

# MANAGEYIA

INITIATE, IMPROVE, INNOVATE

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*Meet C.E. inside*

*Welcome to a  
journey of  
ecstasy*



**THE MONTHLY MAGAZINE FROM  
DEPARTMENT OF HOSPITAL  
ADMINISTRATION**



Friend, guide, mentor and many other names; thus are the ways we refer to the ones who nurture us, our teachers. On this, **TEACHERS' DAY**, the whole MANAGEYIA team congratulates all teachers for their untiring efforts to make us capable. Perhaps no other group of professionals have a greater influence on the human capital of a nation than teachers.

As the days of didactic teaching draws to an end, we can see more teachers involving students and turning to participative teaching in which the students are taken as partners. Partners are encouraged to ask questions and research. More emphasis is placed on acquiring skills rather than mug up the books. More teachers are recognizing that what is written in the books does not necessarily means the truth, but there is always more to be known, to be asked and to be probed.

The emphasis on this type of teaching is focus on case studies, group discussions and activities to make not pass outs, but professionals out of students. The focus is “not study, but learn.” A largely unknown fact is that medical educationists pioneered these method decades ago, but it has now been widely adopted by management education.

Management education is growing by leaps and bounds owing to this. Hospital administration education has been late in adopting this particular type of teaching, though its constituent fields have been applying these methods for long. A few institutes have started to wake up to the need of time and have started to apply these methods.

A major concern of technical and management education is that the students are going to step outside the institutes and join the workforce. If they are ill trained technically, they may become a major liability for the institute. In this period of constantly evolving environment, the teachers can always come up with innovative schemes to improve quality of education.

As it ends, I would like to mention that the students of Department of Hospital Administration organized a blood donation camp on the occasion of Independence Day last month. We have attached a report on the same in the magazine.

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The cover depicts Dr.Sarvepalli Radhakrishnan hailed as a philosopher, educationist and teacher par excellence who believed that teachers should be the best minds in the country as they act as cornerstone for shaping future of the youth and creating responsible citizens & good human beings

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GO TO COVER

# Essentials of Hospital Management

Prof(Dr) VK Tiwari Prof & HOD, Chest medicine, CRH,

The hospital being essential services institution is an important public welfare organization, which works round the clock, round the year [24x7x12]. The services are community oriented and the people, whether sick or non sick (Such as the patient's attendants or coming for vaccination and health check up etc) are the nodal persons, around whom the services revolve. The three broad divisions of the institution's activities are

1. Infrastructure
2. Human resource
3. Equipments

The planners and managers of the hospital should have a clear vision to develop the institution as a world class health care institution. The mission has to be defined "Cure with Care, Courtesy, Compassion and Competence". The values have also to be-

- \*High Quality Performance: Striving to continually maintain the expectation of every patient and customer in regard to service, effort and professional standards.
- \*Integrity: Positive and ethical behavior and communication in dealing with our patients, customers and employees.
- \*Skilled, Caring People: Recruiting and supporting highly skilled, caring people who demonstrate respect and concern for all persons.
- \*Innovation: Employing new techniques, processes and methods to enhance the delivery of care.

Hospital Planning, design and construc-

tion process have the following phase.

Phase 1. Project definition and planning: strategic plan, facility needs assessment,

Cure with Care, Courtesy, Compassion and Competence

concept design, total project cost.

Phase 2. Design, documentation and permitting: Design development, construction developments, building permit. [Key regulatory approval: (a) Land use approval by city or county authorities. (b) Office of the state wide health planning and development-GHSPD]

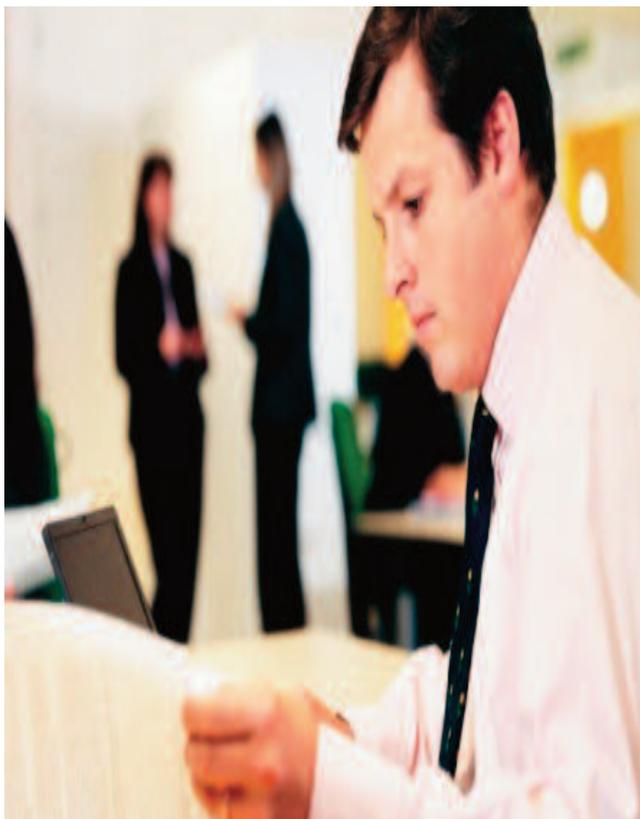
Phase 3. Bidding, licensing and evaluation: Beneficial occupancy, licensing, evaluation.

A good Infrastructure with attractive look and ambience sends a healthy message to the beneficiaries and motivate them to utilize the services of the health institution. The salient features of the infrastructure and the services offered should be displayed outside the hospital and on the

strategic places inside the campus including the main entry of the institution. The important features, which need to be emphasized, are

Whether uni-speciality or multi-speciality hospital / tertiary care hospital

No of total beds. This includes the number of beds in emergency /casualty department,



ICU's, dialysis unit and special wards / rooms and general wards

Location of hospital and distance from the railway station, bus stations, airport and kachery (court). If away from the main road, the distance from the main road or high way.

ISO certification by BSI management system if any

Area of the hospital, floor space and the number of blocks, the number of the storeys of the main block

No of specialities and super specialities.

No of Operation Theatres (OT)

Medical Record Sections / library.

Medical auditing and computerized Hospital Information system (HIS)

Free of cost services if any

Departments where 24x7 hours services are provided

Name of the corporate group, if the institution is a part of it or a franchise

Just outside the main entry of the hospital and also in the main lounge or waiting hall, the following informations, need to be displayed, that facilitate the people including the patients to know about the hospital as well as the department they need to visit.

Name of the specialities and super specialities floor wise with a guide map.

No of ICU's and the beds strength of ICU's (Medical, Surgical, Pediatric, OBG & other).

Location of Pharmacy and working hours. If it opens for 24 hrs, should also be mentioned.

Functionally equipped patient care rooms / wards.

Multichannel monitoring.

Mechanical ventilators, infusion pumps and other critical care facilities.

Ambulatory care and ambulance on call for transfer to and fro from other hospitals.

Periodic specialty camps organized at the hospital and outside.

Remote diagnosis through telemedicine /

tele radiodiagnosis services if any.

Computerized online medical records, investigations and image enable Hospital Information System-HIS

Advanced communication facilities availability such as paging, on call and Hospital public address system, CCTV & STD / local call facilities etc.

Other services like diet, in-house canteen, milk parlor departmental stores, optician, eye and hearing aids counter.

The objectives of the hospital also need to be mentioned distinctly such as

a. Quality services achieving patient's satisfaction and strive for continual quality improvement

b. Medical services incorporating latest advances in knowledge, skill and technology

c. Nursing care with Courtesy Compassion and Competence

Infrastructure – The hospital should have one or several blocks to accommodate the various clinical departments and for the other essential services such as

(a) Outpatient departments. It will be convenient for the patients and others coming for health check up / immunization if the outpatient departments are located in a single block, preferably ground floor and if floor area is less, the first and second floor can be utilized. The emergency unit and radiology should usually be located at ground level. There may be OPD of the departments along with the rooms for the faculty members, junior doctors, non medical staff, library, store, patients waiting space, receptionist, class room and other rooms such as procedure room, dressing room, plaster room, equipment room etc depending on the requirements.. Alternatively, the common OPD room of the department may be in the common OPD and separate accommodation either in the same

block or in other blocks where the department/ teaching/ research activities are being carried out smoothly. The building should have well functioned lifts for carrying the patients, attendents and hospital staff, especially in the multistoried buildings. .But the main hospital blocks should have the lifts, central ramp and stairs and additional stair cases in

all the major directions. The block having the OPD's and indoor must have a good ramp, through which the stretcher, wheel chair can pass along with the patients and can also be used by the patient's attendents, staff of the hospital to lessen the load on the lifts.

## VOLUNTARY BLOOD DONATION CAMP AT CRH: A REPORT STUDENTS OF DEPARTMENT OF HOSPITAL ADMINISTRATION, SMU

The requirement of the blood and blood products is quite high in India. However, the supply is awfully inadequate with respect to demand. The little supply that is available is mostly from replacement donors. This presents a very critical situation during conditions that need a massive supply of blood such as natural disasters, road traffic accidents, terrorist operations etc. The blood collected from replacement donors is also deemed less safe as compared to that donated by voluntary donors. Thus, NACO has advised voluntary blood donation to be the preferred type of donation and regularly advises promotion of voluntary blood donation activities and organizing voluntary blood donation camps.

The students of Masters in Hospital Administration, SMU, recognized this shortfall in



voluntary blood donation in India and took an initiative to promote voluntary blood donation in Sikkim, particularly in Central Referral Hospital, Tadong. We were however sad to know that voluntary blood donation in Central Referral Hospital, Tadong is very low as compared to demand. We then undertook to study the problem from its roots and improve voluntary blood donation in CRH applying management techniques and ensuring maximum utilization of available resources. We undertook to collaborate with Department of Transfusion Medicine, CRH and organize a blood donation camp on the occasion of 64th Independence Day.

We secured necessary permissions and undertook a massive publicity of the camp. We decided to utilize the tools of Information, Education and



Counseling (IEC) to motivate young people in and around Gangtok to come forward for voluntary blood donation. We undertook IEC campaigns in Sikkim Government College (Tadong), ICFAI University (Gangtok), Institute of Hotel Management (Tadong), Black Cat Division (Deorali), and Sikkim Police. We also took help of local newspaper, local FM radio station, and cable channel to promote the event. Taxi drivers were also involved in promotion of the event. In addition, students

and faculty of SMU were shown a short motivating advertisement during movie interval in SMU auditorium. On the day of the do-

nation, pamphlets were distributed among students and faculties after flag hosting ceremony in SMU.

On the day of camp, we streamlined the entire process of blood donation so that the donors would not be fatigued and they come for similar programmes in future. We tried to lessen the waiting time and went for a donor centric camp in which the requirements and safety of donors was given prime importance. The blood bank staff was also informed of the process in which the camp was going to be organized and critical contributions that they had to make was outlined.

It was heartening to see our ground work turn to success when more than 100 donors thronged the camp for donating their blood. We had to request some of them (mainly from SMU) to return as we had a large number of donors already waiting for donation. Pro VC and Dean, Controller of examinations, Medical Superintendent and various other dignitaries graced the occasion and motivated the donors with some of them coming for donation also. In the end, the camp was a

massive success with 76 donations which broke all previous records in CRH.

It was an experience to remember when the staff of blood bank



had tired limbs but happy faces. The donors also praised the camp and its method. With this camp, we are motivated to try for similar camps in future with the ultimate aim of eliminating the need of replacement donors completely in CRH. We wish to thank all the donors, students of BBA, SMU, Staff of Blood Bank, CRH and all staff and faculties of SMU for extending their wholehearted support in making this camp a grand success.



# MEET THE LEADERS

## BIO

Col. (Retd) S. K. Bhatt  
 Joined Indian army engineering  
 corps at 21 years of age.  
 Retired in 2008 in the rank of  
 colonel  
 served as CE of an infrastructure  
 company till April 2010  
 Joined SMU in August 2010 in the  
 capacity of CE



1. ***What are your roles, responsibilities and duties as chief engineer in a hospital?***  
 -Hospital is little different from other organizations. The prime role is to use the engineering knowledge for optimization the functional activity of hospital.
2. ***What are the constraints that you have to face in your job?***  
 -The main constraint is the geographic location. Gangtok is far from nearest main town and only connected by NH31A which is prone to closures. This prevents timely arrival of man and material which is needed for constant upkeep of this installation.  
 -The deficiency of trained and experienced manpower in this location in terms of technical fields in this isolated location creates further problems
3. ***How is engineering department and knowledge about hospital design essential for hospital administration?***  
 -Knowledge of hospital design is a prerequisite for providing prompt and timely engineer support for the upkeep of hospital building and biomedical equipment.  
 -Knowledge of design of hospital helps in finalising the type of equipment required for maintenance services and foreplanning of maintenance of infrastructure.
4. ***What leadership qualities are essential in the present scenario to overcome the challenges that you face?***  
 -To be effective here, one has to be innovative. At times, required quantity of store/equipment is not available or arrives much later than desired timeframe. One has to constantly innovate to plug the gaps in terms of time and resources to keep the hospital running.
5. ***Your message to MHA students.***  
 -Get involved in whatever you do.  
 -Challenges are like shadows. You can never get away, so, the best policy is to face them.



*Continued from part 1*

#### b. Medication therapy adherence clinics

Apart from serving the inpatient, the pharmacist in hospital also serve clinic populations on the specialized areas of herpetology, renal and liver transplantation, diabetes and asthma. Patients are seen at the pharmacist managed clinics know as medication therapy adherence clinic (MTAC) to ensure they are counseled on their medication, their side effects and educated with knowledge of their disease. The purpose of this service is to focus on monitoring and management of the therapy whilst providing continuous individualized counseling.

#### c. Total parenteral compounding and cytotoxic reconstitution

The aseptic unit provides a centralized area for compounding total parenteral nutrition bags, scheduled sterile IV medications and cytotoxic reconstitution. There is a level of competence and validation required before staff is permitted to work in the area and hence there is a significant training component for new staff. Pharmacists who work in these areas calculate the nutritional requirements for individual patients on TPN, calculates the dilution for cytotoxic medications, supervise the pharmacy technicians and perform the final checks for the compounding and/or reconstitution of these items.

#### d. Drug information services

This service provides information and advice on all aspects of drug therapy to healthcare

professionals and the community. Pharmacists at the centre answer the queries about therapeutic drug use. Common enquiry type includes question about adverse effects and drug interaction as well as information about newly marketed drugs. Pharmacists staffing the service have the clinical experience as well as access to resources such as the major medical databases (e.g. Medline, the micromedex and lexicom) of an extensive in-house library of textbooks, journals and other printed reference materials.

#### e. Therapeutic drug monitoring services

Drug with narrow therapeutic index are monitored to avoid any possible toxic effects. These include amikacin, gentamicin, netilmicin, vancomycin, phenytoin, digoxin, valproic acid and benzodiazepine.



#### Satellite pharmacy

The goal of the satellite pharmacy is to provide services in patients-care with the highest quality in mind.

Among the services that are carried out by the satellite pharmacy include patient counseling, in-patient and discharge medication dispensing and replenishing floor-stock and after office hour medication stocks.

**Manufacturing and pre-packaging services**  
This is an important unit that specialized in formulation and manufacturing of creams, lotions, and mixture in accordance with the good manufacturing practice (GMP). This unit also pre-packs drugs for both in-patients and out-patient pharmacies.

#### Procurement and supply services

Procurement and supplies of pharmaceuticals are carried out at the main drug store. It supplies drugs to the main pharmacy, opt-patient pharmacy and satellite pharmacies. This store also supplies intravenous fluids and dialysis solutions directly to the wards.

*Courtesy": Department of Pharmacy, CRH*

## TWO BLACKBOARD THEORY

Soumyakanta Mishra. Head HR and Operations. SMU

The preamble of service industry starts with the thumb rule of “Customer is the King”. There is a paradigm shift in the outlook of business to retain and acquire potential markets globally. Especially in service industry, there is cut throat competition amongst competitors on every minute variable which makes difference in quality deliverables.

The service industry like any industry has two major stake holders who need to be taken care of, the internal (employees) and external (Customer). The two stakeholders satisfaction is an interdependent variable whose upward movement on the matrix defines better level of Customer Satisfaction. The “Two Blackboard Therapy” is a simple and practical way of achieving the same. The therapy says, every department should put two boards one inside the department and one outside the department.

The Board inside the department is used for the purpose of enhancing participative management in the department. The



Head of the Department or any other staff writes one of the problems faced by customers in their department or they also put any operational difficulties they come across in the daily functioning. The other staff members of the department suggest the various options to solve the problem. The departmental weekly meeting evaluates the various options suggested and decides the most feasible solution. The employee who gives the right implementable solution gets the Star of the Week Award.

The board outside the department will be filled by the staff members in rotation with quotations on Customer Satisfaction. This encourages the employees to read articles on Customer Satisfaction and then bring them to the board. The customers also feel good when they look at such notes being put for them. Such practices create an image in the mind of the customers about the Customer concern that the company emphasizes on.

In today's era of automation, this “Two Blackboard System” can be automated through Customers kiosks and the internal can be circulated or displayed through any ERP system existing in the company. Today's Human Resource Departments must look at many such initiatives which enhance service levels, thus giving the company a Unique Selling Proposition in the competitive world.



# MANAGEYIA

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## HOW TO SURRENDER AN INSURANCE POLICY...??

Jitendra Kumar. Finance. SMU

**Do you have an Insurance policy.....???**  
**If your answer is 'NO' you are at risk because life is the most uncertain thing in this world.**

**Nobody can predict what is going to happen next moment, covering your life with an insurance policy can safe guard the life of your dependents in case of an uncertain event. After taking a policy, what if you feel that the benefits of the policy you have is not good or if you dont have money to continue with the policy premium.....???**

### **Surrendering a Policy**

**Is there any solution to come out of this situation.....???**

**The answer is Yes. ...!!! Most insurance companies are offering an option called Policy Surrender. This option allows you to discontinue the policy before the completion of the term. The amount you are receiving after surrendering a policy is called Surrender Value.**

**In other words Surrender Value is the sum of money an insurance company will pay to the policyholder in the event of his or her policy is voluntarily terminated before completion of term or the insured event occurs. This Surrender value is the savings component of most permanent life insurance policies, especially whole life insurance policies.**

**Surrender Value is also known as "cash value" and "policyholder's equity".**

**Surrender of policy is not recommended because the surrender value would always be less than the actual fund value.**

**Therefore retention of earlier policies and**

**continuation of all policies without allowing them to lapse is the best strategy for continuing life insurance protection.**

### **Things to remember when You Surrender a Policy**

- **Some policies got higher charges like Fund Management charges, Premium allocation Charges, Policy Administration charges, etc. Surrender your policy only if you find that these charges are high in your policy**



- **Pre-  
mium of insurance policy increases according to age. Before surrendering a policy make sure that you will not end up in paying more for the new policy since your age is increased.**

- **Always remember that surrender value would be less than the actual fund value.**
- **Surrender a policy only when you have a number a small insurance policies**
- **Before surrendering a policy, make sure that there is another investment option that will yield more returns.**



## Office talk Vs leisure talk

**Sunil Kumar Pandey, Lecturer, Department of Pharmacology, SMIMS**

If you have ever been in a typical Government Office or sometimes in private organisation too you must have noticed men & women love to be nothing out of the ordinary by categorising themselves into small groups. Men mostly talk about politics, monthly budgets and funds, annoying wife snags, entry and exit stories of girl friends, cricket & football world cups & many such unavoidable issues which not a soul is going to get the bottom of, but he himself. On the contrary, women brigade mostly talk about mother-in-laws if they have one, efforts in tackling home & office, their finished shopping list & adding on to their perfect would be shopping list & most often exchanging menus that can be of real help in the kitchen. Movies are mutual gossips for both men & women brigade.

Sometimes, folks claiming how less the work load is in their office, what hurdles one faced in completing a particular work, tax discussions, office troubles to be resolved, strategy for next day's work & so on during the party hours.

Should we call it an average human behaviour or its something to do with brain's psychological way to process fun or to get away with the boredom? However the root of one and all problem lies in

here...tomorrow never comes!!!

Its our convention that we deliberately try to ignore our work, always try to postpone our responsibilities, transfer the same on other's shoulders without the knowledge that our irresponsibility and insensibility might cost other people. If everything would have been on right time by right person & at the right place, we wouldn't have been waiting for our country to be called among the developed countries; we wouldn't have been waiting for some other country to help us in tackling terrorism going on in our very own country. We wouldn't have been waiting for few honest, dedicated, educated people to join the politics & run this country; we wouldn't have been waiting for our country to be a super power before we take our last breath.

Then, my question to all of you...isn't it apt to manage this situation with improved and more sustainable management strategies?

*Special thanks to my colleague Ms Deepanjana Dass for helping me in this article.*



## Be a Hospital Administrator: A step ahead

**Parnab Roy. 2nd year MHA. SMU**

*continued from part 1*

Hospital Administrator, a key person:-

They act as liaison between governing boards, medical staff, and department heads and incorporate the activities of all departments so that they function as a whole. Subsequent policies set by a governing board of trustees; administrators plan, organize, direct, control and coordinate medical and health services. Administrators engage, hire, and sometimes train doctors, nurses, interns, and

assistant administrators. Administrators plan budgets and set rates for health services. In research hospitals, administrators develop programs and services for scientific research and preventive medicine. In teaching hospitals, they assist in the education of new doctors. Administrators are sole responsible for planning departmental activities, evaluate doctors and other hospital employees, create and maintain policies, developing procedures for medical treatments, quality assurance, patient services, and public relations activities

such as active participation in fund-raising and community health planning.

Dedication at its best:-

Hospital administrators work long or irregular hours. Hospitals are open round the clock 24\*7 and administrators may be called in at any hour to make decisions and resolve disputes. Administrators also attend staff meetings, participate in health planning councils, go to fund-raising events, and travel to professional association conventions.

Demand of the Hospital Administrator in India:-

The technological advances are taking place rapidly, and there is an improvement in the quality of total health care which has resulted in a rapid fall in the crude death rate from 9.8% in 1991 to 9% at present. Life expectancy has doubled. The requirement of professional administrators in the hospitals is rising at a rapid pace .To cater to the

needs of health centers across India, various career institutes have, therefore, started offering hospital administration courses in India. There are more than two and half lacs various health care institutes that require hospital administrators in India.

To get a job:-

A hospital administrator's job is difficult and demanding. They need to keep up with advances in medicine, computerized diagnostic and treatment equipment, data processing technology, government regulations, health insurance changes, and financing option.



“While doctors make every effort to keep the heart beating, the hospital administrator is doing his job in keeping

the hospital alive and healthy.”



**HAPPY  
TEACHERS'  
DAY**