems. Even now the women are not going for family planning program. This has a direct effect on the population growth. A continuously growing population definitely overburdens the existing health care settings.

Economic Environment: The health care business depends on purchasing power as well as the people. Purchasing power is an economy that depends on current income, prices, savings, debts, credit availability etc. The administrations must pay close attention to the major trends in the income and consumer spending patterns. Inspite of the inflation, due to increase in per capita income of the individuals, in India, reasonably good number of people prefer to go to Private Hospitals.
Natural Environment: Geographical factors, weather and climatic conditions, topographical factors, location aspects, human resources which also include doctors, are all relevant to hospital business. Topographical and ecological factors may affect the demand pattern in hospital. Ecological factors have recently assumed great importance. The depletion of natural resources, environmental pollution and the disturbance of the ecological balance are of great concern. Nowadays the deterioration of the natural environment is becoming a major global concern. In many cities, air and water pollution have reached dangerous levels. There is great concern about certain chemicals causing the depletion of the ozone layer and producing the greenhouse effect that will lead to dangerous heat radiations on the earth. These are all relevant to health care settings.

Human resources are most scarce resources in the hospitals of today. The most significant human resources include geographic shortage of nurses, physicians and allied health professionals such as physical therapists and dieticians, and an increased need for clinical and management personnel. The two major groups of health care professionals namely physicians and nurses are showing significant changes from previous years. There is an acute shortage of registered nurses, which results in major problems for hospitals.

Technological Environment: Technological development in relation with hospitals can be observed from two angles such as medical technology and information technology.

Medical Technology: In the past 20 years, medical technology has contributed to the reduction of morbidity and mortality, resulting in an increase in the life expectancy rate. This gain has been due, in large
part, to the reduction of neonatal mortality and the elimination of infectious diseases. Now-a-days, medical technology emphasizes disease prevention, early disease detection and less expensive diagnosis, treatment and rehabilitation to control the progression of chronic diseases. The technological development decreased the need for prolonged, expensive medical intervention. They may increase the need for ambulatory care, hospice and home care, rather than inpatient care.

Technology provides various kinds of physical resources with which people work. People cannot accomplish much useful work without the help of different kinds of equipments and instruments. Now-a-days, technological development has become very rapid. If hospital organization is able to keep pace with advanced technology, it will have its tremendous impact on the performance and effectiveness of its human resources. People can do better work with the utilization of modern technology and hospital organization is no exception. Technology is developing rapidly even in medical science and medical personnel must be aware of it and they should be provided the facilities of using the modern equipments and instruments.  

The hospital environment is considerably affected by sophisticated and modern equipments which were not in use hither to in the hospital. Because of this, the hospital personnel are not in a position to give right diagnosis. On the other hand, over-purchasing and under purchasing of equipment affect the hospital environment adversely. The purchasing policy of hospital requires to be well defined. Professional management provides useful services.

Information Technology: Computer and communication systems are combined to be called as information technology. The information technology by and large has influenced every field including hospital system. An efficient hospital information system will improve efficiency of a hospital in terms of its quality care and better utilization of limited resources and also providing instant information regarding disease and treatment to its patients. There is no field of hospital operations where computers cannot be used. The word computer which was scarcely heard of a couple of decades ago has become a household word not only in developed countries but also in developing countries. Though computers were being used in selected businesses for new managerial purposes in India up to 1980, now most of the business organizations, big or small, are using computers in one way or the other in their day-to-day affairs.

Health care institutions continue to struggle against various pressures to improve the quality of patient care, to meet the increasing demand for new services for reducing costs. Computers play a significant role in hospitals in the said areas. It is clear from the literature that ‘marriage’ of hospitals with computer has led to remarkable changes in the style and functioning for the hospital in advanced countries like the United States of America, Japan, the United Kingdom etc. From the moment a patient steps into the hospital, goes to the out-patient department, gets various diagnostic tests done in the X-ray and medical laboratory departments, gets admitted as an in-patient and finally gets discharged after treatment, he is governed by computer technology. Though this stage has not been reached in India totally the day is not far when most Indian hospitals will also use computer technology at the right
time and in the right form, so that the administration can take quick
decisions and also plan, organize and control the operations efficiently.
Yet hospital authorities are reluctant to adopt computerized information
systems because they feel that they are expensive in India and secondly, a
slight error of the computer operator may create havoc in the highly
sensitive, health-care institutions. Nevertheless, a wise and careful use of
computer technology can help hospitals maintain quality of care while
managing costs in today's highly competitive environment:

➢ Political – Legal Environment: With the spread of education and
passage of time, there has been a tremendous awakening amongst
masses. Common citizens are aware of their rights in all walks of life.
Medical practitioners, who were considered to be a cut above the other
human beings, never faced any challenges in the performance of their
duties. But of late, increasing number of legal cases are being filed
against them. Most of these cases relate to accusations of negligent
performance in their duties. Medical practitioners must therefore be
ready to face such challenges. There is no doubt that urbanization,
industrialization, and western influence have changed the thinking of a
person to the extent that a doctor is no longer considered infallible and
god-like, but simply a professional being, like any other, at one's
command, on payment. It has been observed that people tend to lose
their patience over trifles. Ultimately these trifles turn into grievances.
Unless timely steps are taken to reduce these grievances, they can pose
a grave threat and disturb the smooth and peaceful working of a group
of people whether they be in an industry, hostel, hospital or even a
place of worship.\(^{21}\)

21 Dewan A, Hospital of Tomorrow, Hospital Administration, Vol.33(3&4), Sep-Dec. 1996, p.198
Consumer Protection Act, 1986: Till recently, any dispute regarding negligence on the part of the doctors or hospitals was raised in a court of law. After the introduction of the consumer protection act, 1986, drastic change has taken place and one can find a number of complaints being filed by patients and their heirs in the district forum, and State/National Commission created under Consumer Protection Act, 1986, against individual doctors and hospitals for negligence. The reason includes, increasing knowledge of one’s right as a patient, no cost is involved if a complaint, is filed in the District Forum or state/national commission and a complaint is decided within a short span of 3 or 4 months. Thus the Act has opened up possibility of easy, cheap and quick redressal of grievances. Patients availing free medical care in general wards are not consumers but patients availing medical care in private wards are treated as consumers as they are hiring services for a consideration.

Internal Environment Factors:

Internal Environment comes under the hospital system. The Hospital System consists of three important systems.22

a. Governance system
b. Administrative system
c. Patient Care system

The structural model of the Hospital System

### Governance System

<table>
<thead>
<tr>
<th>Govt. Teaching Hospitals</th>
<th>Govt. Teaching Hospitals</th>
<th>Govt. Teaching Hospitals</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Health Secretary, Govt. of A.P.</td>
<td>1. Resident Medical Officer</td>
<td>1. Departmental Heads (Civil Surgeons)</td>
</tr>
<tr>
<td>2. Directorate of Medical Education</td>
<td>2. Nursing Superintendent</td>
<td>2. Dpy. Civil Surgeons</td>
</tr>
<tr>
<td>3. Advisory Committee</td>
<td>3. Lay Secretary I &amp; II</td>
<td>3. Asst. Civil Surgeons</td>
</tr>
</tbody>
</table>

**Semi-Government Autonomous Hospitals**

| 1. The President i.e. the Chief Minister of A.P. | 1. Executive Board | 1. Professors |
| 2. The Vice-President who shall be Minister in-charge of Medical, Health & Family Welfare of A.P. | 2. Academic Council | 2. Asst. Professors |
| 3. The Dean | 3. Finance Committee | 3. Sr. Residents |
| 5. The Executive Registrar | 5. Nursing Superintendent | 5. P.G. Students |
| 6. Staff | 6. Paramedical Staff | 6. Paramedical Staff |

**Corporate Hospitals**

| 2. Board of Directors | 2. Corporate relations | 2. Jr. Consultants |
| 3. Managing Director | 3. HRD | 3. Registrars |
| | 4. Hospital Information Systems | 4. Lab Doctors |
| | 5. Guest relations | 5. Nursing Staff |
| | 6. General Manager (Admn.) | 6. Paramedical Staff |
| | 7. Medical Director | |
| | 8. Nursing Superintendent | |
| | 9. Staff | |

### Administrative System

<table>
<thead>
<tr>
<th>Govt. Teaching Hospitals</th>
<th>Govt. Teaching Hospitals</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Resident Medical Officer</td>
<td>1. Departmental Heads (Civil Surgeons)</td>
</tr>
<tr>
<td>2. Nursing Superintendent</td>
<td>2. Dpy. Civil Surgeons</td>
</tr>
<tr>
<td>3. Lay Secretary I &amp; II</td>
<td>3. Asst. Civil Surgeons</td>
</tr>
<tr>
<td>4. Staff</td>
<td>4. House Surgeons</td>
</tr>
</tbody>
</table>

**Semi-Government Hospitals**

| 1. Executive Board | 1. Professors |
| 3. Finance Committee | 3. Sr. Residents |
| 5. Nursing Superintendent | 5. P.G. Students |
| 6. Staff | 6. Paramedical Staff |

**Corporate Hospitals**

| 1. Finance & Accounts Dept. | 1. Sr. Consultants |
| 2. Corporate relations | 2. Jr. Consultants |
| 3. HRD | 3. Registrars |
| 4. Hospital Information Systems | 4. Lab Doctors |
| 5. Guest relations | 5. Nursing Staff |
| 6. General Manager (Admn.) | 6. Paramedical Staff |
| 7. Medical Director | |
| 8. Nursing Superintendent | |
| 9. Staff | |

### Patient Care System

<table>
<thead>
<tr>
<th>Govt. Teaching Hospitals</th>
<th>Govt. Teaching Hospitals</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Resident Medical Officer</td>
<td>1. Departmental Heads (Civil Surgeons)</td>
</tr>
<tr>
<td>2. Nursing Superintendent</td>
<td>2. Dpy. Civil Surgeons</td>
</tr>
<tr>
<td>3. Lay Secretary I &amp; II</td>
<td>3. Asst. Civil Surgeons</td>
</tr>
<tr>
<td>4. Staff</td>
<td>4. House Surgeons</td>
</tr>
</tbody>
</table>

**Semi-Government Hospitals**

| 1. Executive Board | 1. Professors |
| 3. Finance Committee | 3. Sr. Residents |
| 5. Nursing Superintendent | 5. P.G. Students |
| 6. Staff | 6. Paramedical Staff |

**Corporate Hospitals**

| 1. Finance & Accounts Dept. | 1. Sr. Consultants |
| 2. Corporate relations | 2. Jr. Consultants |
| 3. HRD | 3. Registrars |
| 4. Hospital Information Systems | 4. Lab Doctors |
| 5. Guest relations | 5. Nursing Staff |
| 6. General Manager (Admn.) | 6. Paramedical Staff |
| 7. Medical Director | |
| 8. Nursing Superintendent | |
| 9. Staff | |

**a. Governance System:** The Governance System consists of the various mechanisms used by the hospital for policy making. This is the strategic level where the purposes and the policies of the hospital will be decided. This system includes Health Secretary of Government of Andhra Pradesh and Directorate of Medical Education in the case of government owned teaching hospitals. In the case of Autonomous hospitals, the top governance includes the Chief Minister of A.P., the
Health Minister of the State, Executive Council, Finance Committee and Academic Council, whereas in the case of Corporate Hospitals, the governance system consists of Board of Directors headed by Chairman, Managing Director, Medical Director, General Manager (Administration).23

b. Administrative System: The policies and the activities determined by the Governance system are to be implemented by the administrative system. The administrative system of Government Hospitals contains Resident Medical Officer, Lay Secretary-I also called as Asst. Director (Administration), Nursing Superintendent. The Administrative System of Semi-Government hospitals include Executive Board, Academic Council, Financial Controller, Executive Registrar and Nursing Superintendent and Ministerial Staff. In the case of corporate sector, the Administrative System consists of Finance and Accounts Department Heads, Human Resource Manager, Nursing Superintendent, Medical Director and Administrative Manager.

c. Patient Care System: Patient care system in the Govt. hospital consists of the Civil Surgeons, Deputy Civil Surgeons, Asst. Civil Surgeons, Nursing Staff, P.G. Students and House surgeons. In the case of Autonomous hospitals, there are departmental Heads, Professors, Asst. Professors, Sr. Residents, Jr. Residents, Nursing Staff, P.G. Students. Patient Care System in corporate hospitals includes Sr. Consultants, Jr. Consultants, Registrars, Lab Doctors, Nursing Staff and Paramedical Staff etc.24

23 Syed Amin Tabish, op. cit., pp. 11-15
24 Ibid., pp. 152-168.
CHANGING ENVIRONMENT OF HOSPITALS

The history of hospitals is an indication of its future. There have been accelerating changes in the environment in which hospitals function, resulting in accelerating changes in management of hospitals. It is important, therefore, to look at the evolution of hospitals within the environment on which it is dependent.25

The major changes in concept of hospitals can be divided into different periods such as (1) Trusteeship Period (2) Physician Period (3) Administration Period (4) Patient Customer Period.26

1. Trusteeship Period: This period began with the origin of hospitals. Most hospitals were funded by trustees. In addition, they were frequently in-charge of religious orders. Other hospitals were started by philanthropists, and physicians usually on proprietary basis to provide bed services for their patients. The technology of this period, which lasted until about the 1920s, was minimal. In 1910, the Flexner Report signaled reforms in medical education leading towards scientific medicine. The economic and political environment had little influence on hospitals in Trusteeship Period. Hospital employees, such as nurses received primarily humanitarian rather than financial rewards. During this period, hospital objectives were to comfort the poor and dying who could not be cared for at home.

25 Wahi, P.N. National Health Plan and Concept of Health Team: The Health Team Concept, "Indian Journal of Medical Education, pp. 2-3
## Chart – I.8
### Changing Concept of Hospitals in 20th Century

<table>
<thead>
<tr>
<th>Year</th>
<th>Technology</th>
<th>Environment</th>
<th>Implications for Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>1900</td>
<td>Application of modern public health measures</td>
<td>Limited resources provided by donations free service from religious groups and payments by individuals</td>
<td>Main comfort services to the poor and dying</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Limited mainly to local Government support of public hospitals in larger cities</td>
<td>Solicit donations and pennies, trustees or religious members dominate</td>
</tr>
<tr>
<td>1910</td>
<td>Reform in medical education (Flexner Report)</td>
<td></td>
<td>Illness intervention through surgical services</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Meets needs of individual Managing Directors. Managing Directors begin to dominate as technology advances and hospitals depend on patient receipts</td>
</tr>
<tr>
<td>1920</td>
<td>Development of medical specialization</td>
<td></td>
<td>Risk of diagnostic and curative medicine</td>
</tr>
<tr>
<td>1930</td>
<td>Progressing therapeutics</td>
<td>Private Insurance as Blue Cross developed and expanded increasing resources</td>
<td></td>
</tr>
<tr>
<td>1940</td>
<td>Development of laboratory medicine</td>
<td></td>
<td>Expansion of private hospitals</td>
</tr>
<tr>
<td>1950</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Administration period</td>
<td>1960</td>
<td>Explosion of medical knowledge and application of nuclear, immunological, etc. technologies in proliferation of specialties</td>
<td></td>
</tr>
<tr>
<td>-----------------------</td>
<td>------</td>
<td>------------------------------------------------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>1970</td>
<td></td>
<td>Expanded nursing role, team medicine</td>
<td></td>
</tr>
<tr>
<td>1980</td>
<td></td>
<td>Increasing Government control of resources (Medicare and Medical aid)</td>
<td></td>
</tr>
<tr>
<td>1990</td>
<td></td>
<td>Manpower surpluses, self-care medicine</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Employer control over costs</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Employer control over services</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Consolidation of services</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Team management</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Patient-Customer Period</th>
<th>2000-2010</th>
<th>Men, Money, Materials, Machines, Methods and Mobility of Ideas</th>
<th>Patient control over costs</th>
<th>Patient control over services</th>
<th>Patient centered care</th>
<th>Team Management</th>
</tr>
</thead>
</table>

2. **Physician Period**: During this period physicians became more involved in utilizing hospitals for practice of medicine. In 1930s, therapy progressed. Laboratory medicine developed between 1940s and 1950s. Physician's practices moving from patients home and away from physician's clinics to hospitals, ancillary hospital services were provided. The economic and political environment began to effect hospitals. Labour unions gained power. Rural hospitals were established. Social attitudes during the period changed. No longer was
the hospital service viewed as a charitable service. Hospitals survived and succeeded not through cost control but through increased income.

3. Administration and Team Periods: During the previous two periods, the physician practiced as an individual in the hospital. Later hospital service became a team effort. Nurses and other health professionals came to be viewed more as colleagues than as subordinates. The economic and political environment changed more rapidly. In the light of these changes the scope of hospital services expanded due to increased sophistication, volume, income and facilities with excessive capacity. Many hospitals adopted aggressive marketing strategy to meet the competition. Hospital technology became far more advanced. Management became the source of information. The hospitals also became more sophisticated in applying modern managerial techniques such as accounting, finance, etc.

4. Patient / Customer Period: The increasingly involved patient-customer and the newly evolved hypercompetitive market are forcing healthcare institutions to reconsider the old principle of catering to doctors and third-party payers and to focus on meeting the patient’s desire for a satisfying total healthcare experience, not just a positive clinical outcome. When the patient has choices, being a good healthcare provider at a reasonable price is no longer enough. Now, the healthcare organization must also persuade the customer that its service is most responsive to all of the customer’s needs and meets customer expectations for a total healthcare experience. This new paradigm means that providers must spend much more time and energy providing and marketing services to their customers.27

The present patient centered care focuses a team approach to meet the patient and community needs and to manage institutional services. We call this Team Period, where influence needs to be shared among trustees, physicians, administrators, nursing, other personnel and Governments who fund hospitals.

GROWTH OF HOSPITALS IN INDIA

In India, the history of medicine and surgeons dates back to the earliest of the ages. But hospitals as institutions to which a sick person could be brought for treatment were of a much later origin. The brilliantly planned cities Mohenzodaro and Harappa are good examples of cities with sophisticated drainage system and sanitation for good health. The Ayurvedic System of medicine was developed in India after the Aryan invasion of the Indus Valley. In primitive day’s religion, art and medicine were combined. People looked to the priests to cure them from sin and disease. As evolution progressed these became more distinct.

A study was conducted by Dr. Mc.Gibony of United States Public Health Services who came to India as an advisor in hospital administration during 1959-60. This study stresses the need for organized education for hospital administration in India. The first attempt to fill this growing need was a seminar on hospital administration sponsored by Technical Co-operative Mission in 1961 followed by orientation course in Hospital Administration at Govind Vallabha Pant Hospital. The National Institute of Health Administration and Education was established at New Delhi, 1964. In 1966, the first Master’s Degree in hospital administration course was set up at All India Institute of Medical Sciences, New Delhi.
Hospital, Beds and Medical Manpower

There is an ongoing race between the medical resources and increasing population. Even though there has been a tremendous growth in the medical resources, they have not been able to cope up with increasing demand due to unchecked growth of population. There are more than 15204 hospitals with 843239 beds which are managed by the Government. The following table I.1 explains the Human resources in various aspects, and table I.2 explains the details of hospitals and beds in different states of India.

Table – I.1

Human Resources

<table>
<thead>
<tr>
<th>Medical Manpower</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Population</td>
<td>1000 Million (2001)</td>
</tr>
<tr>
<td>Hospitals</td>
<td></td>
</tr>
<tr>
<td>Urban: 4,903</td>
<td>Rural: 10,301</td>
</tr>
<tr>
<td>Rural: 10,301</td>
<td>Total: 15,204</td>
</tr>
<tr>
<td>Dispensaries</td>
<td></td>
</tr>
<tr>
<td>Urban: 16,315</td>
<td>Rural: 11,964</td>
</tr>
<tr>
<td>Rural: 11,964</td>
<td>Total: 28,279</td>
</tr>
<tr>
<td>Hospital Beds</td>
<td>8,70,160</td>
</tr>
<tr>
<td>Bed: Population Ratio</td>
<td>0.84 per thousand</td>
</tr>
<tr>
<td>Doctors</td>
<td>5,03,947</td>
</tr>
<tr>
<td>Nurses</td>
<td>7,37,000</td>
</tr>
<tr>
<td>ANMs</td>
<td>3,01,691</td>
</tr>
<tr>
<td>Dental Surgeons</td>
<td>28,705</td>
</tr>
<tr>
<td>Doctor: Population ratio</td>
<td>Urban: 1:500</td>
</tr>
<tr>
<td>Rural: 1:14,000 to 18,000</td>
<td></td>
</tr>
<tr>
<td>Total: 1:1985</td>
<td></td>
</tr>
<tr>
<td>Nurse: Population ratio</td>
<td>1:1649</td>
</tr>
<tr>
<td>Nurse: Doctor Ratio</td>
<td>1.083</td>
</tr>
<tr>
<td>Medical Colleges</td>
<td>(Total: 269-2007)</td>
</tr>
</tbody>
</table>

Source: Health Information of India: Directorate General of Health Services.2007

28 Health Information of India: Directorate General of Health Services.2007
29 Health Information of India: Directorate General of Health Services.2003

39
Table – I.2
Number of hospitals, beds in different states of India

<table>
<thead>
<tr>
<th>S.No.</th>
<th>States</th>
<th>1991</th>
<th>2003</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No. of Hospitals</td>
<td>No. of Beds</td>
<td>No. of Hospitals</td>
</tr>
<tr>
<td>1</td>
<td>Andhra Pradesh</td>
<td>615</td>
<td>36,400</td>
</tr>
<tr>
<td>2</td>
<td>Arunachal Pradesh</td>
<td>18</td>
<td>1,091</td>
</tr>
<tr>
<td>3</td>
<td>Assam</td>
<td>207</td>
<td>14,460</td>
</tr>
<tr>
<td>4</td>
<td>Bihar</td>
<td>298</td>
<td>28,137</td>
</tr>
<tr>
<td>5</td>
<td>Goa</td>
<td>108</td>
<td>3,383</td>
</tr>
<tr>
<td>6</td>
<td>Gujarat</td>
<td>1,563</td>
<td>46,374</td>
</tr>
<tr>
<td>7</td>
<td>Haryana</td>
<td>78</td>
<td>7,003</td>
</tr>
<tr>
<td>8</td>
<td>Himachal Pradesh</td>
<td>65</td>
<td>4,274</td>
</tr>
<tr>
<td>9</td>
<td>Jammu and Kashmir</td>
<td>67</td>
<td>8,202</td>
</tr>
<tr>
<td>10</td>
<td>Karnataka</td>
<td>288</td>
<td>34,477</td>
</tr>
<tr>
<td>11</td>
<td>Kerala</td>
<td>2,924</td>
<td>70,349</td>
</tr>
<tr>
<td>12</td>
<td>Madhya Pradesh</td>
<td>362</td>
<td>22,103</td>
</tr>
<tr>
<td>13</td>
<td>Maharashtra</td>
<td>2,104</td>
<td>1,11,420</td>
</tr>
<tr>
<td>14</td>
<td>Manipur</td>
<td>25</td>
<td>1,460</td>
</tr>
<tr>
<td>15</td>
<td>Meghalaya</td>
<td>15</td>
<td>1,754</td>
</tr>
<tr>
<td>16</td>
<td>Mizoram</td>
<td>14</td>
<td>1,154</td>
</tr>
<tr>
<td>17</td>
<td>Nagaland</td>
<td>31</td>
<td>1,114</td>
</tr>
<tr>
<td>18</td>
<td>Orissa</td>
<td>287</td>
<td>13,988</td>
</tr>
<tr>
<td>19</td>
<td>Punjab</td>
<td>230</td>
<td>15,018</td>
</tr>
<tr>
<td>20</td>
<td>Rajasthan</td>
<td>267</td>
<td>21,815</td>
</tr>
<tr>
<td>21</td>
<td>Sikkim</td>
<td>5</td>
<td>525</td>
</tr>
<tr>
<td>22</td>
<td>Tamil Nadu</td>
<td>408</td>
<td>48,780</td>
</tr>
<tr>
<td>23</td>
<td>Tripura</td>
<td>23</td>
<td>1,531</td>
</tr>
<tr>
<td>24</td>
<td>Uttar Pradesh</td>
<td>735</td>
<td>47,278</td>
</tr>
<tr>
<td>25</td>
<td>West Bengal</td>
<td>410</td>
<td>53,977</td>
</tr>
</tbody>
</table>

Union Territories

|       | Andaman and Nicobar    | 8      | 735    | 11       | 1,101      |
| 26    | Chandigarh             | 2      | 1,500  | 7        | 2,500      |
| 27    | Dadar and Nager- Haveli| 2      | 62     | 3        | 112        |
| 28    | Daman and Diu          | 3      | 150    | 3        | 150        |
| 29    | Delhi                  | 80     | 18,241 | 82       | 22,838     |
| 30    | Lakshadweep            | 2      | 70     | 2        | 110        |
| 31    | Pondicherry            | 10     | 2,608  | 10       | 3,211      |

Total 11,254  6,19,433  15,204  8,43,239

Source: Health Information of India: Directorate General of Health Services 2003
In 1947, there were seventeen Medical Colleges with an intake of 1400 students. In 1995, the number of Colleges rose to 146 with 15,000 seats and in 2007, 269 medical colleges with an annual intake of 30,000 students. Out of this, half are private medical colleges.

**National Health Policy – 2002**

The Ministry of Health and Family Welfare, Govt. of India, evolved a National Health Policy in 1983 keeping in view the national commitment to attain the goal of Health for all by the year 2000. Since then there has been significant change in the determinant factors relating to the health sector, necessitating revision of the policy, and a new National Health Policy-2002 was evolved.³⁰

The main objective of this policy is to achieve an acceptable standard of good health amongst the general population of the country. The approach would be to increase access to decentralized public health system by establishing new infrastructure in the existing institutions. Over-riding importance was given to preventive and first line curative initiatives at the primary health level. The policy was focused on those diseases which are principally contributing to disease burden such as tuberculosis, malaria, blindness and HIV/AIDS. Emphasis was laid on rational use of drugs within the allopathic system. To translate the above objectives into reality, the Health Policy laid down specific goals to be achieved by year 2005, 2007, 2010 and 2015. These are as given in Table-I.3, Steps are already under way to implement the policy.³¹

---

³¹ Ibid., p. 776
**Table – I.3**  
National Health Policy – 2002

Goals to be achieved by 2015

<table>
<thead>
<tr>
<th>Particulars</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eradicate Polio and Yaws</td>
<td>2005</td>
</tr>
<tr>
<td>Eliminate Leprosy</td>
<td>2005</td>
</tr>
<tr>
<td>Eliminate Kala-azar</td>
<td>2010</td>
</tr>
<tr>
<td>Eliminate Lymphatic Filariosios</td>
<td>2015</td>
</tr>
<tr>
<td>Achieve zero level growth of HIV/AIDS</td>
<td>2007</td>
</tr>
<tr>
<td>Reduce mortality by 50% on account of TB, Malaria and other vector and water borne diseases</td>
<td>2010</td>
</tr>
<tr>
<td>Reduce prevalence of blindness to 0.5%</td>
<td>2010</td>
</tr>
<tr>
<td>Reduce IMR to 30/100 and MMR to 100/Lakh</td>
<td>2010</td>
</tr>
<tr>
<td>Increase Utilization of public health facilities from current level of &lt; 20% to &gt; 75%</td>
<td>2010</td>
</tr>
<tr>
<td>Establish an integrated system of surveillance, National Health Accounts and Health Statistics</td>
<td>2005</td>
</tr>
<tr>
<td>Increase health expenditure by Government as a % of GDP from the existing 0.9% to 2.0 %</td>
<td>2010</td>
</tr>
<tr>
<td>Increase share of central grants to constitute at least 25% of total health spending</td>
<td>2010</td>
</tr>
<tr>
<td>Increase state sector health spending from 5.5% to 7% of the budget</td>
<td>2005</td>
</tr>
<tr>
<td>Further increase to 8% of the budget</td>
<td>2010</td>
</tr>
</tbody>
</table>

**Indian Hospitals in the context of Health for all**

Establishment of hospitals and other institutions providing mostly curative services represents an interesting facet of various cultural, social, economic and political phases which we influenced the making of health services in India today. Historically, these services were developed to cater mostly to the needs of certain special strata of the population and because of this they are located in the urban areas. Hospitals of modern
India act as the index of development both in scientific and technological sense of the term. Free healthcare treatment for all Indian citizens is the goal of Government of India by 2000 AD., and defined in the National Health Policy. It is a challenge which one has accepted at the time of independence. It still lies in a sorry condition. This situation is not a product of wrong planning, mismanagement or mishandling of certain sectors of health, but those are gross defects lying in almost all the sectors.

The present situation with respect to doctor-patient ratio is a far cry from the time hospitals were set up by the East India Company Rules. Until 1835 there were no medical colleges and schools in India. Even later there were no native doctors or native students in the existing hospitals. It was difficult for a common or a poor man to go for medical education and the treatment. The medical colleges and schools had grown from 3 to 14 within a period of 50 years, from 1846 to 1900. The doctor-patient ratio was far below the ratio of 1:30000 till 1900. The patient bed ratio was less than 0.24 beds per 1000. There were no primary health centers in British India.

Linkage of Hospitals to Primary Health Care

Health Committees

After India attained freedom, there was rapid industrialization in the country, but at the same time there was continuous growth of population which caused a number of medical and health problems.\textsuperscript{32} Special efforts were therefore made to solve those health problems and

\textsuperscript{32}Ibid., pp. 776-778
various committees were set up from time to time, a list Health Committees and its recommendations were given in the table I.4.

**Table – I.4**

**Health Committees and Its Recommendations**

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Name of committees</th>
<th>Chairman</th>
<th>Year</th>
<th>Purpose</th>
<th>Recommendations</th>
</tr>
</thead>
</table>
| 1       | Bhore Committee    | Joseph Bhore | 1943 | To study the existing health conditions and to make recommendations for the future development | 1) No individual shall fail to secure adequate medical care because of inability to pay for it.  
2) Special emphasis on preventive work.  
3) Provision of medical relief and preventive healthcare to rural population.  
4) Health services should be placed as close to the people as possible to ensure maximum profit to the community.  
5) It is essential to secure the active cooperation of the people in the development of health programme.  
6) Three month training recommended for preventive and social medicine workers.  
7) In long term programme, a primary health unit for a population of 20,000, and a second unit for a population of 6 lakes are earmarked. In short term programme a primary unit for a population of 40,000 and secondary unit for a population of one and half million are recommended. |
| 2       | Mudaliar Committee | Mudaliar | 1961 | To survey the progress made in the field of health and medical relief since submission of Bhore Committee’s Report and to make recommendations for the future development | 1) Consolidation of advances, efforts and achievements made in First and Second Year Plans.  
2) Equipping district hospitals with specialized services.  
3) Need of regionalization of health services.  
4) Fixed upper limit for each PHC is 40,000.  
5) Constitution of all India Health Services on the pattern of Indian Administrative Services. |
| 3       | Chadah Committee   | Dr.Chadah, M.S. | 1963 | To study the arrangements for the maintenance phase of National Malaria Eradication Programme. | 1) The vigilance operation of the national Malaria eradication programme should be under control of PHC.  
2) Vigilance operations through monthly home visits should be implemented through basic health workers.  
3) The norm of basic health worker per 5000 populations was recommended.  
4) The general health services at district level should undertake the responsibility for the maintenance phase. |
| 4       | Mukerji Committee  | S.H.B. Mukherji | 1985 | To review the strategy for Family Planning Programme. | 1) Recommended separate staff for Family Planning Programme.  
2) Recommended not to use health workers for family planning.  
3) Recommended separation of Malaria Eradication Programme and Family Planning programme. |
<table>
<thead>
<tr>
<th></th>
<th>Committee</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>Mukeiji Committee</td>
<td>Mukerji</td>
<td>1966</td>
<td>To work out the details of the basic health service and to recommend for consequential strengthening of administration. 1) Recommended the staff pattern for various agencies administering health services in the country i.e. for primary health centre, district health organization, district hospital, urban areas. 2) To work out the details of the basic health service and to recommend for consequential strengthening of administration. 3) Recommended the staff pattern for various agencies administering health services in the country i.e. for primary health centre, district health organization, district hospital, urban areas. 4) To work out the details of the basic health service and to recommend for consequential strengthening of administration. 5) Recommended the staff pattern for various agencies administering health services in the country i.e. for primary health centre, district health organization, district hospital, urban areas. 6) To work out the details of the basic health service and to recommend for consequential strengthening of administration. 7) Recommended the staff pattern for various agencies administering health services in the country i.e. for primary health centre, district health organization, district hospital, urban areas. 8) To work out the details of the basic health service and to recommend for consequential strengthening of administration.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Jungalwala Committee</td>
<td>Dr.N. Jungalwala</td>
<td>1967</td>
<td>To integrate health services 1) Recommended the staff pattern for various agencies administering health services in the country i.e. for primary health centre, district health organization, district hospital, urban areas. 2) To integrate health services 3) Recommended the staff pattern for various agencies administering health services in the country i.e. for primary health centre, district health organization, district hospital, urban areas. 4) To integrate health services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Karthar Singh Committee</td>
<td>Sri Karthar Singh</td>
<td>1973</td>
<td>To develop multipurpose workers under Health and Family Planning. 1) The structure for integrated service was recommended. 2) Given recommendations on training requirements. 3) Given steps for utilization of mobile service units under Family Planning Programme. 4) Recommended for provision of a primary health centre for a population of 50,000. 5) To develop multipurpose workers under Health and Family Planning. 6) The structure for integrated service was recommended. 7) Given recommendations on training requirements. 8) Given steps for utilization of mobile service units under Family Planning Programme. 9) Recommended for provision of a primary health centre for a population of 50,000.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Shrivastav Group</td>
<td>Dr.J.V. Shrivastava</td>
<td>1975</td>
<td>To improve medical education and support manpower 1) Recommended for a nation-wide network of effective services suitable to Indian conditions. 2) Steps should be taken to create bands of paraprofessional or semi-professional health workers from the community. 3) Recommended for the primary health centre with additional doctor and nurse. 4) Recommended for constituting an act of the Parliament for co-ordination and maintaining standards in medical and health education.</td>
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</table>

**Health in Five Year Plans**

The era of scientific planning was started with the establishment of Planning Commission in 1950. Health is fundamental to national progress. The planning of this field cannot be done in isolation. It has now been proved that health programmes contribute directly to the socio-economic growth of the nation. Government of India has therefore been giving due attention to this matter and has taken several important steps by opening training centers for all health related personnel. Health conditions in the country have improved considerably on account of sustained efforts towards the promotion of healthcare.33 Progressive increase in outlay of health plans can be observed from Table I.5.

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33 Ibid, pp. 778-780.
Table – I.5
Five Year Plans wise Investment in Public Sector, Health and Family Welfare (Centre, State and Union Territories) (In Rs. Crores)

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Plan Period</th>
<th>Total Plan Investment</th>
<th>Health</th>
<th>Family Welfare</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Expenses</td>
<td>Percentage of Column 3</td>
</tr>
<tr>
<td>1</td>
<td>I Plan (1951-1956)</td>
<td>1960.0</td>
<td>65.2</td>
<td>3.33</td>
</tr>
<tr>
<td>2</td>
<td>II Plan (1956-1961)</td>
<td>4672.0</td>
<td>140.8</td>
<td>3.01</td>
</tr>
<tr>
<td>3</td>
<td>III Plan (1961-1966)</td>
<td>8576.5</td>
<td>225.9</td>
<td>2.63</td>
</tr>
<tr>
<td>4</td>
<td>Annual Plans (1966-1969)</td>
<td>6625.04</td>
<td>140.2</td>
<td>2.12</td>
</tr>
<tr>
<td>5</td>
<td>V Plan (1969-1974)</td>
<td>15778.8</td>
<td>335.5</td>
<td>2.13</td>
</tr>
<tr>
<td>6</td>
<td>VI Plan (1974-1979)</td>
<td>39322.0</td>
<td>682.0</td>
<td>1.73</td>
</tr>
<tr>
<td>7</td>
<td>Annual Plan (1979-1980)</td>
<td>11650.0</td>
<td>268.2</td>
<td>2.30</td>
</tr>
<tr>
<td>8</td>
<td>VI Plan (1980-1985)</td>
<td>97500.0</td>
<td>1821.0</td>
<td>1.86</td>
</tr>
<tr>
<td>9</td>
<td>VII Plan (1985-1990)</td>
<td>180000.0</td>
<td>3392.8</td>
<td>1.88</td>
</tr>
<tr>
<td>10</td>
<td>Annual Plan (1990-1991)</td>
<td>61518.1</td>
<td>960.9</td>
<td>1.56</td>
</tr>
<tr>
<td>11</td>
<td>Annual Plan (1991-1992)</td>
<td>72316.0</td>
<td>1185.5</td>
<td>1.63</td>
</tr>
<tr>
<td>12</td>
<td>VIII Plan (1992-1997)</td>
<td>798000.0</td>
<td>7575.9</td>
<td>0.94</td>
</tr>
<tr>
<td>13</td>
<td>IX Plan (1997-2002)</td>
<td>859200.0</td>
<td>10818.4</td>
<td>1.25</td>
</tr>
<tr>
<td>14</td>
<td>X Plan (2002-2007)</td>
<td>1484131.3</td>
<td>31020.3</td>
<td>2.09</td>
</tr>
<tr>
<td>15</td>
<td>XI Plan (2007-2012)</td>
<td>-</td>
<td>46669.0</td>
<td>-</td>
</tr>
</tbody>
</table>


On close examination we find that health services component has been given less importance in total development. Only 16.18% of the total expenditure had been devoted to the sector in various plans. The outlay of health has been very little as it has been varying from 4% in the First Five-Year Plan to 2 to 3% in the Fourth and Fifth Five-Year Plans. This amount is not sufficient to solve the problems of healthcare delivery system. In other countries of this region health sector is being given a higher priority.
Present State of Hospitals

There are different types of hospitals. Whatever the hospital, irrespective of it, faces lot of problems and patient is the ultimate sufferer. So we need patient centered hospital. The following are the common problems that are identified in the hospitals.

- Ineffective leadership
- Political interference
- Lack of information system regarding hospital services
- Lack of forward planning
- Lack of delegation and decentralization of authority
- Lack of clarity in duties and responsibilities
- Lack of disciplinary actions
- Lack of decision making at all levels
- Ineffective communication
- Primitive health information systems
- Lack of co-ordination
- Poor physical conditions and inadequate infrastructural facilities
- Improper record system and poor maintenance of records.
- Inadequate high technology equipment
- Negligence – deterioration in the standards of health care
- Lack of emphasis on patient centered service
- Inadequate supply of drugs
- Lack of quality food supply
- Inadequate sanitary facilities
- Lack of in-service education for staff
- High cost of health care
- Non-courteous attitude of employees in the wards
- Indifference among the doctors and other categories of staff
The above scanning of the problems reveals the concept of health services changed and the people expectations also changed a great deal. Thus, there is a wide-spread belief that better management of health services is essential if higher standards of health care are to be achieved. The best services will lead to greater success.

THE MODERN HOSPITAL - A COMPLEX ENTITY

That the modern hospital is an extremely complex organization is evident from the fact that it provides essential services which must be available 24 hours a day. Obviously, the hospitals differ from other organizations in that, they deal continuously with the problems of life and death. The hospital is faced by a unique set of issues and characteristics. These characteristics in the Indian context can be summed up thus:

a. Hospitals are operated continuously. This leads to high cost and causes personnel and scheduling problems.

b. There is wide diversity of objectives and goals among the individuals, professional groups and various sub-systems. Hospital components are responsible for/or participate inpatient care, education, research, prevention of prospective ailments, accommodation and intricate medical and surgical procedures. These activities are generally conflicting. Effective co-ordination is becoming difficult in minimizing this conflict and obtaining the maximum support in achieving hospital mission.

c. Hospital personnel range from highly skilled and educated to unskilled and uneducated employees. The major responsibility of the hospital manager is to get work from these diversified groups. Unionization
among personnel complicates human resource management in hospitals.

d. Many components of hospital operation have dual lines of authority. Physicians are responsible for patient care, education and research. This necessitates unique skills and special working relationships.

e. Hospitals deal with the problems of life and death. This puts significant psychological and physical stress on all the personnel. The setting and outcome may cause consumers and their families to be hypercritical.

f. It is difficult to determine and measure the quality of patient care. There has been progress in determining what quality is, but many questions were unanswered and there is disagreement among experts as to how and what should be measured.

g. One major characteristic of hospital management is the over emphasis on medical care and the overriding of financial aspects of hospital operations. This results in distortion of management principles and their application to hospitals as compared with other undertakings.

h. The complexity of a hospital is characterized not only by its diversified activities but also by the personalized nature of its services. Each patient is a special product.

Advances in technology, economic, political pressures and consumer demands add complexity and problems to hospital management at the rate equal to or greater than the rate at which managers solve them.  

34 Ibid., pp. 17-20.
NEED OF THE DAY - NEW ENVIRONMENT

The severe financial constraints, the selfish and flimsy staff relations demand an entirely new environment for the present day hospitals. There is a nursing shortage, while quality and utilization standards are rising. In these turbulent times, it can be said that the healthcare environment has a significant influence on hospitals. Now-a-days there are many criticisms leveled at the hospital industry such as pricing structure, costs and productivity. The difference between a successful and an unsuccessful hospital may be due to luck as much as management. In order to survive in the ensuing decades a metamorphosis of the hospitals will become imperative. Every hospital has to come up with new and innovative ways to decrease their costs while continuing to provide a high quality of care and strong patient orientation. The central theme of the above discussion is that hospital executives have to create and maintain a competitive advantage for their hospital.

Some of the strategies every hospital has to adopt to create a patient centered hospital include:

a. Technology Leadership
b. Quality Leadership
c. Cost Leadership.

a. Technology Leadership

The hospitals should be equipped with the latest technology. But, unfortunately Government hospitals are not in a position to cope with the current situation. The reason may be that these hospitals are in the control of State or Central Government. Bureaucratic procedures, severe financial constraints and considerable cut in the expenditure on health lead to

problems in purchase of new machinery. The available equipment is defunct due to lack of timely and proper maintenance. Huge equipment with labels “Not Working” can be seen stacked for months together. To a large extent bureaucracy too contributes to the lack of maintenance of equipments. In case of private hospitals, the authorities are providing technologically updated equipment in the hospitals. We can say to a certain extent that private sector succeeded in providing latest equipment.

b. Quality Leadership

Success of a hospital both in government and corporate sector is measured by an accepted level of care. Quality of care is an essential and considerable aspect for a hospital structure. It is clear from our casual observation that the quality of services is good in corporate sector when compared to Government hospitals. But the problem is though care is high in corporate sector, it is attracting only high income group. The quality of services is good in private (missionary) sector, it is attracting low, middle, and high income groups.

c. Cost Leadership

One of the generic concepts cited by Michael E Porter for dealing with the competitive forces is cost leadership. One should provide services to all sections of people. But these costs are very high in the corporate sector and they are giving relatively qualitative services. Whereas in Government Hospital, though providers are giving services free of cost, the care is at the lowest ebb. So, in this context, cost minimization in all areas is necessary. A great deal of managerial attention to cost control is necessary to achieve the aims. Cost reduction control is a critical factor in improving return on investment. Four strategies are identified for high ‘Return on Investment’ in hospitals (ROI). First, strict attention to length of stay appears to be of paramount
importance. One can control this by physicians and they may be facilitated by managers. This can be achieved through sharing of information. Physician profiling should be initiated and results should be communicated with medical staff in an open environment. Secondly, labour productivity is critically related to financial performance. This gives high ROI. Thirdly one should concentrate on overhead cost control. Fourthly general service costs per discharge which represents costs from non-patient care departments such as laundry, house keeping and administration which contribute a high percentage of hospital’s total costs.36

NEED FOR PATIENT CENTERED HOSPITALS

The following specific examples were the problems and issues that were collected, observed and identified in many hospitals

1. Lack of Co-ordination: A patient ‘B’ (the name is not disclosed) met with an accident and had head injury and fracture of the femur. He was brought to GGH and admitted in the ICU. Patient was referred to Neurosurgeon and Orthopaedist. Both the doctors failed to respond to the emergency. The patient was left unattended till the following day. Even the nurses did not take interest to remind the doctors regarding patient’s condition and to attend on the patient. This was merely due to lack of co-ordination among the medical team and other hospital staff.

A patient ‘Y’, a 14 years old school student met with car accident while crossing road after school near her home in Guntur. She was shifted to casualty of GGH. She was severely injured and had multiple fractures.

She was referred to Ortho-surgeon by the casualty doctors. The concerned specialist was not available to attend the critically ill patient till the next morning and this was due to lack of coordination between casualty doctors and other specialists. The seriously injured patient was neglected with no proper attention by the doctors. Here doctors need to integrate the efforts of their knowledge and skills to save a patient. It has been generally observed by the patients who were referred to other specialties for consultation and further opinion that a lot of time was consumed.

2. Non-attendance: A patient ‘X’ was admitted with abdominal pain and he was asked to undergo ultra sound abdomen diagnostic test. When the patient needed to be shifted to the ultra sound diagnostic unit, the staff found the ward boy missing from his duty. By that time the patient was shifted to the diagnostic unit, doctor had left the unit. This caused the patient further complications by mere the non-attendance of the lower class employees.

3. Lack of values: In another case, after delivery when the baby was handed to the ayah for bathing, she demanded rupees five hundred, as the family could not afford to make the payment immediately the baby was left unattended resulting in the death of the baby. In GGH it has become an accepted code to demand money for every delivery. The parents are faced with mental torture not being able to meet the demand of the ayahs and ward boys. This is purely due to lack of values of the class four employees.

4. Irresponsibility: In the GGH, the doctors, nurses, paramedical and other staff, are not present for duty on time. During the duty hours, whether it is day or night, they do not pay much attention to the patients’
needs; they relax, leaving the responsibility to the students. A lot of 
irresponsibility is seen in all categories of GGH staff. This is known to 
the public, but they are not able to complain to the concerned authority 
for them to take proper measures to solve the problems. The 
administration system is not well organized in GGH; it has no control 
over the staff and their responsibilities. In brief the functioning of the 
hospital should be organized and reorganized to serve the patients most 
effectively and efficiently. To quote Pt. Jawaharlal Nehru Administration 
not only has to be good but also to be felt to be good by the people”.

5. Lack of clear Communication: In the month of August, 2010, in 
pediatric emergency department, an incident took place due to improper communication between doctors and student nurses regarding the administration of medication. A female child aged 6 years, who was admitted with the complaint of fever, expired. A doctor had asked a student nurse to administer syrup chloroquine 6 ml. Instead, the student nurse administered injection chloroquine intra venous, immediately, the baby’s consciousness and respiratory effort decreased, which led to death of the patient at the time of discharge. The doctor escaped from the incident and student nurse was caught and debarred.

6. Negligence: In the Neonatal intensive care unit, a new born baby was 
not given medical attention though she was suffering from congenital heart disease. Due to the negligence of the doctors the baby expired, which shows that sometimes doctors are not serious about their responsibilities towards patient care. Since it is free service, the doctors take the patients for granted, paying little or no respect to the patients’ rights.

Recently, with the Dengue fever a few patients were admitted in GGH and the relatives felt proper attention was not given to their patient and a few patients were shifted to other private hospitals. There
they got proper treatment which saved their lives. In GGH a few patients died due to delayed medical treatment. This serves as an example for the inadequate facilities and practical administrative inadequacies.

There was another incident where an in-patient was getting fits and the attendants were frightened and approached the nurses. The nursing staff did not responded, and did not attend to the patient. The near by attendants helped. During the fits, since the attendants were not able to handle the patient, he fell from the cot resulting in a fracture. This negligence of the nursing staff led the patient to other complications.

A patient was brought to GGH with 45% of burns. She was admitted but immediate measures were not taken. Because of loss of fluid and dehydration she died. If the medical personnel had taken personal interest towards the patient and provided necessary emergency treatment to the patient at the right time, there was every possibility of saving the patient. Here the negligence lies both on the part of doctors and nurses who failed to monitor the condition of the patient and give necessary emergency care.

Many bed ridden patients are not provided proper hygienic measures like daily bed bath, back care, mouth care etc. This caused the formation of bed sores and mouth ulcers. The nurses are responsible to provide adequate and proper hygienic measures especially to the bed ridden patients. The failure of nursing staff in carrying out their responsibility leads to patients to suffer with other complications.

Mrs. Lakshmi aged 55 years a Diabetic was admitted with cellulites in GGH. Because of irregular administration of antibiotics the patient developed further complications and had to undergo above the
knee amputation. Due to insufficient stock of supply of necessary medications the patient was asked to purchase. Being poor she was unable to buy the medications. Here the main cause is administrative problem where the patients were unable to receive the timely medications.

Five years ago 24 years old Mr. Rajesh, met with scooter accident between 9 and 10 pm near Phirangipuram. People who saw this incident brought him immediately to GGH. The patient was shifted to causality and left on the stretcher without taking any initiative to attend on him. By the time the patient’s relatives and parents rushed to the casualty and asked the doctors about his condition, the doctors explained that he was very serious and he will not survive. During that time his friends went to see him and seeing his condition, they requested the doctors in the casualty to give them permission to shift the patient to St. Joseph’s Hospital. The doctors were not willing to give permission because it was a medico legal case. To rectify the problem, it took nearly 2 to 3 hours. By that time the patient went into hypoxemia of the brain. His friends shifted him to St. Joseph’s hospital and emergency care was given. He was unconscious for about 2 months, after which he started to respond slowly. Today he is alive and is able to support himself with his job. The cause of prolonged treatment resulted, due to the negligence of GGH doctors in the casualty to provide adequate emergency care immediately to the patient. If this process was followed as soon as the patient reached the casualty he might have recovered without any further complications like hypoxemia of the brain. This problem caused him to have long days of hospital station and recovery. The family was unable to meet the cost of the treatment. Similarly there were many other incidents where the patients suffered.
Many medico legal cases like poisoning, hanging, road traffic accident etc were not able to receive immediate medical attention and due to delayed medical attention a few died and a few landed into serious complications.

7. Lack of Attention: Many times, the nurses fail to pay attention to the prescriptions of doctors during rounds. This leads to failure in administering the correct drug to the patients. Due to administration of wrong medications and wrong dosage patients develop serious complications some times. Though nurses are aware that, they need to check five Right's before they administer any medication to the patient, namely right name, right person, right drug, right dose and right time, they fail to do so. Here the ultimate sufferer is the patient. The administration needs to take proper measures and disciplinary actions to avoid such complications.

During labour pains, failure in monitoring the fetal heart rate leads to intra uterine death of the baby. It is the duty of the doctors and nurses to monitor the mother during labour pains for the progress of the labour. Because of heavy work and inadequate staff the mother was not given proper attention by the doctors and nurses that caused loss of the baby. Here it is not only the mother; but the whole family who suffer due to the loss of baby. So recruiting adequate staff, giving proper job responsibility and motivating about the importance of time management should be taken care by the authority.

8. Fail to Screen: The patient who under went Laprotomy surgery, was in need of blood. The attendants were not able to provide the required blood from their own family members. The attendants requested permission to get blood from an outside blood bank. The blood which was purchased from outside was given to patient during surgery. After
surgery when the patient was shifted to intensive care unit it was noticed that the patient developed anaphylactic reaction due to mismatched blood and again blood bag was sent to the lab asking to cross match with the patient’s blood. It was identified as wrong blood group. Though the patient was saved, he had prolonged hospitalization. So we need to pay extra attention when we get blood from an outside blood bank and need to motivate the patient’s family members to donate blood from their own family members to avoid complications. Due to failure to screen the blood while receiving blood from the donors there is a possibility to develop dreaded disease like HIV, Hepatitis Band C etc. It is very essential for the **proper screening** of blood before we transfuse it to the patient.

9. **Lack of high technological facilities**: A number of patients come with neurological and cardiac problems to St. Joseph’s General Hospital. Due to **lack of high technological facilities** like CT, MRI, cardiac catheterization (angiogram) etc., they are referred to other hospitals and diagnostic centers. It is an urgent need for the hospital to equip with advanced technology, to meet the patients’ needs and to promote patient centered care.

10. **Non-availability of specialist**: Every day the hospital faces **non-availability** of specialist on time to see, specially, the out-patients in the OPD and casualty. Most of the time patients have to wait long hours to be examined by the doctors.

A patient ‘x’ came with the complaint of fits during night. The patient was asked to wait in the casualty. When Neuro physician was contacted he was not available initially and refused to see the patient, since the patient has not taken a prior appointment. The doctor had left the hospital and asked the patient to be sent to his clinic. From the above
incident it is clear that the non-availability of specialist on time leads to the inconvenience of the patient’s involving money, time and dissatisfaction.

11. Lack Attention: Many patients of the NRI hospital complain that too many diagnostic procedures are ordered and unnecessary medications are given to them. They need to wait long hours for diagnostic procedures and the results.

A patient who was diagnosed with a heart problem wanted to take only medical treatment since he was suffering with Tuberculosis. But the doctors advised him to undergo immediate bypass surgery failing which he would not survive long. Though the patient was unwilling to undergo surgery on doctors’ advice and family members’ interest, he underwent the surgery. Though the surgery was successful, he landed with pulmonary edema. Here, the failure of doctors to take extra measures during the surgery caused further complications and prolonged hospitalization for the patient.

12. Wrong Diagnostic Procedures: In another case, a patient was admitted with abdominal pain, and he was diagnosed with Carcinoma of stomach, he was referred to another hospital where the doctors diagnosed that he was suffering with Pancreatitis. At times the wrong diagnostic procedures cause severe psychological stress to the patient and family.

When patients were admitted with different disorders like burns, severe asthma, acute respiratory distress syndrome, snake bite, Diabetic coma, the drugs like insulin drip, Aminophyllin drip, Atropine drip and intra venous fluids should be administered slowly as per the physician’s
orders. Many times the above procedures were not given adequate attention; which led to other complications and death of the patient.

13. High Cost: A patient 'B' went to NRI hospital with a complaint of chest pain. He was asked to undergo an angiogram. On undergoing the test he was diagnosed with triple vessel disease and advised to undergo a bypass surgery. Since he did not have an insurance coverage, he was asked to pay the surgery fee in advance, by the hospital. On enquiring of the charges in another hospital, he found it was comparatively less. He requested the doctors to discharge him and got the treatment where the charges were less. This reveals that the NRI hospital is well equipped with modern technological facilities and specialist. Since cost of the medical treatment is high the common man is not able to afford the treatment in NRI hospital.

Pathetic Situations:

Such is the state of affairs in the various hospitals. If the resources are available, the service may not be good in some. In some the services are very much available, but there is a short fall in resources. In yet, some other hospitals resources and services may be available, but one might have to pay very heavy price to procure them. In this context, the researcher found it necessary to make a thorough study of the hospitals and provide suitable suggestions to run the hospitals in an economical, efficient and sincere manner in order to meet the health and medical needs of the population. This is definitely most necessary because ours is a welfare state. The life and health of each and every citizen is the responsibility of the state.
The drastic changes in new healthcare environment are needed for a continuous survival of the hospital system. One has to give utmost importance to patient. Every hospital has to come up with new and innovative ways to decrease their costs while continuing to provide a high quality of care and strong patient-orientation. One has to incorporate patient satisfaction, patient-focused and continuous quality improvement philosophy throughout the organization.

In this competitive environment, the traditional concept of managing hospital services will not serve the purpose. There is need of structural transformation. It is in this context there is every need to create a patient centered hospital on modern lines. In this direction this research is mainly aimed at finding the problems and issues in the creation of patient centered hospitals in India and suggest some measures for achieving it. This research study may be of some help in this direction.

**Structure of the study:**

The entire study is divided into six chapters. Chapter I deal with the present scenario relating to the hospitals in India. Chapter II concentrates on the research methodology, objectives, hypothesis and literature survey. The theoretical base of Patient Centered Hospital is being discussed in Chapter III. The analysis of the study relating to the perceptions of the Doctors, Nursing staff and finally the Patients are given in Chapter IV and V respectively. The final Chapter deals with the findings of study and suggestions for building patient centered hospitals.