

# MANAGE**E**YIA

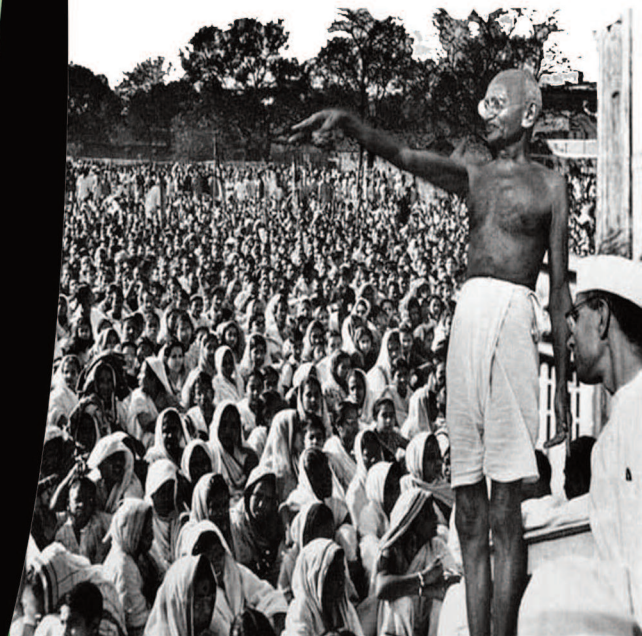
INITIATE, IMPROVE, INNOVATE

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MEET F.O. INSIDE

A MONTHLY  
MAGAZINE  
FROM  
DEPARTMENT  
OF  
HOSPITAL  
ADMINISTRATION



Welcome to a journey to ecstasy



Few people had so much profound influence in world history as much as father of our nation. By his simple activities having mass appeal, he became one with the nation. We, the MANAGEYIA TEAM dedicate this issue of ours to Mohandas Karamdas Gandhi, or more commonly, Bapu. His teachings continue to inspire us in all phases of our lives. We hope that in the coming future, we will be provided with the guiding light of his all throughout. His principles of Non violence, truth and faith on masses have stood the test of time and continue to guide world leaders even today. Even today, Bapu's teaching can bring about peace not only in India but all over the world.

We had lot of upheavals in the last few weeks. We have not completely resolved our technical problems. That is the reason of delay in the launch of the magazine. Also, major exams and assignments have kept us on the edge of our seats. We apologize for the delay and will look to eliminate the same in future. We have included students from first semester to increase the workforce and train them for future role as MANAGEYIA TEAM.

We would also like to mention that we have expanded our horizons to include SMIT. This issue features articles written by faculty of SMIT. We offer our sincere thanks and hope for the continual support in future. We would also welcome students from SMIT to come forward with their creations. That would increase student participation in the magazine. This magazine now ultimately reaches all the parts of SMU which is an achievement in itself. We thank all involved in the success of the magazine for their support and motivation. We thank our faculty under whose guidance the magazine has blossomed to present state.

With the Commonwealth games under way and India overcoming all jinxes to offer a spectacular welcome ceremony to the world and India bagging up medals like never before, we are all set to prove to the world our position to everyone. Never in future would we be disregarded as a developing country but instead be looked as a major power of world.

Wish you a HAPPY DUSSEHRA, and Best of luck TEAM INDIA.

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**Cover depicts Father of our Nation addressing a public gathering during struggle for India's Independence. He used Satyagraha and Non violence as his ultimate weapon to bring down the British Empire**





# FEATURES IN THIS ISSUE



**ESSENTIALS OF HOSPITAL MANAGEMENT**  
Prof(Dr) VK Tiwari Prof & HOD, Chest medicine, CRH

**4**

**HEALTH IN BITS**

Dr. Lakshmi Bai D. Asst. Professor. Department of MHA

**6**

**JOINING HANDS**

Deepika Tiwari. Asst. Professor. Dept of Management studies. SMIT

**7**

**MEET THE LEADERS**

INTERVIEW WITH FO

**8**

**THE TALES WITHIN**

NURSING SERVICES

**9**

**HOW TO SURRENDER AN INSURANCE POLICY**

Jitendra Kumar. SMIT

**10**

**OSTEOARTHRITIS INFORMATION**

Dr. Bidhan Chandra Sharma. Asst Professor. Department of BPT. SMU

**11**

**A TRIBUTE**

Students of 1st sem, MHA, SMU

**13**

**COVER PAGE**

Mail your contributions to [mhm.smu@gmail.com](mailto:mhm.smu@gmail.com)  
or ask us to collect : INTERCOM 450

# Essentials of Hospital Management

Prof(Dr) VK Tiwari Prof & HOD, Chest medicine, CRH,  
continued from part 1

## Facilities continued

**b.Help Desk/ reception** – It should be located in the waiting hall near the main entrance and a well experienced, well versed with the functioning of the hospital and who can speak English, Hindi and the local languages, should be available during the normal working hours and in the busy hospitals round the clock. If needed, a public address



system providing the general informations about the hospital, health education and services offered by the hospital is found to be of extreme usefulness.

**c.Waiting Lounge** – A waiting hall with good number of good quality waiting / resting chairs, tables, television, public address system, drinking water and litter bins is an important part of OPD as well as indoors. The size of the waiting room / hall depends on the OPD attendance and inpatient's occupancy.

**d.Medical Record Department:** It is a first contact point between the patients and hospital staff. In a large hospital, it can work for 24 hrs but in smaller hospital with less staff, it can work during the working hours. The important segments are

1. New registration (Computerized in large hospital)
2. Repeat/ old registration (Computerized in a large hospitals)

3. Routine and emergency admission and discharge section

4. Cash collection service for the investigations/ tests, special ward, service charges, diet, accommodation and other miscellaneous charges, billing etc.

5 Transcription: Transcriptionist does the job of swiftly transcribing medical records written by the doctors including diagnosis, clinical examination, investigations, past and present history of sickness of patient, operation/ procedure notes, Lab reports, X ray reports, discharge notes etc.

6 Hospital Information System (HIS) It provides complete Information related to the patients (OP and IP both). The large and busy hospital should have computerized Hospital Information System that can display all the hospital activities / services, revenue collection, patients' attendance etc, at one click.

**e. Emergency** – A well equipped emergency along with fowler's beds, wheel chairs, stretchers (fixed on trolley and portable), oxygen concentrators / cylinders, monitors, defibrillators, suction apparatus, ICT / aspiration facilities and minor OT are the essential requisites. The doctors, nurses, technicians, attenders and cleaners are needed round the clock.

24 hrs Emergency Medical Services. It should have

1. 24 hours trauma care, medical, surgical, pediatric and OBG care services.
2. Doctors on duty, first on call and consultants on call should be available 24 hours.
3. A duty list board mentioning the name of the doctors and technicians on call duty should be displayed. The doctors and nurse on duty should have the names of the doctors and technicians on call along with their phone

numbers and their residential addresses. The phone numbers of police stations, thana, SP, DySP, concerned CO, Distt Magistrate (Collector), ADM, City Magistrate, Tehsildar/ Talukedar, CJM, chief Medical Officer. Health Administrators, Govt. Hospitals, Nursing Homes must be available.

4. Standard Operating Procedures (SOP's), policies and protocols for the management of emergencies and medico-legal / police cases and other legalities should be available.

**f. Ambulance** – A well equipped and well functioning ambulance with Oxygen cylinder, I V infusion facility, ventilator, monitor, defibrillator, suction apparatus and other critical care resuscitation equipments and medicines should be available and should be parked outside or near the emergency. If feasible, depending on the nature of emergency, a trained doctor, male nurse or paramedical personnel should accompany the patient. The air conditioned ambulance is more comfortable during the summer with heat waves, for the long distances.

**g. Distribution of Beds:** The beds available in the various units/ wards speciality wise should be displayed such as Medical, Surgical, Pediatric, Orthopedics, ENT, OBG, Ophthalmology, Chest Medicine, Psychiatry, Isolation, Burn, Dermatology, Dialysis, ICU, Medical (MICU), Surgical (SICU), Pediatric (PICU), Neonatal (NICU), OBG ICU, Cardiac (CICU) etc. and super specialty wards if exists such as Cardiology, Neurology, Nephrology, Hepatology, Endocrinology, Gastroenterology, cardiothoracic Surgery, Pediatric Surgery, Neuro Surgery, Plastic Surgery, Oncology, Rheumatology and others.

Each unit/ ward should have the well functioning beds with the side grill, head and leg raising facilities, oxygen cylinders- normal

size / jumbo (in ICU), oxygen concentrators, monitors, I V line, suction equipment, fluid warmer, wheel chair, stretcher and other equipments / instruments. ICU's should be air conditioned and all the critical care necessities are essentially required. The windows should have grills and the fly proof mesh is mounted on doors and windows.

**h. Blood Bank:** is an essential and sensitive part of hospital. It should be adequately spaced, staffed, and well equipped with specific equipments such as blood collection monitor, tube sealer, bacteriology incubators, refrigerators, Elisa washer/ reader, autoclave, hot air oven, shaker, weighing scale, platelets incubator, cryo bath, weighing scale, programme deep freezer, biohazard clean air system, oxygen cylinder, , various kits and other equipments / furniture's.. The license from the licensing authority- Drugs and Cosmetic Cell, Department of Health authorities and timely renewal are required. Blood Bank should have the sufficient capacity for the storage of the blood, depending on the work load. If needed, the blood component separator / freeze and other related equipments are also installed depending on the requirements of the hospital and other nearby hospitals.

**i. Laboratories** – The central laboratory should have the independent units of the microbiology, pathology, and hematology, biochemistry laboratories which should work during the normal working hours and should receive the samples of the casualty / critical patients 24 hours. The accreditation of the laboratory by the competent authorities, if eligible should be obtained and displayed. The essential equipments required for routine blood, urine, stool, sputum and body fluid examinations, histopathological examination and others must be available and functional. The



bigger hospitals can have the specimen collection centre in or near OPD and processing/examination can be carried out in the departments else where.

**j. Radiology.** The department should have (1)The X- ray machines- Static and portable (for wards), including day light fluoroscopy,

dental X ray machines, digital X ray if required.

(2)CT especially dual slice spiral CT Scan

(3)Ultrasound Scanner

(4)C Arm Image Intensifiers.

(5)MRI if the load of the hospital justifies

*TO BE CONTINUED*

## HEALTH IN BITS

**Dr. Lakshmi Bai D. Asst. Professor. Department of Hospital Management. SMU**

***“No more misplaced medical records. A smart card with an embedded chip will soon replace all medical reports”***

**T**he Health Smart Card is a credit

card-sized plastic smart card embedded with a computer chip that contains the personal, medical and insurance information needed most in a medical setting.

•It's the size of a credit card, but the embedded chip stores patient's basic data and details about last admission and unique patient number embossed on it

•As most therapeutic and diagnostic equipment are computer based, the information they generate is directly sent to the patient's electronic file with a centralized server where the database of health records is maintained.

•Smart card connects to web based patient data system and stores all patient details including x-rays, MRIs and CT scans, previous lab reports, angiograms, discharge summaries, operation notes, medication, etc

•The card is linked to the Record Management and Hospital Management software for enabling ready retrieval of required records reducing patient wait time

•Since the cards have up-to-date critical health information stored in them, doctors will have access to all the information they need during emergencies.

•The Health Smart Card is read in the reader, displayed on the monitor, printed on paper and placed in the patient's medical chart.

• The cards can be read by Smart Card readers in participating emergency response vehicles, hospital emergency rooms, physician offices, clinics, and pharmacies.

•Participants carry the card with them at all times, giving medical personnel immediate access to their concise medical history, current medications, allergies,

the names and telephone numbers of family or friends, and other information necessary for medical treatment decisions.

•Usage of the card will also send an automated notification to registered emergency contacts of the patient ensuring that their family is part of critical decision-making process of the emergency care management.



- The information can be sent to the mobile phone of the emergency contact by sending an SMS to the customer care number.
- To encourage regular follow ups and post hospital care automated messages or SMSes are sent to patients as well as care giver on mobiles and email.

- With aid of information system when automated, it will work like an automated nurse, ensuring pre and post hospital care. Hospital Medical record department now no need to carry bulky medical files in Hospital. Use Smart Health record card!!!



## JOINING HANDS

**Deepika Tiwari. Asst. Professor. Dept of Management Studies. SMIT**

**P**eople are the most important re-

source for any organization. Their commitment, satisfaction, loyalty, contribution, motivation and most importantly their involvement can carry any business organization to the greatest heights of success. Similarly for the smooth & effective functioning of hospitals we need to emphasize on the importance and welfare of employees.

Besides several aspects which do talk about employees' satisfaction, emphasis should be stressed upon the significance of Employee Involvement. This means to create an environment in which people have an impact on decisions and actions that affect their jobs.

Employee involvement is neither a tool nor a technique as being practiced by Managers in many organizations. Rather, it is a management and leadership philosophy which talks about how people can be enabled to contribute to continuous improvement and the ongoing success of their work organization. Undoubtedly, this involvement will increase the own-

ership and commitment among employees, help in retaining the best of them, and will surely foster an environment in which people choose to be motivated and enjoy contributing.

### Employee Involvement Model

For people and organizations who desire a model to apply, the best perhaps was developed by Tannenbaum and Schmidt (1958) and Sadler (1970). The model provides a continuum for leadership and involvement that increases the role for employees and decreases the role for supervisors in the decision process. The continuum includes this progression:

**Tell:** Manager makes the decision and announces it to staff. The supervisor provides complete direction.

**Sell:** Manager makes the decision and then attempts to gain commitment from staff by "selling" the positive aspects of the decision. This is a kind of manipulative strategy used by Managers to mislead their employees.

**Consult:** Manager invites input into a decision while retaining authority to make the final decision itself.



**CONTINUED ON PAGE 10**



# MEET THE LEADERS

## BIO

Mr. K.C. Panda.  
B.Com(1989)LLB(1993) ICWA(1994)

M/s Shree Leathers Pvt. Ltd. as  
Accountant and Cashier-1year  
Deoki Bijay and Co. as CA- 1 year

Associated with MANIPAL GROUP for  
last 13 years

Presently holding the office as  
Finance Officer of SMU



### 1. *What are your roles, responsibilities and duties as Finance Officer?*

Finance is the life blood of any organization.

My prime roles and responsibility includes-

- Ensure that the funds and resources of the University are used economically, efficiently and effectively.
- Ensure that all statutory and regulatory compliances have been complied with at the time of use of funds.
- Play Advisory Role to higher management for informed decision making.

### 2. *What difficulties do you face while discharging your duties?*

Challenges:

- To maintain the balance between the control on rising cost and growth of the organization.
- To maintain the sanctity of University as a non-commercial entity, the students may be required to pay more fees. At the same time, expansion needs to be kept moving to stand in the market.

### 3. *What skill is required in present scenario to overcome these challenges?*

Assertiveness- to put forth my views and fact before the person concerned.

Skill of Jet Pilots- To quickly identify and take remedial action.

Skill to handle difficult situations.

### 4. *How can knowledge of Financial Management help Hospital Administration students?*

Everyone in the society is a finance manager as everybody needs to handle money. So, knowledge about finance is important and for those who wish to grow it, then same knowledge becomes necessity.

As future Hospital Administrator, knowledge of financial management will widen your horizon, which will help you analyze the financial implications of many activities that comes your way as HA.

### 5. *Your message to MHA students.*

"It is a noble profession, passion must be attached to the profession, only then you would be successful, try and be like those who care for others"



**N**ursing services is of paramount importance in successful running of a hospital. Nurses form a very important group, the largest single technical group of personnel engaged in patient care in the hospital next to the doctors, consuming approximately one-third of hospital costs. The organization of nursing care constitutes a subsystem for the achievement of overall objectives of a hospital. Nursing care of the patient generally takes three forms:

1. Technical
2. Educational
3. Trusting relationship

The problem common to all hospitals is the development of a method to determine the nursing needs of the patients in an effective manner. Empirically there are three methods of determining the number and types of nurses:

- Calculating staff needs based on the number of beds in the hospitals
- Estimating the number of the staff according to the degree of dependency of the patients as determined on a scale
- Correct nursing practices in different hospitals are observed and recorded and staff re-



quirements are determined accordingly.

## FACTORS WHICH INFLUENCE THE NUMBER OF NURSES

- Type of service

- Acuteness of illness
- Experience of nurses
- Amount and quality of supervision
- Availability of nursing aides
- Teaching function (in teaching hospitals)
- Plan of wards
  - Physical facilities
    - Location of equipment and supplies
    - Working hours and shifts
    - Hospital routine
    - Assignment method
    - Standard of care desired

Nursing staff for wards, special units and OPD as recommended by Indian Nursing Council

PARTICULARS	NURSING STAFF	STAFF NURSE
General Medicine & Surgical wards	1:25 beds	1:3 beds
ICU/CCU/special units	1 each shift	1:1 bed (each shift)
Labor room	1 each shift	4 in each shift
OT	1 each shift	3 for 24hrs per table in each shift
OPD	1 overall 1 Gynae OPD	1 in each clinic of the department
Casualty & Emergency department	1 in each shift	2-3 depending on number of admission

## CONTINUED FROM PAGE 7

**Join:** the Manager invites employees to make the decision with the supervisor. The supervisor considers its voice equal in the decision process. This infact is known to be the incomparable style to be practiced by Managers in Organizations for involving employees to their fullest.

Apart from this, for enhancing employee involvement, certain training programmes can also be scheduled focusing on different aspects of team building strategies, flawless communication across all channels, developing problem solving attitude, sharing of gains achieved through involvement and last but not the least the development of reward and recognition system.



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

**Jitendra Kumar. SMIT**

## PART 2

**G**enerally people consider insurance as an investment than (mainly ULIPs) a risk

Have a good look at the value of the insurance before you surrender it. Surrender also has tax consequences that you don't have if it is paid after the end of the policy term.



cover. Honestly speaking insurance is not a good tool for investment, it carries a lot of hidden charge. It is always better to invest in Mutual Fund or any other investment vehicle by taking a Term Insurance policy.

Term insurance plan will give you life cover for a bigger amount with comparatively lower premium. If you're trying to get all your financial dealings in order and find that you have quite a few smaller insurance policies but don't need them all, you can consider cashing it. It is one place to get money quickly without unnecessary hassle.

- **Contact the life insurance company directly or through Customer Service Department**

Whenever you want to surrender an Insurance Policy, Contact the life insurance agent from whom you bought the policy. If that agent is not available, contact the insurance company's Customer Service Department. Call the company on the phone or write to them for Surrender forms. If you have a local office nearby, it's best to go there and meet the concerned person.



- **Speak to the Concerned person regarding the Surrender**

It is better speaking to someone personally rather than writing to them. This may help you clarify all your doubts regarding surrender. Speak to a representative regarding borrowing from the policy.

- **Fill out the forms and Return it to the Company**

Make sure you fill in the form properly along with correct policy number. A mistake may delay the surrendering process significantly resulting in delay of issuance of check also. Make copies of everything, including the policy document, which should state the policy number, the sum assured and the insured.

- **Return your original life insurance contract**

Once if the form is filled and other obligations are over, submit your original life insurance contract to the company. If you can't find the original policy document use duplicate policy document issued to you. Mail it to the company or give it to a local agent for surrender.

- **Wait for the cheque**

Once finished with all these procedures, you are ready to receive cheque from the company. Larger companies have websites where you can track the surrender of your policy. Sometimes, if it takes longer than they promised, a call to the service center will help you to find out the reason for delay.



## OSTEOARTHRITIS INFORMATION

**Dr. Bidhan Chandra Sharma. Asst Professor. Department of BPT. SMU**

**I**f we thought diabetes was the most prevalent ailment affecting Indians, we could be wrong. While much has been said about the high incidence of diabetes, HIV and cancer in India, a recent study suggests that osteoarthritis beats them all to claim the No. 1 spot among ailments in the country.

### What Is Osteoarthritis?

Osteoarthritis is the most common type of arthritis, especially among older people. Sometimes it is called degenerative joint disease or osteoarthrosis. Osteoarthritis is a joint disease that mostly affects the cartilage. Cartilage is the slippery tissue that covers the ends of bones in a joint. Healthy cartilage allows bones to glide over

one another. It also absorbs energy from the shock of physical movement. In osteoarthritis, the surface layer of cartilage breaks down and wears away. This allows bones under the cartilage to rub together, causing pain, swelling, and loss of motion of the joint. Over time, the joint may lose its normal shape. Also, bone spurs—small growths called osteophytes—may grow on the edges of the joint. Bits of bone or cartilage can break off and float inside the joint space. This causes more pain and damage.

People with osteoarthritis usually have joint pain and limited movement. Unlike some other forms of arthritis, osteoarthritis affects only joints and not internal organs.

### Who Has Osteoarthritis?

The high incidence of osteoarthritis in India is

the result of its prevalence among women who fall victim to it. Menopausal women are especially prone to it. The disease is, however, not restricted to women, although diabetes and hypertension remain the most prevalent ailments among men. Before age 45, more men than women have osteoarthritis, whereas after age 45, it is more common in women.

Shockingly, the study — conducted by TNS and called TNS Arogya — found that in the age group 25-35 years, osteoarthritis figures as the second most prevalent disease after diabetes.

There are many reasons for the high prevalence of osteoarthritis in India. Genetic is the strongest reason which makes us more pre-disposed to it. Several other factors like the popular squatting position in India, rising obesity, sedentary lifestyle and poor diet are responsible for its high incidence.

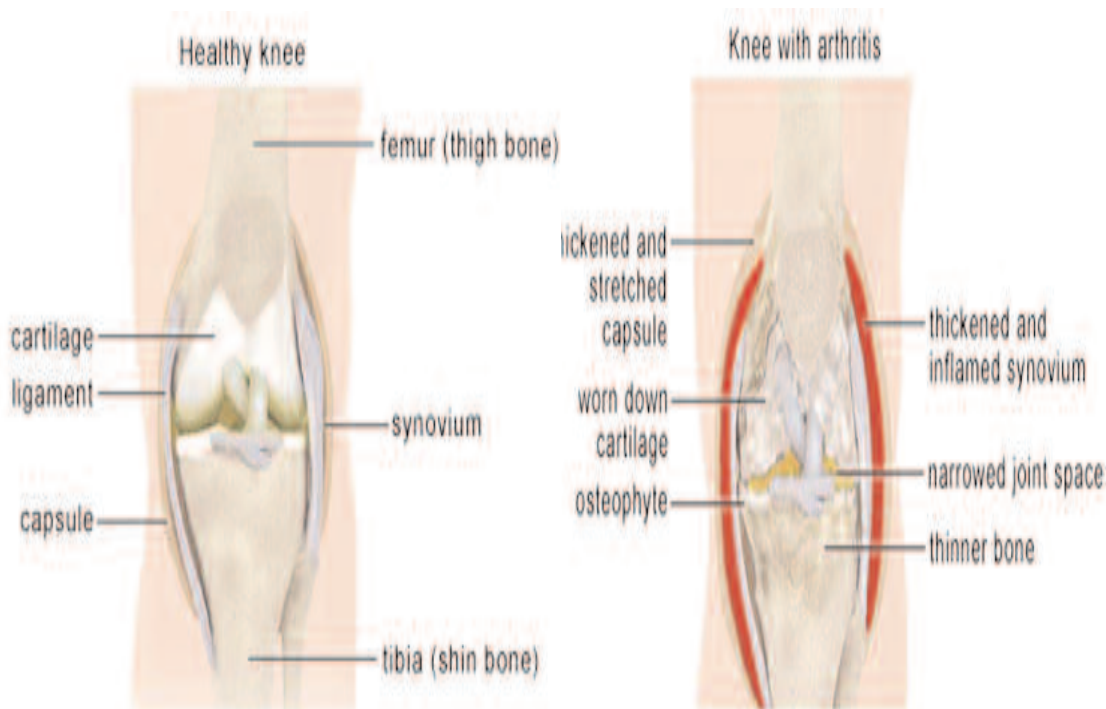
Doctors claim that not only is there a lack of awareness about the disease, it is also often confused with osteoporosis. Says Dr S K S Marya, director, orthopaedics, Max Healthcare: "Osteoporosis and osteoarthritis are both common in India. But they are two different diseases. In many people, both are seen together. While osteoporosis affects the bones,

osteoarthritis impacts the joints. The poor musculature of Indians and rising obesity are primarily responsible for the high numbers hit by osteoarthritis."

There are two kinds of osteoarthritis — primary and secondary. While primary osteoarthritis is a result of old age, secondary osteoarthritis is a result of a disease or an injury which, in turn, leads to it.

### FACTORS that Increase the Risk of Knee Osteoarthritis

- Aging
- Obesity
- Genetic susceptibility
- Injury to the knee joint
- Lack of Exercise / Sedentary Lifestyle
- Muscle Weakness - weak quadriceps (muscles of



the thigh that attach to the knee)

- Chronic Overuse / Overloading of knee joint (repetitive movements such as squatting/kneeling combined with heavy lifting or high impact activities such as running/jogging)
- Skewed feet
- Inappropriate footwear (high heels)





## A TRIBUTE

1st Semester students, MHA, SMU

Nobody requires an introduction to Mohandas Karamchand Gandhi – one of the most important figures of Indian's independence movement. One of the world's greatest leaders, Mahatma Gandhi was best known for his philosophies such as civil disobedience and total non-violence. He had a key role to play in India's independence and historians believe that it were not for his effort, Independence would have eluded the nation for some more time. In India, he was fondly referred to as 'Bapu', meaning the father of the nation. The fact that several Mahatma Gandhi facts continue to elude the layman's mind comes as a surprise considering that he was one of the most influential people in history of India.

After the 2nd World War Indian leaders and Britishers sat for discussion about India's freedom and future. But congress and Muslims were never united, Gandhiji opposed this proposal of England but congress broke for Gandhiji and supported the proposal. Mahatma Gandhi had a major role in bringing freedom for India, but he did not seem much happy with independent India, because it divided Hindu-Muslim unity and the country, as Hindustan and Pakistan.

Born on 2nd October 1869 in Porbandar, Gujarat. From childhood he had shown all his great qualities. At the age of 13, he mar-

ried to Kasturba and had four sons. He had done his degree in law from the University of London. During one year job in South Africa, he had not only come to know the racism but also was treated badly. There he used Satyagraha for the first time and non-violence was his ultimate weapon.

Back in India he took active participation in the activities of Indian National Congress and launched non cooperation movement and civil disobedience campaign against the British. He introduced Khadi which generated employment and gave identity to Indian craft. He fought for Dalits, non-touchability, Hindu Muslim unity. He gave new name as Harijan to Dalit which means people of god. He also started the historic Dandi march against tax import on salt.

In January 1948 after India's independence, he was shot down by Nathuram Godse. With love and affection from all over the country, he was known as Mahatma. Mahatma Gandhi believes in the principles of truth and non-violence as the key points to lead a moral and peaceful life. According to him a person should have simple living and high thinking and service to mankind is service to god. He compiled his life and experiences in his autobiography "My Experiments with Truth".



We heartily thank our Faculty of Department of MHA, SMU for their continual guidance throughout the organization of voluntary blood donation camp on Independence day and we express our sincere gratitude to Faculty of Management Studies, SMIT for their extended support and cooperation in making this camp a success.