

# OBM752 - HOSPITAL MANAGEMENT

## UNIT-I

### OVERVIEW OF HOSPITAL ADMINISTRATION

Distinction between Hospital and Industry,  
Challenges in Hospital Administration - Hospital Planning-  
Equipment Planning - Functional Planning

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#### Hospital:-

The word 'hospital' is derived from the Latin word hospitalis which comes from hospes, meaning a host.

\* Today, hospital means an institution in which sick and/or injured persons are treated.

\* A hospital is different from a dispensary - a hospital being primarily an institution where in-patients are received and treated while the main purpose of a dispensary is distribution of medicine and administration of outdoor relief.

~~Definition~~ According to the Directory of Hospitals in India, 1988,  
↳ A hospital is an institution which is operated for the medical, surgical and/or obstetrical care of in-patients and which is treated as a hospital by the Central/State government/local body/private and licensed by the appropriate authority.

A modern hospital is an institution which poses adequate accommodation and well-qualified and experienced personnel to provide services of curative, restorative, and

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preventive character of the highest quality possible to all people regardless of race, colour, ~~and~~ creed, or economic status; which conducts educational and training programmes for the personnel particularly required for efficacious medical care and hospital service; which conducts research assisting the advancement of medical services and hospital services and which conducts programmes in health education.

↳ A hospital is an integral part of a social and medical organization, the function of which is to provide for the population complete health care, both curative and preventive and whose outpatient services reach out to the family and its home environments, the hospital is also a centre for the training of workers and biosocial research.

\* Modern hospitals are open 24 hours a day.

\* Their personnel render services for the cure and comfort of patients.

\* In the nursery, new-borns receive the tender care of trained nurses.

\* In the laboratory, expert technicians conduct urine, stool and blood tests, vital to the battle against disease.

\* In the kitchen, cooks and dieticians prepare balanced meals that contribute to the patient's speedy recovery.

A hospital aims at the speedy recovery of patients.

\* That is why its rooms are equipped with air-conditioners, call-bells and other devices.

\* Several hospitals have libraries which provide books for the patients.

\* The telephone keeps the sick in touch with their friends and relatives.

\* In most of the hospitals today, patients have newspapers, barbers services, facilities like televisions and radio sets in their rooms/wards.

\* To save the precious time of the medical staff, secondary duties, like explaining the diagnosis and the line of treatment to the patients and their attendants, are entrusted to another section of the staff called "medical social workers".

Changes in Hospital Organization:-

As far as voluntary hospitals are concerned, many religious groups ran family-style, mission-oriented service centres for the sick.

\* As these grew into larger and larger modern institutions the outward and inward pressures to adapt to the changes in society became evident.

In spite of various reports submitted by diff. committees, modern hospitals in India have, for the most part, been organized along British lines with strict hierarchical structure.

\* Govt. hospitals have to face increasing bureaucratic difficulties at different levels before goods and services are received.

\* Traditionally, the Medical Director or Medical Superintendent is the head of the organization with the matron handling the nursing staff, maintenance,

house-keeping, linen and other non-medical departments.

\* There are delays, frustrations and inefficiencies are revealed by the discussions held with the heads of various govt and semi-govt. hospitals and in hospital seminars

During the past three decades, the organization of hospitals in India has come in for severe criticism, as is reflected by increasing labour protests of all kinds, and rising public sentiment voiced against existing medical conditions.

\* Organizational change is a requisite for organizational improvement and only a planned change is likely to be effective.

\* Increasing specialization is leading to fragmentation.

\* Functional specialization must give way to interfunctional integration to maintain organic harmony.

With increasing complexity of medical care and acceptance of the hospital as a service, adjunct services to supplement the usual medical and nursing care are to be developed.

\* These involve medical social work, linen and laundry mgmt, nutrition, housekeeping, medical record technology, medical laboratory technology, hospital accounting, physiotherapy, and more complex record and business procedures.

\* As modern hospitals have to perform more complex functions, employ highly skilled personnel and provide better facilities, their organizations have grown

increasingly complex and their operations more costly.

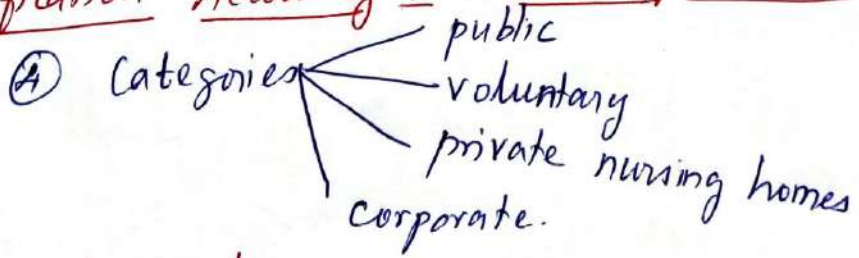
\* These consequences, interacting with or affected by developments outside the hospitals have, in turn, led to new phenomena and situations, namely, the appearance of hospital administration and human resource mgmt as professions, the advent of voluntary pre-payment plans for hospital expenses, an increased awareness of and greater attention to the quality of hospital service and medical care, and a more prominent role of govt., at all levels, in the hospital field, especially in the construction and financing of hospitals.

Classification of Hospitals:-

Hospitals have been classified in many ways. The most commonly accepted criteria for the classification of the modern hospitals are:

- 1) length of stay of patients (long-term / short-term)
- 2) Clinical basis
- 3) ownership control basis

Classification According to Ownership/Control:-



① Public hospitals:-

Public hospitals are those run by the Central govt., state govts or local bodies on non-commercial lines.

- \* These hospitals may be general/specialized hospitals/both.
- \* General hospitals are those which provide treatments for common diseases, where specialized hospitals provide

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treatment for specific diseases like infectious diseases, cancer, eye diseases, psychiatric ailments, etc.

\* General hospitals can diagnose patients suffering from infectious diseases, but refer them to infectious disease hospitals for hospitalization.

## ② Voluntary hospitals:-

Voluntary hospitals are those which are established and incorporated under the Societies Registration Act, 1860 or Public Trust Act, 1882 or any other appropriate Act of Central/State Govt.

\* They are run with public/private funds on a non-commercial basis.

\* No part of the profit of this hospital goes to the benefit of any member, trustee or to any other individual.

\* A board of trustees, usually comprising prominent members of the community and retired high officials of the Govt, manages such hospitals.

\* These hospitals spend more on patient care than what they receive from the patients.

\* Whatever they earn from the rich patients of the private wards, spend on the patients of general wards.

\* However, the main source of their revenue are public and private donations, and grant-in-aid from Central Govt/State Govt, and from philanthropic organizations, both national and international.

\* Thus, voluntary hospitals run on a "no profit, no loss" basis.

③ Private Nursing Homes:-

These are generally owned by an individual doctor or a group of doctors.

\* They admit patients suffering from infirmity, advanced age, illness, injury chronic disability, etc, but they do not admit patients suffering from communicable diseases, alcoholism, drug-addiction, or mental illness.

\* These are run on a commercial basis.

\* Naturally, the ordinary citizen cannot usually afford to get medical treatment there.

\* However, these are becoming more and more popular due to the shortage of govt- and voluntary hospitals.

\* Secondly, wealthy patients do not want to get treatment at public hospitals due to long queues of patients and the shortage of medical and nursing staff leading to lack of medical and nursing care.

④ Corporate hospitals:-

These are formed by public limited companies formed under the Companies Act.

\* These are normally run on commercial lines.

\* These can be either general or specialized or both.

Classification . According to Length of Stay of Patient

A patient stays for a short-term in a hospital for treatment of disease like, pneumonitis, appendicitis, ~~gastro~~ gastroenteritis, etc.

\* A patient may stay for a long-term in a hospital for treatment of diseases such as tuberculosis, cancer, schizophrenia, etc.

## Classification According to Clinical Basis:-

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Some hospitals are licensed as general hospitals while others as specialized hospitals.

\*In a general hospital, patients are treated for all kinds of diseases such as pneumonia, typhoid, fever, etc., but in a specialized hospital, patients are treated only for those diseases for which the hospital has been set up, such as heart diseases, tuberculosis, cancer, maternity, ophthalmic diseases, etc.

## Classification According to Directory of Hospitals:-

The Directory of Hospitals in India - 1988 lists various types of hospitals and the types of management.

### Types of hospitals:-

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#### 1) General hospital

- All establishments permanently staffed by at least two or more medical officers, which can offer in-patient accommodation and provide active medical and nursing care for more than one category of medical discipline.

#### 2) Rural hospital

- Hospitals located in rural areas permanently staffed by at least one or more physicians, which offer in-patient accommodation and provide medical and nursing care for more than one category of medical discipline.

#### 3) Specialized hospital

- Hospitals providing medical and nursing care primarily for only one discipline or specific diseases.

- The specialized departments, administratively attached to a general hospital and sometimes located in an annexe or separate ward.



4) Teaching hospital

- A hospital to which a college is attached for medical/dental education.

5) Isolation hospital

- This is a hospital for the care of persons suffering from infectious diseases requiring isolation of the patient.

6) Tertiary hospital

- States and Central Governments set up tertiary hospitals in their capitals where referred patients are treated such as AIIMS, New Delhi, P.G.I. Chandigarh, Sanjay Gandhi, P.G.I. Lucknow, etc.

Types of Management :- (7) types

1) Central Government / Government of India.

All hospitals administered by the Government of India, viz. hospitals run by the railways, military/defence, mining/ESI/ Post & Telegraphs, or public sector undertakings of the Central Government.

2) State Government

All hospitals administered by the state/UT government authorities. and public sector undertakings operated by states/UTs, including the police, jail, canal departments and others.

3) Local bodies

All hospitals administered by local bodies, viz, the municipal corporation, municipality, zila parishad, panchayat.

4) private

All these type of hospitals owned by an individual or by a private organization

5) Autonomous Body

All hospitals established under a special Act of Parliament/ state legislation and funded by the central/ state government /UT, e.g. AIIMS, PGI, Chandigarh.

6) Voluntary organization

All hospitals operated by a voluntary body/a trust/ charitable society registered or recognized by the appropriate authority under the Central/State govt. laws. This includes hospitals run by missionary bodies and co-operatives.

7) Corporate body

A hospital run by a public limited company. Its shares can be purchased by the public & dividends distributed among its shareholders.

HOSPITAL ADMINISTRATION;-

Administration, on a planned and scientific basis, is necessary for the smooth running of every institution.

\* A hospital is no exception to this fundamental rule.

\* In order to perform its functions efficiently, hospitals to day must be organized and administered in a scientific manner.

\* This demands that every staff member should be adequately trained.

Hospitals have lagged far behind business and industry in the development of mgmt policies and techniques pertaining to their administrative functions.

\* They continue to make ad hoc arrangements rather than having a carefully planned administrative policy.

2 mark (\* With the increase of hospital's size and complexity, as also with socio-economic conditions, the organizational relationships within the hospital has also undergone a change.

\* It is no longer a question of the needs and conveniences of the trustees, administrators and medical staff alone.

\* Another set of people, the organized consumers, have to be satisfied first and foremost.

\* Hence, the hospital requires a more explicit organizational division of labour and more efficient and responsible mngmt.

Hospital personnel, be they in administration, medical staff, para-medical staff or general employees, must all be concerned with one goal, i.e. to provide the best possible patient care.

\* It is unfortunate that administration has frequently lost sight of the fact that patient care is dependent upon the skills and attitudes not only of the hospital personnel with whom the patient is in direct contact but also upon the skills and attitudes of the many employees whom the patient may never get to see.

\* The personnel policies of a hospital should help employees realize their individual goals and needs to improve the quality of patient care.

Due to the growing awareness about health amongst the masses, hospitals all over the world are therefore under tremendous pressure to improve their services and administration for their survival and growth.

\* This is possible only when the top mgmt of any hospital will give due consideration in selecting a well qualified and trained hospital administrator who in turn will give due importance not only in improving medical facilities but also the efficiency of its personnel, because sophisticated equipments in medical laboratory, X-ray dept, operation theatre, accounts dept, admission office, etc, cannot improve the entire working of the hospital until and unless its operators and employees are well trained and adequately motivated.

\* Therefore, in the years to come, hospital administration will assume even higher importance.

Hospital Administration as a Profession;

With the increasing population and more and more people becoming health conscious, a great many hospitals, clinics and diagnostic centres are coming up in voluntary, govt. and corporate sectors in India.

\* Thus, a new interesting career of hospital administration has come into existence.

Hospital administration means applying all the techniques of modern mgmt such as planning, organizing, staffing, controlling and evaluating, as well as newer techniques such as operational research and behavioural science, to optimize the resources available in hospitals, clinics and diagnostic centers. It also involve instilling efficiency and effectiveness into the existing system.

Hospital administration as a profession, has great scope in India today as hospitals are growing by leaps and bounds.

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\* It equips an individual with the attributes required to run a hospital smoothly.

\* Now, this is a top-notch career option. It demands professionalism like any other profession.

\* Hospital administration as a profession is on the fast track.

Non-medicos, after diploma or degree in hospital administration, join in a junior mgmt position, after 5-10 years become middle mgmt managers, after another 5-10 years become administrator and finally, CEO of a hospital at the age of 40 years or so.

\* Similarly, medics, after diploma or degree in hospital administration, join as deputy medical superintendents, after 5-10 years of experience become medical superintendents, and finally director medical services or CEO of a hospital like non-medicos in the field of hospital admin.

There are many postgraduate courses being offered by institutes, ranging from two to three years.

\* These programmes are full-time, part-time and even distance learning programmes.

\* The eligibility criteria for these courses is graduation in any discipline.

\* In IHMR, Jaipur and Devi Ahilya Institute of Hospital Administration, the duration of the programme is 5 years because they take undergraduates.

\* The doctors who are taking hospital administration as a profession, they should be prepared to ~~see~~ sacrifice the direct doctor-patient relationship.

\* The non-medico candidates who want to choose this career, they should have an exposure to the health care delivery system before they choose it as a profession.

Thus, the belief that doctors trained in the modern techniques of hospital administration make good hospital administrators has come to stay.

\* The major advantage doctors have is that they are better suited to deal with other medical practitioners, technologists and even patients, as they understand the field realities better.

\* As a doctor, one is only concerned with medical/clinical aspects of patient care, while being a medical administrator one is to have a holistic approach keeping in mind the complexities of a hospital.

\* So as an administrator, one is to play a larger role and help streamline the services and optimize the resources.

\* As the market is becoming more competitive, the demand for more qualified hospital administrators is also increasing day by day.

Distinction between Hospital and Industry:-

Though hospitals have been compared to industry, there is a distinct difference.

- \* The product of a hospital is service to people provided by its personnel with a variety of skills.
- \* The nature of the demand for hospital services is also distinctive to the hospital - an admission to the hospital for services is rarely voluntary.
- \* The decision is made for the patient; he is ill and required services which cannot be provided at home.

The patient leaves home, family, friends, his work-place, his way of life for a new environment, i.e., the hospital.

- \* In this new environment, he becomes one of the many.
- \* In his home, he has a definite role.
- \* In the hospital, his role is similar to 30 or 40 others in the ward or unit in which he is a patient.
- \* If he is a patient in a multiple bed unit and confined to bed, he is housed with strangers and carries out several intimate functions in the presence of these strangers.

\* He is subjected to a new set of values and a new way of life.

\* In his new environment, he meets many new people, and he is expected to relate and communicate with them.

A hospital deals daily with the life, suffering, recovery and death of human beings.

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\* For the direction and running of such an institution, its administrative personnel need a particular combination of knowledge, understanding, traits, abilities and skills.

### Functions of the Hospital:-

Though there are many functions of a hospital, all of them are subordinate to its main objective and must never be allowed to detract in any respect from the care given to the sick and injured.

#### (A) functions.

##### 1) To provide care for the sick & injured:

\* This can be done by acomodating them according to their physical condition and financial status.

\* When we talk of physical condition, we mean that some patients are seriously ill and require admission in Intensive Care Unit while others are not so seriously ill and can be acomodated elsewhere according to their financial status.

\* There may be some patients who may require isolation.

\* In that case, they should be kept in isolated rooms, but the building should be kept always in a good state of repair, pleasing appearance and providing the patient every mental and physical comfort.

\* In every hospital, there should be sufficient diagnostic and treatment facilities available such as medical laboratory, X-Ray, ultrasound, MRI and CT scan for diagnosis, and operation theatre for surgery, labour room for delivery, nursery for children, physical therapy for rehabilitation of patients, so that they may be properly treated.



2) Training of physicians, nurses and other personnel:

- \* They receive their training in both theory and practice in approved schools and colleges.
- \* Therefore, a hospital being a complex, and specialized organization must employ highly trained personnel so that they may train others.
- \* Particularly in the branch of medical and paramedical education, diff. associations/councils play very important roles
- \* They make surveys of hospitals and accord their approval.
- \* Once these approved, hospitals can provide training in medicine, nursing, dietetics, pharmacy, physiotherapy, administration, medical social work, medical record history, X-ray and medical record technology, etc.
- \* Capable boys and girls should be attracted to such courses as a career which offer them fair remuneration, opportunities for self-development, and reasonable security.

3) Prevention of disease and promotion of health:

- \* It is the duty of the hospitals to cooperate with the govt. agencies.
- \* They can treat patients of communicable and non-communicable diseases, notify to the recognized authorities of any communicable disease of which it has knowledge, assist in vaccination programmes of the govt, etc.

4) Advancement of research in scientific medicine:

\* In light of the broad social responsibility for maintaining and restoring the health, it is an important function, but no hospital is permitted to do direct

experiments on patients.

\* It must resort to necessary tests in labs and on animals.

\* They can do so by making observation of functions of the body in health and in disease.

\* They will have to maintain clinical record of patients accurately and it can be made available for study at any time to physicians and surgeons.

Hospital Ethics:-

The code of ethics of hospitals goes hand in hand with the code of ethics of physicians.

\* Both of them are required to follow their ethics to render care to the sick and injured.

\* Today, the code of ethics has become the fundamental law of the hospital and is applicable to all its personnel, including the trustees.

The word ethics refers to morality, and analysis of the concept of right, wrong, good, bad, justice and injustice.

\* Ethics is nothing but the reverence for life.

\* It guides a person to a life righteousness and honesty.

\* It serves as a benchmark for moral values and social responsibility.

\* Ethics serves as a supplement to law in the governance of a man.

\* In law, a man is guilty when he commits a crime. but in the eyes of ethics, he is wrong even in thinking about the possibility of committing a crime.

\* Ethics is not something that can be learned by reading nor it can be taught by giving lectures, but it is something that is inbuilt which one experiences with the heart and soul, and the mind justifies it.

For a physician, who is the backbone of the society, ethics becomes the identifying feature of excellence.

\* Ethics deals with the rightness and wrongness of the physician's actions.

\* The medical profession has set some guidelines in the form of ethics which are relevant as the challenges faced by the healthcare professionals today are much greater than before.

\* One challenge is money. So, in the mad rush for money, physicians tend to stray from the ideal path.

The patient-physician relationship entails an important obligation on the physician to serve the patients by virtue of his medical knowledge he possesses.

\* The physician's primary commitment must always be the patient's welfare, regardless of the financial arrangements.

\* A physician should not discriminate private and general ward patients.

\* This is because medicine is not a trade but a profession and a sacred calling which needs to be practiced with passion and honesty.

To follow ethics, confidentiality is becoming increasingly difficult to maintain in this era of

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Computerized record keeping, electronic data processing, e-mail, and faxing of patient's information.

\* Secondly, the delivery of health care is posing challenging ethical dilemmas for patients and physicians as they share the patient's information among numerous health professionals.

\* The physician must honour the confidentiality of his relationship with fellow professionals.

It is all unethical if physicians give advertisement to solicit patients, to become sexually involved with their patients even if any one of them initiates for sexual relationship, blackmail their patients, enter into business agreement with them, etc.

\* So, there is always a need to review the ethical tenets of the medical profession and their application to the present circumstances.

\* There should not be any gap in the way ethical tenets are practiced and the way they are professed.

An Ethical guide.

- 1) Ensures that the mgmt of the hospital lives upto the core values of the organization.
- 2) Be proactive when an employee blows the whistle.
- 3) Creates adequate channels for people to report anomalies.
- 4) Reinforces an open work culture.
- 5) Encourages employees to live upto the work ethics.

Work ethics can always be applicable to workplaces.

\* However, it is the responsibility of the mgmt to ensure that the code of conduct is clearly understood by one and all in the hospital.

\* Proper adherence to work ethics ensures happy employees and greater service to patients and more satisfaction to the visitors.

\* It leads to a healthy work environment and employees satisfaction.

\* It helps to retain employees, patients and even suppliers.

The trustees are required to employ a qualified administrator to keep accurate records, to provide facilities consistent with community needs, to determine fair policies, to set professional standards and to provide protection to the patients during their stay in their hospital.

\* There should be neither solicitation for patients nor undesired publicity of any kind whatsoever.

\* Similarly, personnel of the various professions and avocations are required to maintain the dignity and honour of their profession by discharging their responsibilities to ensure that all patients receive the best care without any delay.

The major responsibility of the Administrator of a hospital is also to follow the hospital ethics.

\* His relationship with the trustees should be respectful refraining from any violation of their confidence.

\* He should be courteous in dealing with patients and relatives.

\* No administrator of any hospital can be successful without having cordial relationship with the medical staff.

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\* It is his responsibility to understand their difficulties, if any, and solve their problems immediately so that they may render care to the sick and injured to the best of their ability.

Therefore each and every hospital personnel including the physician, nurse, lab and x-ray technicians, physiotherapists, and others should avoid all these acts which would lead to the loss of trust of the patient.

Thus the hospital code of ethics acts as a Light House and fixes the responsibility on all these including trustees, administrator, medical staff, administrative staff and other personnel of the hospital who have anything whatsoever to do with the care of the patient.

\* They should also extend every courtesy and consideration to any visitor of the hospital.

\* They should maintain secrecy with regard to information of a personal nature received from the patient during the course of treatment.

\* They should not ask for any compensation or reward from any patient.

### Challenges to Hospital Administration:-

Challenges to administrative abilities have come from within the health field as well as from the public. For instance:

- 1) business and professional leaders who were initiated into the hospital scene as trustees of voluntary hospitals.
- 2) the large no. of physicians who comprise the medical staff of today's hospital and who are especially concerned about the facilities & services available for the care of their patients.

- 3) professional organizations which prescribe various standards of hospital operation while granting approval to the hospitals.
- 4) academicians who are concerned about matching what they teach with the requirements of the patients and hospital administrations.
- 5) labour demanding standards of employment and working conditions at least equal to if not better than prevailing in other industries.
- 6) trustees of the Trust Hospitals, members of Registered Society Hospitals, shareholders of Corporate Hospital, and other who have been their own masters and have been operating with no restraints so far will have to face increasing professionalism threatening their power and existence.

These professionals will bring professionalism in running the hospitals, meaning thereby decentralization in decision making and strategic mgmt to survive in the society.

\* No CEO of any hospital will be able to run his hospital without collecting sufficient funds from his patients rather than from trustees, society members, shareholders, philanthropists, etc.

\* Of late a new challenge is that of being environment friendly.

\* It should be remembered that creditability and effectiveness are mutually dependent and proportional.

\* The CEO of a hospital must guard his creditability at all cost.

\* He must be able to provide latest technology & vision.

\* He should push for change when it is required in the interest of patients, employees and the community at large.

\* The CEO of a hospital will have to serve as a catalyst for relationship building between patients and employees, govt. agencies. and his hospital and between hospitals and his own hospital.

It is also important for the hospital CEO to be a business practitioner first and then a technologist.

\* His responsibility includes executive comm., budgeting, building relationships, mgmt, problem solving, etc.

\* In order to take care of these responsibilities, a successful CEO must develop sharp business acumen.

- \* Lack of infrastructure
- \* Lack of adequate manpower
- \* Lack of motivation of staff
- \* Apathy of Doctor/Nurses
- \* Union activities
- \* Financial constraints
- \* Logistic Mgmt
- \* Over Crowding
- \* Manpower Mgmt
- \* Quality Mgmt
- \* Patient Satisfaction

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TECHNOLOGICAL &  
NEW ASPECTS

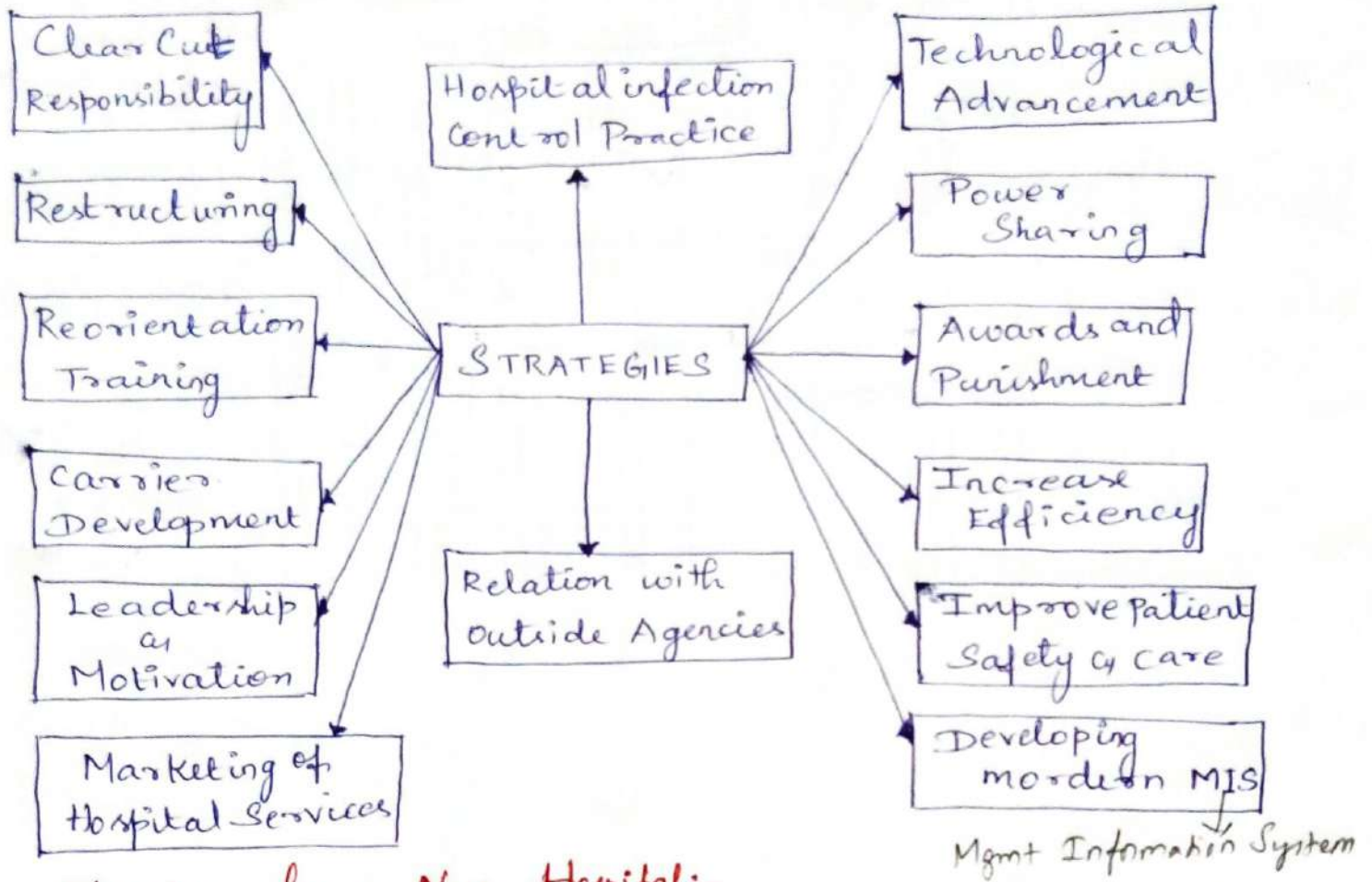
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- \* Municipality
- \* Pollution Board
- \* Consumer's forum (CPA)
- \* Right to Info.
- \* Legal issues
- \* Water supply
- \* Electricity
- \* Public relation
- \* Media
- \* Political influence

- \* Competitive Health Care
- \* Quality Mgmt
- \* ISO Certification
- \* NABH Certification
- \* Patient Safety
- \* Robotic Surgery
- \* Modern Investigations (MRI, C.T)
- \* High level of Consumer Expectation
- \* Shortage of Technical Manpower.



STRATEGIES TO MEET THE CHALLENGES



Planning for a New Hospital;

In the establishment of a hospital, the first step is always a dream or an idea born in the mind of an individual.

\* If the idea is appealing and based on sound reasons, the originator is able to gather support of other people - first a small group that gradually enlists the support of others in the community who are sold on the idea of having a hospital in their town.

\* A committee is then formed and is given the authority to undertake preliminary work such as a feasibility study, and/or a survey and to raise funds to meet the expenses involved in the survey and study.

\* If the committee is fortunate, it may receive the support of a few influential philanthropic citizens and organizations.

\* For a graphical presentation of the diff. stages in promoting and building a new hospital, in Fig. (1).

All successful hospitals, without exception, are built on a triad of good planning, good design and construction, and good administration.

\* The absence of any one of these body related components means building a mediocre hospital or one that is doomed to fail.

\* The success of a hospital is generally measured by the quality of patient care it provides and the efficiency with which it operates.

\* It must be noted that a strong mgmt is essential for the daily functioning of a facility and this must be included in the plans for a new hospital.

To be successful, a hospital requires a great deal of preliminary study and planning.

\* It must be designed to meet the needs of people it is going to serve and be of a size that the promoters can afford to build in the first place and operate and sustain later.

\* It must be staffed with competent and adequate no. of efficient doctors, nurses and other professionals.

\* The promoters must be made aware of and assume responsibility for the creation of well planned and well designed hospitals that are efficient, functional and economical so that they will render quality and adequate care to the community they serve.

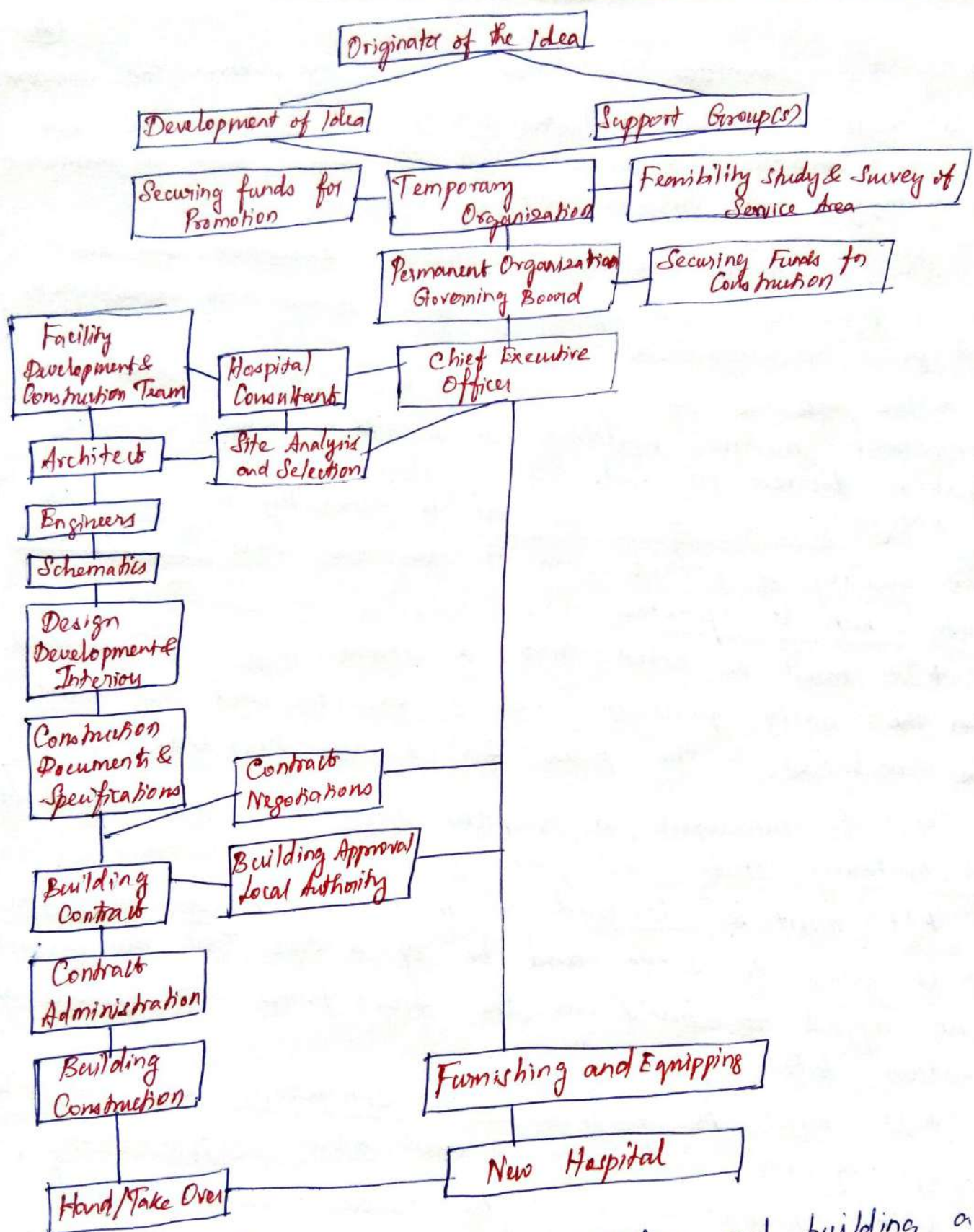


Fig 0. Different stages in promoting and building a new hospital.

## Guiding Principles in Planning Hospital Facilities and Services; - (28)

The hospital, as a key institution in health care, should recognize public nature of the service and that its primary objective is to render an essential service to the community.

\* In pursuance of this responsibility, promoters should accept the following principles to guide them in the planning, designing and operation of their hospitals.

### 1) High Quality Patient Care :

This can be achieved by the following:

\* Appointing competent and adequate no. of medical, nursing and other professional staff and providing necessary facilities, equipment and support services.

\* Establishing an organizational structure in which clearly defined responsibility and authority are assigned to each job, particularly jobs relating to patient care.

\* Medical staff working as a team and in tandem and interacting with each other health care professionals.

\* Instituting a mechanism or procedure for continuous review of patient care provided by physicians, nurses and other professionals.

\* Providing continuing medical and other educational programmes to all professionals to enable them to keep abreast of the latest medical & technological knowledge aimed at improving patient care.

\* Establishing and enforcing standards in patient care and other areas of the hospital.

### 2) Effective Community Orientation:

\* A governing board that is made up of known and respected leaders of the community.

\* Extending programmes and services of the hospital to the community.

\* Ensuring the hospital's participation in community programmes in preventive care, teaching of good health care and practices, school health programmes, etc.

\* The hospital administrator, other key personnel and doctors providing assistance in planning & implementing community health care programmes.

\* The hospital exercising responsibility to ensure that it gains support from the community.

\* Providing a public information programme to keep the community informed of the services provided by the hospital as well as its mission, goals & objectives, and encouraging the members of community to participate in them.

3) Economic Viability:

This can be realized by:

\* Accepting responsibility and accountability for a strong and viable financial position that will command the respect and confidence of the community, donors & investors.

\* Making available adequate operating finances for personnel and equipment necessary for providing quality patient care.

\* A programme to attract & retain competent and dedicated physicians, nurses and other health care professionals to maintain high occupancy and full utilization of inpatient and outpatient facilities.

\* Planning new services and expansion programmes based solely on community needs.

\* A planned programme for financial replacement of equipment and improvement of facilities.

\* An annual budget that will provide for maintaining services at a high level and for equipments, salary and wages, payment of interest, loan, depreciation funding and capital for replacement and development.

\* Community's active participation in the hospital's programmes through sponsors, contributors and volunteers.

4) Sound Architectural Plans:

This can be achieved by:

\* Engaging, early in the planning stage, a competent architect who is experienced in hospital design and construction.

\* Selecting a site that is readily accessible to public transport, water, sewage lines, population concentration, etc and is large enough to meet the present and projected service demands and requirements for parking, access road, future expansion, etc.

\* Determining the size of the hospital that is adequate for various services, administrative and functional needs of depts, and patient care and treatment.

\* Recognizing the importance of establishing traffic patterns for movement of physicians, hospital personnel, patients, visitors and effective transportation of food, linen, drugs and other supplies.

\* A design that will avoid duplication of services

\* Paying attention to special services like outpatient, intensive care, obstetrics, operating rooms, medical & surgical specialties, and to such concepts as infection control, disaster planning, etc.

## Financial Planning;-

Financial planning must take precedence over every other consideration. It covers the following three areas:

### ① Constructing, Equipping and Furnishing the Hospital:

~~As the hospital building approaches~~  
After the schematic drawings have been agreed upon, the architect should be to make a fairly accurate estimate of the cost of the project.

\* Some changes will certainly develop and the estimate will have to be revised.

\* There may also be cost escalation due to inflation and delay in executing the work.

### ② Operating Funds:

As the hospital building approaches completion, the governing board begins to incur liability which will continue to accumulate over a period of two or three years ~~to~~ or until the hospital is fully operational.

\* Expenses on account of salaries and wages, repayment of loan(s), payment of interest and other operational and maintenance expenses should be met.

\* Insurance against fire and other structural damage should be continuous from the contractors to the owners.

\* Operational expenses during initial stage are far higher than the revenues.

\* The governing board must find funds to meet these commitments.

### ③ Financial Assistance:

Maintaining and operating the hospitals needs financial assistance perennially.

\* If for-profit or corporate hospitals are built on loans from banks and financial institutions on a high rate of interest, they take a long time to repay their loans and interest before they break even.

\* Venturing a huge investment on a modern hightech hospital from borrowed money at high interest rates or without assured resources to fall back on is not a sound business proposition.

Hospitals have come to grief because of lack of proper financial planning.

\* The unsuspected pitfalls or dangers ~~lurking~~ lurking around may prove lethal to many an unwary hospital.

\* The following are some of the dangers:

1) In their enthusiasm, some promoters embark on a project that is bigger than they can afford or they go on expanding their plan.

2) Promoters start building without a realistic estimate of the total cost or without assured resources to complete it.

3) Quite often, the expected loan or equity does not come through, and

4) The delay in executing the work sends the costs spiralling upwards. As a result, the project comes to a halt, or is cut down drastically or left unfinished.

### Equipment Planning:-

Hospital planning is not complete if careful attention is not given to the fixed and movable equipment needed for the hospital.



\* The term "equipment" means all items necessary for the functioning of all services of the hospital including accounting and records, maintenance of buildings and grounds, laundry, public waiting rooms, public health & related services.

The time to attend to this is early in the design development stage.

\* A series of meetings are arranged with the medical staff and other personnel to discuss the equipments needed.

\* A room by room equipment list is then compiled and reviewed by the administrative, medical and departmental staff.

\* The first step in developing a list is to consider each room in the plan as a separate entity and to list all items of "built-in equipment" and "depreciable equipment".

\* This information may be supplemented with such additional items as experience and knowledge would indicate as necessary for the proper functioning of the services.

\* The valuable information thus compiled and documented is used to coordinate details and size of rooms, utility services, lighting and workflow.

\* This information is also needed for financial planning.

It is necessary to consult with the architect designing the building early so that the facilities planned will be of sufficient size to accommodate the equipment and render the necessary service.

\* It is imperative that those preparing the equipment list are familiar with the building plans as any attempt to visualize the equipment needs of the hospital would not be successful.

(34)

\* Another detailed equipment planning is necessary later while procuring the equipment and furnishing and equipping the hospital.

### Operational Plan and Functional Plan:-

This is the next phase of building a hospital - operational planning which is a written programme needed for any architectural project.

\* The requirements of the hospital in terms of the service it is going to provide, number of beds it is going to have, departments, major items of equipment, space, personnel, relationships and adjacencies - must form this written programme.

The operational plan with all details of the hospital's needs leads to the next phase of planning, which is the planning of physical facilities on a functional basis.

\* It is at this crucial stage that promoters of hospitals are likely to make the worst mistake that more, <sup>often</sup> than not stems from not receiving competent advice and guidance.

\* Some succumb to the glamour of having an outwardly beautiful edifice, an artist's concept, which is no better than raising a structure instead of designing clinical & administrative services to patients.

\* As a result they are saddled with an attractive but totally inefficient building.

\* Good planning must result in an efficient, functional and economical hospital.

Even minor defects in designing can make the operation of the hospital inefficient, require more employees and significantly increase the cost of maintenance.

\* Functional planning in hospitals is important, and the key to this is the understanding that travel and adjacencies affect the operational cost over the life of the building.

\* It should be remembered that economy of operation over the life of the building as well as the quality of care given to patients depends to a large extent on the proper planning and designing of the hospital and is more important than the economy of construction.

\* The initial cost of building a hospital is insignificant when compared to the cost of running, staffing and maintaining it.

\* By one reckoning, it is 18 to 20 times over a period of, say, 20 years.

\* Another study suggests that within two or three years, the cost of construction will have been equalled or surpassed by operating expenses.

\* It will be worse in the case of poorly designed hospitals.

\* Inefficient hospitals cost more to the patient too because they get less health care services for the money they pay.

### Purchase of Capital Equipment:-

#### Role of Engineering Departments in Equipment Planning and Purchase:

The engineering dept of the hospital must be entrusted to perform, among others, the following functions relating to the selection, purchase and replacement of all hospital equipments:

- 1) Write specification for all new equipment & machinery.
- 2) Evaluate all equipments the purchase of which is under consideration.

\* This involves documentation review as well as actual hardware inspection and testing.

\* It must also examine the cost factor which includes not only initial cost of the equipment but also its operating cost.

\* Sometimes, the maintenance and operating cost of a piece of equipment turns out to be many times the initial cost. Then the equipment becomes a liability.

3) Inspect incoming equipment & machinery and perform pre-acceptance checks before officially accepting the equipment and approving payments.

4) Provide expert advice to medical staff and administration regarding selection and acquisition of hospital equipment.

5) Establish equipment inventory for all (existing & incoming) equipment.

### Guidelines for Purchasing Hospital Equipment:

Hospitals should observe certain guidelines while purchasing of their equipment.

1) Consider the function the equipment is meant to perform and the need for that function in the hospital.

\* Consider, if and when that happens, whether the equipment can be upgraded, modified, or easily replaced.

2) Look for equipment that is "failsafe" - so built that it will cease to function before it malfunctions.

\* A malfunctioning piece of equipment in a hospital environment is dangerous and a threat to life and property.

3) Try to determine the total cost of the equipment during its life cycle.

\* This is difficult to ascertain precisely, but the following factors will help:

↳ Original cost

↳ Operational cost

↳ Maintenance cost and "down-time" potential

↳ Will the design become obsolete within a short time? If yes, can the equipment be modified with accessories or new components to increase or improve its function?

↳ Can it stand up to the operation by skilled personnel as well as unskilled and unauthorized personnel who might mishandle it? Is it sturdy? Will temperature, impact and abrasion shorten its normal life?

4) Consider the equipment's ability to satisfy the need for which it was manufactured and purchased.

\* It must be able to accomplish its functions easily and quickly.

\* Longevity is not necessary all-important if the equipment is designed to last the life of its efficiency and effectiveness.

5) Make sure that parts and after-sales service will be available.

\* Equipment that is mechanical or automatic in its operation generally requires more parts and maintenance.

\* Unavailability of parts and service of critical items of equipment can have serious consequences.

\* Equipment that can be maintained by in-house personnel is probably well designed and not too complicated.

6) As a rule, every product should be evaluated before purchase, particularly when the cost and no. of units to be purchased are high.

\* Find out the prime users as well as those responsible for housekeeping and maintenance as to how well the equipment has been performing.

7) Major movable equipment should be generally preferred over fixed, long-term equipment.

8) Consider whether the equipment can be cleaned easily. If not, housekeeping will not be able to do a good cleaning job.

9) Does the equipment satisfy plumbing and electrical codes? If it doesn't, it can create dangerous problems for personnel and patients.

\* Reputed manufacturers ~~to~~ build to national standards (e.g. Bureau of Indian Standards?)

\* A good brand name serves as an insurance, which means that the equipment is genuine, materials used are of a certain standard and spare parts and after-sale service are guaranteed.

10) Does the manufactures include the cost of installation and training of professional in the price of the equipment?

11) Technical equipment often becomes obsolete rapidly.

\* A piece of equipment may be usable for 15 years or so, but it may also become obsolete in as few as five years.

\* In some cases, when new hospitals took an unusually long time to take off, equipment was found to be obsolete by the time they opened their doors.

12) Under normal conditions, equipment should be capable of being replaced with minimum disruption to ongoing work.

\* The design of the equipment should be such that it can be modernized or upgraded.

Furnishing and Equipping the Hospital;

Furnishing and equipping a hospital is an extensive undertaking - almost as extensive as planning & construction.

\* Although the amount of money involved is not as much, the degree and variety of technical knowledge required to accomplish this task is great.

In an existing hospital, purchasing new equipment presents no particular problem. except perhaps securing finances

\* Besides a purchasing dept, there is usually a well established procedure and mechanism to authenticate the need for new equipments or to replace the old one.

\* There are trained people who can write specifications.

\* The administrator, generally an experienced man, and his purchasing officer will easily accomplish these tasks.

\* It is not so in a new hospital.

\* The timing of delivery, warehousing, unpacking, assembling and installing the equipment, a compound the problem.

\* If the equipment is to be imported, the procedure will be even more complex.

\* There are approvals and licenses to be obtained and bureaucratic hurdles to be crossed.

\* Lakhs and lakhs of money may be wasted, operating efficiency impaired, and standards of patient care severely affected by not planning and executing any one of these tasks properly.

Equipment for a new hospital may be classified into the following ③ groups based on the usual methods of acquisition and on suggested accounting practices with regard to depreciation.

1) Built-in Equipment :

\* This is usually included in the construction contracts.

\* Examples are cabinets and counters in pharmacy, laboratory and other parts of hospital, fixed kitchen equipment, laundry chutes, elevators, dumb waiters, boilers, cold rooms/walk-in coolers, deep freezers, fixed sterilizing equipment and surgical lighting.

\* The planning and design of fixed equipment built into the hospital facility is the architect's responsibility.

2) Depreciable Equipment :

\* Equipments that have life of 5 years or more is not normally purchased through construction contracts.

\* These large items of furniture and equipment have reasonable fixed location in the hospital building but are capable of being moved.

\* Examples are surgical apparatus, diagnostic and therapeutic equipment, laboratory and pharmacy equipment, office equipment, etc.

3) Non-depreciable Equipment :

\* Equipment having less than five years life span is purchased through ways other than construction contracts.

\* These are generally small items of low unit cost under the control of the storeroom.

\* Examples are kitchen utensils, chinaware, tableware, surgical instruments, catheters, linen, sheets, blankets, lamps, wastebaskets, etc.



The consultant must prepare a list of all the items of equipment under groups 2 and 3 given above.

\* The first step in preparing this list is to consider each room as a separate entity and prepare a comprehensive room-by-room equipment list, which should include additional items that may be required.

\* Detailed specifications must be given.

\* This task must be undertaken at the stage of design development itself.

\* Working closely with the architect, the consultant should test the space needed for each item of equipment on the list.

\* Therefore, consultation with the architect early in the design development stage is necessary so that all the facilities planned are of sufficient size to accommodate it.

\* All those who are involved in selection and purchase of equipment should exercise extreme caution and avoid procuring equipment that will be a less or liability to the hospital.

The timing of the purchase order and of delivery is exceedingly important.

\* Delivery instructions should be keyed to building completion schedules.

\* If delay in construction is anticipated, suppliers of equipment should be notified to defer supplies accordingly.

\* There should be adequate arrangements for storing equipment on the site.

\* These arrangements, while providing for protection against weather, theft and damage, should not interfere with the construction work.

\* The delivery schedules should allow ample time to unpack, check and assemble the equipment and to install it properly in the finished building.

\* Crores of rupees will be wasted if this schedule goes haywire.

## UNIT - II

# HUMAN RESOURCE MANAGEMENT IN HOSPITAL

Principles of HRM - Functions of HRM -  
Profile of HRD Manager - Human Resource Inventory -  
Manpower Planning.

### Introduction; -

Over the years, the importance of human factor in the accomplishment of organization objectives has increased considerably because of increasing competition and globalization of mgmt.

\* Now a days, the people at work are considered the most important factor of production in factories and of service in hospital from the point of view of mgmt.

\* These days the thrust is on to create a workplace that motivates, retains, and gets the best out of people.

\* Therefore, diff. organizations are adopting diff. strategies.

\* Most organizations encounter teething troubles because employees sometimes find the new ideas a bit too radical.

\* Therefore, in the rapid changing mgmt scenario, Human Resource Management has an important role to play.

## Nature of HRM:-

Human Resource Mgmt is concerned with the management of people at work.

\* It reflects a new philosophy, a new approach and a new outlook

\* The human factor plays such an important role in the field of mgmt.

\* Management is the development of people and not the direction of things.

## Fundamental Principles of HRM:-

Human Resource Management of an organization represents one of its largest investments

\* Therefore, it is of utmost importance to deal with its human resources sympathetically and tactfully.

\* Peter Drucker - "Practice of Mgmt" → "An effective mgmt must direct the vision and effort of all managers towards a common goal."

\* His concept of a visionary goal-directed leadership is fundamental to HRM.

Thus HRM is an approach to the mgmt of people based on the following fundamental principles:

1) HRM is concerned with integration by getting all the members of organization involved so that they may work together with a sense of common purpose.

2) Human resource policies of the organization should be fair to all. They should make a major contribution to the achievement of an organization's objectives as well as provide conductive atmosphere of working to the employees so that their output is maximum.

3). Human resources are the important assets and their careful mgmt is the key to success of an organization. (3)

4). The culture and values of an organization exert enormous influence on the organization. Therefore, organizational values and culture should be accepted and acted upon ~~the~~ by one and all in the organization.

### Human Resource Utilization:-

No organization can survive for long without proper utilization of its human resources.

\* Therefore, it is essential to treat them with dignity as adults and partners.

\* These fundamental human values can provide a base for closer ties between mgmt and its personnel.

\* Once both parties have a clear understanding of each other, industries can have maximum production and hospitals/hotels can provide best service.

The following steps should be taken to improve the use of human resources:

- 1). Improve recruitment, selection and induction programme
- 2). Increase manpower budget
- 3). Introduce incentive scheme
- 4). Start work measurement system
- 5). Introduce training programmes based on training needs.
- 6). Lay emphasis on new technology.
- 7). Stress on future planning.

### Outsourcing in HRM:-

Most of the organizations are adopting outsourcing. They think it saves cost.

\* In India, outsourcing is picked up and companies like, People Strong and Hewitt are handling HR accounts of their organizations.

(4)

\* Typically, HR functions that are outsourced include recruitment, selection, pay roll processing, maintenance of provident fund and income tax accounts, and conducting exit interviews.

These are hospitals which do not wish to do the routine job of scanning CVs, so this function is outsourced by them.

\* This way the hospital can streamline its hiring process and devote time to other important functions.

\* The trend of outsourcing developed because of an hospital's need to concentrate on care activities.

\* Beside, some hospitals outsource other work like house keeping, food services, security, washing of linen, legal matters, publicity material procurement, advertising, etc.

Sometimes, outsourcing companies lack expertise. that results in strained relations.

\* The prominent brands in outsourcing do not have the right talent to deliver the best results to the clients who are outsourcing house keeping, security, food services, laundry, payroll, maintenance of income tax and provident fund accounts.

Another nagging worry is maintenance of confidentiality.

\* The organization may suffer from a sense of insecurity that its data with the outsourcing agency can easily be passed on to their competitors.

\* If it is passed on to others, it can have serious implications.

\* So the best way to go about it is striking a balance for the time being.

## Human Resource Development, Human Resource Management & Personnel Management;

### Personnel Management;

Human resource development is the main function of human resource mgmt.

\* Every organization has the responsibility to develop its human resources if it wants to remain operational and grow further.

\* Its survival and growth depend on human resource development.

### Definition:

(Human resource mgmt is the process of bringing an organization and its employees together so that the goals of the employees as well as those of the organization are met.)

\* It is that part of the mgmt process which is concerned with the mgmt of human resources in an organization.)

\* Human resource mgmt involves all managerial decisions, philosophy, policies and practices that directly influence human resource.

\* It is a process consisting of acquisition, development, motivation and maintenance of human resources.

\* It means that HRM includes human resource planning, job analysis, job design, acquisition, training & development, compensation, benefits and rewards, safety and welfare, motivation, employee participation in mgmt, organizational development, performance appraisal, job evaluation, human relations, employee counselling, and human resource information system.

Answer  
Define

Personnel Mgmt is concerned with manpower planning, recruitment, selection, orientation, salary administration, performance appraisal, training, working conditions, safety, welfare, promotion, transfer, collective bargaining, disciplinary action and resignation/termination/retirement.

→ HRM deals only with the bright side of the personnel activities and PM deals both with the bright as well as dark side of the personnel activities of an organization.

\* Therefore, HRM is a narrower team, whereas PM is a wider team.

Retention of Employees:-

Many enlightened hospital administrators have introduced some mechanism to increase the growth and internal movements of their employees to retain them in their interest as well as in the interest of their hospitals.

\* Otherwise, retention of employees may become a major problem of leading to high turnover and causing low morale to other existing employees.

\* So, some hospitals have introduced intraplacement or intra-sourcing different from internal job posting - a new retention tool of their employees that not only redeploys a hospital's human assets to the areas of hospital needs but also promotes key personnel to other areas where they can be more suited.



\* There are several advantages of intraplacements such as greater rate retention, higher motivation levels and an opening out of employee competencies.

\* Since internal candidates already know the organization culture, they have a much higher success rate in their jobs. At the same time, this policy saves time & money.

When a hospital is in the growth phase, the need for external recruitment cannot be undermined because there is a need for infusion of new talented personnel with new and fresh ideas, though these should not compromise by not promoting someone from inside.

\* Hence it is best to have a basket of internal and external talents.

\* An effective policy should include a combination of internal posting, external sourcing and career development tools to accomplish the goals of the hospital.

### How to retain Employees:-

High turnover leads to poor service which no hospital can afford.

\* On the other hand, hopping jobs too frequently can severely damage the long-term career momentum of employees.

\* However, job hopping seems to be one of the biggest HR problems being faced by organizations these days with people shifting jobs every 12-18 months.

\* Thus, retaining talented employees is becoming more difficult than ever.

\* The advent of new technologies and globalisation have made job hopping quite easy as employees want to climb up the corporate ladder, and prefer to experiment and explore new opportunities such as job

\* Other factors are psychological challenges, a positive and stimulating environment, opportunities for professional growth and career development.

\* These are also instances when sequential job shifts happen because of poor recruitment policy, poor working conditions, less salaries in comparison with other organizations, subjective approach of the supervisors and managers, etc.

The only way is to retain old employees so that they can continue to provide good service to patients.

\* If the turnover is very high, by the time new employees join and learn the procedures and techniques followed by that hospital, they start looking for jobs elsewhere.

\* Thus, it not only ~~detri~~ deteriorates the service but also costs very high to the hospital.

\* Therefore, some HR managers adopt the following strategies to retain their employees:

1) Providing an exciting and challenging work environment so that each and every employee can put all his existing skills to good use.

2) Appreciating a good performer so that he feels that he is being noticed and appreciated.

- 3) Providing regular feedback is likely providing a new suit to an employee to wear.
- 4) Soliciting employee's opinion helps the HR Manager in decision making, which makes his job easy.
- 5) Personally congratulating employees for a job well done by them.
- 6) Maintaining frequent contacts with the employees.
- 7) Recognizing employees personal needs, especially financial needs, and doing the needful.
- 8) Doling out cash rewards to good performers.
- 9) Ensuring job rotation to employees.
- 10) Dashing off small personal notes of congratulation because their effect lasts longer.
- 11) Organize social events regularly that promote unity and sense of belongingness among employees.
- 12) Put up cartoons on the notice board to create lighter to make employees smile once in a while and one quotation of great leaders as a motivational tool every day.

Finally, performance is about what happens every day and motivation is really about treating and retaining people with dignity, which employees desperately need.

## How to retain Top Performers:-

Retaining of top performers is becoming a very difficult task for hospital administrators because of scarcity of trained hospital personnel, cut-throat competition in the health care industry, and migration of medical, paramedical and nursing personnel to America, Australia, Canada, New Zealand, etc.

\* They should provide as much information as possible to the top performers whenever their hospitals are planning any kind of change.

\* They should involve them also in planning

\* The more the top performers are involved in planning, the more they will have the feeling of affinity towards their hospital.

\* If they are not involved and not taken into confidence, they will be the first to resist change and planning because these top performers will not only want to know what the change will do for their hospital in which they are serving but also what the change in to planning and policies will do for them.

\* This difficulty was faced by the Govt. of India when <sup>it</sup> tried to privatize the Airport Authority of India.

The HR Managers can use the following six retention tools for retaining their employees in their hospitals:

1) Growth Opportunities:

Growth is one's primary objective. Therefore, it is implicit to offer growth opportunities... a vital factor that ensures a majority of employees remain associated with their hospitals.

\* This is more crucial because some countries give lucrative offers to attract donors, nurses, X-ray and lab technicians, physiotherapists, etc.

2) Attractive remuneration and performance linked incentive:

Remuneration is the driving force of any employment. Handsome remuneration works as motivation.

\* Besides basic remuneration, there can also be performance linked incentive schemes relating to targets achieved.

3) Personnel training and development programme:

A hospital should also take care of training and development needs of its employees.

\* Besides helping them, it should improve their skills and enhance their performance.

\* It will foster a faster growth rate in their career path.

4) Recreation:

It helps in creating a conducive environment - making fun while working for everyone.

\* Thus, it is necessary to introduce consistent recreation ~~recreation~~ initiatives like sports activities, cultural programmes and mild music at workplace.

## 5) Recognition in cash or kind:

(12)

As and when the performance of an employee is evaluated excellent or any personnel does any extraordinary work for the organization, he should be given recognition in cash or kind immediately.

\* Here, HR Managers and department heads should follow their policy, "Beat the iron when it is red hot".

\* Here 'beat' does not mean beating, it means reward.

## 6) Quick redressal of grievances:

Last but not least, in order to create a supportive work atmosphere, ensure a prompt redressal of grievances.

\* This reinforces an employee's belief in the mgmt.

\* In fact, no stone should be left unturned to identify and solve the grievances of employees as quickly as possible.

## Characteristics of Human Resource Management:-

### 1) Human-oriented:

HRM, is concerned with the mgmt of human resource of an organization consisting of all individuals engaged in any of the organizational activities at any level.

\* It deals with human relationship within an organization.

\* It is the process of bringing people and organization together to achieve their goals.

## 2) Development - oriented:

HRM lays stress on development of employee's potential, capacity, interest and their personality.

\* It helps the employees to get maximum satisfaction out of their work.

## 3) Pervasive in nature:

HRM is pervasive in nature, as people are the necessary ingredients in any organization.

\* HRM consists of all individuals at all levels.

\* It has wide coverage and it is not confined to Industry alone.

\* It equally applies to all types of organizations.

\* Moreover, it is not confined to personnel functions alone, but to all the functional areas, i.e., production, marketing, finance, etc. in factories and nursing, medical, para-medical, housekeeping, maintenance, etc. in hospitals.

## 4) Continuous Process:

HRM is a continuing and never ending process.

\* It flows like a river continuously is not stationary like a pool or pond.

\* It cannot be switched on and off like an electric bulb.

\* It is a constant function of an organization whether be it an industry or a hospital.

## 5) Multidisciplinary:

HRM deals with human beings which have feelings and emotions too.

\* Therefore, it is imperative to apply the doctrines of economics, anthropology, sociology and psychology, etc to deal with them effectively.

6) Developing discipline:

HRM is a developing discipline and is of recent origin as compared to the other specialized functions of mgmt, i.e. production, marketing or finance.

\* It made its humble beginning only in the latter part of the nineteenth century.

7) Management oriented:

The human resource dept operates in an auxiliary or advisory capacity to other depts in the organization.

\* It exists to assist and advise the line and operating managers to do their personnel work more effectively.

Whether Human Resource Mgmt is a Science or an Art:

HRM is a science as well as art. It is a science because it consists of well-recognized body of knowledge, principles and techniques.

\* It is an art because it deals with human beings, popularly called social animals who have feelings and emotions too.

\* It requires knowledge, tact and presence of mind to effectively deal with human beings, i.e. the people at work.



Functions of HRM:

Human resource mgmt is a staff function.

\* HR managers advise line managers throughout the organization.

\* Furthermore, personnel requirements of the organization may vary from time to time.

\* The following functions of HRD try to keep the organization going smoothly and efficiently by supplying with the right type of personnel in the right position, when they are needed.

- 1. Policy Formulation
- 2. Staff Function
- 3. Line Function
  - (i) Procurement
  - (ii) Development
  - (iii) Compensation
  - (iv) Integration
  - (v) Maintenance
  - (vi) Records and Research and
  - (vii) Personnel Information System
- 4. Control
- 5. Managerial
  - (i) Planning
  - (ii) Organizing
  - (iii) Directing and
  - (iv) Controlling

1. Policy Formulation:

One of the most important functions of HRM is to prepare new policies and revise the existing ones in the light of experience gained in the area of HRM.

\* However, those organizations which do not

formulate policies for HRM may find that they are not meeting either personnel requirements or their overall goals effectively.

\* To be meaningful, human resource policy formulation must consider both the strategic plan and the external environment of the organization.

2. Staff Function:

Line managers come across various problems in their day-to-day mgmt which can be solved satisfactorily with the advice of the personnel or HRD.

\* These problems may relate to employee's grievances in connection with distribution of overtime work, promotion, transfers, disciplinary action, etc.

\* Advice given to them from time to time should be objective and legal, otherwise it will spoil human relations at work.

3. Line Functions:

Line functions consist of procurement, development, compensation, integration and maintenance of human resource of the organization to achieve the organizational goals.

\* Candidates are usually selected through newspapers, professional journals, employment agencies, words of mouth and campus visit to colleges and universities.

\* Selection involves various techniques such as short-listing, the application form, interviews, tests, reference checks, etc.

\* Orientation is designed to help the selected candidates fit smoothly into the organization.

\* Newcomers are introduced to their colleagues, acquainted with their responsibilities. and informed about the organization's culture, policies and their behavioural expectations.

\* Training aims to increase employee's ability to contribute to organizational effectiveness.

\* It is designed to improve their skills in the present job and to prepare them for promotion.

\* Performance appraisal is done to let an employee know about his performance.

\* Low performance may prompt corrective action such as additional training or demotion, and high performance may merit a reward such as raise in salary or promotion.

\* The appraisal is done by the employee's supervisor, but the HRD is responsible to establish the policies that guide performance appraisals.

4. Control function:

'Personnel' is not just a benevolent helper, like other staff groups, it is often assigned authority laden control roles that line managers may view as restrictive.

\* Two important control roles which find place in mgmt literature are auditing and stabilization.

\* "Auditing refers to the monitoring by HRD of the performance of line and other staff departments to ensure that they conform to established personnel policy,

procedures, and practices in various personnel areas.

\* Stabilization involves seeking approval of the HRD by line managers before they take any action.

\* For example, granting annual increments, solving union's grievances, taking disciplinary action against erring employees or rewarding the others, etc.

\* The underlying objective is to ensure proper coordination between various departments vis-a-vis organizational objectives.

5. Management Functions:

Like other functional depts, HRD also performs managerial functions like planning, organizing, directing and controlling in respect of human resource dept.

\* Through planning, managers constantly shape and reshape their organizations.

\* They decide in what direction, they want their organizations to go and accordingly, make the plans and decisions to get there

\* By organizing, managers shape relationship with organizational structures and thereby lead employees into the organization's future.

\* To achieve the organizational goal, it is necessary to make the organization's structure effective, otherwise the process of preparing people to work efficiently may collapse.

\* A semble strategic plan and semble organizational structure result in the fulfillment of organizational goals.

\* To translate these decisions into actions, managers encourage and support the people who carry out the plans and work within the structures.

\* The managerial effort to keep people focused on the goals of an organization involves the process of directing.

\* Finally, controlling helps the managers monitor the effectiveness of planning, organizing and directing and take corrective measures as needed.

\* The process of ensuring that actual activities conform to planned activities is called controlling.

\* Mgmt control is a systematic effort to achieve organization's objectives.

Importance of HRM :-

The importance of HRM can be judged from the following point of view:

For the organization:

1) Maintaining adequate manpower supply through recruitment, selection, placement, training and promotion policies

2) Developing right attitudes and required skills among employees through training, refresher courses, workshops and performance appraisals.

2) Maintaining high morale of workers through incentive schemes, workers' participation in mgmt and proper grievance handling and redressal policies & procedures.

A) Developing good industrial relations by treating the workers as human beings and thus reducing loss caused by unnecessary strikes and lockouts.

For the employees:

1) Improving quality of work life through various welfare measures.

2) Enhancing the dignity of labour through worker's participation in mgmt and treating them as human beings.

3) Raising workers morale by giving them opportunities for personal development & job satisfaction.

For the society:

1) Maintaining good industrial relations and thus minimizing loss caused by frequent strikes and lockouts.

2) Increasing productivity through worker's participation and motivation.

3) Better utilization of human resource through proper recruitment, selection, placement and training.

4) Maintaining adequate manpower supply through appropriate manpower planning and training policies & procedures.

# Human Resource Manager - A Profile :-

In spite of the hospital mgmt realizing the importance of the people oriented nature of hospital administration, the HRM in hospitals has been too often the victim of the tendency on the part of some hospital administrators to delegate some responsibility to human resource managers with one hand and take it back with the other.

There is no denying the fact that hospital administrators more often than not burden the HR managers with additional responsibility of looking after miscellaneous matters such as hospital transport mgmt, home keeping, public relations, etc., besides the main responsibility of recruitment of personnel.

\* However, in practice, they have neither considered them an important and integral part of the administrative team nor they have given directions to the line managers to take seriously the counselling of the HR managers.

\* In the absence of the above, the line managers are likely to ignore the HR manager and may continue to take decisions about the personnel of their own.

\* However, if the hospital administrator makes it clear to the line managers that the advice of human resource manager is to be taken seriously, its influence on day-to-day decisions will grow.

\* However, much will depend on the proficiency of the HR manager in giving them helpful counsel without trying to usurp their power and authority.

\* In short, if the hospital administrator gives due importance to the HR managers ~~is giving them helpful counsel without~~ the hospital administration, he (HR manager) can recommend, counsel and cooperate with the line managers, and they in turn can actually accept the recommendations and act upon effectively to increase their efficiency.

\* Only then the hospital administrators can expect from the HR managers the production of programmes which afford employees the opportunity for continued self-development and the possibility of realizing their potentialities.

Though there is a human resource development institute in New Delhi, yet it has not conducted any survey in hospitals, according to some reliable source of the knowledge of information.

\* Therefore, it is difficult to give a profile of HR managers based on study, however, wherever they have been employed, they are getting salary between fifteen to twenty thousand rupees per month on an average.

\* They are postgraduates or diploma holders either in personnel mgmt or in HRM.

\* They possess five to fifteen years of experience to their credit.

\* HR managers are particularly remembered when the hospital administration is in trouble either due to strike/ demonstration threat given by the employees/their union, or enmasse resignations received from the medical/para-medical nursing personnel.



\* Whenever any replacement or extra person is required in any dept, requisition for recruitment of personnel duly approved by the hospital administrator is forwarded to HRD, which thereafter is primarily responsible to notify the vacancy in the employment exchange or to place an advertisement in the newspaper, conduct interviews, and complete necessary formalities with regard to the appointment.

HR Managers focuses the attention of the hospital administrator and the medical superintendent upon the social and psychological needs of the hospital.

\* He does this by giving sound advice to them.

\* Therefore, he is to serve them as one of the organization leaders.

\* He must be an active member of the top administrative team, should participate in organizational planning by projecting the organization into the future, evaluate the present manpower, and develop programme to improve skills by conducting surveys which indicate staffing partners in similar organizations in the region, and compare them with his own organization.

Good HR Practices:

Good HR practices are not necessarily those practices which suit one's organization but those practices which suit all organizations.

\* Some time back, a business organization conducted a survey and found some good HR practices: they are,

- 1) Promotions preferably from existing employees instead of recruiting people from outside on higher posts.

- 2) Make employees feel they are special to the organization.
- 3) Redressing employee grievances as early as possible.
- 4) Trust in employees.
- 5) Sharing vision of the organization with employees.
- 6) Considering ex-employees for re-employment.
- 7) Incentive schemes for employees.
- 8) Not to increase salary of some one who has tendered resignation, to stop him.
- 9) Strict sexual harassment policy to make female employee feel secure.
- 10) Assisting employees in getting their ration cards, admission of their children in school/college, registering their names with housing societies, setting up Thrift and Credit Society of the employees so that they will learn to save money for rainy days, solving their community problem so that they can report on duty on time, etc.

These are few but not all good HR practices. It is entirely upto HR managers to think and introduce more and more good HR practices so that they can retain their employees and make them more efficient & effective.

HR Manager's Plan:-

Manpower planning, identifying the appropriate workforce, training them to perform well, keeping them motivated to put their best and to given them the organization's best are all a vital part of contemporary corporate requirements.

(25)

\* The responsibility of HR managers begin with manpower planning, and the effective identification of the right people who would prove to be true assets to the organization.

\* So far as identification is concerned, it takes place at ② levels:

①. Recruitment of the fresh employees who are picked up straight from educational & training institutes. They should be given on job training and placed under the supervision of established <sup>per</sup> supervisors.

②. In recruiting experienced hands, monitoring and analyzing are important so that they followed the established policies & procedures of the organization where they have worked earlier.

HR managers must remember the following ⑤ points in the interest of employees as well as organization:

### 1. Begin with a smile:

Human resource programmes and giving due importance to employees are not to be put off for a later stage, but should begin the day the prospective employee meets his Human Resource Manager.

\* To begin with, it is, very important to be honest with the potential staff.

\* Right from the time of recruitment, the Human Resource Manager should tell all about their working practices, culture and ethics to the employees.

2. Train the brain:

New employees acquainted with the practices prevalent in the organization.

\* They should trained into this mode of operation and not thrown out with the jerk.

\* Education and theory do not help with an individual develop a perspective to the process involved, but it is practical training that helps them perform better.

\* The more an employee trains himself and hones his skills constantly, the greater will be ~~his~~ his ability not only to perform but also to deal with problems.

3. Lead kindly light:

A leader has to be effective.

\* He holds the responsibility to keep his team motivated and driven to work not by coercion but through guidance.

\* He should display competence and ability.

4. The route to develop:

The development of employee is of paramount importance.

\* If the employee develop, the organization develops naturally.

\* Every individual employee has his own needs, aspirations and abilities.

\* It is the job of HR manager to identify them and synchronize them with the broader organizational goals.

5. Retain - do not lock up:

Finally, it does not benefit the organization to retain employees through coercion or lure them through perks

\* Employees who express their desires to leave the organisation should be taken in good spirit and allowed to go.

\* A better approach is to seek the reason for their leaving so that others do not follow suit.

Human Resource Management as a Profession in Hospitals:-

HRM has drawn its knowledge and insight from political science, psychology, sociology, economics, anthropology, history, philosophy, commerce, management, laws, etc., but by synthesis, it has developed into a science of its own.

\* With these principles before him, the HR manager has to develop his own sense of responsibility, knowledge and skill for working with people under specific social, economic and emotional conditions.

HRM has organized professional associations which maintain standards of performance and behaviour embodied in a code of ethics.

\* It provides competent service with integrity and works for the welfare of human beings whom it serves.

\* HRM has been <sup>reco</sup>organized as a profession by academicians and industrialists because it has acquired all the qualifications of a profession and has proved its worth.

(28)

\* HRM possesses all the characteristics of any other profession which can be summarized as follows. Human resource management

1). requires special knowledge for the uniform performance of standard practices and procedures.

2). requires special competence achieved through intellectual training which develops skills and requires the use of independents and objective judgement.

3). assumes a sharing of information among all members of the profession.

4). maintains a continuous flow of professional literature.

5). has a code of conduct, it requires the provision of specialized education and the use of specialized knowledge and skills.

6). requires a high degree of personal responsibility and accountability from its members.

7). demand primary allegiance to the profession from its members.

8). requires a certain standard of ethical practices from its members.

These characteristics clearly prove that HRM is a profession, but its acceptance as a profession in hospitals will entirely depend upon the competence of the individual hospital HR manager, who not only carries out functions of specialized hospital HRM but also of hospital general administration, thus providing maximum satisfaction to the employees, effectively meeting hospital goals and adequately contributing to the health of the community.

Role of HRM in Hospitals;

The hospital, an institution dedicated to the attention of human suffering, the treatment of human ailments and the promotion of general health of the community, has to take care of the welfare of those who run it, i.e., its personnel.

\* Every individual engaged in the singular service of promoting the cause and mission of a hospital is a vital link in its overall chain, be he a skilled surgeon or an unskilled sweeper.

\* The lower ranks of hospital staff should never be bracketed as 'labour' in trade union terms.

\* They should be, in fact, considered as essential to hospital functioning as a physician or a staff nurse.

Recent trends indicate that employees can no longer be viewed as a commodity.

+ Workers today are more progressive in their outlook.

+ They are better organized today through trade unions.

\* These factors highlighted the need to motivate them in the right direction, to develop their morale and contribute to happier mgmt-employee relations.

\* HRM can no longer be done by intuition or hunch.

\* The HR manager must be familiar with the relevant findings of the behavioural sciences.

\* He should be aware of the contributions made towards it by psychology, business mgmt. and sociology, besides being conversant with the labour laws of the land.

These are several reasons to adopt HRM as a part of hospital administration. They are:

① The increasing size of the hospital has made impossible the continuance of the employee-employer relationship in which employee and employer worked side by side, know each other as individuals and understood mutual problems.

\* In small hospitals such a relationship is still possible.

\* In big hospitals, supervisors have been introduced to function as links b/n administration and employees

\* But, in most cases, these supervisors are only interested in getting the work done and are in need of training in the human relationships which are involved in their own work-situation.

② The increasing complexity of the various problems in dealing with employee relationships demands a specially trained individual ~~and~~ who can give these problems continued attention so that desirable working relationships may be established among all employees of hospital.

③ One of the problems confronting health-care institutions is the lack of adequately trained personnel.

\* This shortage and the dangers it presents to our expanding health-care needs have been stressed repeatedly by health-care leaders.

\* It is a vital problem that has already led to the deterioration of hospital services in India.

④ India is facing the problem of brain drain of its personnel.

\* Previously, the United States of America, Australia, Canada and Germany were literally 'snatching away'



own trained personnel and scientists.

\* Now the Arabian countries too have started attracting them by offering attractive salaries which no employer can afford to pay in India.

\* Proper HRM can result in enhanced job satisfaction, making it more attractive to remain in India to work.

⑤ During the last quarter-century, numerous labour legislations, imposing legal restrictions on employment in hospitals, have been passed.

\* It is, therefore, essential that a HR manager well versed in the labour laws can be of immense service.

⑥ Proper employee selection, training and control play vital roles in bringing about economy and efficiency in the operation of a hospital.

\* Employee selection, training and control require special skills, time and effort which cannot, usually be provided by the person charged with the general administration work of the hospital.

⑦ The rising costs of the hospital care <sup>can</sup> have an implication for hospitals similar to that of rising production costs in industry.

\* It is essential that unit costs of operation be re-examined to ensure optimum performance by each employee.

\* The worker must be given adequate training and provided with the necessary tools for satisfactory work.

\* He must be given proper guidance and his working conditions must be congenial.

⑧ There is a belief that hospital employees are not usually unionized because they are working, in most of the cases, with missionaries and charitable bodies.

\* They too become dedicated and do not charter their demands like the employees of industries through their union leaders.

\* But this is not wholly true as most of the today's hospitals have unions to fight against poor working conditions, low salary scales, and allowances and few fringe benefits prevailing in hospitals in comparison with those in industries.

These factors acquire even more significance when we recognize the hospital personnel are not dealing with machines and tools, but with human beings.

\* The human beings with whom these employees are brought in contact with, belong to 4 groups: managements, medical staff, patients and visitors.

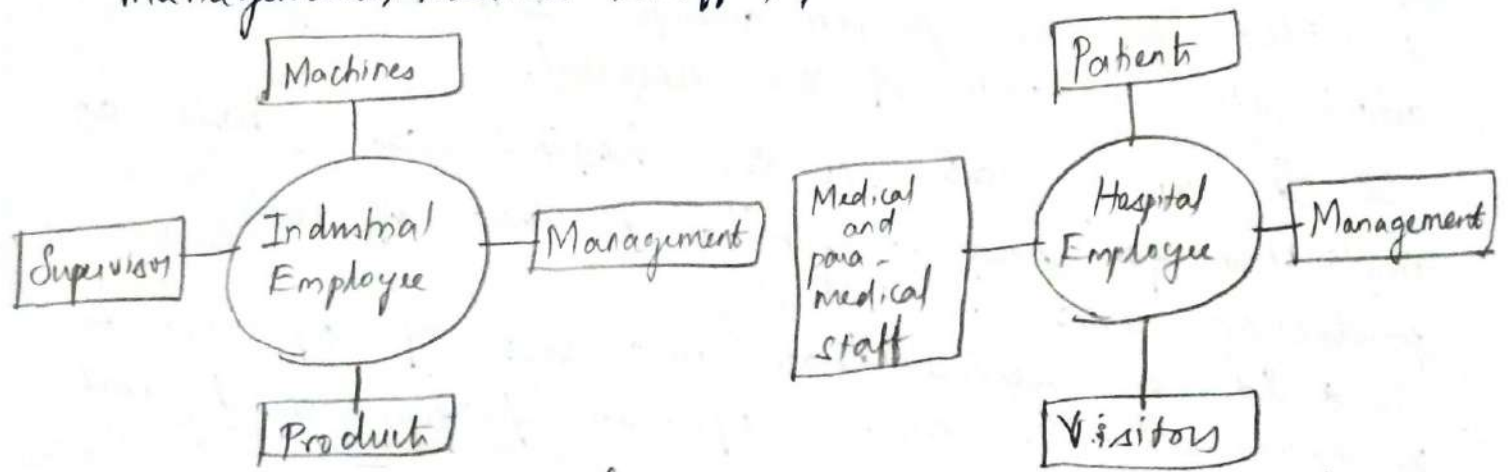


Fig Environmental factors surrounding a hospital and an industrial employee

\* Their dealings with each of these 4 groups involve a wide range of interpersonal relationships.

No doubt the human factor is significant in the industrial field also, but it assumes top priority in the working of a hospital employee.

\* Fig shows how a hospital employee is surrounded by human beings on all four sides, while an industrial employee is surrounded by human beings from two sides and by machines and products from the remaining sides.

\* Thus the significance of employee contact with human beings in the hospital is greater than in other occupational areas.

\* A patient's reaction to his physical and mental conditions may not be the same as that of a healthy person.

\* Visitors may be worried because of the condition of the patients in whom they are interested.

\* Members of the medical staff may be working under stress due to serious conditions of their patients.

\* These are the conditions little known to professionals in industrial organizations.

\* Not only must hospital employees be given adequate training in the professional skills necessary to perform their daily tasks, but they must also be trained in the art of getting along with people who are sick and worried.

\* It is evident, therefore, that HRM in hospitals involves more complexities than in the average industrial situation.

HRM in hospitals has now become a necessity and it has to achieve

- 1) effective utilization of human resources
- 2) desirable working relationships among all employees
- 3) maximum employee development
- 4) high morale in the organization
- 5) continuous development and appreciation of human assets.

Human Resource Management;-

Definition Human Resource Management is a specialized field that attempts to develop programmes, policies and activities to promote the satisfaction of both individual and organizational needs, goals and objectives. It shapes the culture of the organization and introduces programmes which support its core values and ensures its success.

Objectives of HRM:-

- 1. Obtaining & developing the right personnel.
- 2. Providing effective motivation & leadership.
- 3. Effective utilization of human resources in the achievement of organizational goals.
- 4. Paying attractive remuneration and treating them like brothers & sisters.
- 5. Establishment and maintenance of an adequate organization structure.
- 6. Maintenance of high morale in the organization
- 7. Securing integration of the individual and informal groups with the organization and thereby ensuring their commitment, involvement and loyalty.
- 8. Recognition and satisfaction of individual needs and group goals.

9. Provision of maximum opportunities for individual development & advancement (35)
10. Continuous strengthening and appreciation of human assets.

From these objectives one can conclude that the emphasis has been laid on the following: recruitment, selection, induction, providing adequate salary, periodic appraisal, specific training, retirement compensation, individual development, providing employees welfare, better working conditions, and mutual confidence, etc., These are the life blood of HRM.

These objectives can be achieved by conducting the following HRM functions.

1. Anticipating and providing personnel for future openings from time to time
2. Seeking and attracting qualified applicants to fill vacancies.
3. Determining the organizational structure and manpower needs to effectively meet the organizational objectives
4. Analyzing the applicant's qualifications for determining their suitability.
5. Officially assigning an each employee an appropriate position which clearly defines his responsibilities.
6. Ensuring that new recruits are provided with appropriate training and information to enable them to perform their duties effectively.
7. Further providing for increasing utilization of the employee's capability.
8. Providing for the individual employee's development

9. Arranging programmes as required for developing exiting personnel.
10. Providing facilities for the employee's enjoyment of the job and making the work-place more attractive & satisfying.
11. Providing the needed exchange of information throughout the organization.
12. Building up rapport with the officially-recognized and legally established employee's organizations in the best interests of both the organization and its employees.
13. Developing effective work regulations and harmonious working relationships.
14. Appraising each employee's performance in relation to the duties and responsibilities assigned.
15. Helping employees solve their personal problems.
16. Developing facilities and procedures for the prevention of on-the-job accidents.
17. Preventing diseases and physical ailments and at the same time caring for diseases, ailments & injuries suffered by employees on the job.
18. Providing precautionary measures for safeguarding the organization and its property from fire, theft, etc.
19. Developing improved employee's attitudes and conditions of work.
20. Doing a human resource audit.

## Tips for HR Managers in Hospitals :-

HR managers should always keep in mind that they are working in health care organizations which render the highest and noblest form of service to the society at large through a team of dedicated and committed personnel.

\* Being entirely people oriented institutions, people form the axle of health care institutions and their development become the prime concern of the HR managers.

\* Therefore, they should develop team spirit amongst their personnel who have diverse social, educational, ethnic and economic backgrounds.

\* By keeping mgmt, philosophy & organizational goals in their minds, they should frame recruitment policy, salary structures, appraisal system, training programmes, channels of human resource development, motivation, communication policy, grievance redressal procedures, etc.

\* Their aims should be to employ and retain dedicated and committed personnel not only at the top level but at all levels and at all costs.

\* They should see to it that there is proper distribution of personnel in all depts of the hospital.

\* There should neither be shortage of skilled and managerial personnel in one department nor surplus in another.

\* No decision should be taken which would lower the morale of personnel because the health care organ in particular, can not afford to do that.

\* They should leave no stone unturned to motivate their employees by adopting a fair and suitable salary structure, employees welfare schemes, incentive schemes, promotion policies, effective comm. system, and effective supervision.

\* HR managers often have to deal with employees who have creative as well as trouble shooter.

\* They should try to provide an environment in which creative employees can flourish and show their creativity, e.g. surgeons of high calibre, or skilled workers of maintenance and food service dept.

\* However, trouble shooters should be handled rather tactfully and carefully.

\* The goal should be to clarify and firmly warn them of their unbecoming and unwanted behaviours and lay down clearly what is expected of them.

\* The sooner they fall in line with, the better it would be for both the employees and the orgn.

\* HR managers should remember that employees, whether of industries or of health care institutes are progressive in their outlook besides being well organized their trade union.

\* Thus HRM has become a challenging profession even than before.

\* Therefore, HR Managers are not only required to have thorough knowledge of the human resource mgmt but also of psychology of human behaviours and prevalent labour laws of the land.



Before advising the mgmt to take strict disciplinary action they should ensure fairness, and the erring employees should be provided sufficient opportunities to mend themselves.

\* It is because the ultimate aim of HR managers is to build team morale by taking good care of their employees at all levels so that the organization keeps going and continues to serve the sick persons.

HRM gives more emphasis on human aspect and believes in providing them as much amenities as it can by adopting human approach towards them.

\* It develops among its employees a sense of commitment to achieve the overall goal and objectives of the organization.

\* It considers personnel as resources rather than as costs.

\* Recently dynamic and enlightened mgmt have started conducting value-based training workshops cherishing Indian culture, tradition and ethos because they ~~like~~ believe that mgmt skills and practices have their origin in the ancient values of India.

Now the mgmt experts like to give examples from the holy Ramayan, Gita, Bible and Guru Granth Sahab and Quoran Sharif to inculcate good habits and to make them good employees committed to their work as well as to their family.

\* They think urbanization, industrialization and breaking of joint families have caused more harm than good and it is the duty of the employer to guard them of their ill effects.

\* No wonder, some employees have gone to the extent of creating a working atmosphere without regulations, authority, penalty, etc.

\* This philosophy is based on affection and trust which can get the best out of their employees who are the real assets of the organization.

\* It treats the employees as partners and not as workers as suggested by Mahatma Gandhi.

\* In this way, Indian organizations which are headed by professionally qualified executives and run on scientific lines and have belief in innovative ideas are giving a lead on the HRM front.

\* This is a real attitudinal change being brought about by the HR managers.

### Human Resource Inventory:-

Before the HR Manager can plan his programme, he should orient himself about the personnel and their jobs by conducting a human resource inventory. Detailed information should be collected about each employee:

1. Name
2. Designation
3. Department
4. Immediate Supervisor
5. Location of job

6. Dependents
7. Present address with telephone no, if any
8. Permanent address with telephone no, if any
9. Date of joining

- 10. Date of promotion, if any
- 11. Total salary & pay-scale at the time of joining
- 12. Total salary & pay-scale at present

- 13. Date of last salary increase
- 14. Hobbies
- 15. Background of family members
- 16. Any other information.

\* The data necessary to know about the personnel may be gathered from payrolls and existing employment records.

\* The Human Resource Inventory will provide the following important information.

1. An overall picture of the personnel
2. Data for making a rough analysis of the turnover of personnel.
3. Information as to the number & types of jobs in existence
4. The no. of employees reporting to each supervisor.
5. Data for making a rough study of salary schedules.
6. Seniority list of personnel.
7. Hobbies of personnel.

Once the inventory is established, it should be revised annually.

\* It serves as a check against existing records.  
 \* It may be supplemented by such information as the employee's new address, addition in family or any other details.

(4)

\* This inventory will also assist in the following areas:

1. Determining the areas where short-term employment is needed.
2. Studying the effect of transport facilities on employment.
3. Assessing the ratio of supervisors to employees.

### Human Resource Records and Forms:-

Just as it is necessary to maintain records of outdoor and indoor patients, medico-legal cases, finance or accounts, similarly the proper maintenance of human resource records is essential.

\* As the no. of employees grows, it becomes more and more difficult to remember all details.

\* Human resource records must include not only negative records of employees, like records of absenteeism, warning, etc., but also positive records of their achievements, promotion, training, etc.

\* The human resource department should keep this record up-to-date, accurate and also handy so that it can be referred to when required.

### Reasons for keeping HR records:

1. Individual functional depts usually do not keep human resource records of their employees with them. Their records are kept in the HRD and shared/supplied when required.
2. Govt. agencies frequently ask for various kinds of information from time-to-time. This can be easily supplied on the basis of such records.
3. Payroll is prepared from these records.

- 4. Training needs are determined from these records.
- 5. Personal details, family details, educational qualification, experience, present salary, etc. can be ascertained from HR records for the purpose of deciding promotion, transfer, etc.

The efficient operation of the HRD demands that forms to promote efficiency, be designed and put into use. Forms used in hospitals may be divided into 3 categories.

- 1. Permanent records concerned with employee's position.
- 2. Forms which may become part of the permanent records once their immediate use is over.
- 3. Temporary forms which are destroyed once their immediate purpose has been served.

Permanent records concerned with the employees:

All records concerning an individual employee throughout his employment at the hospital should be kept in a file

- \* This file can also be used for reference purpose after the employee has left the organization
- \* It has been found useful to record the following particulars:

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>1. Name</li> <li>2. Father's name</li> <li>3. Present address</li> <li>4. Permanent address</li> <li>5. Telephone no</li> <li>6. Birth place</li> <li>7. Date of Birth</li> <li>8. Marital status</li> </ul> | <ul style="list-style-type: none"> <li>9. Dependent's name, sex, age, relationship</li> <li>10. Person to notify in case of emergency, with address &amp; phone no</li> <li>11. Hobbies</li> <li>12. Education</li> <li>13. Experience</li> <li>14. Test record if pre-employment &amp; promotional test are used.</li> <li>15. References</li> </ul> |
|---|---|

- 16. Employment record in the hospital
  - (i) Date of joining
  - (ii) Designation
  - (iii) Department
  - (iv) Pay scale
  - (v) Break-up of allowances
  - (vi) Date of each change along with designation, dept, pay-scale and allowances.
  - (vii) Date and reason for leaving
- 17. Unauthorized absence record
- 18. Misconduct record, date-wise
- 19. Punishment record, date-wise
- 20. Commendation record
- 21. Special notes, if any, e.g. special health report, repeated loans taken.

Permanent Records Concerned with the Position:

Permanent records concerned with the positions give the history of what has happened in the various positions throughout the hospital.

The following constitutes the permanent record concerned with the position of an employee:

- (i) Job analysis: The breakdown of a job into various components parts.
- (ii) Job classification: Grouping of positions having a sufficient number of common characteristics to enable them to be grouped into a unit. e.g. laboratory aid, nursing aid, pharmacy aid, etc.
- (iii) Job evaluation: A system by which each position is rated on specified factors and positioned in its relationship to every other job in the hospital.
- (iv) Job specification: A summary of requirements of the job both from the point of view of tasks to be performed and the qualifications necessary to perform the tasks.

(v) Human resource planning: A thorough assessment of future staff needs is required for recruitment, training, and career-planning.

### Forms which Become Permanent Record:

These include forms which will become a part of the permanent record once their immediate use is over. The most common ones are:

1. Requisition for new employee(s) and authorization for employment.
2. Job application form
3. Medical fitness report
4. Employee probability rating form
5. Employee annual rating form.

### Temporary Form:

These are to be destroyed after use. They are:

1. Introduction slips
2. Meal passes
3. Leave record (should be maintained for 3 years)
4. Attendance record ( " " " " " " )
5. Permission to visit health clinic.

### Manpower Planning:-

#### Intro:

Manpower planning is the prime function of the hospital HR manager but before he starts filling individual jobs, he should consider the overall mgmt problem making the best use of available human resources.

\* Just as the controller of finance budgets for the best use of financial resources, the HR manager is basically concerned with budgeting for the best use of human resources

\* Manpower planning calls for the integration of information, formulation of policies and forecasting of future reqs. of human resources so that the right personnel are available for the right job at the right time.

Manpower planning starts with the analysis of the future needs of the hospital and its objectives.

\* It determines organization structure, decides what jobs have to be filled and what their requirements are.

\* Short-term manpower planning - two years or so ahead - is promotion planning.

\* But the really important planning is the long-term planning - five or ten years ahead.

Nature and Scope of Manpower Planning:-

Manpower planning may be defined as a technique for the procurement, development, allocation and utilization of human resource in an organization.

\* It views employees as scarce and costly resources, whose coordination must be developed to the fullest by the mgmt.

\* It is also concerned with the interaction b/n an orgn and its total environment.

Manpower planning, which is at times described as manpower mgmt, is basically concerned with having the right type of personnel for the right job at the right time. This is done by studying 3 types of forecasts.

1. Economic forecast
2. Hospital's expansion forecast
3. Employee's market forecast



(47)

\* Systematic manpower planning is a must for every dynamic organization.

\* The mgmt has to meet the challenge of various pressures, such as political, economical and technological, to ensure that the future of the hospital remains bright under all circumstances.

\* The emergence of more hospitals in the vicinity and better opportunities offered by hospitals coming up in developed, developing and underdeveloped countries abroad can result in high employee turnover and a source of potential loss.

### Need for Manpower Planning:-

- 2 MARK
1. Shortage of certain categories of employees.
  2. Advancement of medical science and technology. resulting in need for new skills and new categories of employees.
  3. Change in organization design and structure affecting manpower demand.
  4. Govt. policies in respect to reservation of seats for SC/ST/OBC/handicapped persons/women, and others.
  5. Labour laws affecting demand & supply of labour.
  6. International scenario of employments, e.g. employment of nurses, doctors, para-medical personnel in USA, UK, Ireland, the Gulf countries, etc.
  7. Introduction of computers.

### Benefits of Manpower Planning:-

Manpower planning anticipates not only the required kind and no. of employees but also the action plan for all the functions of HRM. The following major benefits of manpower planning are that it

- 1) enables an organization to have the right person at the right place and at the right time.
- 2) provides scope for advancements and development of employees through training, developments etc.
- 3) helps in anticipating advertisement and salary budgets.
- 4) forces the need for redundancy and plan to eliminate it.
- 5) plans for better working conditions, fringe benefits, training needs.
- 6) gives an idea of the types of tests to be used and interview techniques in selection based on the level of skills, qualifications, intelligence, values, etc. of future manpower, and
- 7) helps improve service to patients and contributions of working personnel.

### Objectives of Manpower Planning:-

- 1). Ensuring maximum utilization of personnel.
- 2). Assessing future requirements of the organization.
- 3). Determining recruitment sources
- 4). Anticipating from past records
  - (i) resignation
  - (ii) discharge simpliciter (simple discharge)
  - (iii) dismissal
- 5). Determining training requirements for mgmt development and organization development.

### Manpower Planning Steps:-

Manpower planning covers the total activity of personnel functions such as recruitment, selection, training, career development, staff appraisal, etc. Manpower planning involves the following steps:

- 1) Scrunity of the present personnel strength
- 2) Anticipation of manpower needs
- 3) Investigation of turnover of personnel
- 4) Planning job requirements and job descriptions.

1) Scrunity of the present personnel strength;-

The scrunity of the presents personnel strength is the corner-stone in manpower planning.

\* This helps in mgmt development, in determining training needs, and in the optimum utilization of personnel wherever they are needed most.

\* An examination of present staffing can further determine the exact no. of personnel required & their skill-levels.

2) Anticipation of Manpower Needs;-

The anticipation of the needs for manpower generally involves taking an inventory of the existing personnel who are 'in stock' today, and what can be expected to be in stock tomorrow.

\* This forecast is prepared every year for the next five years.

\* Its objective is to determine the no. of personnel is likely to be needed on the account of any reason whatsoever, promotion of employees to higher posts, losses that are likely occur through resignations, discharge, simpliciter, dismissal, retirement, etc.

\* Ultimately, the net requirements of the hospital are indicated.

### 3) Investigation of Turnover of Personnel:-

Labour turnover means the rate of change in the no. of employees, i.e., the no. of employees leaving and joining an organization during a certain period.

\* A high turnover is a warning to the hospital authorities that something is wrong with the personnel policies and practices of the hospital.

\* It may be due to wrong selection, placement, low salary, poor working conditions, lack of promotional avenues etc.

\* A high rate of turnover not only costs in terms of money but also harms the reputation of the hospital, lowers the team-spirit of the remaining employees and reduces the quality of patient-care.

Some of the important factors which result in employees quitting their jobs are:

1. Low salary
2. Better prospects in other hospitals
3. Poor working conditions
4. Transport problem
5. Housing problem
6. Marriage in case of female employees
7. Health grounds
8. Family circumstances
9. Further studies
10. Maltreatment by superiors
11. Unfriendly relationships with colleagues
12. The attraction of going back to one's native place
13. The attraction of going to a foreign country.

The exit-interview is a useful tool to study labour turnover.

\* When an employee is leaving, he is generally willing to be candid and may share his bitter experiences.

\* The organization's weak spots are revealed, which can ultimately help reduce turnover and in building the morale of the remaining employees in the hospital.

The exit-interview form should be filled up by the HRD.

\* Any responsible person of HRD should conduct the exit-interview of an outgoing employee on the last day of his leaving.

\* He should report his findings to the HR manager and chief executive of the hospital for taking corrective measures so that other employees may not leave the hospital for the same reasons.

An exit-form should also be filled up by the concerned department head

\* While filling up this form, the Department Head need not interview the employee who is leaving.

\* He should fill up the form on his own and forward it to the personnel department for analysis and record purposes.

The head of the HRD should objectively analyze the information received through exit-interview conducted by HRD and information given by dept head through exit-form.

\* He should then forward his observations and recommendations to the head of the hospital so that corrective measures may be taken to reduce the turnover.

#### 4) Planning Job Requirements and Job Description:-

Manpower planning consists of studying job requirements and job descriptions.

\* The requirements of each and every job must be thoroughly studied through job analysis.

#### Job analysis:

It is the process of examining a job to identify its component parts and the circumstances in which it is performed.

\* It is necessary to familiar with these techniques because its application is quite wide and extends across the whole range of staff mgmt functions:

(i) Recruitment: It aims at filling jobs by recruitment, transfer or promotion.

(ii) Training: It is intended to decide the contents of the programme.

(iii) Salary: It is designed for the correct grading in individual post.

(iv) Safety: It is meant for identifying job hazards.

(v) Annual performance appraisal: It evaluates the performance of employees annually.

The steps in conducting job analysis are as follows:

1) The analysis should commence with a fairly brief statement of initial requirements, such as aptitude, educational qualification, training and experience.

2) The next main item should be a description of the responsibilities under broad headings such as physical effort, mental effort and responsibilities.

3) Environment and conditions of service are to be considered and analyzed, such as physical surroundings, accident hazards, shift duties, prospects of advancement, occupational illness, etc.

4) The constraints, difficulties, and pressure of the job should also be brought out.

Job analysis, therefore, be concerned with realities and practical possibility.

\* It should indicate how a job is taken care of within the limits of human capacity.

\* It is a tool of the mgmt ~~and~~ aimed at eliciting detailed information about a job.

\* At the same time, it can act as a personnel problem-solving device.

### Job Description:

It is a broad statement of the purpose, scope, duties and responsibilities of a particular job.

\* This is a resultant of the job analysis.

\* It provides the detailed factual information required by the candidate and selectors alike in order to obtain a thorough knowledge of the requirements of a job.

\* To avoid confusion and misunderstanding, a job description should be prepared jointly by the HRD and the concerned dept head.

The job description is not a legal document and it helps when there are differences b/w the job holder and his Dept head.

\* The job description should be reviewed from time to time, particularly at the time of annual appraisal.

## Job specification;

It can be defined as a list of various qualities which the person doing the job should possess.

\* It is prepared by analyzing the job description.

\* The job description is translated in terms of qualifications required and personality requirements.

\* These requirements can be grouped under the heads:

1. Mental requirements  $\Rightarrow$  include intelligence needed, educational & professional qualifications.
2. Physical requirements  $\Rightarrow$  include ages, height, health and eyesight, etc.
3. Skills requirements  $\Rightarrow$  such as dexterity required for doing a job, communication, human relations and leadership skills.
4. Responsibility requirements  $\Rightarrow$  in relation to machines, equipment, fellow workers, work schedules, etc.
5. Experience requirements  $\Rightarrow$  to do the job efficiently.
6. Working conditions  $\Rightarrow$  requirements such as physical surroundings.

A well-laid-out job specification will enable the mgmt to identify the right man needed to do the required job efficiently.

\* It should be noted that if a man is not found fit for a particular job, he need not be necessarily unfit for all other jobs.

\* At the time of selection, due care and caution should be taken to avoid selection of the wrong person.



## RECRUITMENT AND TRAINING

Different Departments of Hospital; Recruitment, Selection, Training Guidelines - Methods of Training - Evaluation of Training - Leadership grooming and Training, Promotion - Transfer

\* \* \*

### Intro :-

One of the important responsibilities of HRD in a hospital is to recruit and select the right persons for the right jobs.

\* The individuals responsible for recruitment, selection and induction in hospitals carry a far higher responsibility than most administrators do.

\* Recruitment, selection and induction are crucial, complex and continuing functions of HRD.

\* Every organization should pay maximum attention to evolving attractive staffing policies, as its success depends on the quality of its human resources.

\* Though buildings, machines, money and physical facilities are also necessary, they are always secondary.

A HR manager should never hire personnel in haste.

\* He should also avoid employing high flyers because a common difficulty with high flyers is that they fly too high and too soon.

\* Hospitals are very sensitive institutions. They do require dynamic, industrious, honest and dedicated personnel but they cannot afford engaging high flyers.

\* These high flyers not only fly too high but also soon leaving behind high turnover of personnel.

②

\* Secondly, they are also difficult people to manage because they suffer from malignant self love, overbearing self confidence, inexplicably high self esteem, etc.

### Recruitment:-

Once manpower requirements have been determined, recruitment is the next step in the staffing process.

\* Hospitals present an usually wide range of positions in terms of skills and personality requirements.

\* This situation is further complicated by the fact that in smaller hospitals, it is often necessary to combine jobs, so that a HR manager may seek a combination of different skills in the same individual.

### Job requisition:

Once a dept head knows that there is a vacancy, he fills up a job-requisition slip and submits it to the HRD for necessary action.

\* These are intended to give the HR manager enough information about the job.

\* A job-requisition form should be designed very carefully.

### Sources of recruitment:

The moment HRD gets a job requisition slip from any dept, it starts looking for prospective candidates using various sources of recruitment.

\* The following sources are well established but their effectiveness varies in different situations and different parts of the country.

1. Existing employees
2. Door applicants

3. Government employment exchange.
4. Private employment exchange
5. Newspapers
6. Professional journals
7. From other hospitals
8. Unsolicited applications
9. Campus interviews in teaching institutions
10. Internal circulars for vacancies
11. Referral from:
  - (i) employees
  - (ii) ex-employees
  - (iii) political leaders
  - (iv) govt. officials
  - (v) religious bodies
12. Re-employment
13. Through contacts
14. Walking interviews
15. Job websites
16. Placement agencies
17. Social networking

Though the HRD of a hospital generally tries to utilize one or more sources of recruitment as mentioned above, a few HR managers give some weightage to the referred candidates of their own hospital's employees.

\* Employees, if given the opportunity to make referrals, will only recommend those candidates who suit hospital where they are themselves serving.

\* A talented employee will always refer an equally talented candidate.

\* Through referrals, an employee restores the pride he has in being associated with the hospital.

\* The existing employee will provide the referred candidate with information about the job, the employer and the boss' behaviour.

\* These references also provide social and moral support to those who are newly recruited.

\* They can be mentors to the new recruits.

\* The most noteworthy characteristic of a referral system is that it provides an effective screening process in terms of employee background checking.

\* Referral candidates have a shorter recruitment cycle.

The employee referral system can be effective only when they are recruited properly.

\* If employees are unclear about the structure of the programme, it can impede successful implementation.

\* Therefore, a written ~~text~~ brief will enable employees to utilize their programme better.

\* In addition, the entire process should be employee-friendly.

The latest source of recruitment which is catching up the market these days is social networking.

\* The very concept of social networking for the purpose of recruitment is that every one knows some one.

\* Though social networking might not exactly be the next frontier of recruitment, yet it is certainly being seen as a strategy to complement more traditional hiring tools.

\* In this way, one can also hire candidates across geographical distances and evaluate them online itself.

\* Since the process of conventional recruitment is expensive, networking, definitely being a cheaper source of recruitment, is becoming an excellent choice.

It is a usual practice to rely on more than one source. The specification of the vacancy should be circulated in writing to all the recruitment sources and particularly to the govt. Employment Exchange.

### Recruitment Policy:-

The hospital authorities should frame a recruitment policy for the guidance of the HRD.

\* The mgmt should clearly spell out the objectives and major principles they intend to pursue while recruiting employees.

\* They should also lay down a promotion policy.

### Considerations for framing recruitment policy:

The following should be kept in mind ~~that~~ for recruitment and selection of employees.

1) Internal vs. external recruitment ⇒ Recruitments can be classified into two main types: (a) internal and (b) external.

- Internal recruitment implies the promotion and transfer of employees within an organization to fill a vacancy.

- External recruitment implies recruitment of an employee from outside the organization.

Both these methods have their merits & demerits. In practice, both these sources are used in varying degree depending upon the recruitment policy of the mgmt.

Promotion within the hospital is a widely accepted policy because this has the advantage of building loyalty, ensuring stability, and creating a sense of security among the employees.

\* The hospital authorities should use external sources of recruitment for such jobs whose specifications cannot be met by the present personnel.

### 2) Appointment of relatives of employees:

The relatives or friends recommended by employees are accepted as a reliable source of recruitment.

\* Where there is a confidence and respect b/n an employer and his staff, it is unlikely that employees will put forward the names of such persons who would let them down.

\* However, it is not a safe practice as it sometimes leads to groupism among employees.

\* They form an informal group which is difficult to break and can create all sorts of problems for the mgmt.

\* In any case, no two relations should be employed in the same dept.

### 3) Over- and under-qualified staff:

The candidate to be selected should neither be under-qualified nor over-qualified.

\* If he is under-qualified, he will not be able to do his work efficiently.

\* On the other hand, over-qualified person would soon become frustrated and ultimately leave the hospital.

### 4) Exit interview:

These are considered essential to get a feedback regarding the hospital's policies.

\* In fact, it is a very useful tool to study labour turnover.

\* Weak spots in the organization's policy are revealed which help in reducing turnover and building the morale of the remaining employees in the hospital.

Advertising the post/vacancy:

When it is not possible to fill the vacancy through other sources of recruitment such as employment exchange, teaching institutions, etc, vacancies have to be advertised in newspapers and professional journals.

\* Since advertising vacancies in newspapers and journals is a very costly affair, the advertisement has to be carefully drafted.

Objects of advertising a post:

A post is advertised to (a) attract suitable persons; (b) get adequate number of applicants; (c) discourage unsuitable persons from applying; (d) project a good image of the hospital.

Considerations to be kept in mind while advertising:

- 1). The advertisement should be designed in such a way that it arouses the interest of potential candidates. \* It should state the job title, briefly outline the duties, qualifications, previous experience, if necessary, salary and perks payable, conditions of service, and may particular features about the job which distinguishes it from similar jobs elsewhere.
- 2). The media of advertisement should be selected carefully. It should be inserted in a prominent newspaper.
- 3). As far as possible the advertisement should be a display advertisement. A classified advertisement usually fails to attract the right person.

4) Repeated advertisements for the same post should be avoided because it gives the impression that the hospital is one where employees do not wish to stay long. (8)

5) Give background information about your hospital in a couple of sentences such as a mission hospital, private hospital, public hospital, charitable hospital, etc.

### Selection:-

The selection process starts when applications are received and screened in HRD

\* The HR manager goes through the applications to identify potential candidates for interview.

\* Generally, HR managers do not take applications at their face values as they know that some candidates say that they have such and such qualifications, experience, skills, etc. while in fact they don't have them.

\* These days, cases of lying by applicants are on the increase because of intense competition.

\* Therefore, the dealing personnel in HRD should be quite vigilant while screening the applications.

\* These applications which are neat, carefully planned and well expressed create a favourable impression while the others which appear untidy, incomplete and full of mistakes find their way to the wastepaper basket.

\* This is the first stage at which the unsuitable candidates are weeded out.

\* These applicants who seem to meet the job reqs ~~are~~ sent blank job-application forms and are directed to fill them up and return the same for future action.



Therefore, HR managers need to be wary when they employ people on the basis of their impressive resumes.

\* As the job seekers seek desperate means to reach their ultimate goal, resumes are becoming more attractive and impressive overnight.

\* Therefore, hospital consultants advise the verification of all documents <sup>at the time of hiring</sup> as it may have the recruiter from a lot of unforeseen troubles in future.

\* Interestingly, diff. hospitals use diff. methods of verifying credentials of the candidates.

\* Some HR managers use telephone verification, some send verification letters and some like to have a meeting with the candidate's previous employers, but the HR managers should take written permission from the candidate for checking his credentials from his previous employers.

The job-application form is one of the most important tool in the selection process.

\* When drafted properly, it can supply enough information about a candidate.

\* The application received through the job-application form again helps in weeding out some more candidates who do not meet the exact requirements of the job.

\* In this way, the no. of persons who have applied can be reduced to a manageable size for interview.

\* The selection process is a negative mechanism, i.e., unsuitable candidates are eliminated until two or three suitable candidates are finally left in the field.

## Job-application form:

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The job-application forms of diff. organizations are quite similar. Generally, all employers seek almost the same information through these forms.

\* They need to know the applicant's name, father's name, present and permanent qualification, experience, and participation in extra-curricular activities

\* While preparing the job-application form, the following points should be kept in mind:

1) The form should be large enough to provide enough space for writing the desired information.

2) The application form should be printed on good paper so that ink does not spread on it.

3) The wording used on the form should not be ambiguous.

4) Items included in the form should be designed to elicit only the required information.

5) It is desirable to include some questions about the previous employers of the candidate to find out his stability at work.

6) One blank page should be attached with every job-application form and the candidate should be asked to write why he is applying for the post.

7) At the end of the form, there should be place for his signature. The signature should follow two statements:

(i) I have no objection if any enquiry is made from my past or present employer(s).

(ii) I hereby certify that all the information given by me in the form is correct and complete to the best of my knowledge and belief. I have not concealed any

(12)

information which might impair my fitness for employment in this hospital. I also understand that any misrepresentation in the job-application form will make my services liable to summary termination without any notice or compensation.

In some organizations, diff. job-application forms are prepared for diff. categories of employees.

\* Similarly, in hospitals also, 6 different job-application forms can be prepared for (a) senior medical staff, (b) junior medical staff, (c) para-medical staff, (d) nursing staff, (e) general staff, (f) skilled/semi-skilled/unskilled employees

A job-application form serves three main purposes:

- 1). It enables the hospital authorities to weed out unsuitable candidates.
- 2). It acts as a frame of reference for the interview.
- 3). It forms the basis for the personal record file of the successful candidates

The HR manager does not select anyone. His job is to screen and recommend the potential applicants to the dept head.

\* The final selection must rest with the dept head, but this does not mean that the HR manager should withdraw from the recruitment and selection process and leave it completely to the dept head.

Junior posts should be filled by the dept head and HR manager with the concurrence of their chief executive.

\* For senior posts, the HR manager should preferably form a selection board which should include the chief executive, dept head, HR manager and an expert from outside, if needed.

Steps in selection:-

- 1. Interview by HRD
- 2. Pre-employment tests - written/oral/practical
- 3. Interview by dept head
- 4. Decision of administrator to accept or reject
- 5. Medical examination
- 6. Check of references
- 7. Issue of appointment letter.

Interviewing:-

Interviewing is the main method of appraising an applicant's suitability for a post.

\* This is the most intricate and difficult part of the selection process.

\* These are often conducted to assess the suitability of candidates.

\* The interviewer must have a thorough knowledge of the requirements for successful hospital work, an understanding of the dynamics of human behaviour and familiarity with the kinds of abilities, interests and personality patterns best suited to specific work situations.

\* The employment interview can be divided into 4 parts: the warm-up stage, the drawing-out stage, the information stage and finally the forming-an-opinion stage.

The employment interview is aimed at obtaining certain basic information.

\* The candidate is asked about his education, job experience, minimum salary acceptable, etc.

\* Sometimes, he is asked why he is applying for a job in that hospital or why he is leaving his present job.

\* As the HR manager screens applicants, he must constantly think of the degree to which the applicant will fit into the overall set-up of the hospital, such as in dealings with patients, in its public relations, in its requirements of unusual working hours and working conditions in certain employment areas.

\* In the case of lower positions, there is no need to call a candidate for final interview with the administrator, as the final selection is made by the head of the dept and HR manager jointly.

\* After completing selection formalities, they can inform a candidate about his selection.

\* At this stage, the HR manager can also disclose the terms and conditions of appointment to the candidate who has been selected.

In case of senior posts, where the selection is decided by a selection board, all the candidates who are found eligible during screening are referred to the board for interview.

\* These candidates are interviewed and a list is made of the first three candidates found suitable by the board.

\* The HR manager implements the decision of the board by sending an offer letter to the first candidate.

\* In case the offer is turned down by the first candidate, it is sent to the second candidate, and so on.

Phone Interview:-

These days, HR managers interview outstation and out of country applicants on phone.

- \* The interviewer and the interviewee do meet face to face.
- \* Instead, they talk on telephone and the interviewer interviews the interviewee, the result of which determines whether the candidate can be invited to meet the HR manager or not.

Many leading organizations use phone interviews as an initial employment screening technique because the interviews are brief, saving time and also serving as a more realistic screening alternative.

\* HR managers of the advanced countries use it quite frequently in interviewing Indian staff nurse, physiotherapists, X-ray technicians, doctors, etc.

So, HR managers and the Dept Heads concerned should treat the phone interview seriously just as they would a face-to-face interview.

\* Before they telephone a candidate, preferably on land line so that both parties can hear each other clearly and the phone is not disconnected off and on causing disruption, they should keep the resume of the candidate, the questions to be asked and the points to be clarified ready.

Main objectives of an interview:

1. for the employer to obtain all the information about the candidate to decide about his suitability for the post.
2. to give the candidate a complete picture of the job & orgn.
3. to demonstrate fairness to all candidates.

## The interview letter:-

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When calling a candidate for an interview, the time, date, and place must be specifically mentioned.

\* Other conditions such as requirements of passport size photograph, certificates, and testimonials, and payment of travelling allowance, etc., should also be mentioned.

## Preparations before the interview:-

1. Plan carefully before the interview.
2. Inform the receptionist so that candidates called for the interview are correctly directed to the place of interview.
3. Make sure that the waiting arrangements are satisfactory.
4. Ensure that there are no interruptions during the interview.
5. Anticipate questions about conditions of service.
6. Decide in advance the information to be provided to all the candidates.
7. Stagger timings, i.e., diff. timing for diff. candidates so that sounding up of a lot of candidates at the same time and at the same spot can be avoided.
8. Ensure that all waiting candidates are served refreshment in the waiting area.
9. Show the video about the history, philosophy and present set-up of the hospital.
10. Ensure that adequate reading material about the hospital, its HR policies, etc. are kept in the waiting area to keep the candidates occupied as well as apprise them in advance about the hospital & its policies.

11. Explain the process of selection to the candidates
12. Ensure that all candidates feel at ease before and during interview.
13. Have a plan of questions so that assessment is comprehensive. Prepare a list of characteristics you want to observe and evaluate.
  - ↳ General appearance
  - ↳ attainment
  - ↳ general intelligence
  - ↳ special aptitude
  - ↳ interests
  - ↳ disposition
  - ↳ use of language
  - ↳ ease in conversation
  - ↳ general habits of courtesy
  - ↳ facial expression.

### During the interview:-

- ↳ Encourage the candidates to talk frankly.
- ↳ Privacy during the interview is essential.
- ↳ The discussion must be confined to relevant topics.
- ↳ Rapport must be established with the applicants.
- ↳ A written appraisal of the candidates should be made by the interviewer(s) after the interview.

### Interviewing Functions of the HR Manager:-

There is always some confusion about the responsibilities of the dept head and the HR manager.

\* It can be clarified by stating that the HR manager helps the dept head in the selection of the candidate who meet the job requirements.

\* He thinks of the applicant as a potential member of the whole hospital family, one who meet most of the requirements set forth for the position.



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\* The dept head, on the contrary, is able to visualize the applicant as a part of his own dept and will question him more specifically as to his adaptability to the position to be filled.

There should be clear understanding between the dept head and the HR manager as to what areas of information are to be covered by each in their interviews.

\* The responsibilities of the HR manager are

1. to screen the application of the candidate
2. to give information about:
  - (i) general nature of the work
  - (ii) hours of work
  - (iii) pay-scale, allowances and starting total salary
  - (iv) fringe benefits
  - (v) leave policy
  - (vi) brief information about the background of the hospital.
3. to discover any differences in the expectations of the hospital and the candidate.

\* The responsibilities of the dept head are

1. to review the job-application form to check pertinent data on experience.
2. to assess the professional competence of the candidate.
3. to give a detailed picture of the job requirement to the applicant
- A. to advise the HR manager if he thinks that the previous training or experience or both of the applicant justifies a higher starting salary.

Concluding the interview:-

Once the interviewer has secured a clear idea of the applicant's basic strengths and limitations, he should bring the interview to a close with a brief summary of what has been discussed and give indication to the applicant of the next step.

\* At the end of the interview, the interviewer should fill up his evaluation form/recommendation sheet.

Pre-employment tests:-

To ensure selection of the most suitable candidates for various posts, interviews should be conducted carefully and pre-employment tests should be held in a systematic manner wherever necessary and possible.

For certain categories of posts, there is a need for testing the professional competence of the candidates because there are several characteristics which cannot be properly assessed either during the interview or by investigating the background of the candidates from their ex-employer(s).

\* In such cases, various kinds of tests are used for assessing the professional competence of the candidates.

\* These tests can broadly be divided into 4 types:

1. Test of general ability - intelligence tests
2. Test of specific abilities - aptitude tests
3. Test of achievement - trade tests
4. Personality test - Tests of emotional stability, interest, values, traits, etc.

## Tests of general ability:-

Intelligence tests are regarded as tests of general ability.

\* There are several intelligence tests available for use.

\* These tests can give a useful indication of a candidate's mental calibre.

\* It has been observed that for various professions, there is an optimum level of I. Q.

\* While selecting individuals for a particular job, the HR manager should ensure that he selects individuals who have I. Q.s within the required optimum range - not higher or lower.

## Tests of aptitudes:-

Aptitude tests measure whether an individual has the capacity or latent ability to learn a new job, if given adequate training.

\* These tests measure skills and abilities that have the potential for later development in the person tested.

## Tests of achievement:-

This measures the present level of proficiency that a person has achieved.

\* In hospitals, these tests can be used for typists, stenographers, laboratory technicians, radiographers, etc.

\* These tests can also be used at the end of training programmes to assess the level of proficiency achieved.

## Personality tests:-

These are used to assess certain personality characteristics.

\* These are used in selecting candidates for sales jobs, supervisory jobs, mgmt trainees, etc, because certain personality characteristics are essential to succeed in such jobs.

## Psychometric test;

A psychometric testing is usually conducted by the expert of the subject to measure the knowledge, abilities and personality traits of a person seeking job for a position.

- \* It is an attempt to measure human intelligence.
- \* A combination of personality and aptitude tests are used to measure attitude, values and habits of the person.
- \* Questions of these tests have marks and a candidate has to score above the cut-off level.
- \* These tests are based on reasoning as well as logic.
- \* By this process, the person's qualities and abilities can be assessed comparing to the job requirement for which he has applied.
- \* This process also helps mgmt to place the right person at the right job based on his psychological bent of mind.

## Utility and Administration of Test;

Selection process assesses a candidate in order to predict his performance.

\* Systematic and objective measurements are required to make these predictions accurate.

\* Psychological tests can be very useful aids in the selection process but one cannot wholly rely on the results of these tests alone.

\* However, these tests can be used as screening devices.

\* Some of the jobs for which this test should be administered are:

- (a) Filing, and card sorting
- (b) Washing of glassware
- (c) handling of delicate equipment

Similarly, for positions which require colour perception, a simple colour test may be used. Such a test should be applied for the following jobs:

- 1. Laboratory jobs where colour tests are done.
- 2. Linen sorting where diff. colours are used for diff. floors/depth.
- 3. Clerical jobs where coloured cards are used to indicate classification by year, such as OPD or IPD cards.

Oral, written and practical tests can be administered while interviewing candidates for the following posts. The following are sample questions for specific jobs:

Nursing orderly: => How do you transfer a patient from a stretcher to a bed?

Nurse aide: => In what ways can a child's temperature be taken? (Mouth/ Joints/ Rectum).

Laboratory assistant: => Which needle will you use for taking blood from a blood donor?

Cook: => What do you put on fried sweet potatoes to make them brown?

The following is the list of tests recommended for specific jobs:

Billing Clerk: Written test to check aptitude for figure work.

Statistical Clerk: Written test to check handwriting.

Medical record clerk: Written test to check handwriting & spelling.

X-ray Laboratory Technician: Practical test to evaluate the quality of X-ray taken by the candidate.

Laboratory technician: Practical test to evaluate the procedure used by the candidate. (22)

Physiotherapist: Practical test to evaluate the technique used by the candidate in doing an exercise.

Pharmacist: Practical test by showing some prescription to judge the knowledge of the candidate whether he can read prescriptions, know the dose of the medicines, explain to the patient on how to take particular medicine, etc.

Telephone operator: Practical test to evaluate telephone etiquettes and skills as telephone manners are very important. Her voice over the phone is often the first or the only impression a person receives of her and of the organization that she represents.

### Why Psychometric Tests:-

Health care is a service industry, with a lot of stress and strain on human resources owing to high expectations from patients, fast-changing technology and competition.

↓ In such a scenario, psychometric tests can be used for freshers to judge their adoptability and attitude to learn, whereas for the middle level, strategic leadership and ability to take key decisions.

↓ For senior level, skills like leadership, outlook and ability to look beyond the horizon are essential.

↓ These tests can bring out the temperament, care, consideration, and the softer aspects of an individual like empathy, concern and compassion.

Psychological tests can also help in identifying areas of strength and development of hospital employees.

\* This will help the hospital to customize its training programmes to meet specific development needs, behavioural training programme, etc.

\* There is a considerable potential for using psychometric testing in the health care industry.

\* As hospitals become more professionally managed and want to provide the best possible treatment and care to their patients, they will require staff with right competencies and psychometric tests can contribute in the selection and development of such employees.

\* Therefore, there is a significant use for psychometric tests in health care industry.

Final approval of the Head of the Hospital:-

In some hospitals, the selection committee consists of one person each from the HRD, the dept head/supervisor of the concerned dept and representatives of the head of the hospital.

\* After interviewing all the candidates, the selection committee submits its recommendations for approval to the head of the hospital, who is generally the hiring and firing authority.

In other hospitals, the head of the hospital may prefer to interview all the candidates himself for the key jobs and leave it to the selection committee for the less vital jobs.

\* In the case of appointment of a dept head, one expert is also usually included in the selection committee.

\* Diff. hospitals adopt diff. policies according to their own convenience for the selection of their employees.

\* However, the final approval of selection/rejection of the candidates rests with the head of the institution.

\* Generally, this authority lies with the Medical Superintendent or Administrator or Business Manager or Chief Executive who is legally termed the 'Occupier'.

### References:-

The references provided by the applicant should be cross-checked to ascertain his past performance and to obtain relevant information from his past employee and others who have knowledge of his professional competence.

Reference forms are generally checked by the employees of the HRD who have comparatively little knowledge about the applicant.

\* It is desirable to obtain the requisite information directly from the applicant's former dept head.

The reference letters should be brief and should require as little writing as possible by the person to whom it is sent.

\* If it is directed to a former employer, it should ask the following data:

- |  |   |
|--|---|
| <ol style="list-style-type: none"> <li>1. Date of joining</li> <li>2. Date of leaving</li> <li>3. Job title</li> <li>4. Last salary drawn</li> <li>5. Promotion/demotion</li> <li>6. Unauthorized absentee record</li> </ol> | <ol style="list-style-type: none"> <li>7. Reason for termination/leaving</li> <li>8. Ability to work with others</li> <li>9. Dependability</li> <li>10. Emotional stability</li> <li>11. Health condition</li> <li>12. Does the employee habitually borrow money?</li> <li>13. Would you re-employ?</li> <li>14. Any other information</li> </ol> |
|--|---|



The letter of offer:-

The next step is to send an offer of appointment to the selected candidate.

Medical Examination:-

The medical examination of a prospective employee is an aid both to the employee and to the mgmt.

\* The selection of the right type of employee who can give his best and be most happy requires a thorough knowledge of his physical capacities & handicaps.

\* This necessitates a complete medical examination by a doctor who understands the job requirements.

\* Therefore, no employee should be placed on the job unless he has been declared medically fit by a competent medical officer.

\* The purpose of this is threefold.

- 1) It is for the protection of the applicant himself to know whether that job will suit him or not from the medical point of view.
- 2) It is for the protection of other employees so that they are not at risk of any communicable or other disease which the prospective employee may have.
- 3) It is for the protection of the employer as well, so that he may avoid selecting a medically unfit one.

The responsibility for scheduling and conducting the medical examination must rest with the HRD

\* The medical officer should be informed about the duties which will be expected of the candidate before he is referred for the medical examination.

† The decision of the medical officer regarding the physical fitness or otherwise of the candidate should be final.

### Joining report by the employee:-

When a new employee reports for joining, he should be given an appointment letter, his job description and a handbook of the hospital.

† He should be asked to submit his joining report.

### Letter to Thanks to the Recruiting Agency and Rejected Applicants:

As soon as a vacancy is filled, a letter of thanks should be sent to the concerned recruitment agency whose assistance was solicited to fill the vacancy.

† If possible, please send New Year greetings.

† This will go a long way in building good relations and enable the agency to serve the hospital efficiently.

Likewise, where the no. of applicants who had applied for a job is small and they could not be selected, they should be promptly and courteously informed of their rejection.

† They should be thanked for evincing interest in the hospital by applying for the post in question.

# Training:-

## Intro:

With the growth of industries after independence, training has mushroomed into a large-scale activity in India.

\* Since training reduces obsolescence, modern mgmts give adequate importance to it.

\* Multinational industries and giant organizations spend huge sums on training programmes.

\* These big organizations have their own training depts which organize their training programmes round the year.

\* Small organizations can send their personnel to specialized training institutes, such as National Institute for Training Industrial Engineering (NITIE). Bombay.

\* Unfortunately, hospital authorities have hardly realized the growing need and importance of training.

\* If at all they send anybody for training, they send the top doctor and senior nursing staff.

\* Most hospital do not feel the necessity of giving any kind of training to the rest of the employees.

\* However, it is the first and foremost duty of hospital authorities to provide necessary training facilities to enable all employees to carry out their jobs effectively and to prepare them for advancement.

People who delivers results are those who consistently use effective skills or behaviours.

\* Post-training, the personality of the person remains the same but the behaviour changes for the better.

\* The changes that any training programme brings about are broadly at four levels:

1. Increase of effective behaviours
2. Decrease of ineffective behaviours
3. Use of additional behaviours for enhancing effectiveness
4. Improving existing behavior for " "

Training Guidelines:-

While designing any training programme, the following guidelines should be kept in mind:

1. Training opportunities should be given to all employees irrespective of their age, sex, rank, etc.
2. Training programmes should be based on job analysis
3. Training opportunities should be provided throughout the employees' stay in the organization in order to meet technological changes.
4. Apart from meeting demands, all employees should be encouraged to take courses which are likely to improve their respects for more highly skilled employment.
5. A systematic means of assessment should be used while selecting employees for training.

Definition of Training:-

(Training may be defined as systematized tailor-made exercise to suit the needs of a particular organization for developing certain attitudes, skills and abilities in employees irrespective of their functional levels.)

Training, therefore, serves not only but many important purposes of an organization.

If the hospital authorities provide training to new employees to attract them and to old employees to retain them, they will certainly notice change in the service of their hospital.

## Purpose of Training:-

Training should be based on the needs of the orgn. In hospitals, training is needed for

1. rendering better service to patients
2. reducing waste
3. filling higher post
4. promoting safety measures
5. teaching employees to efficiently operate new machines which are installed or are likely to be installed in X-Ray/Laboratory/CSR/Laundry dept.
6. constantly developing manpower to meet the current as well as future needs of the orgn.
7. ensuring effective utilization of human resources
8. increasing the performance level of employees and developing them in such a way that they can rise to the positions of higher responsibilities
9. integrating individual goals with the organizational goals for creating a climate so that an individual employee can best achieve his goals by attaining the goals of the orgn.
10. updating knowledge of employees
11. developing human skills of employees for overall better performance
12. stabilizing workforce.

## Advantages of Training:-

1. Training brings about an improvement in the quality and quantity of output.
2. Training personnel can make better use of material and equipment.
3. Training helps to spot promising employees.

4. Training also helps in locating mistakes in the selection process.
5. Training creates a feeling of security among the employees that they are properly looked after by the mgmt.

### Determining Training Needs:-

It is the duty of HRD to determine the training needs of a hospital.

- \* The first step is to obtain evidence of needs.
- \* This evidence may be gathered from various sources such as exit interviews, complaints from supervisors and managers, staff turnover rate, complaints from patients and visitors, etc.

The followings are the three-step approach to find training needs:

- 1). Orgn analysis to determine where training employees should be placed within the organisation.
- 2). Operations analysis to decide as to what the training programme should consist of including a study of what a person should be taught, if he is to perform his task with maximum effectiveness.
- 3). Man analysis to determine who needs to be trained and what skills, knowledge or attitudes should be augmented or improved.

As soon as the training needs are identified, a suitable training programme should be developed for the concerned employees.

## Types of Employee Training:-

The type of employee training depends upon a no. of factors such as skills called for in jobs to be filled, qualifications of candidates applying for jobs and the kinds of operating problems confronted by the orgn.

Although it is important that the training programme be developed to meet specific needs, the HR manager should also be familiar with the whole range of training practised in other hospitals and organizations so that he can advise managers on training methods best suited to their needs.

The most important type of training has always been and will always be training on the job.

\* Training on the job to train new employees can be successful when it is done in an effective manner.

\* It is, therefore, necessary to ensure that supervisors are themselves trained and motivated to be good trainers.

The following outline can help in giving on-the-job training effectively:

Step 1: Prepare the employee for training on the job. State the job and find out what he already knows about it.

Step 2: Illustrate and show one important step at a time. Instruct clearly and patiently.

Step 3: Let him do the job. Correct his errors. Make sure he understands. Continue correcting his errors until he can do the job confidently.

Step 4: Choose a 'buddy' to whom he can go for help.

Step 5: Check frequently. Let him feel free to ask questions.

For training on the job to be effective, the trainer must take time to see that learning really occurs and is in the best interest of the trainees, patients and hospital.

There are 4 main types of training: These are provided by the mgmt according to their requirements.

1) Entry training:

It refers to the initial training provided to employees at the time of joining the hospital.

2) Job training:

It is provided to the employees with the object of increasing their knowledge about their jobs, and also to enhance their efficiency.

\* It enables employees to know the correct method of handling the machines and materials at their jobs.

Skills are taught through a mixture of demonstration, explanation and practice.

\* The teaching must be geared to the job.

\* There must be a continual process of correction of errors made, and checking that the trainee understands what is taking place.

3) Training for promotion:

It is provided in some orgn to fill higher posts from among the existing employees and it gives encouragement to employees to work harder.

4) Refresher training:

It is arranged through short-term courses for the old employees to keep abreast of the latest development in their fields.

In considering the methods of training, hospital authorities should remember that methods which are useful in large hospitals may or may not be useful in small hospitals. Methods must be chosen to meet specific situations.



## Developing a Training Programme;

Training is usually needed where there is a special problem interfering with any work or service, such as excessive turnover among new employees, or among a particular category of employees, high accident rate, breakage or mishandling equipment, etc.

\* A training programme developed with this problem solving approach is bound to have the support of supervisors because they realize its usefulness.

Public as well as private agencies have been conducting courses for various industrial jobs for a long time but it is only recently that these agencies have started conducting courses for hospital jobs.

\* Various courses such as those for nurse anaesthetist, blood-procurement technician, ECG technician, biomedical equipment technician, etc. are conducted from time to time.

\* When these courses are conducted under the supervision of government or hospital officials, and when the entry-qualifications and experience required of trainees, the content, the equipment required and the size of the class are controlled, there is certainly much scope for their development.

\* Other areas where public vocational education has come to the aid of hospitals, including training of medical record technicians, nurse aides, medical stenographers, etc.

\* Such contributions to the training of hospital personnel by well-known agencies such as the National Institute for Health Education and Family Welfare under qualified staff are very welcome.

## Who Should Train;

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It is the responsibility of the line as well as the staff managers to provide training.

\* The line manager under whom the employee is working and the training manager of the HRD under whose supervision the training is being imparted are both responsible for the individual's training.

\* Therefore, each manager must accept the development of his subordinates as his prime responsibility.

\* The principles for guidance and training are:

1. The overall responsibility for employee training should be vested in someone specifically designated by the administrator. In most instances, he can be the training manager and he will work in coordination and close co-operation with the dept heads in carrying out training procedures.

2. Training in specific job skills and in the relationship b/w various sections in dept is best done by the dept head.

3. Training in overall hospital policies and procedures is more satisfactory when carried out for all groups by a single individual.

4. Training in specific cross-hospital areas may be conducted by different specialists.

(V) Training of diet aides can be done by associating a representative of a school of dietetics.

- (ii) The training of sweepers can be accomplished by inviting a representative of the housekeeping dept of an institute of hotel and catering management
- (iii) The training in telephone technique can be achieved by taking assistance from a special representative of the telephone company.

Training is an important function of health-care administrators because it gives to the employee as well as to the administration with each desires without taking away anything from the other.

\* Through training, sincere efforts are made to communicate skills and attitudes.

\* Hospitals have no great tendency to embrace training programmes; but now there is a new trend of training being imparted in diff. depts of hospitals.

\* In small hospitals, the training function is taken care of by the HRD while in big hospitals, it is entrusted to a training dept which functions under the guidance of an expert training officer who is well versed with the functioning of the hospital.

Training Policy:-

The objectives of the training programme must be clearly defined and communicated.

\* The training policy of health-care institutions must indicate how the training will be carried out, who will be responsible for its administration, who will bear

the cost, etc.

\* If the training is conducted in hospital during the regular working hours, it does not pose any problem because the employees are paid their regular salaries for such participation, when the training session falls outside the employee's working hours, they should be given compensatory off.

\* Another factor of the training policy to be considered is the selection of trainees.

\* The trainees should be selected objectively and the selector should not be subject to undesirable pressure.

\* While selecting candidates, the selector should ensure a match between the needs of the candidates and the contents of the training programme.

\* The training policy must state the criteria for selection, such as seniority, ability, qualification, potential, need, etc.

Usually public service organizations are glad to assist in training programme.

\* They need to be told the training requirements.

\* They can then develop training programmes in coordination with the HR manager of the hospital.

### Evaluation of Training;

When large sum of money are spent on training programme, it is necessary to evaluate their effectiveness.

\* A constant check needs to be kept on whether the objectives and contents of training programme are consistent with the aims and current needs of the hospital,

and whether the objectives are being achieved economically. The following points should be kept in mind:

1. A comprehensive evaluation and assessment of training plans as related to the defined needs should be undertaken.
2. Measures must be evolved to evaluate the effectiveness with which the methods, procedures, training-aids, and materials are used by the training instructor.
3. There should be some effective means by which the progress of the trainees during the training programme may be assessed and evaluated.
4. Finally, the achievements of those who have received training must be followed-up over a period of time to assess whether performance has improved.

Thus, evaluation of the training programme helps to maximize the benefits accruing from the expenditure incurred on them, by determining the need to improve inputs such as the calibre of instructors, the motivation and education standards of trainees and the contents of the training programmes.

\* Improvements suggested in this way form a valuable feedback and can be used in revising training programme.

### Grooming Leaders:-

No organization can do without a superleader. Someone who can recognize the 'skill-set' of every employee, hone these skills, and mould him into the next rung leader.

\* A superleader's brief is to spot and liberate the leader in every employee.

\* And, this liberation cannot happen overnight.

\* It is often the result of continuous effort at developing individual capacity of every employee till they realise their optimum potential to act in responsible manner.

Effective leaders invest in developing people's skills and competencies.

\* Surveys have shown that organizations, which spend more than average amount of money on employee training, achieve higher levels of commitments, better customer service and employee alignment with company vision and values.

Another responsibility of a superleader is to create an effective learning environment.

\* This is characterized by a climate of trust and openness which leads to greater willingness to communicate about feelings and problems and a positive inclination for change.

Learning is also about making mistakes.

\* In any work environment, there is learning curve.

\* Performance generally goes down before it goes up.

\* Superleaders are thus great learners who regard all mistakes as learning opportunities.

\* They foster this attitude among their associates also by encouraging them to break old patterns of thinking, come out of their boxes, question routines and challenge assumptions.

One leading company introduced a suggestion system that rewarded thinkers of original ideas.

\* The response from the employees was prompt and instantaneous.

\* The system began to change established mindsets.

\* Employees began to think more in terms of how to improve their productivity rather than remain disturbed by others' mistakes.

\* In less than five years, inventories went down by 60%, output shot up to 90%, timely deliveries increased from 65% to 95% and sales increased by over 30%.

The president of a well-known company pursues a very open-ended communication strategy with his subordinates.

\* Instead of interacting only with a small coterie of key executives, he routinely summons big employee groups to his office and openly shares his vision for the company with them.

\* Sometimes, the employees come up with their own suggestions on better alternatives.

\* Needless to add, there is better understanding in this company than anywhere else.

\* The employees are more committed to the company plan than even the boss himself.

### Management Development Methods / Training:-

Generally, the aim of all mgmt training techniques is to generate in dept heads a deeper understanding of themselves and of others so that their decisions may take better account of the needs of the hospital.

\* Many methods are used, but all of them seek to develop managerial styles that are likely to build morale

and motivate personnel for more effective work, to attain the objectives of the hospital.

1) Formal Management Education:-

There are full-time programmes at Universities and other institutions of higher learning designed especially for middle and top-level executives who leave their jobs for short periods and are exposed to new ideas and new people from other organizations.

\* Some institutions of higher learning conduct off-campus focusing programmes as well as specialized training on particular aspects of mgmt for managers.

\* In India, there are 20 health-care institutions which impart hospital administration training.

\* All India Institute of Medical Sciences, New Delhi is one of them.

2) Management Seminars:-

Working managers, who want a speedy orientation in various mgmt areas, may get it by attending seminars.

\* There are a number of associations such as the National Institute of Health & Family Welfare, Voluntary Health Association of India, the Indian Hospital Association, etc. which conduct such seminars from time to time.

\* These seminars are useful for middle-management managers and top-level executives.

3) Job Rotation:-

Managers may be rotated among positions to test their ability and to meet new situations and challenges.



\* Some organizations give middle - mgmt managers little opportunity to consider whether or not they are interested in job rotation.

\* Others consult them in detail before taking any action.

\* Job rotation is a very useful method for developing people's careers, but it may not be good at senior levels.

\* This method can be used in the case of mgmt trainees as well as existing managers.

\* It provides actual experience to both categories of trainees.

\* A word of caution is necessary here.

\* When job rotation is used for mgmt trainees, great care must be taken in handling the relationship between the mgmt trainee and the staff.

4) Lectures:-

Lectures are generally preferred for disseminating information and communicating new methods and policies to a large no. of trainees at time.

\* The lecturer presents material orally.

\* He hands out prepared notes to the trainees before or after his lecture.

\* If he does not hand out his notes, the trainees make their own notes during his lecture.

\* The main disadvantage of a lecture is that participation of the trainees is minimal.

\* This can, however, be overcome by having a panel of speakers and encouraging listeners to ask questions.

\* This can bridge the gap between the one-way communication of a lecture and the needed exchange of ideas between the lecturer and the listeners.

### 5) Role Playing:-

Role playing is a useful technique in developing skills.

\* It may be used when human relations skills are required to be developed.

\* Ward-in-charges, senior X-ray or laboratory technicians, senior pharmacists or physiotherapists, who are required to get work from their subordinates, can benefit from role-playing.

\* In this method, an individual puts himself in another person's shoes and acts as that person would act.

\* This gives practical experience free from theoretical and academic restraints.

\* The great advantage of role-playing is practice is a reality situation.

\* The first step is to get the trainees to suggest common problems which they experience while performing their duty.

\* The scenario is then prepared and the trainees are asked to volunteer themselves to play different roles.

\* This provides each individual with an opportunity to develop insights.

\* Thus, persons who work in supervisory capacities can learn to supervise their subordinates better.

### 6) Sensitivity Training:-

Sensitivity Training is designed to make the trainee employees more aware of themselves.

\* Its agenda is open, and is determined by the group itself.

\* It develops situations which include the individual to examine his compartmentalization, incongruities, and discrepancies and endeavour to integrate his behaviour, value, needs and feelings, which constitute his inner world with the expectations of the social environment.

There is no role-playing in sensitivity training, because participants are playing their own, actual roles.

\* In sensitivity training, it is assumed that the essential sources of personal growth and development lie within the participants themselves.

\* It provides ample opportunity to the participants to expose their behaviours as well as their thinking, receive feedback about their behaviours and give feedback about the behaviours of others.

\* It has been found that stress on participants as they undergo sensitivity training is so high that they risk nervous breakdown.

\* It is the most controversial training method.

\* Some proponents of laboratory education denounce it while others strongly support it.

7) Delegation;

Indian managers are generally scared of delegating their powers to their subordinates.

\* They wrongly believe that no one can excel them.

\* They forget that without delegation of authority and giving additional responsibility, no subordinate can gain confidence in himself.

\* Asking the subordinate to study problems and take decisions by themselves can infuse them with confidence and develop decision-making and leadership skills which are so essential for a good manager.

## 8) Promotion:-

(10)

The possibility of promotion can encourage a manager to acquire skills required for the higher job, so that he may take proper decisions and discharge his duties efficiently.

\* Deserving candidates who have potentials should be promoted and in no case be left to stagnate at one place.

\* If mgmt does not follow this policy, it will soon start losing its good employees, with dire consequences to the organization.

## Promotions:-

The promotion policy is one of the most controversial issue in every organization.

\* The mgmt usually favors promotion on the basis of merits and the unions vehemently oppose it by saying that mgmt resort to favoritism.

\* The unions generally favours promotions on the basis of seniority.

\* It is hence essential to examine this issue and arrive at an amicable solution.

## Nature and Scope of Promotion:-

2 marks  
Define (A change for better prospects from one job to another job is deemed by the employee as a 'promotion').

\* The factors which are considered by employees as implying promotion are:

- (a). an increase in salary
- (b). an increase in job prestige
- (c). an upward movement in the hierarchy of jobs.
- (d). additional supervisory responsibility
- (e). a better future.)

Seniority versus merit:-

There has been a great deal of controversy over the relative values of seniority and merit in any system of promotion.

\* One often hears people saying that while seniority is a fact, merit is only a surmise.

\* It could easily be conceded that in an atmosphere where objective appraisal is not done, the criterion of merit could cause in great deal of damage and risk.

\* If the organization's expectations are to be fulfilled and if proper emphasis has to be given to initiative, dynamism and speedy action, the criterion of seniority (which relies on the quality of the employee at the time of his recruitment) will have to be given second place.

Seniority will always remain a factor to be considered, but there would be much greater opportunity for efficient personnel, irrespective of their seniority, to move up speedily if merit is used as the basis for promotion.

\* It is often said that at least for the lower ranks, seniority alone should be the criterion for promotion.

\* One cannot agree with this.

\* The quality of the work is as important in the lower ranks, greater emphasis should not be placed on the quality of work and the merit of performance rather than only on the number of years of service.

\* The factor of seniority should come into play only when some employees are adjudged as equal on the basis of merit.

All over the world, people respect the aged. For them, grey hair is synonymous with wisdom and maturity.

\* It is believed that there is no substitute for experience.  
 \* Hence several people support the plea for promoting individuals on the basis of seniority.

There are some who argue against this plea and advocate the merit policy for the following reasons:

1). They believe that mere length of service is evidence only of continued service but is surely no indication of vast experience.

2). Promotion on the basis of seniority saps the initiatives of the employees. Once they realize that promotions are on the basis of seniority alone, they lose all enthusiasm for showing better performance.

Therefore, in terms of getting the best out of employees, the merits of the individual employee will have to be considered.

3). There are individual differences amongst persons working on the same job, some of them are most efficient, some barely average and some below average. If their differences are not distinguished and they are uniformly rewarded, all individuals, will gradually sink to the level of the below-average employee.

Therefore, most of the authorities on HRM as well as lower and higher courts are of the opinion that promotion should be on the basis of merits and not only on the basis of seniority.

\* Whenever there is a vacancy in the higher position, sound personnel policy requires that it should be filled on the merit, as far as possible from within the orgn.

\* If all such vacancies are filled either on seniority basis or from outside, there would not be any incentive for existing employees whose performances are consistently above average.

\* The orgn that has not formulated a promotion policy is likely to accumulate frustrated and disconnected employees because they see no prospects for themselves and the only outlet for them is to constantly demand higher salaries and/or more amenities.

Promotion Policy:-

Trade unions plead in favour of seniority and mgmt, naturally, in terms of able employees.

\* Trade unions think in terms of their members as a whole and are constantly suspicious of favouritism on the part of the mgmt.

\* They frequently argue that they should have some say in promotions, but the industrial courts have hitherto held that promotion is a mgmt function.

\* However, in practice, both seniority and ability criteria should be taken into consideration; but in order to allay the suspicions of the trade unions, there should be written promotion policy which should be clearly understood by all.

Promotion policy may include the following:

- 1) Charts and diagrams showing job relationships and a ladder of promotion should be prepared. These charts & diagrams clearly distinguish each job, <sup>and</sup> connect

various jobs by lines and arrows showing the channels to promotion. These lines and arrows are always based on an analysis of job duties. These charts do not guarantee promotion but do point out various avenues which exist in an organization.

- 2. There should be some definite system for making a waiting list after identification and selection of those candidates who are to be promoted as and when vacancies occur.
- 3. All vacancies within the orgn should be notified so that all potential candidates may compete.
- 4. The following 3 factors must be the basis for promotion:
  - (i) Outstanding service in terms of quality & quantity.
  - (ii) Above-average achievements in patient care and/or public relations.
  - (iii) Experience
  - (iv) Seniority
  - (v) Initiative
  - (vi) Recognition by employees as a leader
  - (vii) Particular knowledge and experience necessary for a vacancy.
  - (viii) Record of loyalty and co-operation.

In some instances, it may be possible to use pre-employment tests to determine eligibility for the vacant position. Results of such tests, coupled with a review of the individual's employment record, provide a reasonably objective basis.

- 5. Though the dept heads may initiate promotion of an employee, the final approval should lie with top mgmt because a dept head can think only of the



reperumions of the promotion, in his dept. while the top mgmt looks at it from the point of view of the orgn as a whole. The HRD can help at this stage by proposing the names of prospective candidates out of the existing employees in the orgn and also submit their performance appraisal records of the last few years to the dept head.

6. All promotions should be for a trial period. In case the promoted person is not found capable of handling the job, he may be reverted to his original job. Normally, during this trial period, he draws salary at the higher pay-scale, but it should be made clear to him in writing that if his performance is not found up to the mark, he will be reverted to his former post at the former pay scale.

7. In case of promotion, the HRD should carefully follow the progress of the promoted employee. A responsible person of the HRD should hold a brief interview with the promoted person and his dept head to determine whether or not everything is going on well. A fortnight before the completion of the trial period, a written report should be obtained from his dept head. If the dept head gives a satisfactory report, the promoted employee should be made permanent in the higher post.

Advantages of sound promotion policy:-

Every orgar should encourage the promotion of its existing employees to higher posts.

Whenever there is any vacancy in a dept, it should, as far as possible, be filled by promoting a suitable employee according to the promotion policy of the orgn. From a scientific mgmt viewpoint, a sound promotion policy has many advantages:

1. It provides an incentive to work more and show interest in their work. They put in their best, and aim for promotion within the organization.
2. It develops loyalty amongst the employees, because a sound promotion policy assures them for their promotion, if they are found fit.
3. It increase job satisfaction among the employees
4. It generates greater motivation in competent employees, as they do not have to depend on mere seniority for their advancement.
5. It retains competent employees and provides them ample opportunities to rise further.
6. It generally results in increased productivity as promotions will be based on an evaluation of the employee's performance.
7. Finally, it increases the effectiveness of an orgn.

Thus, a ~~sound~~ <sup>sound</sup> promotion policy goes a long way in helping the employees, their unions, and the management.

Solution to promotion problems:-

Difficult human relations problems can arise in promotion cases. These problems may be reduced to the minimum if extra care and the following principles are observed:

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1. In promoting an employee to a higher post, his salary should be at least one step above his present salary.
  2. Specific job specifications will enable an employee to realize whether or not his qualifications are equal to those called for.
  3. There should be a well-defined plan for informing prospective employees of impending vacancies.
  4. The orgn chart and promotion charts should be made so that employees may know the various avenues for their promotion.
  5. The promotion policy should be made known to each and every employee in the orgn.
  6. Mgmt should prepare and practise promotion policy sincerely.

### Promotion to the post of CEO:-

Some mgmt experts believe that these senior managers who have exceeded their performance parameters must be promoted consistently from within.

\* That is the least an orgn can do for its deserving employees.

\* Rewarding deserving employees is very motivating for others.

\* It also helps in retaining top mgmt talent.

\* The important thing is that the decision should be communicated properly to all stakeholders.

\* If there is someone who fits the bill internally, ethics demand that he should be given an opportunity.

\* Hiring externally must only be considered as the last option as good mgmt practices favours internal growth.

\* These days, even Chief Executive Officer is hired temporarily for a fixed tenure. and when their own employee is ready to take up the reins of the hospital, he is promoted to the post of their Chief Executive Officer.

Transfer:-

Like promotion, transfer is used to place employees in positions where they may get greater job satisfaction and contribute their best efforts to the organization.

\* Transfer involves some rather delicate issues which should be tackled gently.

\* No dept head wants to lose a good employee.

\* On the other hand, employees generally feel that the grass is greener on the other side of the fence.

In order to obviate possible clashes of departmental interests, some general policies on inter-departmental transfers should be established and publicized sufficiently to prevent any doubt which might arise in minds of employees and their union leaders.

\* A HR manager should make recommendations for transfer and promotion policies and help line managers administer them effectively.

\* It should be stated clearly in the transfer policy that whenever an employee with an satisfactory record desires promotion, he shall be considered for promotion within his department.

\* If no opportunity is available, within his dept, he shall be considerations for vacancy in other dept provided his qualifications make him eligible.

\* In such cases, the dept head should refer the employee directly to the HR manager.

\* Dept heads should be discouraged from recruiting employees directly from other depts.

\* Such a procedure causes ill-will, resentment and confusion, which are not compatible with good hospital mgmt.

\* Interdepartmental contacts in such matters would be channeled through the HRD.

Types of Transfer:-

A transfer implies a lateral movement of an employee in the hierarchy of positions of the same or similar status, from one dept to another.

\* Transfer may be initiated by the mgmt or by the employees.

\* The mgmt may initiate a transfer to place an employee at such a place where he can be better utilized from its point of view.

\* Similarly, an employee may request a transfer to a place where he can find more avenues of promotion, or for some personal reasons, e.g. where his friends are working, where he thinks the working conditions are better, to get away from his boss with whom he may be finding it difficult to get along, etc.

There are several types of transfers.

1) Production transfers:-

These are made from one dept when the personnel reqs are declining to other dept where more personnel are required.

\* This type of transfer is made to avoid lay-offs in one dept and also to avoid employment of persons from outside in another dept.

\* The HRD may act as a clearing house through which all lay-offs and hirings are funnelled.

2) Replacement transfers:-

These are similar to production transfers.

\* In replacement transfers, a long-service employee is transferred to a similar job in another dept.

\* The object of these transfers is to retain, as far as possible, an efficient and trained employee and to discharge the junior-most employee.

3) Versatility Transfers:-

These are made for the purpose of providing the mgmt with a versatile group of employees.

\* This may be used as preparation for production or replacement transfers.

\* It helps the mgmt in preparing an army of all-rounders who can conveniently be transferred from one dept to another at the time of need.

\* It helps in job enlargement and job enrichment.

4) Shift transfers:-

These are made in those organizations where there are more than one shift.

\* Under this type of transfer, employees are transferred from one shift to the other on similar jobs involving the same type of work.

\* This is done to mitigate individual hardships or to remedy maladjustment at the time of initial or even subsequent posting.

5) Remedial transfer:-

These are made from various reasons primarily concerning the person on the job, e.g. faulty placement of an employee on a job at the time of his joining, incompatibility with his supervisor, illness, accident record, etc.

\* Remedial transfers can particularly result in better placement of employees and improved morale.

Transfer Policy:-

A systematic transfer policy is needed to maintain harmonious relations b/w mgmt and employees.

\* The mgmt should transfer an employee in the interest of the orgn and not to victimize him.

\* Similarly, the employee should seek transfer for his betterment and not to create problems for the mgmt.

\* A sound transfer policy is, therefore, needed to maintain reasonable consistency of treatment throughout the orgn.

\* In formulating this policy, the following points should be incorporated:

1. The circumstances under which transfers can be made
2. Responsibility for initiating and approving transfers
3. Transfers within sections or between depts anywhere in the hospital.
4. Basis for transfer
5. The rate of pay

The responsibility for transfers should be given to top mgmt, because some supervisors may recommend transfer to get rid of poor or inefficient employees rather than making any attempt to improve them. (56)

\* On the other hand, in most of the cases, employees and their unions suspect victimization by mgmt.

\* Therefore, the top-management should issue orders of transfer in consultation with the HR managers.

### Advantages of transfer policy:-

Transfers are helpful in utilizing human resources. They help in relating long-service employees and utilizing them effectively. The following are some of the advantages of a good transfer policy:

1. It increases the productivity and effectiveness of an organization.
2. It improves employer-employee relations.
3. It motivates employees.
4. It provides a remedy for faulty placements.
5. It helps in tackling crisis situations.



## UNIT - IV

### SUPPORTIVE SERVICES

Medical Records Department - Central Sterilization and  
Supply Department - Pharmacy - Food Services - Laundry  
Services.

### Medical Records Department :-

#### Overview :

The medical records dept maintains records and documents relating to patients care.

\* Among a host of activities, its main functions are filing, indexing and retrieving medical records.

\* The primary purpose of establishing a medical records dept is to render services to patients, medical staff and hospital administration.

\* The quality of care rendered depends on the accuracy of information contained in medical records, its timely availability to and the extent of utilization by the professional staff.

\* To achieve economy, accuracy of information and good communication, which are of vital importance to the medical records system, all information should be concentrated in the original medical records of patients.

\* This should be indexed and filed in the dept.

\* The three basic principles of medical records are:  
They must be accurately written, properly filed and easily accessible.

(2)

Medical records are used as primary tools to evaluate the quality of patient care rendered by the medical staff.

\* To implement this effectively, the medical staff must adopt and self-enforce rules and regulations for the production of timely, accurate and complete medical records.

\* Medical records are widely used for teaching and research purposes.

\* In the context of increasing malpractice liability suits against hospitals and physicians, well-documented medical records are a good legal protection.

The physician is primarily responsible for the quality of his patient's medical records.

\* It is his duty to review, correct and countersign records that are written by residents and junior doctors working under him.

\* Each entry in the medical record must be signed by the person making the entry, and the signature should be identifiable so that responsibility for accuracy and authenticity can be fixed.

\* The language used in <sup>writing</sup> medical records should be clear and concise and should not lend itself to misinterpretation.

\* Abbreviations, symbols, etc. should be of acceptable standard.

\* The medical records dept should maintain a list of acceptable abbreviations and symbols for every one to follow.

Every hospital should formulate policies, rules and regulations for the production, completion and maintenance of medical records. ③

In many hospitals, registration is an integral part of medical records.

\* The front office, which registers all patients, assigns each new patient a unique number, collects patient demographics and other necessary data, assigns/directs patients to physicians, and creates records.

\* In the case of returning patients, it retrieves their records and updates them.

\* It maintains a master patient index for all patients; \* Registration is the starting point for outpatient visits and all patient-related activities.

### Functions:-

1) Planning, developing and directing a medical record system that includes patient's original clinical records and also the primary and secondary records and indexes. These may be in the central record room, the clinical service area, adjunct dept, or the outpatient dept of the hospital.

2) Maintaining proper facilities and services for accurate and timely production, processing, checking, indexing, filing and retrieval of medical records.

3) Developing a procedure for the proper flow of records and reports among the various services and dept, including clinical services and the outpatient clinics where they are needed.

- ④
- 4) Developing a statistical reporting system that includes ward census, consolidated daily census, outpatient dept activities, and statistics in relation to services such as radiology, clinical laboratories and pharmacy.
  - 5) Preparing vital records of births death, reports of communicable diseases, etc., for mandatory and regulatory agencies, and statistical reports. These relate to number of admissions, discharges by major clinical services, discharge diagnoses and length of stay by diagnoses, types and no. of surgeries performed, etc. for use by administration, medical staff communities and the education and research dept.
  - 6) Coding all diagnoses and operations according to international classification of disease for statistical purposes.
  - 7) Safeguarding the information in the medical records against theft, loss, defacement, tampering or use by unauthorized persons.
  - 8) Determining in coordination with medical staff and administration the action to be taken in medico-legal cases relating to the release of medical records in a variety of situations, and determining the legality and ethical appropriateness of such actions in conformity with the laws of the land.

To appreciate the several activities that take place during the medical record's journey after admission and after discharge of a patient, see flowcharts in Fig ①, & ②.

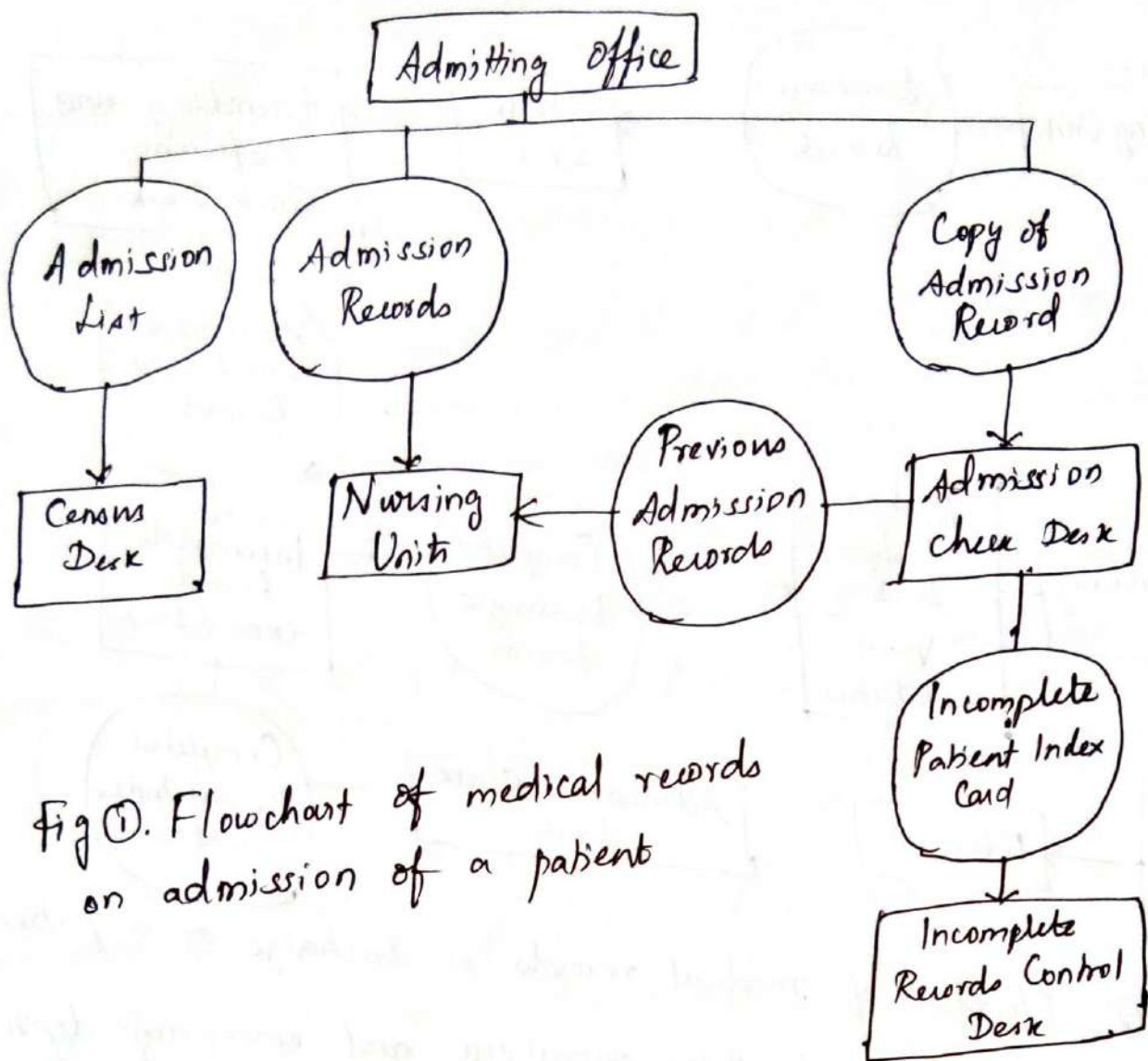


Fig ①. Flowchart of medical records on admission of a patient

Location:-

In order to provide prompt medical record service for the care of all patients at all hours, and to foster a close working relationship and good communication among the related dept, the medical records dept should be located close to the admitting area, outpatient dept, emergency room and the business office.

It should also be close to or on the corridor leading to the doctor's lounge so that the medical staff can conveniently stop by and complete their records and study cases.

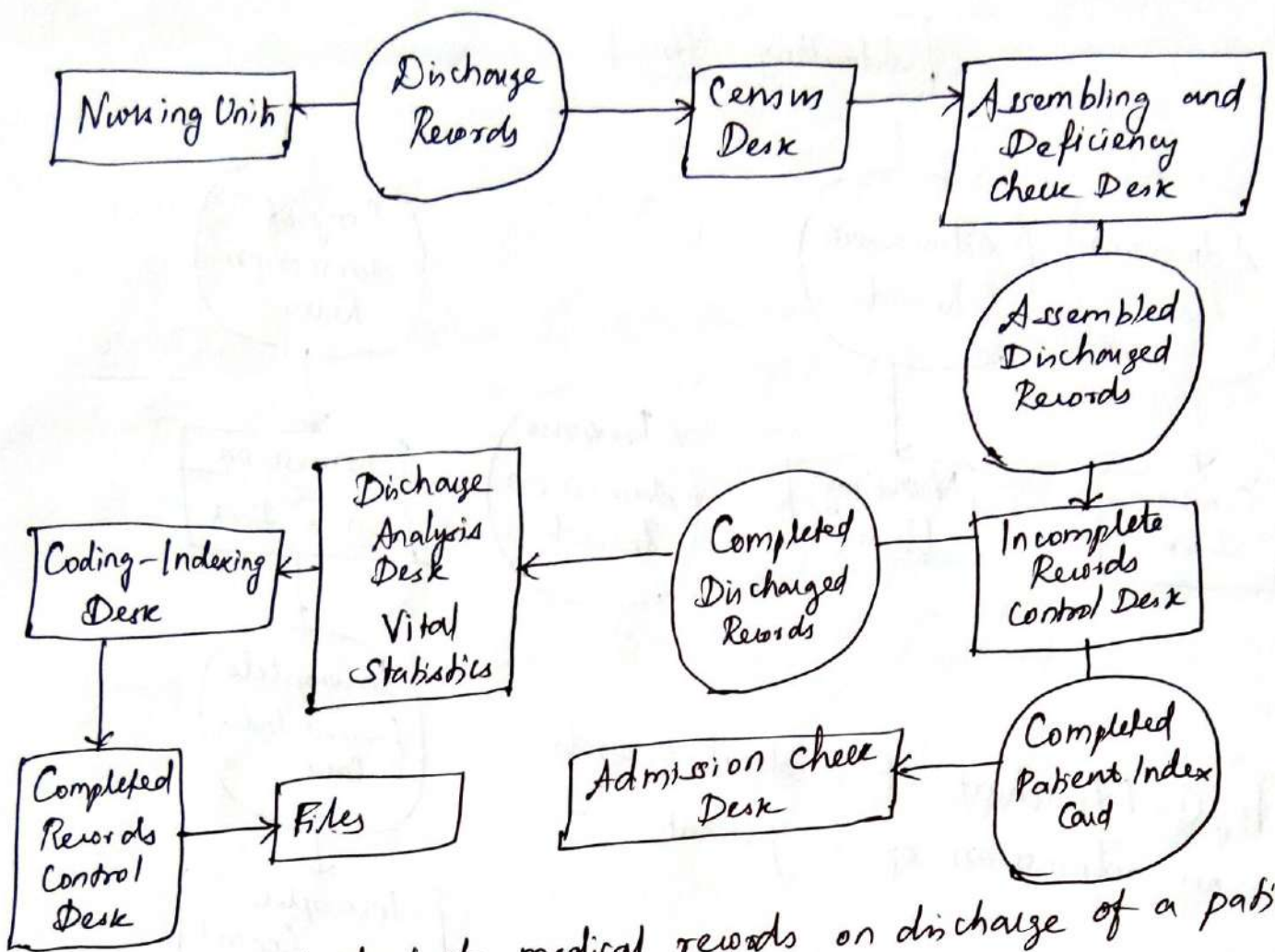


Fig 2. Flowchart of medical records on discharge of a patient

Proximizing to admitting, outpatient and emergency dept eliminates delay in procuring medical records.

\* It also permits a skeleton staff to manage the work of the medical records dept during the evening and night shifts.

\* While carrying on their normal duties like filing, etc, the night crew can also furnish records to the emergency dept.

\* Location is important particularly in small hospitals where the records dept usually remains closed during the night.

\* In that case, it should be within easy walking distance for the authorized admitting or emergency dept staff to enter the dept and retrieve records for emergency patients.

(7)

\* The need for security surveillance to safeguard medical record information also has a bearing on the location.

### Design:

The front office of medical records - the registration together with the enquiry - is often the patient's first point of contact with the hospital.

\* It is here that public relations plays a vital role.  
\* In addition to courteous and helpful staff, the physical design should be one that projects a warm and welcome feeling.

\* Good functional design, logical placement of work areas and a good system of communication among the various sections of the dept and between other depts are vital.

\* The dept should also be designed with the best possible means of transportation of medical records through all stages of their use and processing.

### Organization:

The medical records dept may be headed by a medical record administrator or officer who reports to the director for medical or administrative services.

\* He should be a graduate with a degree or diploma in medical records administration.

\* The remaining staff in the dept consist of medical records technicians and medical record clerks

\* The Christian Medical Association of India and various medical colleges offer degree and diploma courses in medical record administration.

\* In large hospitals, there may be an assistant medical record officer, and supervisors for major functional areas such as filing and indexing, coding and abstracting, transcription, discharge analysis, medical audit, utilization review and registration.

### Unit Record:

The unit record is a single record that documents the entire medical care provided to an individual in all the services of the hospital, namely, in the inpatient and outpatient sections and the emergency room.

\* The single unit consolidates and retains all the records in a chronological order, that is, in the order of occurrence of events and findings.

\* This way, the record provides the doctors with the necessary references to a patient's current and past conditions, all tests and procedures performed on him and his response to therapy.

Some hospitals maintain separate records for inpatient and outpatient visits.

\* The disadvantage of this system is that the patient's complete history cannot be reviewed quickly and easily.

\* Other methods of assembling medical records are:

1. Chronological by source of information or section (physician's notes, nurse's notes, lab reports, etc).
2. Problem-oriented medical record.

These methods are, however, not popular in most of the hospitals.



## Numbering System:

(9)

The most widely used method for numbering is the unit numbering, used in conjunction with the unit record system.

\* In this system, a single, permanent number is assigned for each patient (as against different numbers each time a patient is admitted).

\* The unit number ensures accurate identification of the patient and complete information about his investigation and tests and the accounting records.

## Filing System:

The most popular method of filing is the straight numerical filing, starting with the lowest number and ending with the highest.

\* Activities relating to filing and retrieving are most concentrated in the ~~area~~ area where records with the highest numbers are stored because they are the most recent and active files.

\* This is the easiest method of filing as the staff is familiar and comfortable with it.

\* However, the chances of misfiling and not finding the misfiled charts are high in this system.

\* The other method of filing is the terminal digital filing.

\* This provides equal distribution of medical records in the storage area and therefore allows the staff to be evenly spread within the area.

\* The filing is based on the last two digits of the medical record number.

\* The entire file is divided into hundred sections from 00 to 99 and the records are stored in these sections according to their last two digits. (10)

\* For example, all records ending with 14 are filed together.

\* In an advanced system, the terminal digits are also colour-coded.

\* The great advantages of this system is that the filing clerks can visualize the actual location of the records.

\* It also speeds up filing and retrieval of files and virtually eliminates ~~any~~ any chance of misfiling.

### Dictating and Transcription System:-

Various dictating and transcribing systems are available.

\* In an advanced system, doctors dictate their notes or discharge summaries from various locations in the hospital - from the wards, operating room, ICU & CCU complex, emergency room, etc. - using either a remote dictating equipment or the telephone which is linked to the central transcription room in the medical records dept where the dictation is tape recorded.

\* The medical secretaries then transcribe the recorded dictation.

\* With the advances in telephones, doctors can now dictate their notes from anywhere - from their homes or even from moving cars using car phones.

## Space Requirements:

(11)

The medical records dept requires space and facilities for the following:

- 1). Reception-cum-registration area officer
- 2). Offices for the medical records, and assistant medical records officer.
- 3). Space for sectional supervisors.
- 4). Work area for record processing, assembling, numbering, indexing, utilization review, discharge analysis, correspondence, work processing, quality assurance, etc.
- 5). Record storage for active and inactive files.
  - \* Active files are the files where the date of discharge or last visit is within three to five years of the current date. These files should be readily accessible.
  - \* Inactive record storage should also be located near the active files area as far as possible. These may be stored in a computer-assisted system.
- 6). Space for copiers that is used to a considerable degree
- 7). A room for medical staff to complete records, study cases and review and abstract records with tables, chairs, dictating equipment, etc.
- 8). An area with bookcases or shelves to temporarily house medical records pending completion or temporarily used by the medical staff
- 9). Transcription area with space for the central recording equipment, tables, computers, etc. for medical secretaries to transcribe dictation.

10). Space for master patient index depending on the kind of system used, for immediate identification of current and past patients. Computer-assisted systems are now widely used. (12)

11). Storage area for medical record carts.

12). Supplies storage area for unused medical record file folders, forms, etc.

13). Staff facilities

14). If the medical record dept is on two floors with the storage area on a lower floor, an electrically operated dumbwaiter may be necessary. This must be planned at the design stage.

### Other Consideration:

#### 1. Ownership of Medical Records:

Medical records are created and maintained for the benefit of patients, medical staff and the hospital.

\* The hospital has the right to restrict removal of the records from the records room or from the hospital premises, determine who may have access to them, and lay down as a policy the kind of information that may be taken from them.

\* Except for authorized patient care purposes within the hospital, medical records may be removed from the dept only on the order of a court of law and with the prior permission of the chief executive officer.

\* Even when the records are given out, it is a wise policy not to part with the original records.

\* Only photo copies should be given except on the orders of the court.

Confidentiality of Information:

While the information contained in the identification section of the medical record is not confidential, the clinical data obtained professionally is, and it should be safeguarded.

\* Employees are obligated to safeguard the confidential information of patients.

\* Many hospitals require employees having access to patient records sign an undertaking not to divulge any patient information that may have come to their knowledge in the course of their work.

\* A great deal of harm can be done to patients by employees divulging confidential patient information.

Confidential information may be released with appropriate authorization.

\* However, the information acquired by a physician in a doctor-patient relationship is privileged information that the physician may not disclose even in a court of law.

Record Retention:

Apart from patient care, records are retained for various reasons such as for legal and research purposes.

\* It is not necessary to retain records permanently for any purpose, and certainly not for the purpose of proving birth, age, residence, etc.

\* It is generally accepted that hospitals are seldom required to produce medical records older than 10 years for clinical, research, legal or audit purposes.

## Computerization:

(14)

Computers are widely used in the areas of registration and medical records.

\* In registration, they are used to maintain information and patient's personal data (demographics), for assigning patient numbers, making appointments and assigning to physicians, creating records, etc.

In medical records, computers can be used for patient records and medical records administration.

\* For the most part, however, computers have not made much inroads into the patient records area, but in the records administration area, they are used for chart abstracting, medical record indexing, diagnosis coding, chart locating, master patient index, statistics, etc.

Authorized personnel can have access to all ~~past~~ current and historical data.

\* On-line abstracting can be done using screens and conditional editing.

\* All editing is done in real time

\* An on-line master patient index gives immediate access to essential, episodic patient information.

\* Medical records reporting gives optimal access to information in the desired format.

\* Reports can be sorted and sequenced in a variety of ways.

\* They can be generated on a daily, monthly, quarterly, semi-annual and annual basis.

## Central Sterilization and Supply Department;-

(15)

### Overview:

Despite the unprecedented advances made in the medical field, hospital-acquired infection remains the hospital's single most serious concern that negates some of its otherwise good work.

\* It is acknowledged that even in advanced countries, approximately five percent of all hospital patients develop infection after being admitted.

\* Given the poor standards in our hospitals, this figure is likely to be much higher in India.

\* The intangible and tangible cost of this by way of unnecessary suffering, extra hospitalization and loss of working days can be high.

To combat this ubiquitous menace of infections caused by pathogenic micro-organisms, hospitals have over the years developed a scientific method commonly referred to as the central sterile and supply system.

\* The method basically involves cleaning, disinfecting and sterilizing before use all instruments, materials and equipments utilized in patient care.

\* From various parts of the hospital like operating rooms, wards, outpatients clinics and other departments, all soiled items are collected in the CSSD for processing, and then transported back to the end users.

(16)

\* In the CSSD, the process of cleaning, disinfecting, packing, sterilizing and distributing is carried out by specially trained personnel.

\* This ensures better control and reliable result and reduced risk of infection.

Sterilization of instruments, operating packs, trays, etc. is performed by heating them with pressurized steam or by gas sterilization.

\* Steam sterilization is called autoclaving.

\* However, certain items such as rubber, plastic and delicate instruments cannot be autoclaved and so have to be sterilized by using ethylene oxide or similar gases.

\* Gas sterilization requires certain safety precautions such as aeration prior to use and special exhaust ventilation.

\* Under both systems, sterilization is performed on cleaned instruments wrapped in special linen.

(In the decentralized system, the sterilization facility is located near the area where the sterilized items are used, the operating rooms, for example.

\* This is called the theatre sterile supply unit (TSSU).

\* The advantage of this system is that it allows for direct communication, the no. of instruments is small and transportation is more or less eliminated.



\* The CSSD services the nursing units, the operating rooms, ICUs, labour-delivery suites, the nursery, outpatient dept, radiology, pharmacy and the clinical laboratories.

\* The primary activities of the dept are sterilizing, storing and distributing the dressings, needles and syringes, rubber goods (gloves, catheters, tubing), instruments, treatment trays and sets, sterile linen packs, etc.

Disposable sterile supplies are being increasingly used in hospitals.

\* These need only to be stored and not processed for reuse.

\* Since these disposable items are expensive, their use in Indian hospitals has not significantly affected the workload of the CSSD.

Objectives; -

- 1). Process and sterilize equipments and materials under controlled conditions by trained and experienced personnel thereby contributing to total environment control in the hospital.
- 2). Effect greater economy by keeping and operating the expensive processing equipments in one central area.
- 3). Achieve greater uniformity by standardizing techniques of operation.
- 4). Gain a higher level of efficiency in the operations by training personnel in correct processing procedures.

Functions:-

- 1). Receiving and sorting soiled material used in the hospital.
- 2). Determining whether the items should be reused or discarded.
- 3). Carrying out the process of decontamination or disinfection prior to sterilizing.
- 4). Carrying out specialized cleaning of equipment and supplies.
- 5). Inspecting and testing instruments, equipment & linen.
- 6). Assembling treatment trays, instruments sets, linen packs, etc.
- 7). Packing all materials for sterilizing.
- 8). Sterilizing
- 9). Labelling and dating materials.
- 10). Storing and controlling inventory
- 11). Issuing and distributing.

Location:-

Accessibility to elevators, dumb waiters and stairs is of utmost importance in determining the location of CSSD.

- \* It should be close to the dept which use its services the most.
- \* Generally, the largest users are the surgical dept, including the recovery room, and the nursing unit.

Hospitals are continuously searching for new ideas to maintain aseptic condition of the highest order, particularly in the surgical suites.

(19)

\* In advanced countries - and this practice is now gaining currency in our country - the CSSD is located in a lower floor directly under the surgical suite.

\* The surgical suite and the CSSD are connected by means of two dedicated dumbwaiters - small elevators that deliver trays, medicines, etc - one sterile and the other soiled.

\* The sterile dumbwaiter, located in the sterile area of the CSSD, opens into the sterile area of the surgical suite and transports all sterile items without being contaminated in transit.

\* The solid dumbwaiter is located in the less sterile area of the surgical suite and brings down the soiled items to the soiled area of the CSSD for reprocessing.

### Design:-

The workflow pattern should be planned in such a manner that the personnel traffic and the movement of supplies and equipment is accomplished in an efficient manner, the flow of work is continuous from receiving to issuing without retracing steps, and the receiving and clean up areas are physically separated from the rest of the dept.

\* Workflow must be so planned as to allow a separate entrance to receive soiled and contaminated materials from dept, and another for issuing clean and sterile supplies and instruments.

\* There could be a third entrance, if necessary to receive materials from general stores and laundry.

In a well-designed, state-of-the-art CSSD, there are three organized zones:

- 1. Soiled area
- 2. Clean area
- 3. Sterile area

\* Soiled items from various user dept of the hospital are received at the soiled reception area in the same trolleys, instrument trays, baskets or containers as they were delivered in.

\* Most of them are loaded straight onto the pan-through washer-disinfector.

\* Trolleys and some instruments are cleaned and disinfected manually.

\* Steam and hot water are the most common disinfection agents used in hospitals.

In the clean area, clean disinfected materials are sorted, inspected and packed.

\* After packing, the instrument trays are put into baskets for sterilization in the double-door, pan-through autoclaves.

\* Fabrics are sorted out and packed in a separate area before sterilization.

The double-door pan-through autoclaves of the required size are built into the wall between the clean and sterile areas.

\* Materials are loaded on the clean side and unloaded on the sterile side.

21  
\* Both automatic and manual loading and unloading autoclaves are available.

\* Autoclaves with formaldehyde and ethylene oxide for heat-sensitive goods and cycles for fluid production are also available.

After sterilization, the autoclaves are unloaded in the sterile area and the materials stored there. The storage area should be dry and free of dust.

\* It is advisable to have one high-speed autoclave, preferably in the operating room complex, as a standby in the event of the CSSD breakdown.

\* Flash sterilization is performed in the user depts, particularly the operating rooms, to re-sterilize the instruments needed immediately or those that have been dropped accidentally.

\* Flash sterilization is autoclaving an instrument when it is unwrapped.

### Some Procedures:-

i) Cleaning and washing of instruments, trays, etc, should be performed before reassembling and wrapping instruments kit.

\* Cleaning & washing can be done either manually or by automatic washers.

\* Ultrasonic cleaners are considered most effective in cleaning joints, hinges, etc.

\* They, however, erode the surface of instruments and shorten their life.

2) Surgical linen is inspected before wrapping instruments or linen packs to check for holes, tears or rips by passing it over a light table.

3) Linen packs of sheets, drapes, wraps, etc. are assembled for operating rooms, labour rooms and delivery suites.

\* Special linen packs are prepared to suit special procedures such as laparoscopy, mastectomy and orthopaedic hip surgery.

4) Processing of instruments, one of the activities of the CSSD, includes assembling appropriate instruments and supplies into kits and wrapping the kits with sterile linen.

\* Kits and trays may be of various types, such as surgical instrument kit for operating room, suture kit for nursing unit and emergency dept, cut down trays for nursing unit and special trays for radiology.

5) Instruments used regularly are sometimes assembled to make pre-wrapped kits and stocked, or they are prepared when needed as per order.

6) Sterilization is done in batches, which means that several packages are sterilized in a single load.

\* For infection control, these packages are labelled, and dated, and later reviewed periodically against test indicators.

(23)

\* If a batch is found to be below standard, the packages are removed from the shelves.

\* A wrapped and sterilized kit is considered sterile for a certain length of time after which it has to be re-sterilized.

\* The length of time a kit remains sterile depends on the type of wrap used, that is, whether the kit is wrapped with single or double thickness surgical quality linen.

\* Labelling and dating of package is, therefore, one of the important steps in the sterilization process.

7). The CSSD may also be engaged in the manufacture of parenteral solutions, normal sterile saline solutions and sterile distilled water.

\* However, because of risks involved, only a few hospitals prepare parenteral solutions.

\* Even in the case of saline solutions and sterile water, the trend is to purchase them from outside in plastic pouch containers.

\* These reduce breakage and are also convenient to handle.

### Organization:-

Traditionally, CSSD has been a part of the nursing service dept supervised by a nurse or a person with paramedical training, and reporting to the director of nursing or the nursing superintendent.

\* This pattern prevails in many hospitals.

\* It is also not uncommon for operating rooms to perform their own sterilization and not have much interaction with the CSSD.

\* The sterilization room is located next to the operating rooms so that sterile packs are transported easily.

\* In developed countries, the dept goes by the name of "Central Service Department" and encompasses many other functions in addition to sterilization, such as purchasing, stocking and distribution of supplies under a materials manager or an assistant administrator.

Personnel in the CSSD comprise a supervisor who may be a nurse and one or two nurses.

\* The remaining staff typically consists of assistants, technicians, aides, orderlies, and messengers who are trained on the job.

\* Usually in a new set-up with sophisticated equipment, the firm that supplies the equipment trains personnel in handling it as part of a package deal.

\* There is now a growing trend towards putting the CSSD in the charge of an experienced manager.

\* The chief of CSSD is generally a member of the hospital infection control committee.



## Facilities and Space Requirements;

(25)

- 1) Reception-control and disinfection area. Workspace and equipment are needed to clean and disinfect medical and surgical instruments that are sorted, racked and passed through washer-sterilizers to the clean area.
- 2) Facilities for washing and sanitizing carts.
- 3) Staff change room, lockers, toilets, etc.
- 4) Supervisor's office. It should be out of the flow of activities but provide unobstructed view of the processing area. For this, a glass-walled office is recommended.
- 5) Clean work area. Space for preparing special instruments, inspecting and testing instruments, equipment and linen, for assembling treatment trays and linen-packs, for preparing gloves and for packing materials for sterilizing.
- 6) Assembling area. Requires workstations for assembling medical-surgical treatment packs, sets and trays. Workbenches with multiple drawers for instruments and supplies should be provided. The linen pack area requires large work tables, and for inspection, a special inspection (light) table for examining linen wrappers for minute instrument holes.
- 7) Supply storage area
- 8) Double-door, pass-through autoclaves. These are high-vacuum steam and gas sterilizers.
- 9) Adequate space for loaded sterilizer carts or trolleys prior to sterilization, for carts during the cooling period following sterilization and,

wherever applicable, for carts for sterilized supplies for the surgical suites and labour-delivery suites prior to delivery of these supplies. (26)

- 10) Sterile store
- 11) Issue counter
- 12) Clean cart storage area
- 13) Provision for supply of steam, hot and cold water and other utilities and services.

## Pharmacy :-

### Overview:

The pharmacy is one of the most extensively used therapeutic facilities of the hospital and one of the few areas where large amounts of money are spent on purchases on a recurring basis.

\* It is also one of the highest revenue-generating centres.

\* A fairly high percentage of the total expenditure of the hospital goes for pharmacy services.

\* This emphasizes the need to plan and design the pharmacy in a manner that results in efficient clinical and administrative services.

A good pharmacy is a blend of several things: Qualified personnel, modern facilities, efficient organization and operation, sound budgeting and the support and cooperation of the medical, nursing and administrative staff of the hospital.

\* Automation, prepackaging, unit dose drug distribution, decentralization are some of the methods that are being increasingly used in addition to computer-based ordering system, computer-assisted pricing, billing, cash collection, checking of reorder level, out-of-stock and overstock positions, expiry dates and a host of other functions.

Pharmacy is a specialized area and its operation calls for intimate knowledge of drugs and drug therapy

Because of this and the amount of drugs and supplies involved, pharmacists usually handle their own purchases and stocking of drugs rather than leaving it to the purchasing dept.

\* In large hospitals, there is a pharmacy and therapeutic committee of which the chief pharmacist is a member, to oversee the activities of the pharmacy

Functions:-

The following are the primary functions of the pharmacy, some of which are performed directly by its chief:

- 1). Purchase, receive, store, compound, package, label and dispense pharmaceutical items.
- 2). Serve as a source of drug information to physicians, pharmacists and other health care professionals, and the patients. This involves compiling, storing, retrieving and disseminating drug information and providing pharmaceutical advice and consultation regarding drug therapy.

- 3). Participate in hospital's educational programmes.
- 4). Plan and organize the pharmacy dept, establish policies and procedures, and implement them in accordance with the hospital's policies.
- 5). Serve as a member of the pharmacy and therapeutics committee, be actively involved in its functions and activities, and implement its decisions.
- 6). Carry out research and participate in the evaluation of new drugs.
- 7). Participate in performing therapeutic assessment of drugs and in the preparation of a hospital formulary so that equally effective but less expensive drugs may be put on the formulary.

\* 2 mark

(A formulary is a list of drugs approved by the medical staff and the pharmacy committee for hospital use and kept in the inventory.)

- 8). Keep track of drugs and formulations or combinations banned in the country and elsewhere, and keep abreast of WHO's revision of "essential list of drugs" and other notifications.
- 9). Carry out quality assurance programme to ensure quality when in doubt of the efficacy or potency of a drug by sampling and analyzing it either in the hospital or through the drug inspectorate.
- 10). Comply with statutory regulations, initiating licenses to be obtained, maintaining records as legally required.
- 11). Whenever recognized, provide pharmacy students practical training which is in partial fulfillment of their course requirements.

### Drug Distribution:

The pharmacy distributes drugs primarily to nursing units where they are administered to inpatients. Generally, the drugs distributed or dispensed by the pharmacy fall into 3 categories:

- ①. Drugs sent to the nursing unit for floor stock inventory. These are items generally stored in the unit for the use of patients but not charged to them.
- ②. Drugs that are sent to nursing unit specified for individual patients as prescribed by the doctors and are charged to them. In most of our hospitals this is not done. Patients are asked to buy their medicines from the pharmacy which are then give to the unit nurse to be stored in medication carts with individual drawers for each patient.
- ③. Prescription drugs that are dispensed by the pharmacy on the strength of a prescription given by a physician. These are largely paid for in cash and represent the vast majority of drugs both in terms of quantity and cost.

### Location:

In determining the most suitable location for the pharmacy, the following factors should be considered:

- ↳ Flow of outpatient traffic through the hospital.
- ↳ Flow of drugs and other raw materials into the pharmacy.
- ↳ Flow of drugs and services from pharmacy to the inpatient areas and other dept.
- ↳ Need for future expansion.

These factors make it evident that pharmacy should be conveniently accessible from the outpatient dept, central receiving store and the inpatient areas.

\* A ground floor location close to the outpatient dept and to elevators servicing the inpatient areas is ideal.

It is assumed that the outpatient and inpatient dispensing activities are combined.

\* Many hospitals, however, find that when the outpatient dept is the overriding consideration in determining the location of the pharmacy, the result is a less than optimal location for the inpatient dispensing activities.

\* They may soon find that one or more separate inpatient or satellite pharmacy facilities need to be established.

\* In many of our hospitals, inpatients are required to buy their requirements of medicines directly from the pharmacy on a cash down basis.

\* Medicines are not supplied and billed.

\* Every hospital, sooner than later, and much to its consternation discovers that its pharmacy facility is woefully inadequate.

\* Keeping in mind, the pharmacy should have at least one outside wall to allow the expansion, and must be adjacent to an area that can be relocated easily, for example, a storeroom.

Design:

Each hospital must pattern its own pharmacy and solve its individual pharmacy-programming problems, while adhering to the accepted norms of good pharmacy practice and legal requirements.

\* The pharmacy has 4 main functional areas:

- 1. dispensing area
- 2. production/preparation area
- 3. administrative area
- 4. storage area.

\* These areas must be designed and located for convenient access, staff control and security.

Organization:

The head of the pharmacy services is usually a chief pharmacist who may possess a B. Pharm. or M. Pharm. degree and adequate experience.

\* He is normally responsible to the medical director or the medical superintendent.

\* In large hospitals, he may be required to work in conjunction with the pharmacy and therapeutics committee.

\* Every pharmacist has to register with the pharmacy council without which he cannot practise.

\* Other personnel in the pharmacy dept are the registered staff pharmacists, pharmacy aides or helpers, pharmacy storekeepers and pharmacy clerks.

The normal working hours of the pharmacy in most hospitals are from 7.00. a.m to 11. p.m., seven days a week although some pharmacies provide round-the-clock service.



When 24-hour service is not available, coverage during the late night (between 11.00 p.m. and 7.00 a.m.) is provided by on-call staff.

Facilities and Space Requirements:-

1) Dispensing Area:

1. Patient waiting area. It should be recessed so that the usually large waiting crowd does not obstruct the free flow of traffic on the corridor nor is it jostled by it.
2. Patient dispensing counter, preferably glass panelled with pan-through windows, with space for computer-assisted pricing, billing and receiving cash on one side and for dispensing on the other.
3. Active storage. Adequate space for a large no. of active drugs stored in routine shelves laid out efficiently.
4. Pick up and receiving counter and space for temporary storage of carts.
5. Area for review and recording of drug orders.
6. Extemporaneous compounding area.
7. Work counters and cabinets for pharmacy activities.
8. Refrigerated storage.
9. Storage for alcohol and for volatile and flammable substances.
10. Secured storage for narcotics and other controlled drugs.
11. Space for maintaining patient medication profiles and cross-checking of medication, for providing drug information, and a room for pharmacist to meet patients who require extensive consultation, instructions or counselling, if these functions are performed.

## 2) Manufacturing Area:

1. Bulk compounding area.
2. Provision for packing and labelling.
3. Provision for quality assurance activities.
4. Clinical sinks and hand washing facilities.

Preparation of parenteral fluids comes under the mandatory regulations of the Drug Control Act that has now been made stricter and more comprehensive.

Hospitals which want to manufacture these fluids are advised to thoroughly study the regulations and procedures.

## 3) Administrative Area:

1. Reception and clerk-typist's area for clerical functions including filing, communications, references, etc
2. Chief pharmacist's office and office space for assistant chief pharmacist and clinical pharmacist.
3. Waiting area for visitors, medical representatives and salesman.
4. Conference room-cum-library.
5. Staff facilities like lockers, toilets, lounge, duty room for on-call duty pharmacist, etc

## 4) Storage Area:

1. Bulk storage
2. Active "
3. Refrigerated..
4. Volatile and alcohol "
5. Secured storage for narcotics and controlled drugs.
6. Storage for general supplies, equipment, files, stationery, etc

## Other Considerations:

Traditional pharmacy services are rapidly undergoing a change all over the world, especially in the dispensing and distribution system.

\* Many innovative approaches and methods have been introduced in recent years.

\* Though not all hospitals can implement these changes, it is hoped that some of the larger and progressive hospitals in our country will introduce and test these newer systems and set the pace for other hospitals. Some of these changes are described below.

### 1) Clinical Pharmacy:

In most of our hospitals, the pharmacy is engaged in traditional activities such as drug ordering, preparation, distribution and dispensing.

\* Of these, dispensing prescriptions as ordered by physicians is the most important.

\* Except for monitoring drug incompatibilities occasionally, pharmacists have no role in determining what to order.

\* But hospital pharmacists are now increasingly becoming involved in what is called "clinical pharmacy".

\* This includes activities like taking medication history, monitoring drug use, drug selection, patient counselling and surveillance of adverse reaction of drugs.

\* In other words, they are becoming involved in determining what to order, thus becoming a part of the team effort in determining "treatment".

## 2) Unit Dose Dispensing System:

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Another important change that has taken place in the field of pharmacy is in the medication dispensing system - from the traditional pharmacy system to a considerably refined unit dose system.

\* In the traditional system, the pharmacy sends to each patient in the nursing unit, several day's supply of medication.

\* The nursing unit then prepares the individual dose from the supply.

\* In the unit dose system, the doses are premeasured by the pharmacy so that the nurse has only to administer the medication.

\* The system uses a cassette mechanism that designates one drawer for each patient in the medication cart or cabinet.

\* The nurse rolls the unit dose cart to each individual patient room, removes the dose of medication to be given from the respective patient's drawer in the cart, and administers it to the patient.

\* In the emergency cart maintained in the nursing units, certain drugs are kept in single-dose packages that are ready and convenient to administer.

While the unit dose system is expensive - initial one-time cost largely involves the purchase of unit dose carts and packaging equipment and increased pharmacy personnel - there are several advantages.

\* It reduces nursing time for pouring, counting and dispensing, reduces medication errors, and increases control and recording of medications by the pharmacy.

### 3) I.V. Additive System:

The concept of a unit dose system can be extended to intravenous (IV) solutions, for which there are two methods: The traditional method and the IV additive method.

- \* The activity relates to mixing medications with IV solutions.
- \* In the traditional system, IV solutions are stocked in the nursing unit.
  - \* Medications are sent to the unit by the pharmacy, and the nurse mixes or adds medications to the IV solution.
  - \* In the additive system, the medications and the IV solutions are mixed in the pharmacy itself.
  - \* The pre-mixed bottles are then sent to the nursing unit and the nurse merely administers the solution.
  - \* As in the case of the unit dose system, this saves the nurses' time and prevents wastage and medication errors.

### 4) Pharmacy and Therapeutics Committee:

Every hospital should have a pharmacy and therapeutics committee consisting of physicians representing the various divisions of medical staff, pharmacists, and representatives of administration, to oversee the work of the pharmacy.

The following are some of the duties and responsibilities of the committee:

- 1) Develops a formulary of accepted drugs for use in the hospital.
- 2) Serve the medical staff, pharmacists and hospital administration in an advisory capacity in all matters pertaining to the use of drugs and in the selection of drugs to be stocked.

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- 3) Evaluate clinical data concerning new drugs requested to be included in the formulary and for use in hospital.
  - 4) Add or delete specific drugs from the formulary.
  - 5) Prevent unnecessary duplication of the same basic drugs to be stocked.
  - 6) Recommend drugs to be stocked in the nursing unit and other areas.
  - 7) Study problems or reported adverse reactions to the administration of drugs.
  - 8) Issue communication(s) to physicians, pharmacists, nurses and administrative staff regarding proposed change in the formulary such as additions to and deletions from the list, changes in the working of the system and in the contents of the formulary.
  - 9) Adoption of a policy that the inclusion of drugs in the formulary should be by their non-proprietary names.
  - 10) Ensure that the labelling of medication containers be by the non-proprietary names of the contents.
  - 11) Issue written communication to the nursing and pharmacy staff regarding the existence of a formulary in the hospital and the policies and procedures governing its operation.
  - 12) Issue guidelines for the control, appraisal, and use of drugs not included in the formulary, investigational drugs and non-formulary drugs.

### 5) Hospital Formulary:

One of the major responsibilities of the pharmacy and therapeutics committee is to develop or adopt a suitable formulary of selected medications.

\* A formulary is the official compilation of drug products that have been selected and approved for use within the hospital.

\* The two main objectives of the formulary are:

- 1). It promotes rational therapeutics
- 2). It prevents unnecessary duplicates, waste and confusion and thus promotes economy for both the hospital and the patient.

\* When many brands of the same drug are stocked and prescribed, it results in a loss to the patient as well as to the hospital.

It should be remembered that a mere list of medications placed on the shelves does not constitute a formulary.

\* The drug list should be expanded to include specifications about how a medication should be used.

\* Formularies should also include recommended daily dosage and cautions, warnings, restrictions, pharmacology and other similar information to facilitate correct use of drugs.

The following steps are some of the steps involved in the process:

- 1). Appointment of a pharmacy and therapeutics committee by the medical staff composed of physicians, pharmacist(s), and representatives of the administration.

- 2). Outlining the purpose, organization, function and scope of the committee, and an organized method for this committee to evaluate the therapeutic claims of competing or suggested drug products.
- 3). Periodic publication of authorized drugs.
- 4). Procedures for revising the list

Problem Situations: - Theft in Pharmacy

The pharmacy is one of the most theft-prone places in the hospital and, what is worse, pharmacy theft can be costly, difficult to check and may go unnoticed.

\* Theft is usually by the employees themselves or in collusion with them.

\* The most common points where thefts take place are the dispensing area, stores, purchasing process, receiving and invoice payment and the nursing units.

Substantial losses may take place in the dispensing and purchasing areas and continue for a long time without being discovered.

\* The chief pharmacist or the person responsible for purchasing may, in collusion with the vendors, manipulate supply or bills, and divert part of the supply to privately owned drug stores.

\* With an incredibly large no. of items kept in open shelves of the dispensing pharmacy, the task of exercising any meaningful control over the drugs is a formidable one even with all checks and balances and control measures.



\* The problem becomes serious during evening and night shifts when there may be only one pharmacist on duty, and even more serious when, in smaller hospitals, the pharmacist doubles up as the cashier as well.

Every hospital must recognize that it has a moral obligation to make theft and fraud as difficult as possible, if not ~~at~~ altogether impossible, by instituting proper control systems.

\* Too often, the general climate in the hospital provides ample scope for employees to indulge in such activities without anybody taking cognizance of such offences or punishing the offenders.

\* A sound system of controls acts as a deterrent and creates fear in the employees that frauds and thefts will be detected and punished.

# Food Services;-

## Overview:

Good food is important in the treatment of the patient and is a part of his total care.

\* The food service dept in today's modern hospitals ranks as one of the major dept.

\* It is headed by a specialist who is either a professional manager or a chief dietitian.

Most people tend to pass judgements on the cleanliness of the hospital, the personal care and attention given to them as patients and visitors and on the quality of food.

\* The coffee shop is one of the places where a visitor often stops by on entering the hospital, and it sets the overall impression of the hospital for the first-time visitor.

\* An irritated customer may give vent to his feelings at the patient's bedside, and look for faults in patient care.

\* Hospitals have long recognized the public relations value of the food service dept.

\* Unfortunately, criticism of food is one of the most frequently heard complaints in any hospital.

\* The major share of this criticism can be avoided by a properly planned and administered food service dept.

Functions:

- 1). Provide the best possible food at a cost consistent with the policy of the hospital.
- 2). Buy to specifications, receive supplies, check their quantity and quality, and store, produce, portion, assemble and distribute food.
- 3). Establish standards for planning, menus, preparing and serving food, and controlling meals. Standards must be established before setting up food purchase specifications.
- 4). Establish policies, plan layouts, and equipment requirements.
- 5). Plan and implement patient therapy, education and counselling; advise patients and their families on special dietetic problems prior to their discharge from the hospital or when referred from the outpatient clinics.
- 6). Train dietetic interns.

7) Impart instructions to nurses, medical and dental students, interns and residents about principles of nutrition and diet therapy.

8) Cooperate with medical staff in planning, preparing and serving experimental metabolic research diets.

### Location:

Earlier, hospital kitchens were generally allocated space unusable for any other purpose.

\* A food service dept located below the ground level is certain to have a deleterious effect on the quality of food and efficiency of the dept.

\* A kitchen in the basement, for example, is likely to be dingy, dark and poorly ventilated.

\* A ground floor location is preferable, and is also convenient to deliver supplies.

\* Current cooperation/municipal by-laws in most places prohibit locating kitchens in basement floors.

\* Older hospitals that had their kitchens below the ground level found themselves in a quandary when municipalities in cities started enforcing this rule.

The dept should be close to the materials mgmt dept and the storage area should be close to the unloading dock.

\* Easy access to vertical transportation system serving patient care units is important to facilitate delivery of patient meals and return of used trays and utensils.

\* The cafeteria and dining room should be close to the food preparation and production area, and within convenient access to the hospital staff.

Design:

The design and physical facilities of the food service dept have an important bearing on the standard of food service, labour costs and the morale of employees.

\* For example, storage rooms far removed from the work area, poor arrangement of the preparation and production areas for work flow and a long travelling distance for prepared food lower the employees efficiency levels and increase unnecessary steps resulting in increased costs.

In general layout, the most important factor to be borne in mind is the logical work flow - receiving and supplies, storing and refrigerating them, preparing and serving food, returning trays and washing dishes.

\* There should be adequate space and facilities to perform the work in each of these functional areas.  
\* Fig. shows a typical food service dept flowchart.

Functional Areas:

1) Receiving Area and Control Station:

The food service dept requires a substantial amount of supplies and materials.

\* The receiving area that may be common to other hospital supplies and should be large enough for handling bulk supplies.

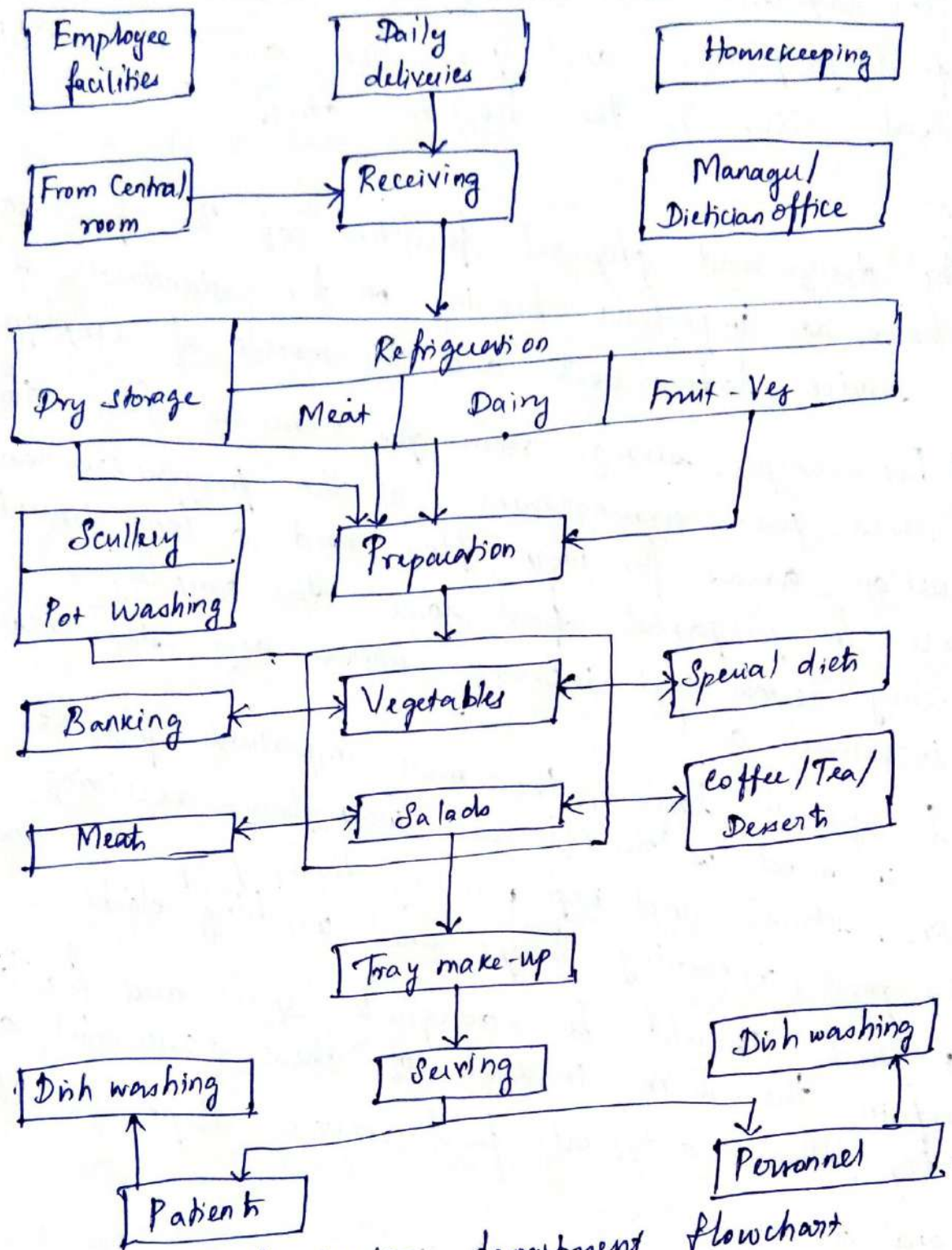


Fig. Food service department flowchart.

\* The receiving clerk inspects and checks all the supplies both for quantity and quality.

\* In the case of dietary supplies, the dietitian or a staff member of the food service dept personally checks the supplies.

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\* The receiving area should be equipped with scales to weigh materials and supplies.

\* All internal control measures described under materials mgmt apply to this area too.

## 2) Storage and Refrigeration Room(s):

The storage area, which comprises dry and refrigerated storage, should be adjacent or close to the receiving area.

\* Dry storage is for staples and refrigerated storage for perishables.

\* Hospitals generally stores several days' supplies to meet any eventuality.

\* Some dry foods are bought and stored in bulk.

\* Wooden, or steel sacks and platforms are used for storage.

\* Large hospitals have walk-in coolers, and refrigerators with varying degrees of temperature for meat and meat products and poultry, dairy products and eggs and fruits and vegetables.

\* As in restaurants, it is a common practice in such hospitals to freeze all leftover foods for later use.

\* The refrigerators should have a thermometer in each unit ~~and~~ to check temperature daily.

\* The walk-in refrigerator should also have an alarm connected to a place with a 24-hour personnel coverage in case someone gets locked inside accidentally.

### 3) Preparation and Production Areas:

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Some hospitals prefer to have a separate pre-production preparation area where sorting, peeling, slicing, chopping and washing may be done prior to cooking.

\* A double sink with draining boards, worktops, peelers and grinders are the necessary facilities and equipments.

\* There should be efficient arrangements in the production area so ~~the~~ as to permit the best workflow and minimum cross traffic.

Special attention should be paid to the size of the production area.

\* Early in the planning stage, it should be decided whether the hospital will serve only vegetarian food or non-vegetarian food as well.

\* There should be a separate kitchen for non-veg foods.

\* Some raw foods, when cooked, may produce disagreeable odours and also taint other food. This may be necessary to handle separately.

Food in hospitals is prepared using the progressive approach.

\* In progressive cooking, food is prepared in small batches at regular intervals during the serving time.

\* This provides freshness and palatability, and the food remains hot.

The essentials of good production are:

↳ Good physical layout that ensures easy flow of work.

↳ Use of standardized recipes.



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- ↳ Correct techniques of preparing each kind of food that preserve natural flavour and nutritional value.
  - ↳ Progressive cooking and preparation in the shortest possible time.
  - ↳ Good mgmt and supervision.

#### 4) Serving Room:

The serving room is a place where patient food trays are assembled or made up.

\* It receives prepared food in bulk from the kitchen and the refrigerator.

\* After the trays are assembled, they are loaded on to tray carts or food trolleys and sent to the patients' floors.

\* It is imperative that the serving area be close to the elevator.

The equipment and facilities in the serving room includes refrigerator, tabletops and cupboards for storing trays, dishes, cutlery and other articles necessary for assembling trays.

The dietitian has the overall responsibility for inpatient food.

\* She has the last immediate duty of checking the trays for proper identification, accuracy and temperature of foods, and ensuring that the food is palatable and served attractively.

#### 5) Food Delivery:

Food trolleys that can be plugged into an electrical outlet to keep the food hot are now available.

\* An airline truck is a tray truck with separate heated and refrigerated sections for hot and cold foods, and bulk thermal containers for liquids.

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\* The hot bulk cart contains hot food in bulk that is dished on to the patient trays on the patient floors.

\* Many hospitals distribute foods in individual hot food containers carried in open food carts.

\* Smaller hospitals may serve them in ordinary tiffin carriers.

\* Beverages like coffee and tea are poured in the patient rooms.

\* Whatever the method of distribution is used, the patient serving should not take more than 45 minutes; if it does, the system should be evaluated.

#### 6) Special Diet Kitchen:

This is an integral part of the hospital kitchen.

\* The special diets should be prepared under the supervision of a qualified dietitian, the actual preparation being carried out by student dietitians or interns as part of their training.

\* Since special diets are usually modifications of the basic menu and since the special diet kitchen derives its supplies from the main kitchen and transports the trays through the same tray carts, it should be located in the main kitchen or close to it.

\* It also requires pots, pans, vessels, etc. like the main kitchen but on a much smaller scale.

\* In addition, it requires scales for weighed diets.

## 7) Dishwashing Area:

Dishwashing, an otherwise noisy job, is made easy with large modern dishwashing machines

\* In these, a continuous stream of soiled dishes are loaded at one end and clean dishes unloaded at other side.

\* Wire baskets may be used to place glasses and cups in individual compartments.

\* In smaller hospitals, washing of dishes, etc., is generally done manually in the scullery.

An abundant supply of hot and cold water should be piped to the dishwashers and sinks.

\* Drainage and plumbing should be well engineered.

Soiled dishes are brought to the dishwashing area and scraped.

\* The waste is collected in a garbage receptacle.

\* Dishes are then checked and placed in dishwashing trays, and loaded for washing.

\* After this, they are stacked in appropriate places for reuse.

## 8) Pot Washing Area:

Washing of pots, pans and utensils is usually done by hand.

\* It is best done in a separate room.

\* The place must have deep sinks, abundant supply of hot and cold water and drying racks.

\* Pots and utensils should be identifiable so that they can be returned to their respective user units.

### 9) Cafeteria :

While accepting the proper nutritional care of patients as the primary responsibility of the food service dept, most hospitals also provide food to non-patients and non-patient areas, such as the hospital staff, visitors and patient bystanders.

\* They also cater to functions and meetings through the cafeteria, coffee shop and the snack bar.

In planning the cafeteria, the following factors should be considered:

- 1). The number and kinds of groups to be served - day staff, resident medical and nursing staff, visitors, patient attendants and ~~by~~ bystanders.
- 2). Whether there should be separate dining rooms for medical staff, officers, VIPs and other staff.
- 3). Types and extent of food selection - vegetarian or non-vegetarian, no. of food items, a complete meal for a fixed price or items by selection:
- 4). Kind of service - self service at the counter or table service; whether there should be a separate counter for doctors.
- 5). Size of the dining room and no. of shifts - whether all persons can be accomodated in two or three sittings during a one or one-and-a-half-hour meal period.
- 6). Method of clearing table. If self-service, whether personnel will be required to return their trays to a designated area, e.g. a trolley or a cart, and whether they will be required to dump garbage in the garbage bin before depositing the trays.

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The hospital cafeteria works like a fast food business operation - cash down.

\* The customers buy coupons at the counter, pick up food items in exchange for them, carry their trays to the tables, and eat.

\* Alternatively, they pick up their food items in a tray and pay the cashier who will be seated at the far end of the food counter.

\* The hospital cafeteria should be designed for this kind of operation.

A customer-oriented menu is the key to the successful mgmt of a hospital cafeteria.

\* The chief of food service must recognize certain fundamental principles that ensure an efficient and profitable running of the cafeteria. They are:

↳ Satisfaction of the customers who enjoy good food. In the case of hospitals, they are more of semi-captive customers.

↳ Variety in food. Patients may or may not be accustomed to dining but most of them are used to variety in their diets at home. If it is not provided, they may quickly develop a distaste for the food.

↳ Purchase of high quality food at economical prices.

↳ Receiving and storing food supplies properly.

↳ Exercising effective control on supplies at the point of receiving, storing and issuing.

↳ Preparing foods according to standard recipes and standard quality and serving them attractively in standard portions.

↳ Accounting for sale of food.

### 10) Coffee Shop and Snack Bar:

The coffee shop-cum-snack bar should preferably be away from the main kitchen and dining rooms to cater largely to in-between-the-meals coffee, tea and snacks to outpatients, visitors and personnel.

\* This way, the main cafeteria can remain closed except for breakfast, lunch and dinner as keeping the whole cafeteria open over two shifts is costly.

\* The coffee shop should be easily accessible to outpatients, particularly emergency patients.

\* This is important in the night when the cafeteria is closed and the patients need refreshments.

\* It should be designed like a fast food restaurant for a quick turnover of patrons and not as a lounge where people settle down for an informal chat over a cup of coffee or tea.

### Organization:

Traditionally, a dietitian has been the chief of the food service dept, also called the dietary or nutrition dept.

\* But in larger hospitals, professional managers with degrees in mgmt and food service or hotel mgmt are now becoming more common with the dietitian as the dietetic supervisor.

\* In smaller hospitals, the dietitian may serve a dual role as both dietetic supervisor and dept manager.

\* The manager usually reports to one of the associate administrators.

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The dept has two main functional divisions: One relating to the administration of the dept and food production, and the other relating to therapeutic food service and instructions to patients, and their counselling.

Administrative duties ranging from purchases to planning of menus occupy most of the manager's time.

\* The therapeutic duties include diet therapy, planning patients menus and special diets, supplying a special diet list to patients and counselling.

\* Educational activities include teaching students and training dietitian trainees.

The bulk of workers in the dept are unskilled.

\* The trend in hospitals is to employ workers at the lowest salary level.

\* This results in instability, lack of responsibility, and poor quality of work.

\* The dept is often a hotbed of unions and union activities.

\* Many hospitals make it mandatory that those working in the food service dept undergo physical examinations regularly to ensure that they are free of communicable diseases.

Dietary aides, if properly trained, can perform a variety of functions such as checking supplies, writing requisitions, checking and reporting census, making out time schedules, checking routine tray line, and making out charge slips

Early in the planning and design development stage, hospitals should decide as a matter of policy whether hospital food is to be compulsory for all patients or whether they can bring food from home, perhaps with the exception of special diets.

\* The size of the dept and the concomitant facilities are dependent on this decision.

Meal planning is one of the primary functions of this dept.

\* It is the determination of meals that are to be served to the patients and the non-patients.

\* Cycle menus that are commonly used consist of a series of skeleton menus to be served over the length of the cycle - weekly, biweekly, or monthly.

\* Variations are sometimes made to take advantage of seasonal foods.

Some progressive hospitals allow the patients to select their own meals using menu cards as in restaurants.

\* Dietitians help patients in giving their orders.

Therapeutic nutrition requires a qualified dietitian to assist in patient therapy.

\* In most cases, nutrition therapy, as ordered by a physician, requires modification of the normal diet in its content, consistency and preparation.

\* Therapeutic and special diets and meals should be clearly marked, preferably by colour coded labels.



## Facilities and Space Requirements:

- 1). Food service manager's office. It should offer an unobstructed view of all the parts of the dept, and be ventilated and preferably soundproofed.
- 2). Secretarial, clerical office with space for file cabinets and other equipments, seating for visitors, vendors, etc.
- 3). Office space for chief dietitian and staff dietitians. Some hospitals locate the office of therapeutic dietitians on the patient floors so that they can be available quickly to the medical staff and patients.
- 4). Receiving area
- 5). Storage and refrigeration area with walk-in refrigerators, coolers and dry storage.
- 6). Pre-production preparation area.
- 7). Cooking or food production area, separate for vegetarian and non-vegetarian foods.
- 8). Special diet kitchen.
- 9). Tray assembly or make up area.
- 10). Dishwashing area
- 11). Pot washing area
- 12). Trolley, cart washing area and clean cart storage area.
- 13). Deep sinks and hand washing facilities in various places.
- 14). Garbage disposal facilities.
- 15). Storage with racks and cabinets for clean trays, dishes, cutlery, etc.
- 16). Storage with racks for clean pots, pans, vessels, etc.
- 17). Employee facilities like lockers, staff toilets, etc.
- 18). Janitor's closet
- 19). Dining hall with self-service counter, cashier's booth, clean tray storage area, seating for adequate no. of people, used tray depositing area, hand washing facilities, drinking water fountain, etc.

- 20). Special (private) dining rooms for officers, medical staff, special guests, meetings, etc.
- 21). Coffee shop/snack bar, preferably off site.

Problem Situations:-

Conflicts:

Conflicts often arise between the food service staff and the nurse service staff and the nursing and admitting staff when patient admission, discharge and transfer result in last minute requests, cancellations, or changes in preparation and delivery of scheduled meals.

\* Sometimes, food gets wasted.

\* A degree of tolerance, understanding and effective communication will help reduce such conflicts.

\* Another point of conflict between the food service and nursing dept is who should pass and pick up patient trays. This is an administrative decision.

It is hard to provide a menu that pleases everyone.

\* Complaints against the food service dept are common and frequent.

\* The work of the dept is rendered more difficult because of the need to contain cost.

\* Dietitians can play an effective role in this regard both in the preparation of the menu and in talking to patients, especially in the matter of special diets which may not always be palatable or pleasing to the eye.

Many hospitals provide subsidized food to personnel and charge a much lower rate to them than to visitors and patients.

\* Some hospitals provide free food to employees of the food service dept while on duty.

\* Most hospitals like to continue this tradition, but if because of the rising cost, they have to reduce or abolish the subsidy, it may breed resentment among employees.

Theft:

Petty theft and pilferage are common in the food service dept.

\* These mostly involve food dishonestly consumed on the premises, stealing patient food, eating food left in patient trays, and pilfering food from the store room and pantries on the patient floors.

\* The biggest offenders are the employees of the dept, housekeeping, maintenance personnel and guards.

\* An effective method to curtail this is to lock the place where food is stored. Good supervision is necessary.

Bigger frauds can take place in materials mgmt level, particularly in the purchasing process.

Laundry and Linen Service; -

Overview:

Laundry and linen service is one of the vital department of the hospital.

\* Criticism of linen service is one of the most frequently-heard complaints in the hospital.

\* Attention to patient's personal needs and comfort is as important as the physician's medication, the care tendered by the nurse and appetizing food served promptly and attractively.

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(58)  
\* An adequate supply of clean linen sufficient for the comfort and safety of the patient thus becomes imperative.

\* Besides helping in maintaining a clean environment which is aesthetically significant to patients, clean linen is a vital element in providing high quality medical care.

\* The other aspect of this is the personal appearance of the staff who attend on patients.

\* Pleasant, neatly-dressed employees in fresh, neat uniforms go a long way in creating a positive image of the hospital.

A reliable laundry service is of the utmost importance to the hospital.

\* In today's medical care facilities, patients expect daily linen changes.

\* In some areas, linen has to be changed even more frequently.

\* This rigorous schedule can be very exacting on both the laundry and the capacity of linen to withstand repeated cycles of use and wash.

\* To enable the laundry to meet such a demand, the hospital should have a sufficient quantity of linen for circulation and to provide a rest period in storage.

### Functions:

- 1). Collection of or receiving soiled and infected linen
- 2). Processing soiled linen through laundry equipment. This includes sorting, sluicing and disinfecting, washing, extracting, conditioning, ironing, pressing and folding.
- 3). Inspection and repair of damaged articles, their condemnation and replacement.

- 4). Assembling and packing specialty items and linen packs for sterilization.
- 5). Distributing processed linen to the respective user depts.
- 6). Maintenance and control of active and back-up inventories and processed linen.

Location:

- The laundry should be located as to have ample daylight and natural ventilation.
- \* Ideally, it should be on the ground floor of an isolated building connected or adjacent to the power plant.
- \* This is because laundry is one of the largest users of power, steam and water.
- \* A location that allows movement of linen by the shortest route saves effort and time.
- \* The dept should also be close to service elevators.
- \* Some hospitals have chutes through which linen bags are dropped to a designated place from where they are picked up by laundry personnel.
- Every time a load of linen is handled, the cost of laundry services goes up.
- \* The location and physical plan are important in keeping the cost down.
- \* One way of doing this is to keep the traffic flow line as short as possible on vertical and horizontal transportation between the laundry and the user depts.
- \* This can be more easily accomplished in a vertical multi-storeyed building where the services are in the basement.

Some Planning Elements:

1. Size of Active Inventory:

In planning and maintaining linen stock, a stratified inventory system is generally used.

\* This means that for every piece of linen in use, there are four others either being processed or held in store.

\* Therefore, the active inventory consists of items used daily multiplied by five.

\* For example, for each hospital bed in use, one sheet or pillowcase will be found in the following places:

- ↳ A soiled one in use on the patient's bed.
- ↳ A clean one in the linen closet in the nursing unit
- ↳ A soiled one in the hamper or dirty linen collection area
- ↳ One piece being processed in the laundry.
- ↳ A clean one in the linen store or back-up store for replacing active store

2) Laundry Capacity and Load:

- A final assessment of the plant and machinery required for a laundry can be made only by compiling a list of types and quantity of articles to be laundered weekly.

\* At the planning stage, however, the information required can be projected by using the following guidelines:

1. American Standard: An average of 15 pounds (6.80 kilograms) per bed per day plus 25 pounds (11.33 kilograms) for each operation or delivery.
2. British Standard: 60 articles per bed per week at 0.39 kilogram per article.
3. Indian Standard: The rule of thumb is three to five kilograms per bed per day.

All soiled linen in hospitals can be classified into two categories: (a) ordinary or normally soiled linen and (b) fouled or infected linen.

\* All babies' soiled napkins should be treated as infected.

For arriving at the actual daily workload, the total load of seven days' soiled linen should be washed on six working days of the week.

\* The laundry should have the capacity to process at least seven days' collection within the regular six-day workweek.

Soiled and infected linen comprises large flats (sheets, etc), small flats (pillowcases, etc), tumble work (bath towel, bedspread, blankets, etc), presswork (garments, etc), operating room and obstetrical linen, nursing and paediatric linen, and isolated linen.

Design:

The laundry functions effectively only when it is planned strictly in accordance with the work sequence, namely, receiving, processing and dispatching.

\* Fig. 10 shows the flowchart of the laundry showing trends of traffic.

The activities of the hospital laundry are in many ways similar to those in hotels and other institutions.

\* However, the hospital laundry also handles speciality items and tonex.

\* The most important of these being disinfection and infection control because hospital laundry processes not only ordinarily soiled linen but also infected or fouled linen.



Fig. 9.10 Plan of laundry showing route of traffic

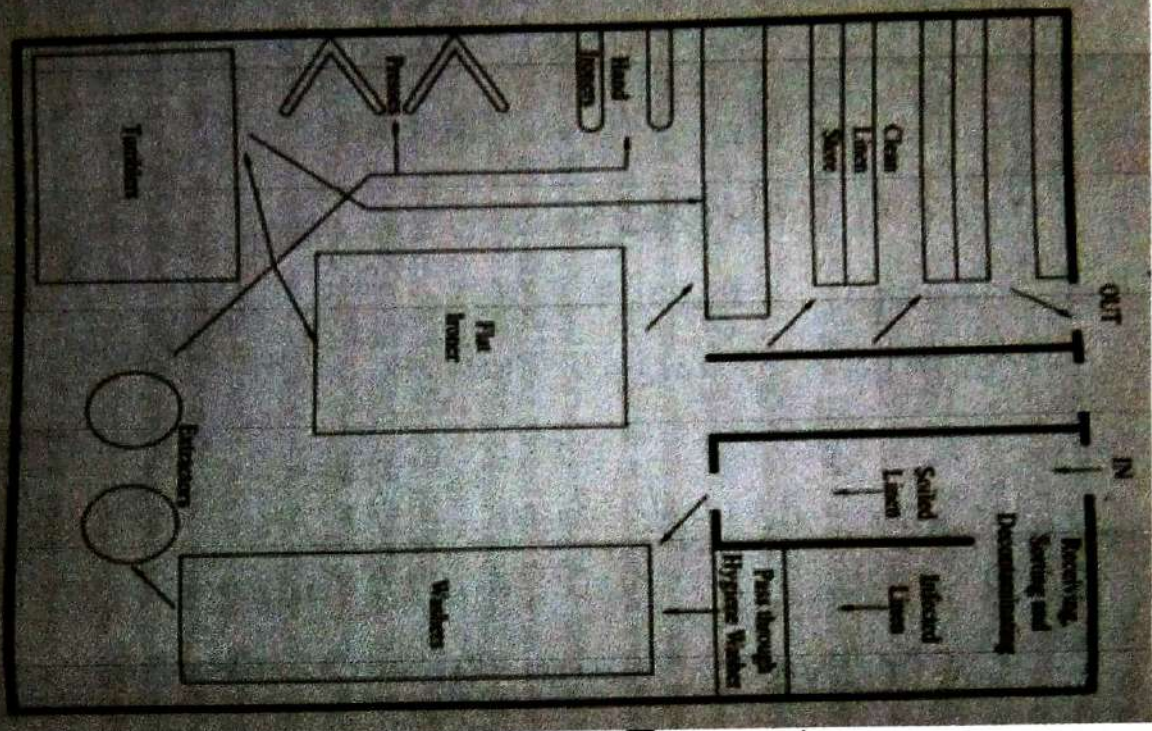
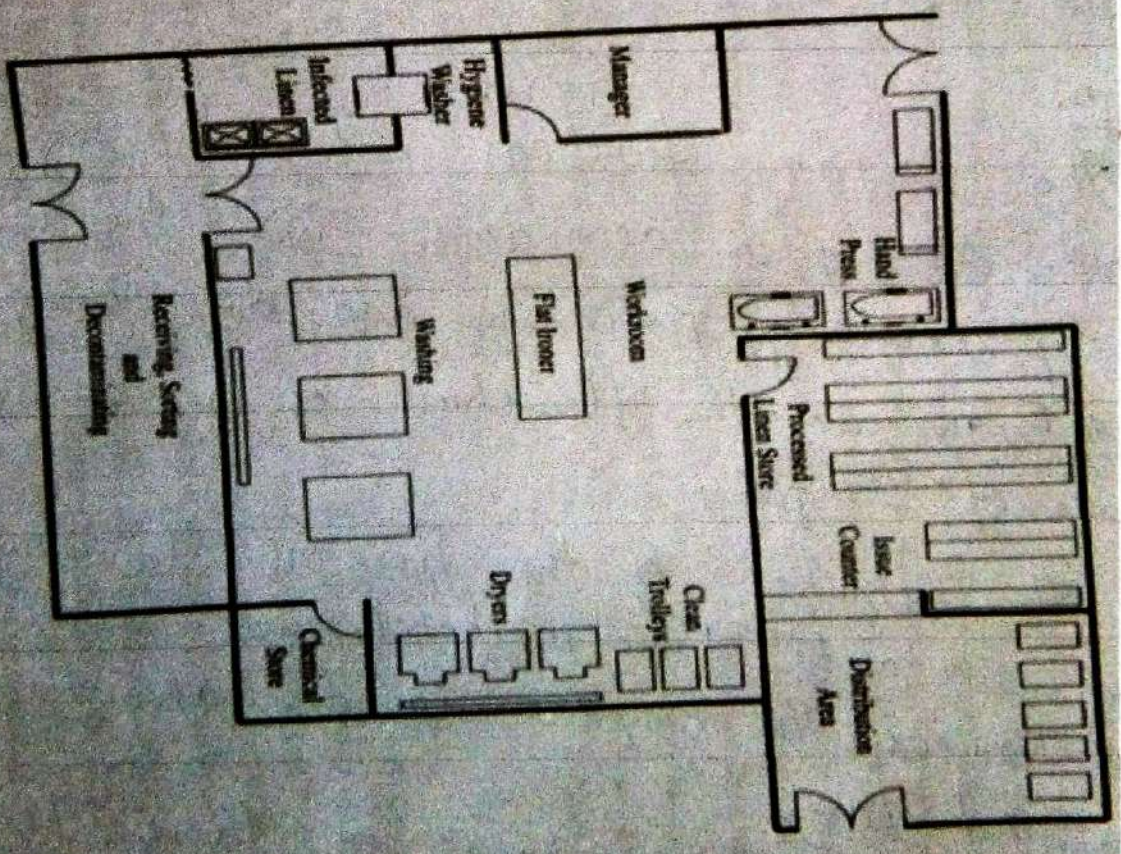


Fig. 9.11 Plan of a laundry



(63)

\* It should be designed for asepsis and for removal of bacterial contamination from linen.

Hospital planners and administrators by and large fail to see that the layout and system of processing linen in a hospital laundry should follow the principles involved in the central sterilization and supply dept.

\* There should be a strict barrier separation between the normally soiled linen and fouled or infected linen on the one hand, and between the soiled area and the clean processing area on the other.

\* The latter can be accomplished by installing double-door, pass-through washing machines in the wall separating the soiled area and the clean processing area.

\* Linen is loaded on the soiled side and unloaded on the clean side.

This physical separation of soiled and clean areas has an important bearing on the design of laundry and infection control.

\* Traditionally, the various steps involved in the processing of linen are carried out, in the same room as, say, in a hotel laundry.

\* An enormous quantity of bacteria is released into the air of the processing area while sorting linen before wash.

\* This airborne contamination ~~is released~~ pervades the whole area and eventually settles down on clean processed linen that is delivered to the patient care areas.

\* This should be avoided by separating clean and soiled areas.

The plan of a hospital laundry is given in Fig. 9.11.

## Disinfection Area:

Fouled or infected linen and normally soiled linen should be handled and washed separately.

\* Fouled and infected linen goes to one section of the reception-control area where it may be temporarily stored and later sorted and loaded into washing machines.

\* This area should be separated from the rest of the reception area and from the post-wash clean area of the laundry.

\* This latter separation is best done by double-door, pass-through washer-extractor machines installed in the barrier wall.

\* Some laundries provide a separate sluicing machine for sluicing and disinfecting before they are loaded into the regular washer-extractor machines.

\* The normally soiled linen is stored, clarified and loaded into the washing machine on the clean side of the reception-control area.

\* Some hospitals use a double-door pass-through hygiene washer for infected or fouled linen at the initial decontaminating stage of washing.

## Utilities:

Early in the planning and design stage, a careful study and projection of the utility and services needed for the laundry should be made.

\* The important requirements are water, power, steam and compressed air.

\* Laundry consumes a great deal of water.

\* There should be a source sufficient to meet the entire need.

\* Discharge of effluents should also be dealt with at the earliest stage.

\* Adequate power must be available. Hundred per cent of the normal power should be provided as standby.

\* Adequate quantity of steam and correct temperature are also important.

\* Steam should be delivered by the shortest route to minimize line losses and at the same time provide ample heat to flat work ironers and presses.

\* The laundry also needs compressed air to operate these flat work ironers and presses.

Organization:

The operational chief of the laundry is a laundry manager who may have been trained in laundry operation or has adequate experience in the field.

\* He reports to one of the associate or assistant administrators.

\* Many laundry managers come up through the ranks.

\* However, with increased automation and better opportunities to train people in technical schools, more and more hospitals are recruiting ITI-trained personnel to head their in-house laundries.

No formal training is required for the other personnel and most of them learn their responsibilities on the job.

\* Hospitals will do well to recruit personnel who are able to read and understand simple instructions.

## Facilities and Space Requirements:

- 1). Reception-control area with facilities for receiving, storing, sorting and washer loading of soiled linen.
- 2). Sluicing and disinfecting/decontaminating area.
- 3). Clean linen processing room.
- 4). Laundry manager's office with provision for an unobstructed view of the laundry operation.
- 5). Sewing, inspection and mending area. A light table is necessary for inspection.
- 6). Staff facilities
- 7). Supply storage room.
- 8). A lockable store to accommodate materials for re-clothing calenders and presses.
- 9). Solution preparation and storage room.
- 10). Hand washing facilities in each room where clean and soiled linen is handled or processed.
- 11). Provision for supply of water, power, steam and compressed air.
- 12). Cart washing and cart storage area.
- 13). Clean linen storage room.
- 14). Clean linen issuing counter.
- 15). Electrical distribution switchgear room.
- 16). Water recovery and recycling plant, if necessary
- 17). Water softening plant, if necessary.

The following facilities are required off-site:

- 1). A central clean linen storage and issuing room.
- 2). Clean linen (lockable) storage in every nursing unit and ward department.
- 3). Separate room(s) to receive and hold soiled linen from the wards and dept until ready for pick up by the laundry personnel.

## Selection of Equipment:

Automatic machine and labour saving devices have resulted in economies in the no. of personnel and operational time, increased productivity, better utilization of water, heat, power, steam and washing materials, and maximum utilization of men and machines.

\* Some of the features commonly found are automatic formula dispensers, automatic operation controls, sorting and counting devices, machines combining washing, rinsing and extraction, and flat work folding machines for automatic folding.

The selection of equipment of a proper size is of utmost importance for balanced and economical production.

\* Laundry equipments should be carefully selected.

\* The following factors should be kept in mind:

- 1). Reasonable capital cost
- 2). Reliability of design and compliance with the Bureau of Indian Standards.
- 3). Availability of spare parts and ease of maintenance.
- 4). Efficiency in working under normal conditions.
- 5). Economy in consumption of utilities like water, power, steam, etc. and in washing materials and other consumables.
- 6). Continuity of work flow and reduction of manual effort.

## List of Equipment:

1. Washer-extractor sluicing machine
2. Double-door washing machine.
3. Hydroextractor
4. Machines combining washing, rinsing and extraction.

5. Flat work ironer, also called rotary iron or calender.
6. Tumble dryer
7. Utility press
8. Mushroom press
9. Table trolley
10. Hand iron
11. Dry linen trolley
12. Wet linen trolley
13. Linen hamper
14. Hanger trolley
15. Distribution trolley
16. Motorized sewing machine
17. Platform scale
18. Air compressor

Problem Situations:

1) Theft of Linen:

Linen in good condition is a very marketable commodity.  
 \* Besides, people use sheets and pillowcases in their homes and pilfered linen items becomes handy.  
 \* Theft of linen takes place usually at night on the patient floors and depth.  
 \* Interestingly, soiled linen is not a significant target of theft.  
 All linen should be kept under lock and key, and linen in stock should be made accessible only to those who need it as part of their duty.  
 The linen closet in the nursing unit should be located directly facing the nurses' station to deter pilferage.  
 \* The supply of linen in the wards should be kept low to correspond with the bed occupancy.  
 \* Theft are proportionately higher when a large quantity of linen is accessible to the employees, visitors and patients.

## UNIT-V

### COMMUNICATION AND SAFETY ASPECTS IN HOSPITALS

Purposes - Planning of Communication - Modes of communication - Telephone, ISDN, Public Address and Piped Music - CCTV. Security - Loss Prevention - Fire Safety - Alarm System - Safety Rules.

———— \* ———— \* ———— \* ————

#### Communication Systems:-

Communication systems in hospitals encompass intra-departmental intercom, telephone, paging (overhead & wireless), nurses' call, data communications, computerized visual display terminals, television, cable television, and closed circuit television (CCTV), alarm system, central dictation, monitoring and the more recent telemedicine, teleconsulting, and so on.

\* The demand to provide more and more information at higher speeds is greater today than even before.

\* The field of communications is being improved constantly to meet the complex demand of communicating from person to person, person to machine, and machine to machine.

\* With the advancement and sophistication of communication technology and the development of new and complex systems of communication, hospitals increasingly need persons who are knowledgeable in the mgmt of communication systems and skilled in handling them.



(2)

Planning adequately for communication services in these changing times is as important as planning and designing the hospital itself and its services.

\* The ability to transmit messages - voice, video, print and data - in a quick and accurate manner depends on the ready availability of the hospital's communications network and facilities.

\* A system that anticipates frequent changes and growth allows for the control of rising costs and produces greater efficiency.

Instantaneous and reliable communication is crucial to hospitals.

\* A slow response or missed communication can be life threatening.

\* For example, a delay in issuing a cardiac emergency call or failure to reach a specialist on time may endanger life.

\* Poor communication can result in overall organizational inefficiency.

\* A tardy response or unfriendly attitude of the telephone operator may establish a negative image in the minds of the public.

\* Since the telephone operator is frequently the first contact of the caller with the hospital, how she responds to his calls sets the overall first impression of the hospital for him.

### Nature and Scope for Communication:

Communication is the process of passing messages from one mind to another.

\* The use of the word 'mind' is intended to imply the importance of conveying facts, ideas, emotions, opinions and all other types of instructions in a such a way that they can be understood by the person receiving them.

\* A significant point about communication is that it always involves two people - a sender and a receiver.  
 \* In addition, whether the sender is an employee or a manager, he usually wants his receiver to accept his ideas and then to act upon it.

Purpose of Communication:

Results are achieved in an organization through the process of communication.

\* If there is a proper system of communication in an organization, there will not be any misunderstanding and confusion.

\* Communication is needed not only by the managerial staff for discharging their duties efficiently, but also by the lowest employees to listen to the instructions of their supervisors and to perform their duties sincerely.

\* Proper communication is needed at every step and serves several purposes. It provides:

- 1). information and understanding necessary for group work.
- 2). the attitudes necessary for motivation, Co-operation, and job satisfaction
- 3). work satisfaction
- 4). assistance in decision-making because taking decisions needs information.

A good communication system results in better patient-care and higher job satisfaction through better team-work.

Planning Communication:

Planning is an all pervasive and fundamental function of management.  
 \* It involves choosing the proper course of action from different alternatives.

\* Similarly, Communication is also a vital aspect of the managerial process.

\* In fact, the superior-subordinate relation cannot thrive without effective and meaningful communication.

\* Therefore, the planning of communication is essential to produce the desired result.

\* The following are the essential steps in planning of communication.

- 1). Know your Objective. What is <sup>it</sup> that you intend to accomplish by this communication? The sharper the focus, the better the result.
- 2). Identify your audience. It is necessary to know whom you are communicating with in order to select the proper language and the proper media.
- 3). Determine your medium. The method of communication will often determine the success of the communication. A decision must be made on how best to communicate the message.
- 4). Tailor the communication to fit the relationship between sender and receiver. The key to this element of effective communication is the relationship climate.
- 5). Establish mutual interest. Empathy, the ability to see the other person's point of view, is a priceless ingredient of the effective communication.
- 6). Watch your timing. This is critical to the effectiveness of the communication. It is important to decide who should receive the communication first.
- 7). Measure results. Has the desired response occurred?

## Modes of Communication;-

(5)

There are various modes of communication.

### 1) Notice Boards:

These can be an effective method of communication provided they are well located and attractive to look at.

\* The most important thing is that notices should be allowed to outlive their usefulness.

\* To this end, one person should be made responsible for putting up notices and for regularly removing those which have served their purpose.

### 2) House Magazine:

At first thought, the introduction of a house magazine may seem ambitious for an average-sized hospital in this country, but it can provide a platform for top mgmt to communicate with its employees in informal and direct teams.

\* If intelligently used, it can be a method of creating team spirit and building mutual understanding among employees.

\* It can explain the policies of the mgmt in simple words, it can remind the employees from time to time of the advantage of the various welfare schemes that operate for their benefit, it can show them how they fit into the organization; and it can make the employees feel pride in their hospital.

There are two types of house magazines - the news bulletin type wherein news and notes of topical interest are published and the proper magazine type where articles, poems and news all find a place.

\* The news bulletin easier to prepare and its cost is very low.

⑥  
\* However, a full-fledged magazine is often preferable because it is an informal means by which mgmt policy can be explained to the employees and at the same time it provides the employees the opportunity to contribute articles and poems so that they consider the magazine their own.

\* The editorial functions can be performed by the HRD (Human Resource Dept) because even no medium sized hospital can employ an editor for this job.

\* If the magazine is to be a powerful moulder of opinion on relationships between the mgmt and employees, the editor has to be a person enjoying the full confidence of the mgmt.

\* He should be assisted by an advisory committee to collect news.

The magazine should be distributed free to all employees.

\* The distribution of the magazine through the members of the editorial board can bring the readers and the members of the editorial board close to each other, and this system is therefore preferable.

\* The magazine should be in the language known by the majority of the employees.

### 3). Suggestion Scheme:

Suggestion schemes encourage employees' participation and help them to identify themselves with the organization, provided these schemes are properly administered.

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\* The following factors should be taken into account for the success of this scheme:

- 1). A joint committee should be formed to operate the system promptly and efficiently.
- 2). Employees should be encouraged to give their suggestions about the problems of the organization.
- 3). Full information should be disseminated about the suggestions received.
- 4). A fair monetary or non-monetary reward should be given for useful suggestions.

When such suggestions can result in real savings by reducing operating costs and efficient service to the patients, there should be no hesitation on spending the money required for their implementation.

\* In addition to this, well-organized suggestion systems provide an excellent opportunity for upward communication and for developing a feeling of 'belonging' on the part of the employee.

#### 4) Meetings and Conferences:

Meetings and conferences are widely-used methods of communication.

\* The truly-effective conferences and meetings encourage two-way communication and involve a group of people putting forth their ideas and experiences.

\* Those meetings and conferences which do not allow free participation should be discouraged.

## 5) Hospital and Departmental Letters:

Letters sent from CEO of hospital or dept head to employees are generally used in special circumstances, such as any change in hospital policy, salary scales, fringe benefits, etc.

\* Such letters should be addressed by name, instead of 'Sir', to an employee because letters addressed by name are more personal and therefore effective.

\* However, one must remember that CEO of a hospital should write such letters only when he has something of the utmost importance to communicate.

\* Another point to remember is that these letters should be brief and simple.

## 6) E-mail:

The internet is a wonderful way to communicate.

\* Each and every organization finds it a perfect way to talk to its staff.

\* It is useful but also dangerous when staff wants to talk to each other during working hours.

\* As hospital employees work around the clock, those employees who work in PM and Night shift have no way to know what is going on in their hospital.

\* So, dept heads need a way to rally these employees.

\* In particular, they need a way to build a corporate culture - that intangible something which binds employees together and teaches them to understand instinctively the defining qualities of the hospital and appropriate way to respond to any issue that confronts them.

\* The e-mail provides the means to do this.

\* Surprisingly, the idea of going through a secretary to an appointment has changed.

\* New employees can send e-mails to anyone and expect a response.

\* It is very democratizing. New hospitals find all sorts of mundane tasks that can be done online with greater efficiency and less expense.

### 7). Personnel Policy Manuals:

Each and every employee in the hospital has a right to know the conditions under which he is working and the rules and regulations which govern his employment.

\* Sound HRM encourages the employees' maximum contribution towards the achievement of the objectives of the institution.

\* Personnel policy manuals should be designed to promote mutual understanding and co-operation as to maximize the delivery of services in the hospital.

\* The institution must develop policies of employment, placement, promotion, fringe benefits, training & development, grievance procedure, performance appraisal, etc, because these certainly have a great impact on employees.

\* The manual embodying these policies acts as an effective vehicle of formal communication.



## Telephone System; -

Advanced telecommunication technology today offers vastly improved and sophisticated telephone equipment with never-before features and capabilities.

\* Advanced systems are now available in which a single instrument acts as a multi-button phone.

\* Most telephone systems have flexible circuits that allow telephone calls to be transferred to another area or, for example, to the admitting office.

\* In smaller hospitals, this eliminates the need for a telephone operator during the night.

\* Some other new features are: Touchtone dialing, call pick up, call forwarding, conference capability, transferability of incoming and outgoing call, video conferencing, social media calling and direct dialling.

Car telephone, which hasn't made a big foray into the Indian scene yet, is expected to have a major impact on communications for hospitals.

\* Made accessible by use of cellular technology, car telephone will play a big role in contacting doctors who are on the move particularly because the use of a mobile phone is prohibited while driving.

Within the hospital, interconnecting telephone should be provided for all departments and sections including operating room, ICUs, nurses' stations, offices, maintenance, housekeeping, and elevators.

②  
\* A telephone service outlet should be provided midway in the elevator shaft to connect the telephone in the elevator.

\* All intercom telephones should be dial type that permits intercommunication without calling the hospital switchboard.

Many hospitals provide telephones in patient rooms.

\* Patients can make long-distance calls directly with the facility of remote metering or transmission to a computer so that automatic charging of the concerned patient is accomplished.

\* The practice of installing jacks in all patient rooms for use of plug-in telephones is now considered obsolete.

\* However, jacks may be provided in multi-bed general wards for the use of sick patients who cannot come to the nursing station to receive or make a call.

\* Public telephones should be provided at convenient locations for outpatients, visitors and staff, particularly in the outpatient area, inpatient areas, emergency dept, near the labour-delivery suites and in the father's waiting room, if there is one.

\* Pay phones leave hospital switchboard free for patient care and official use.

\* In addition to public telephones, there should be a convenient room where visitors, outpatients and hospital personnel can make assisted STD and ISD calls.

\* At the construction stage, conduit should be provided to facilitate installation of telephones wherever necessary, keeping future needs in mind.

Telephone instruments are sometimes selected for image rather than functional utility.

\* For example, an egocentric administrator of a medium-sized or small charitable hospital may like to add many unnecessary but costly features to his telephone without regard to the questionable return on investment and the overall effect it will have on the economy of the hospital.

\* Features such as multiple push button sets, electronic speaker phones, CRT display units, automatic dial features and memory devices can add much to cost but give little in return.

\* Today's decisions may appear less than optimum, and equipment and instruments may become obsolete in a short time.

\* It is therefore important to institute a planning process that define functional requirements, technical capabilities, and organizational considerations over intermediate and long-range periods.

Choosing the Right System and Vendor:

Now that the Indian tele~~com~~ dept that was once a government monopoly is privatized, hospitals will do well to consider the following recommendations in selecting the telephone vendor:

1. Study and understand the communication needs of the hospital.
2. Determine the financial status of the company, its reputation and track record, and find out how long it has been in the field.

3. Talk to other hospitals/institutions that have installed the company's product and similar system.
4. Similarly, check with the operators in those hospitals who use, and maintain the equipment.
5. Get assurances that the system can be upgraded.
6. Find out the technical knowledge and competence of the company's technicians who will be installing the system.
7. Make sure that the company will train the hospital's personnel both to operate and maintain the system and provide post-installation services.

Integrated Service Digital Network (ISDN); -

The Integrated Service Digital Network (ISDN), which is poised to take the communication world by storm, will revolutionize our communication systems and with them our lives.

\* Digital switching system, which is an advanced computer by itself, will be able to handle voice, data, text, and image transmission - all on the same telephone line.

\* In other words, telephone, computer, printer, fax and almost anything else that is electronic can be plugged into a single telephone line to provide an integrated communications system.

## Telemedicine, Teleconsulting and Net Telephony:

With internet fast becoming a way of life, web-enabled services are playing an increasingly significant role in health care.

\* With internet technology, moving at an explosive rate, health care operations and services are becoming web-enabled too.

Recently, the Escorts Health Institute in New Delhi made medical history when it beamed live pictures of patients being operated upon for cardiac ailments onto a giant screen halfway round the globe in San Francisco.

\* The event was watched by a large group of cardiac specialists and other professionals in that part of the world.

\* And what is of significance was the simultaneous interaction between two groups - the observers asking questions on the various aspects of surgery and the surgeons answering them.

\* For the US surgeons and other professionals - they are specialists themselves in their own right - this was nevertheless a great learning experience because the heart ailments found in India are not the same as those found in Western countries.

\* The whole exercise is a precursor of what one expert said, "This may help diagnose heart diseases at the outpatient dept level."

\* If hospitals in other towns and cities are linked up with a centre like Escorts, doctors can obtain expert advice or a second opinion over the phone.

This marvellous surgical feat was made possible thanks to Integrated Services Data Network.

\* The Medical Products Group of Hewlett-Packard (HP) and the Mahanagar Telephone Nigam Limited of New Delhi were responsible for providing the set-up and back-up services.

The reason why one needs an ISDN line is because video images cannot be transmitted over a normal telephone line.

\* The images must be first converted into digital data-bits and bytes - before they are transmitted.

\* With the introduction of private basic telephone networks, across the country and the country itself going fiber-optic in a big way, the application of telemedicine, telediagnosis and teleconsulting opens up vast new frontiers in the medical field.

\* This argues well for this country where superior medical talents abound.

Narayana Hrudayalaya, a famous heart hospital in Bangalore, has set up a telecardiology unit that extends teleconsultation in cardiology to far corners of the country, largely in rural areas, where facilities have been set up.

\* Cardiologists are available at the hospital round-the-clock for any doctor in these remote centres to call them up for expert advice.

\* It is live telemed/ video-audio conferencing in which reports, images and documents relating to the treatment of the patient in question can be transferred seen and discussed. The hospital is in the process of setting up more centres.

Another doctor, a radiologist in Whitefield near Bangalore, started teleconsulting for some American hospitals in what is called consultancy through teleradiology, also called "Offshore Teleradiology" - said to be the first of its kind in India.

\* His job is to read the scans sent by these hospitals via internet by fax or e-mail through a common server in America and send his ~~is~~ interpretations/reports back.

\* His reports are dictated using voice recognition software installed on his computer - another device that is becoming increasingly popular.

\* Verbal messages are communicated to doctors by a combination of telephony and instant messaging.

\* A high-speed internet line, modem, server, alternative line, heavy duty UPS and Local Area Network (LAN) form his infrastructure.

An added facility is net telephony. The Govt. of India has now allowed Internet Service Providers to offer the net telephony that had hitherto been banned.

\* What this means is that personal computers can now be used to call up phones abroad.

\* Without going into the technicalities, it may be mentioned that net telephony costs substantially less because it is based on what is called "packet switching" as opposed to "circuit-switching" of the traditional telephone network.

\* All these advances augur well for health care and will bring about sweeping changes in the way health care is practised and delivered - online.

Nurse Call System:

The nurse call system ranges from the simplest - a mere visual signal system - to the most complex and sophisticated computer-controlled system with visual and audio indicators, two-way voice communication and advanced facilities for mgmt information.

\* It can be linked to the panic button in the patient's bathroom, code blue alarm system and the fire alarm system.

The feature common to all the systems is the switch or button provided at the patient's bedside which, when activated, registers the call at the nurses' station.

\* In the traditional system, a push button with a flexible cord is provided to each bed.

\* The signal can be switched off only at the bedside.

\* A pilot light is placed over each bed if there are more than one bed in the room.

\* There is a pilot light over the door of the room and a central light panel at the nurses' station.

\* A central monitoring panel is provided in the nursing director's office.

The following are the features of the advanced computerized nurse call system.

- ↳ The call is registered by the patient
- ↳ The call is acknowledged by the nurse.
- ↳ The call is attended to by the nurse
- ↳ In the event of delay as programmed by the response time, the signal light flashes.



- ↳ When the delay becomes longer, the flash rate increases progressively.
- ↳ The signal is both audible and visible.
- ↳ There is provision for two-way voice communication between the patient and the nurse station. This can be programmed in such a way that only the nurse can initiate the voice communication and not the patient.

The system has the following components:

- ↳ Panel in the patient room
- ↳ Patient room door panel
- ↳ Main nurse station panel
- ↳ Monitoring panel
- ↳ Computer interface
- ↳ Software
- ↳ Alert panel
- ↳ Computer voice interface.

In the patient room panel, there is a red push button to register the call, a red indicator light to show the call is registered, a green indicator light to show the nurse has acknowledged the patient's call, and a switch to cancel the call.

In the panel outside the patient's room, there is a red indicator to show that the patient requires attention and a green indicator to show that the call has been acted by the nurse.

\* when only the green indicator is lit up, it shows that the nurse is attending the patient.

①  
\* This eliminates the need for more than one nurse responding to the call.

\* The panel is provided with a green switch for the nurse to acknowledge the call at the door, if necessary.

At the nurses' station, the panel has a layout plan of the ward and the beds with bed numbers, a red indicator, a green indicator and an acknowledgement switch.

\* The panel clearly shows which bed requires attention.

\* The digital indicator can be added to show the sequence of call registration.

\* An audio beeper is provided to attract the nurse's attention.

\* Delay in attending to the patient results in the signal light flashing and the beeper sound becomes faster.

\* The monitoring panel is intended for the supervisory staff to monitor response and improve efficiency.

\* The mgmt information support software monitors the response pattern of nurses throughout the hospital during the day, week and month.

### Dictation and Central Transcription System:

Remote dictation service is set up to allow the doctors to dictate reports from any part of the hospital where a dictation equipment is provided, usually from the operating rooms, ICUs, patient floors, emergency room and the doctor's chart completion room in the medical record dept.

\* Modern telephone systems can be used for dictation as they can now be interconnected with centralized dictation where reports are recorded on tapes and later transcribed by medical secretaries/transcribers.

\* The system allows any phone in the hospital to dial a code and dictate to the central room.

\* It enables the doctor to start, stop, play back and correct his dictation.

### Public Address System and Piped Music:

A public address system or wired or overhead paging is invaluable for making announcements to a large no. of people in assembly halls and other strategic locations.

\* The system should be designed for zone paging so that information can be transmitted to selected places without disturbing patients and hospital staff in other areas.

\* Suitable background music can be piped throughout the hospital during selected hours.

\* Many Christian institutions broadcast devotional songs and worship programmes over the public address system.

\* Individual speakers in patient rooms give patients the option to switch the transmission off.

Where piped music, the public address system and television system are bundled together, a cut-in feature for announcements should be included.

\* Announcements may be made from several places depending on the nature of announcements.

Television and Closed Circuit Television:

Television once considered a duxury, has now become commonplace as a source for news and entertainment.

\* Many hospitals also provide for patient's entertainment, information and educational and health programmes by way of television, video and closed circuit television.

Cable TVs provide a variety of entertainment, sports and educational programmes.

\* Many hospitals provide these avenues of entertainment to their patients.

\* A television system becomes a closed circuit television (CCTV) when the hospital generates its own video programme and feeds it into the distribution system.

In some hospitals, CCTV is used in the operating rooms to transmit information to consulting doctors for advice and to residents and students for teaching purposes.

\* It is also used in cardiac catheterization procedures for displaying an X-ray image of the catheter position.

\* In advanced countries, CCTV is used by the nurses to view children in isolation, and for visitor-patient two-way viewing.

\* Inclusion of audio facility provides an opportunity for children to communicate with their parents when the latter are in isolation and children are not permitted to visit them.

When CCTV is used in the operating rooms on a permanent basis, a good quality camera is required, and it should be adapted for use with the surgical lights.

\* Most modern surgical lights are adjustable for positioning and focusing the camera.

\* CCTV is widely used in hospitals for surveillance operation.

## Safety in Hospital:-

### Overview:

The word safety in its purest sense means freedom from injury, risk or harm.

\* The mgmt of any hospital has a twofold responsibility regarding safety.

1). To make the workplace and the environment safe by creating safe conditions.

2). To establish, communicate to all concerned and enforce safety rules.

\* Everyone has to work as a team and share the responsibility of safeguarding the patients, visitors and the hospital personnel.

Safety awareness is of paramount importance for the success of hospital's safety programme.

\* Every task that we perform, whether at workplace or at home, entails some risk of personal injury.

\* Our ability to work safely is directly related to our knowledge of the hazards associated with the work.

\* Therefore, knowledge of work-related risks is essential.

Some dept of the hospital are more risk-prone and hazardous than others.

\* The laboratories, nursing floors, laundry and kitchen call for special instructions and elaborate safety rules.

\* Ignorance about the risks associated with the workspace and negligence may endanger the lives of employees and turn them into a liability to the hospital and their families.

Accidents do not happen by themselves; they are caused.

\* These causative factors are more human than environmental.

\* Merely controlling environmental factors does not prevent accidents.

\* The hidden causes of accidents should also be taken into account.

\* Hospital Safety Rules:-

General Safety Rules:

- 1). The only correct way to do a job in the hospital is the safe way. Urgency is not a justifiable excuse for neglecting safety.
- 2). Know your job thoroughly. When in doubt, do not indulge in guess work; ask your supervisor.
- 3). Do not handle or operate machinery, tool, and equipment without authorization.
- 4). Be alert and observe keenly. Report immediately any fault equipments, unsafe conditions or acts, and defective or broken equipments. Do not try amateur repairs.
- 5). Stay physically and emotionally fit for your work by maintaining good health and a proper diet. Abstain from alcoholic drinks. Take sufficient rest and practise cleanliness.

- 8. Personal hygiene is important. Wash your hands often.  
In many areas of the hospital, this is necessary.
- 9. Prevent the spread of infection and contagious disease.  
Cooperate with the hospital infection control committee by observing established procedures. When you are ill with an infectious disease, report to the doctor immediately and stay at home.
- 10. Wear proper uniform or clothing for your job.  
Neither too tight nor too loose. Jewellery and high-heeled footwear may be hazardous.
- 11. Walk, not run, particularly when you are carrying delicate, breakable articles or instruments. Be extra cautious at the corridor intersections, in front of swinging doors, at blind corners and in congested areas.
- 12. If you see some foreign material, loose wire, oil spill, etc. on the floor that may cause an accident, make sure it is removed at once.
- 13. Never indulge in horseplay or practical jokes involving fire, acid, water, compressed air and other potentially dangerous things.
- 14. Pay attention to all warning boards. For example, smoking in an area where oxygen is being administered or oxygen cylinders are stored.
- 15. Be familiar with your work procedure. All departments have written work procedures that include safety practices at work and handling equipments.

- 14). Always remember to use handrails on stairways or ramps.
- 15) When you want to reach overhead objects, always use a good ladder. Do not climb on chairs or boxes.

Safety in Patient Care:

- 1). Prevent patients from falling from bed. It occurs frequently as they attempt to get on or off the bed unaided. Many of them may be feeble, disoriented or under sedation.
- 2). Make infirm patients feel at ease. Make them understand that they need to get assistance.
- 3). Provide for patients' belongings to be kept within easy reach. Ask them to use the nurses' call bell to a bedpan or urinal.
- 4). Use bedside rails on both sides, wherever provided, particularly for elderly or restless patients, those coming out of anaesthetic and whenever conditions warrant.
- 5). Check and double-check medications regarding instructions, labels and patient identity.
- 6). Label all bottles and containers. Keep the medicine supply locked
- 7). Lift patients correctly with your leg power keeping your back straight. Use mechanical aids where available.
- 8). Know proper techniques for
  - ↳ turning a patient toward you
  - ↳ " " " from you
  - ↳ " " helpless patient



- ↳ lifting a patient up in bed
- ↳ lifting a helpless patient from sitting position or wheelchair.

9). Return equipment and materials after use to where they belong.

Safety in Traffic:

1). Secure the wheelchair or stretcher in place by locking wheel brakes or by other means before loading or unloading a patient or when assisting a patient on or off the chair.

2). Always use safety belts or side rails on stretchers to protect patients from falling while transporting.

3). Control stretchers & wheelchairs from the lower side while going up or down a ramp. Get help if the load or traffic is heavy.

4). Push stretchers and beds from the end and not on the sides to avoid jamming your hand against something.

5). Push carts, wheelchairs, and stretchers slowly. Watch your way ahead of you.

6). Pull vehicle through a swinging door. Do not ram through.

7). Before entering or leaving an elevator with a wheelchair or stretcher, be sure the floor is at level. The wheelchair is always back first.

8). Transport patient's feet first. Have an assistant guide at front. Never leave the patient unattended.

9) When you have transferred the patient or have to wait the patient, park the wheelchair or stretcher out of the way of traffic at one side of the corridor.

Safety against Trips and Falls:

- 1) Trips and falls can cause serious injury. Pick up the little things on the floor such as banana peelings, flower petals, pencils, broken glass, etc.
- 2) A liquid spill can be risky. Clean it up immediately. Block off the area until cleaned.
- 3) Keep drawers and cabinet doors closed, particularly the doors of overhead wall-mounted cabinets.
- 4) Beware of electric cords. You may easily trip. Place them out of the way. Remove them when not needed.
- 5) Take one stair at a time. Always use handrails when walking up or down the stairs.
- 6) Never use fingers to pick up broken glass. Use a brush or pan instead.
- 7) Place objects carefully overhead. Carelessly kept objects may drop and hurt people.

Safety in Electric Goods:

- 1) Prevent dampness near switches, wiring and appliances. Keep your hands dry when you handle them.
- 2) Protect cords. Heat, oil and abuse will damage electric insulation.
- 3) Inspect cords, plugs, switches, sockets and outlets frequently to ensure that they are not damaged.

- 4) Report electrical faults immediately. A small shock, overheating, sparking or noise is an urgent warning.
- 5) Report defective wiring such as worn-out cords, loose or broken plugs or receptacles, blown fuse, etc. to the maintenance dept.
- 6) Do not use an electrical outlet when a plug does not fit snugly. Get the outlet changed.
- 7) Be sure the equipment is properly grounded. Three-wire ground plugs are a good protection.
- 8) When connecting and disconnecting electrical equipment, turn the ON-OFF switch to "OFF" position.
- 9) Avoid using an adapter to fit a three-pinned plug in a two-pinned outlet.
- 10) Take particular care with electrical fittings where it is difficult to keep the floor dry such as the laundry, etc. All items of equipment and machinery should be grounded.
- 11) Never attach decorations of paper, cotton, cloth, etc., to electric wires, fixtures, etc., nor keep them within 0.91 metre (3 feet) of any open light.
- 12) Never hang or fasten electric cords with nails, staples or other supports.
- 13) Keep wires, lamps, etc. free from contact with curtains, furniture, packing materials, etc.
- 14) Do not use any portable electric appliance until it has been checked for safety by the engineering dept.

## Health Hazards - Toxicity:

- 1). Each workplace is different. Check procedures with your supervisor.
- 2). Certain chemical, physical and biological exposures can be hazardous, to your health. Exposure may be through the eyes, ears, nose, mouth, skin contact, absorption and the nervous system. A hazardous exposure or its effect may be immediate or spread over a long period.
- 3). Comply with all safety procedures, exposure limits of radiation, for example, and emergency aid.
- 4). Never store flammable liquids in your desk or cabinet.

## Security and Loss - Prevention Programme; -

### Overview:

One study put the yearly loss from theft in US hospitals by employees and others at an estimated \$3000 per bed.

\* Another study suggests that 25% of all employees will steal to some extent if they feel that only a small percentage of the offenders are likely to be caught and punished.

\* The study further reveals that within that 25%, the mgmt level culprit is responsible for over 60% of theft.

\* Sometimes an employee who would not steal a rupee of hospital funds appropriates valuable articles of supplies for personal use.

Fraud and theft are a booming business in any society.

\* Like corruption, they have become a global phenomenon.

\* They can strike from anywhere and often rear their ugly heads where they are least expected.

\* Figures relating to loss due to fraud and theft are incredibly high. Such figures are not easily available in India.

\* However, KPMG's India Fraud Survey identifies the sources of fraud as follows: Employees - 38%, Customers - 19%, Service providers - 15%, Suppliers - 14%, Management - 7%, Other - 7%.

Contrary to popular belief, it is not true that much of the losses due to fraud and theft is the handiwork of the lower categories of employees.

\* In fact, top mgmt personnel engaged in embezzling can be more expensive and probably most difficult to detect.

\* Worse, it is not easy to punish them. Frequently, subordinates collude with their bosses.

Embezzlers are successful primarily because in most cases they are long-time, respected and trusted employees who handle cash, financial transactions and financial records or they are people placed in charge of purchase, store or similar functions.

\* Embezzlement is the most costly white-collar crime.

\* Regular burglars and robbers do not do half as well.

In any organization, some employees are placed in certain strategic positions, which makes it easy for them to embezzle money.

\* The accounts clerks may maintain two sets of books, write cheques to fictitious suppliers, enter fictitious names in the salary register, give refunds to materials not returned, collude with suppliers in manipulating quotations and supplies.

\* Collusion, the cooperative meeting of two thieves, can be present anywhere in the facility.

\* It could involve a document falsification scheme between the employees of shipping and accounting dept; it could involve a major kickback operation between the purchase offices and the suppliers.

\* Cheque forgery is said to be the largest single item of loss in the finance area.

Individuals with many opportunities to steal or commit fraud are officers and supervisors vested with authority, people with keys to sensitive areas, storekeepers, receiving clerks and purchase dept staff, personnel handling cash, payments, payroll, financial and equipment records, employees on duty during evening and late night shifts, weekends and holidays, guards, long-time trusted employees and service departmental personnel.

\* Keys, time, lack of supervision and accountability, and authorized access to materials, money and records represent opportunities.

\* These is one other class of employees on which the top mgmt should keep a close watch on.

\* These are the employees who linger at the workplace after regular working hours to complete "some unfinished business" or come back for work on Sundays and holidays for the same purpose even though they are not on duty.

One sensitive area of the hospital that warrants special attention is the purchase dept, which is very vulnerable to fraud and kickbacks.

\* The mgmt should be particularly wary of the purchase officer who is not interested in receiving competitive bids but prefers to deal with an established supplier.

\* The purchase officer's argument is that supplier is well known and the quality of his service and the prices are favourable.

\* This in fact is only a ploy to extend the kickback that the officer is receiving from the supplier.

\* Even if the prices are fair and the quality of goods satisfactory, this kind of an unchallenged long-term relationship always leads to many kind of abuses.

\* Assured of business, the supplier becomes lax.

\* Orders may be neglected, top quality materials may be diverted to other organizations and poor quality goods will land in this hospital.

\* The purchasing officer with a vested interest will not complain of course.

Three elements - motive, opportunity, and means - are necessary to prompt someone to commit a criminal act.

\* The hospital mgmt can effectively curtail only the elements of opportunity.

\* The other two can only be constrained, not countered.

\* For example, the element of motive can be countered to some extent by preaching and practising a code of values, positive morale building, stressing loyalty to the institution and reminding employees of the consequences of theft and fraud.

\* The means may be curtailed by instituting internal control measures like unannounced audits, formulating well-defined policies for the control of materials, cash and other assets, checking and questioning all expense accounts, and so on.

\* Even then, employees are ingenious enough to devise new ways of committing fraud.

The element of opportunity can and should be controlled.

\* The mgmt has a moral obligation to safeguard the assets of the institution by making theft and fraud as difficult as possible, if not impossible.

\* Often, the general climate in the organization is such as to provide ample opportunity and temptation to the employees to indulge in fraudulent activities without anybody taking cognizance of these offences or punishing the offenders.

Internal Control:-

One of the primary responsibilities of CEO of any organization is to safeguard the assets of the institution against fraud, theft and other kinds of losses including waste.

\* However, the CEO and his top mgmt team cannot exercise direct and personal supervision over all employees and their activities - it is not desirable either.

\* They must depend on policies, regulations and a built-in system of internal control for the prevention of loss and for the efficient running of the organization.



Checks and balances are necessary in any kind of organization.

\* Internal control provides a built-in mechanism by which the work of one employee acts as a check on the work of another.

\* For example, the storekeeper does not have control on inventory records; persons handling cash do not have access to accounting records; the purchasing functions are segregated from the accounting and stores functions, and receiving functions from issuing functions.

Most hospital administrators believe in the folly of stationing a security guard at the main entrance of the hospital to monitor the members of the public who enter and leave the facility.

\* In prestigious corporate hospitals, the guards may be flashily dressed, making obeisance to VIP patients as they do in five star hotels.

\* Having done that the administrators sit back secure in the knowledge that all is well and that they have plugged the biggest potential leak is pilferage.

\* However, they fail to see the futility of this exercise as long as they leave the employees' entrance and the shipping and receiving areas open without any security check.

\* It is through those unsupervised passages that large-scale pilferage take place every day.

\* The amount of money lost through the front door over a 10-year period will in no way match the loss of the hospital suffers in one year through the back and service doors

## How the Hospital Suffers Loss:

1. Embezzlement
2. Pilferage
3. Kickbacks and collusion
4. Equipment theft
5. Personal property theft
6. Payroll fraud and theft including fraud in purchasing the time clock.
7. Cash theft involving main cashier, subsidiary cashiers, cafeteria cashiers, etc.
8. Fraudulent practices in purchasing, receiving & storing
9. Fraud in registers, records, and billing
10. Computer fraud.

## Some Methods of Internal Control: { physical security procedural security

### 1). Physical Security:

1. Guarding all means of ingress and egress. Protect the hospital against intrusion from without and illegal movement of goods from within.
2. Control of the hospital's perimeter. This is easy if the hospital is housed in a single building, but extremely difficult in sprawling campus-type layout with several buildings spread across a wide area.
3. Control of human traffic like employees, visitors, drivers, contractors, vendors, etc. Conduct body search, if necessary.
4. Separate entry and exit points for (a) staff (b) patients and visitors and (c) vendors, sales persons, delivery people and contractors.
5. Identify, scrutinize and guide the non-patient and non-visitor traffic such as vendors at the controlled gates.

- 6. Prohibit pedestrian traffic through unloading dock, receiving area, morgue exit and truck gates.
- 7. Control vehicles like delivery trucks, etc. and check outgoing vehicles.
- 8. Electronic surveillance of strategic and sensitive areas through CCTV. Controlled or guarded gates at all patient care areas.
- 9. Install locking devices and alarm systems.
- 10. Issue visitor passes
- 11. Procedure for and control over the issue of keys - master keys and sub-master keys. Authorization necessary to issue keys and an effective, enforceable procedure to retrieve them.
- 12. Lockers and lockable cabinets for staff against personal property theft
- 13. Provision of a safe for patient's valuables.
- 14. Secured cabins for cashiers with a panic button or a silent foot or knee-operated hold-up alarm in their cabins.
- 15. Provide roll-up shutters or grills at strategic places for night time protection.

2) Procedural Security:

- 1. Establish service rules and communicate them to all employees. Each employee should be given a printed copy of service rules, the receipt of which he has to acknowledge.
- 2. Establish policies and procedure manual for each dept
- 3. Establish committees such as the general purchase committee, pharmacy and therapeutics committee, etc

4. Establish accountability and control over the flow of hospital supplies and materials, particularly the receiving functions, and regulate the operation of receiving and unloading dock.
5. Institute inventory control procedures.
6. Establish well-formulated procedures for requisition, purchase, indent, supply and distribution.
7. Do not allow the cashier to have both the keys to operate the cash register. The first key unlocks the mechanism for register operation and gives the total readings for money and no. of transactions. The second key gives total either cashier-wise or by some other classification, and resets all totals back to zero. If the cashier has both keys, the prospects of fraud increase.
8. Institute a perpetual inventory system.
9. Conduct surprise checks of all departmental inventories.

## Fire Safety:-

### Overview:

Fire safety and protection are matters of vital importance concerning everyone in the hospital.

- \* The best form of protection from fire is its prevention.
- \* Although every possible measure may have been taken to make the hospital buildings as safe as possible, no place can be completely free from fire hazards.
- \* A careless employee, a thoughtless visitor, a confused or disoriented patient can inadvertently set off a fire.
- \* Initially, it may appear to be insignificant but it is important to remember that every big fire starts from a small one.

An effective fire safety programme calls for an understanding of the hospital fire plan and the active participation of every employee at all times.

\* There is no better protection against fire than constant vigil to detect fire hazards, prompt action to eliminate unsafe conditions and a high degree of preparedness to fight fire.

\* Panic and confusion are the greatest hazards of fire. They can be countered only by sufficient preparedness.

General Fire Information:

Every employee should know how a fire is caused, how it can be prevented, and where the alarm boxes and extinguishers are located.

\* He or she should also learn the fire fighting procedure before a fire actually occurs.

For a fire to sustain itself, three elements - heat, fuel and oxygen - should be present.

\* Fire is a chemical reaction, which occurs when a material (fuel) rapidly combines itself with oxygen in the presence of heat to produce a flame.

\* If any of these elements is taken away, the fire will fizzle out. This principle is the basis for fire extinguishing.

Most fires can be classified into (3) general types. Let us call them class A, B and C.

\* Class A fire occurs in ordinary combustible materials such as wood, paper, cloth, etc.

\* The best way to put out such a fire is by dousing it with water and thereby reducing the temperature of the burning material below its ignition point.

Class B fire occurs in flammable liquids and greases like oil, petrol, alcohol, etc.

\* It is best handled by the blanketing technique, which tends to keep oxygen from the fire and thereby suppress combustion.

\* Water should never be used. It will only spread this type of fire.

Class C fire occurs in electrical equipment such as motors, wiring, switches, panels, etc.

\* This is a combination of the previous two types.

\* Because of the hazards of electrical short circuit, a nonconducting extinguishing agent should be used to put out this type of fire.

\* Again, water should never be used on an electrical fire.

\* The person using water on an electric fire may receive an electric shock.

The fire protection system in hospitals basically consists of a static water supply source within the building.

\* Connected to this are first aid hose reels and landing or hydrant valves with hoses at every floor level, preferably housed in an M.S. hose cabinet with glazed door and strategically placed.

\* If the building is a high-rise one, there should be a wet riser serving every 1000 sq. metres of the floor area to which the hose reels and hydrant valves are connected.

\* The required pressure in the line should be provided with suitable capacity pump.

\* It is necessary to have one working pump and another as standby (diesel engine drive) in case of power failure while fire fighting.

In addition to wet riser system, some unmanned areas require sprinklers.

\* Portable fire-fighting extinguishers of the type and capacity suitable for specific areas of application should also be provided in strategic locations.

The fire-detection system consists mainly of smoke and heat detectors that sense fire at an early stage and give off an alarm so that the fire can be controlled at an initial stage itself.

\* Smoke and heat-detection devices are wired in series and terminated in control panels located in areas manned 24 hours of the day.

\* Apart from these detectors, break-glass units and hooters are also provided at strategic points.

\* When there is a fire, the nearest break-glass unit should be activated by breaking the glass.

\* This automatically sets off the alarm so that precautionary methods such as evacuation of the area can be undertaken.

Basic Responsibilities of Every Employee:

- 1). Be completely familiar with the hospital fire safety programme and the departmental fire plan.
- 2). Be alert and observe the hospital with a critical eye, and report all fire hazards to the authorities concerned.
- 3). Not smoke in prohibited areas or anywhere if the entire hospital is declared a non-smoking area.

4) Know the location of fire alarm boxes and be familiar with the operating instructions, use and signals.

5) Know the location of fire-fighting equipment and be acquainted with its operating instructions and use.

6) Know the location of fire exits and assist the supervisor or head of the dept in keeping them clear at all times.

7) Report to the supervisor if he (she) notices any defect in stairway doors, which should remain closed and in operational condition at all times.

8) Participate in all fire drills and other training or practice sessions as well as know his (her) assigned duties in the hospital's fire plan and evacuation.

### What to do in case of Fire:

If you discover a fire in your area, observe the following points:

Use code: Do not panic, run, yell or use the word "Fire".  
Use the code: Doctor Red or Code Red.

Evacuate: Remove persons from immediate danger of smoke and fire. Only patients in immediate danger need be relocated in areas on the same floor but away from the fire. If the fire is in the patient room(s), remove the patient(s) and close the door behind you.

Sound Alarm: Sound the fire alarm from the nearest fire alarm box. This will notify the telephone operator and fellow hospital employees of the situation. The alarm box will set off a series of sounds or hoots.



Dial Telephone Operator: Give the exact location - the floor, wing, area, etc., - and the extent of fire.

\* This is important because the telephone operator should be very sure of these details before calling up the fire department.

\* The telephone operator will immediately write the location down.

The telephone operator will announce Doctor Red on the public address system followed by the location of the fire three times.

\* This announcement will be repeated every 20 seconds for a period of two minutes.

To avoid panic among patients and visitors, emergencies in the hospital are announced using codes, for example, "Doctor Red" for fire.

The operator will also notify important officials like the CEO, nursing director, security chief, engineer and leader of the Doctor Red Alert team.

If the situation warrants and with the approval of the CEO, or the person in charge at that time, the telephone operators will notify the fire dept and summon help.

Shut off Ventilating Fans, etc.: On notification, the engineering dept will shut off all ventilating fans, oxygen, gas, electric power to the affected area and if necessary, to any adjoining area threatened by fire.

Prevent Smoke or Fire Gases from Spreading to Other Floors:

There is a great danger of people dying of suffocation even on the floors far removed from where the fire has broken out.

\* Smoke and fire gases spread to other floors through air-conditioning ducts, pipe tunnels, etc.

\* This can be avoided by closing all the dampers in the air-conditioning ducts.

Avoid Using the Elevators: Walk down the stairs.

Establish a Control Centre: The CEO or a senior officer will take charge.

At the Scene of Fire:

1). Seal off the area of fire. Close windows and all patient room doors. Place wet blankets or towels along the door edges to prevent leakage of smoke. This is an effective fire-fighting technique.

2). Fight the fire with appropriate fire extinguishers. Use carbon dioxide type extinguishers on electrical and flammable liquid fires. Use fire extinguishers if the fire is small and fire hose if it is large.

3). Supervisor of the area will take charge.

4). The Doctor Red Alert Team will go to the scene of fire. The team leader will direct operations as they pertain to the actual fire situation.

5). When the fire department personnel arrive, they will be in complete charge.

6). Personnel on the general floor and other patient care areas will remain calm and reassure the patients. They will remain with their patients at all times until properly relieved. (44)

7). There should be written procedures for evacuation of patients and on who can make that decision.

8). In case you are trapped and are unable to leave your room, do the following:

↳ Feel the door. If warm, do not open.

↳ Place wet towels, bedding or blankets under the door(s).

↳ Stay low on the floor where smoke and heat are the least and the air clearer.

↳ Go to the window and open it.

↳ Attract the attention of fire fighters by hanging a sheet or blanket outside the window.

↳ Stay at the window for rescue.

9). All clear signal should be given by a responsible person, and Code Green announced after the fire is controlled.

### The Time to Know What to do is Before a Fire Occurs, Not After:

Regardless of whether it comes under the purview of fire regulations or not, every hospital should be provided with a fire protection system considering the damage fire can cause to life and property.

\*In addition, provision must be made for the following:

1). There should be an effective fire safety programme for the hospital.

- 2). There should be written policies as well as a procedure manual covering all contingencies arising from fire.
- 3). Every dept should have a departmental fire plan and a fire procedure manual outlining every employee's role in the plan.
- 4). There should be a pre-appointed standing Doctor Red Alert Team to direct all fire fighting operations.
- 5). There should be written procedures to evacuate patients in case the fire becomes widespread. The procedure should specify who should decide on evacuation as well as procedures, methods and the order of precedence to be followed for evacuation.
- 6). Simulated fire drills, which are an essential part of an effective fire prevention programme, should be conducted periodically. These drills help ensure that all personnel understand their roles in the fire safety programme and perform their assigned tasks well. Fire drills should be conducted in a realistic manner.

Summary:

If the fire is in your area:

- 1. Remove persons from immediate danger.
- 2. Activate fire alarm
- 3. Alert personnel calmly. Never use the word Fire. Use the code Doctor Red or Code Red.
- 4. Dial the telephone operator. Give exact location and extent of fire.
- 5. Seal off the affected area. Close all windows and room doors in the area. Use wet blankets to confine smoke.

6. Unless lives are at stake, do not attempt to re-enter if the fire has gone out of control. Wait for help to arrive.
7. Shut off all equipment, gas, etc, which may compound the risk.
8. Fight the fire. Use a proper extinguisher.
9. Follow your department's specific fire plan & procedures.
10. Set up a fire control area.
11. Take a head count of patients and staff.
12. Post staff at the elevators.
13. Prepare for evacuation of patients or other duties as prescribed in the department fire rules.
14. Establish contact with the engineering, security, etc.
15. Establish and maintain communication with the control centre, and inform it about staffing needs.
16. Relinquish control when the fire dept personnel arrive at the scene.
17. When the fire is completely put off, send an All Clear message to the control centre. This should be agreed to by the fire dept personnel if they are present.

If the fire is not in your area:

1. Stop what you are doing
2. Report to your dept head or supervisor.
3. Continue your duties within your dept if instructed by your supervisor.
4. Take a head count of patients and staff
5. Shut off equipment, gas, etc. which might aggravate the risk. Check with the supervisor before shutting off oxygen.
6. If you are in the patient care area, communicate with the patients and reassure them.

7. Send staff to the control centre or the assignment area, if <sup>required.</sup>
8. Be prepared to assist in evacuating patients, if necessary.
9. Post staff at the elevator.
10. Maintain a stand-by <sup>alert</sup> for any eventuality.

### Do not:

1. Panic
2. Run or shout in the corridors.
3. Use the word Fire: refer to it as Doctor Red.
4. Use elevators unless you are already on your way down.
5. Leave your dept unless permitted or directed by your supervisor

Within a reasonable time after the fire is extinguished, head(s) of department(s) where the fire had broken out should write a fire incident report and send it to the administration.

\* The engineer should assess the damage caused by the fire, make an estimate of the loss suffered by the hospital and send a report to the CEO.

### Alarm System:-

A hospital, more than any other institution, is exposed to emergencies and life-threatening situations - from medical emergencies like cardiac arrest, accidents, casualties - and disasters to dangers arising from fire and bomb threat.

\* It has to be all the more alert to these situations because nowhere else are such a large no. of helpless people concentrated in one place and are so utterly dependent on other people for their safety and health.

Built-in safeguards and preparedness are the essence of all safety programmes. The alarm system is one such programme.

⑩ alarm system

## 1) Fire alarm:

48

Every hospital must have a fire alarm system, which should be a part of the hospital's electrical system.

\* Whenever possible, it should be designed to transmit an alarm signal directly to the telephone operator so that she can contact the fire dept and notify the hospital personnel without any loss of time.

\* The fire alarm system can be automatic or it can be operated manually.

Smoke and fire detection devices are installed in the patient rooms and other high-risk areas in the heating and ventilating ducts between the floors.

\* These actuate the fire alarm system.

\* On activation, the system sounds alarms throughout the premises or zones, including distinctive visual and audible alarm signals at the respective nurses' station.

\* To indicate the location of fire, there is an indicator light outside every room.

\* This is activated when there is a fire in the room.

In the automatic system, smoke detectors not only actuate the fire alarm signals, but also close smoke doors and simultaneously shut off fans in the central air handling system.

\* If the fire alarm system is not automatic, then anyone noticing or hearing the fire signal should immediately inform the telephone operator who, in turn, will call the fire department, and notify the hospital personnel.

## 2). Medical Gas Alarm:

In the centralized medical gas system, oxygen and nitrogen oxide which are stored in bulk in the manifold room are distributed to other areas of the hospital such as the operating rooms, ICUs and patient rooms through pipelines.

\* Compressed air and vacuum (suction) are supplied through pipes to certain areas.

Two kinds of alarm are incorporated into the medical gas system.

\* One monitors the pressure of various gases at different areas of the distribution system.

\* If abnormal pressure is sensed, the system sets off an alarm - the green signal goes off and the red warning signal glows with audible alarm until the line pressure returns to normal.

\* The second alarm is called the remote signal lamp, which is generally only visible.

\* The lamp lights up when either of the banks of cylinders becomes empty.

The remote signal lamp is only a warning signal.

\* No immediate action is necessary because when one bank is empty, the other takes over and supplies the gas without interruption.

The alarm should be located in the medical gas use areas such as the operating rooms and patient floors as well as the main working area where the medical gas system is maintained.



\* However, these areas, especially the maintenance area, may not be manned all the time.

\* Secondary signals should therefore be installed in places like the telephone operator's room, security office and the like where a 24-hour attendance is assured.

### 3) Blood Bank Alarm:

Most hospitals use specially crafted refrigerators - a cold room or walk-in cooler is ideal - to store whole blood in the blood bank.

\* These refrigerators are set to a particular temperature to maintain blood in good condition and are provided with an alarm.

\* The alarm, which is both audible and visual, goes off whenever it senses high temperature or a drop in voltage.

\* If the blood bank or the laboratory of which it is a part is not manned round the clock, the alarm signals should be located both in the blood bank and in a place that has 24-hour attendance.

### 4) Narcotics Alarm:

Narcotics are stored in locked and be in the cabinets in nurses' stations as well as in the pharmacy.

\* There are restricted drugs, which are constantly stolen by persons addicted to them.

\* Some hospitals install a signal system that illuminates a light bulb that is visible from the nurses' station and the corridors whenever the narcotics cabinet door is opened.

### 5) Cold Room and Walk-in Cooler Alarm:

(57)

Many hospitals have walk-in coolers or cold rooms in their food service department and laboratory.

\* There have been instances of the staff of the food service dept getting accidentally locked up overnight inside the walk-in coolers.

\* There should be an alarm button that can be used in such an emergency with a distinguishable audible and visual alarm indicator in a prominent area where there is a 24-hour personnel coverage.

### 6) Voltage Fluctuation Alarm:

In any hospital where sensitive and expensive equipment worth crores of rupees is used, stabilized voltage is essential.

\* Motors are usually designed to withstand only a 10% fluctuation in voltage supply.

\* Beyond this limit, the motor will get damaged unless it is disconnected.

Low voltage poses the biggest threat to electrical system and equipment.

\* Diagnostic equipment often gives erroneous readings in low voltage conditions.

\* There are certain areas and sensitive equipment that do not tolerate excessive low or high voltage.

\* Such areas or equipment may be fitted with a simple voltage-sensitive alarm along with a voltmeter.

\* The alarm can be set at any desired point.

## 7) Elevator Alarm:

(52)

Many hospitals have more than one passenger and bed-cum-passenger elevators, which are in continuous operation.

\* Whenever there is an electric power failure, elevators with their passengers get stranded, often in between floors.

\* In order to rescue the stranded passengers, a panic or emergency push button is provided in each elevator.

\* When it is pressed, a battery-operated alarm installed in the electric room or the security room, which is manned round the clock, is actuated to alert people about the rescue operation.

\* Elevator operators or maintenance crew then manually winch down the elevator car from the machine room to the next floor to rescue the stranded passengers.

\* Modern elevators have a levelling feature that automatically takes the elevator car to the next floor level in case of power failure.

## 8) Security Alarm:

Certain sensitive areas of the hospital like the cashier's office, the psychiatric ward, bank extension counter and pharmacy which are prone to theft and burglary or where patients suddenly become violent need to summon immediate help from security personnel.

\* Some hospitals provide alarm systems in these areas.

\* The alarm may be of two kinds.

\* One is an automatic alarm like the one used in strong rooms of banks or jewellery shops, which goes off when someone tries to break in.

\* The other is similar to the one used by bank tellers.

\* The device is activated by the employee to summon security or police help.

9) Patient Emergency Alarm:

Various new features are now available that can be incorporated into the conventional nurse call system to meet emergency situations in the patient rooms.

\* If the nurse does not respond to the patient's call immediately, the system makes the light outside the patient's room and on the nurse call panel in the nurse station blink.

\* If there is <sup>still</sup> no response, the blinking of lights and the beep signals from the bleepers on the panel gradually keep increasing in frequency.

An additional feature that can also be fitted into the nurse call system is the panic button in the patient toilet that the patient can activate by using a pull cord in case of emergency.

10) Code Blue Alarm:

Code Blue is a term used in hospitals to announce or signal an emergency of a serious nature such as a cardiac arrest.

\* In some hospitals, in all patient rooms and other strategic locations, there are independent buttons - not a part of the nurse call system - named Code Blue which when activated emit distinguishable emergency alarm signals both at nurse's station and at the telephone operator's room.

\* While the nurse attends to the patient instantly,  
the telephone operator goes on the public address system  
announcing Code Blue three times giving the location of  
the emergency.

\* In such hospitals, there is a written procedure  
to deal with such situations and pre-appointed Code  
Blue team which respond to the call instantly.

\* The members of the team are trained to deal with  
medical emergencies including cardiac arrest.

