5.1 AN OVER VIEW

In Ancient India:

Primitive Medicine can be divided into three categories

a. Between 600 BC and conquer of Aryans to India up to 1500 BC
b. Between 4000 BC to 700 BC Vedic Period
c. Between 800 BC 200AB after Vedic period

The division of time has been quoted from different ancient and archeological data available hence it may not be fully acceptable. Hence many diseases before Vedic Period were attributed due to action of various devils, Curse of Gods or any witchcraft therefore the treatment during that time was confined to different religious procedures and counter witchcraft activities.

Rig Veda the oldest amongst four Vedas described simultaneously emphasizes more about philosophy and spiritual aspects and very little about medicine. Atharva Veda described during 700 BC reflects more important aspects of medicine which subsequently came out to be Ayurveda. Gradually the concept of disease is changed from bed evils and the treatment was derived from animal and plant origin. After post Vedic period Atreya- Dhanvantari Shushruta and Charaka great philosophers of medicine gave logical thinking of diseases and the remedial measures.

As per Hindu philosophy lord Brahma had created the universe and he narrated the Ayurveda into eight divisions of which Kayachikista (Medicine) and Shalyatntra were main group. Lord brahma transformed the Knowledge to Dakshya Prajapati who further trained this skill to son of Sur God Aswini Kumar Who further taught of Indra.

Many Arabians and travelers from western countries mentioned in their book that is important cities of India had medical institutions during 600 AD.
It is believed that Lord Indra transmitted the Ayurveda Principles of Medicines “science of life” to all saints out of which Bhardwaj was the first disciple. He taught this art of medicine to Atreya who became renowned practitioners in taxila around 700-600BC. The famous hospitals in India during that time were built by the empire Ashoka. Other known practitioners during that time were chakra and sushrutha. The Indian system of medicine was introduced in the university of taxila and Nalanda. Which are contributing factors for development of Arabic Medicine. The charaka Sutrasthanaam first time described various specifications of hospital building codes including labour room and children words, the professional skill and education required for nurses and other paramedical staffs who were performing duties in hospitals were specified. Various equipments, instruments and other allied materials required for hospitals were also described. These were evidenced in much south Indian old hospital which was mentioned in the chola and Molakapurum edicts. Many Arabians and travellers from western countries mentioned their books that important cities of India had medical institutions during 600AD.

In Medieval India:

Joggi(2000) noted that the Arabs developed medieval hospitals out of which the first known modern hospital then was at Baghdad during beginning of 9th century. The large hospital was known Adudi hospital where all skilled staff were providing curative treatment and was central referral centre for medical students from various for regions. A Hospital later developed by king Nur in Damascus which was imparting superior hospital services and teaching curriculum for next four centuries. During Islamic era other two important hospital were mansari hospital at Cairo and at Marrakesh Islamic system of medicine had major role to provide efficient hospital services in all these female hospitals. But then, history proved that there was a decline of Indian medicine in the medieval period due to the invasion of foreigners. The zeal of the native vaidyas for the investigation of the Indian flora slackened for want of encouragement. The invaders bought with them their own physicians called hakims. Nowsheravi (1983) reported that there were different kinds of hospitals during Islamic medieval period:

1. First aid stations: They were usually established near the mosques and the doctors assigned to them were required to attend to accidents and treat those who were sick in large congregations.

2. Mobile clinics: Caliph al Muktaadir Billah by special degree ordered the establishment of moving hospitals for the proper medical care of people living in the villages and he
ordered that every people living in the mobile unit should frequently visit each village
remain there for some days before moving on to the next one.

3. City hospitals: Each city should have a hospital according to its size and the population.

4. Military hospitals: There were both field hospitals which were carried from one place to
another on the camel’s back and base hospitals.

5. Mental hospitals: Apart from some wards in city general hospitals for the weak minded
and insane, there were separate mental hospitals for such patients.

6. Prison Hospitals : Doctors were appointed to treat the sick inmates of prisons.

7. Female hospitals: There were female wards in every general hospital, and in some
countries there were hospitals meant only for females with female staff. Islamic system
of medicine had major role to provide efficient hospital services in all these female
hospitals.

In Modern India:

The first doctor arrived in India along with the British, East India Company felt as Ships
surgeon quoted from history of western medicine in India during sixteen century. Barw (1999)
mentioned that after establishment of European colonies the allopathic system of medicine
progressed well and there were lot of changes in hospital building codes and first hospital was
established in Goa and later in Madras during 1664 and subsequently in Bombay 1676 and much
later in 1707 at Calcutta and in Delhi in 1874 (Baru, 1999). The British Medical Journal (1886)
reported that in the Madras Presidency, there were 299 native hospitals under the care of 36
commissioned medical officers, 111 apothecaries, 105 hospital assistants, 143 pensioned and
private medical practioners and 4 medical missionaries. Moreover, in the 17th century, Sir
Thomas Roe introduced modern medicine in the court of Jahangir, the Moghul emperor. When
other princely states also evinced interest, European doctors started becoming popular. Many
doctors, after discharge from the services of the East India Company, settled down in India as
private practitioners. Quite a few also got employment in the courts of princely states. When
European doctors felt the need for assistants, they trained some local inhabitants as
compounders and dressers. After some training and experience they were termed ‘native
doctors’. The modern medicine gradually developed during 1700-1800 steadily and the
indigenous system of medicine gradually neglected.
In Contemporary India:

Hospitals in contemporary India mushroom in big numbers. The Christian Missionaries played a major role right from 18th Century. Baru (1999) noted that To start with the London missionary society worked in collaboration with Madras presidency later part of 18th century the Madras presidency. Some of the other major groups included the English Baptist Missionary Society and the Arcot Mission which was founded by the Scudders who later established the Christian Medical College at Vellore. During the mid-19th century, the American Baptist Mission and the American Presbyterian Mission started medical relief work such as John Steele in Madurai. The records of

Christian Medical Association (1997) reported that there was a sharp decline in the number of hospitals from 246 in 1937 to 131 in 1947. But then, the decline was barely restored by a marginal growth of institutions from 249 from 1947-96. The reason was the inadequate financing of the institutions. A policy document of Catholic Hospital Association (CHAI) states that at the time of Independence there were approximately 400 institutions in its network and by 1988 there were 2500 institutions. These were mainly small hospitals, health centers and dispensaries located in rural areas. The CHAI data on their member reveals that there are 459 hospitals with bed strength of 23, 323 and 1300 dispensaries with a bed strength of 2,394. The voluntary non-profit health centers lose experts as they are not able to pay huge salaries which are usually done by the private profitable hospitals. While this was the case in private profit and non-profit health care system in India, During first five year plan health of the citizen was given utmost preference and being measured in relation to productive man days in relation to total national population the efficiency of industries and agricultural sectors, directly related to health of workers. (Government of India, 2013). And still the 12th five year plan states that affordability of health care system is far reaching goal in India, as it states, Due to lack of Adequately funded tertiary health care services, afford ability of these services from private hospital for large population was serious challenges.

There is a long way to go in the health care system in India as the needs are still more (Planning Commission, 2013).
5.2 Meaning of Health:

Health is fundamental to national progress. It has now been proved beyond doubt that health programme contribute directly to socio-economic growth of the nation. Health conditions in the country have improved considerably an account of sustained efforts towards the promotion of health care. There has been progressive increase in the outlay of health plane since 1950-51.

Health is defined as “a condition under which as individual is able to mobilize all his resources intellectual, emotional & physical for optimum living.”

The World Health Organization defined health as “a State of Complete physical mental social & spiritual well being and not merely an absence of disease or infirmity.” The good health is a synthesis of physical, mental & social well being.

Health for all by 2000 A.D.

An international conference on “Primary Health Care” was held in Alma Ata on Sept., 1978.

Recommendations made during international conference:-

1) Interrelationships between health a development.

2) Participation of people and primary health Care

3) The rolls of national administration in Primary Health Care.

4) Co-ordination of health & health related sectors.

5) Main focus in primary healthcare

6) wholestic approach for primary health Care

7) Achievement of primary health Care combination with national health programme.

8) Specific requirement for high risk groups

9) Role of multipurpose health workers

10) Health training need

11) Extra monetary benefit for health workers in rural and remote areas.

12) Appropriate technology for health.

13) Logistic support a facilities for primary health care.

14) Common useful medicines.
15) Health management programme.
16) Operational Health Management.
17) Resource for primary health care.
18) National commitment to primary health care.
19) National strategies for primary health care.
20) Technical Co-operation in primary health care.
21) International support for primary health care.

In 1978 international health conference at ALMA ATA declared jointly to achieve health for all by 2000 through primary health care with aim to improve life expectancy and to improve quality of life for all the citizen. During 21st century new challenges like global environment and rapid change in new technologies which may change to improve health care system to achieve health for all. All the agencies of health care delivery system should aim to achieve health for all by developing health of people and later sustain by strengthening resources health care system.

The international health organization, central and state government should change health policy for accountable improvement of health need of the people. This is possible for positive leadership community participation and adequate resource allocation, to improve health care delivery system SWOT analysis stored be done to identify the areas need more attention, allocation of resources on priority basis, execute monitoring system, so that progressively it can be improved including thoughts of partnership wherever needed.

5.3 Definition of Hospital

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 hospital by the Central/State Government/Local body or licensed by the appropriate authority.”

The World Health Organization (1997) defines “The modern hospital is an integral part of social and medical organization, the function of which is to provide for the population complete healthcare both curative and preventive and whose out-patient services reach out to the family in its home environment. The hospital is also a centre for training of health workers and for bio – social research.”
On the basis of the above definitions Goyal (1993) evolved a comprehensive definition, “A modern hospital is an institution which possessed adequate accommodation and well-qualified and experienced personnel to provide services of curative, restorative and preventive character of the highest quality possible to all people regardless of race, colour creed or economic status, which conducts educational and training programmes for the personnel particularly required for efficient medical care and hospital service, which conducts research assisting the advancement of medical science and hospital services and which conducts programmes on health education.”

Over the years, India has experienced a significant increase in the number of hospital beds to meet the growing health demands of its population. Hospitals as organizations face a number of challenges as they are exposed to greater risk compared to other industry, primarily because of the complexity of its operation, ensuring appropriate quality of care, humanitarian issues and various ethical dimensions facing health care (Government of India, 2003). Hospital is an economic institution with a significant social role in the community. It is not possible to discuss problems in medical and health care intelligently without reference to hospitals in terms of what they are, what they do, and how they do it. Hospitals in India have been organized on the British lines with strict hierarchical structure.

Due to rapid development and expansion of health services role of qualified and skilled hospital administrator are felt necessity as full time accountability. Human resources has to be skillful and responsible for effective and efficient use of scanty resources applying managerial functions.

The 5th Indian Health Care summit on “optimizing Health care delivery in India. A patient centric approach” was jointly organized by the confederation of Indian Industry (C11), Ministry of Health, Family Welfare, Govt. of India, Indian Health Care Federation on 15-16 December, 2008. The summit witnessed several issues by eminent speaker of India & abroad on varied issues such as health care reforms, optimizing health care delivery, addressing manpower shortage, innovation with consumer son, delivering quality health care, creating patient value & technology, health care is a medical technology.

Dr. Anbumani ramdoss, Ministry of Health and family welfare while addressing for constraints of human resources he emphasized that national rural health mission was successful in delivering health service similarly national urban health mission, School and trauma programmer including amendment in medical teaching curriculum can be done. He also stressed diplomat in notional board can be added as post graduation degree course in district hospital and
private hospital. He also mentioned to relax regulation of medical council of India to resolve all the constraints.

The hospital is a matrix organization which should be clearly understood to venture human resource development to achieve the hospital objectives this is centre for teaching and learning for improvement in the field of medical sciences.

5.4 History of Indian Hospitals

The history of Indian medicine and surgery dated back to the earliest of ages. But hospitals as institutions to which a sick person could be brought for treatment were of a much later origin in other countries. British Medical Journal (1928) reported that ‘a wider view of the ancient world, based on a greater knowledge of ancient society in Asia as well as Europe and North Africa, has shown that hospitals for the sick were established long before the Christian era’. Dr. George Parker of Bristol, who studies the history of hospitals, narrates that ‘the earliest beginnings we know of can be traced back to about sixth century in places far apart, both in the West and the distant East’. During 6th century Buddha and his followers established large number of hospitals for the sick people and outside India also. Dr. Parker mentioned in the report that ‘it is to Gautama and his followers that we owe apparently the hospital idea’. British Medical Journal claimed that Buddhist hospitals existed in India before the invasion of Alexander, which moreover only touched the northern part of that country.

5.4.1 Hospital:

Human beings make a society. Healthy human beings make a healthy society. However every society has its share of unhealthy human beings. Illness, disease & invalidity may be a curse for society.

As per evolution of mankind, the individual stayed together forming family leading to tribes and society and they looked after each other even somebody fall sick as moral responsibility. When the community felt that health care is important and can be achieved by the organized skilled institution, then the hospital came to existence.

Health Care plays an important part in our lives, it affects the way we live together & the expectation we have for our standard of living. The delivery of health service to the community is highly visible and open to criticism.
5.4.2 Definition:

The word ‘hospital’ is derived from the Latin word ‘hospital’ which comes from the hopes, meaning a host. The english word ‘hospital’ comes from the French word ‘hospital’ as do the words ‘hostel’ & ‘hotel’. The three words hospital, hotel & hostel are used with different meanings. The place or establishment where a guest is received was called the hospitium or hospitals. A place where guest is accommodated or placed is a hospital. The term hospital means an establishment for temporary occupation by the sick and the injured.

Earlier the hospital were considered alms houses. They were set up as a charitable institution to take care of the sick & poor. Today hospital means an institution in which sick or injured persons are treated.

5.5 Changes in Hospital Organization:

Due to rapid change in medical technology and advancement of much super specialization the organization structure of hospital is effective if functional need of each small department is taken care of amicably both medical and nursing services together to achieve the goal.

Recent hospitals are combination of highly skilled personnel, complicated technology and high cost services the hospital administration and preparing human resource to match the complicated scenario to achieve effective services is great challenge.

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

1) Length of stay of patients
2) Clinical basis
3) Ownership control basis.

According to Ownership and control:

1) Public hospitals
2) Voluntary hospitals
3) Private Nursing homes
4) Corporate hospitals.
5.6 **Classifications According to length of stay of patients:**

Hospital may fall either under the category of long run or short term now known as chronic care or acute care hospital respectively accordingly to the disease & treatment provided.

**Classification according to Clinical Basis:**

Some hospitals are licensed as general hospital while others are specialized hospitals. In general hospital patient as treated for all type of diseases but in specialized hospital the patients are treated for the diseases for which the hospital has been made up.

**Classification according to Directory of Hospitals:**

**General hospitals:** These units have two to three permanent doctors for indoor patient services. Multi discipline services are provided including nursing care (e.g. general medicine, general surgery etc.)

**Rural hospital:** There are small general hospital mostly located in rural areas. Usually one medical office is available and all types of cases are admitted and treatment given.

**Sophisticated Hospital:** These type of hospitals are established to provide specialized care for one particular discipline. These hospitals are profit making and provide specific medical and nursing care.

**Teaching hospital:**

The hospital is co-opted with medical college for the teaching of under graduate and post graduate student in medical.

**Isolation hospital:** infections disease cases are admitted in this hospital and dental sciences for isolation and treatment.

**Tertiary hospital:** these hospital are well equipped and staffed to deal with any type of diseases existing as highest echelon in medical services.

5.7 **Hospital is an organization**

An organization is defined as a place of work where employees use their skills & knowledge to achieve a common goal through their co-ordinated efforts. Hospital is an organization which is complex & intricate where person of medical a non-medical origin join & work together to serve needy patients rendering best possible health care. Such an excellence in
health care can be achieved through total dedication & involvement workers & employees of the hospital.

According to WHO definition:

Hospitals function is to provide for the population a complete health care, both preventive & curative & whose outpatient services reach act to the family & its environment at their doorstep.

The hospital is also a center for the training of health workers a place of bio social research.

The basic philosophy of the hospital is to offer noble service to the patient community, this commitment to the human cause given hospitals a special status in the society.

Classification of the Hospitals

Hospitals usually divided into various categories depending on ownership and control, duration of hospitalization and as per specific diseases

Classification According to Ownership/Control

According to ownership and control Sub grouped as public. Voluntary , private of corporate hospitals.

Public Hospitals.

These hospital are established and controlled by central or state government or government sponsored local bodies, the hospital can be general hospital , specialized hospital or multi discipline specialized hospital including isolation .

Voluntary hospitals.

These types of hospital are established by different societies or trusts usually non profit making hospitals. All these societies’ trustees are registered under different Acts. The trust or societies appoint medical director or hospital administrator for operational hospital activities. All the financial decisions are taken by the committee. Due to escalation of cost operational expenditure is high , hence the cost of service had been enhanced which are recent trends. Usually the hospital eares more revenue from rich patients providing additional facilities and spend that money for general wards for poor patients. These hospitals also receive financial aid as help from philanthropy individual or society and at times from government agencies.
Private nursing homes

This type of hospitals are fully commercial and generate revenue from patients who afford to pay. The hospital admits all types of cases which management can planned will no permanent doctors are available. The emergency patients or medical legal cases are not entertained in this type of hospitals. These types of hospital are increasing due to non availability of give on hospital services and people can afford due to improve socioeconomic status.

Corporate hospitals.

These hospitals are registered under company act and fully commercial. They provide all facilities and multi disciplinary services with high cost.

Classification According to the Length of Stay of Patients

Certain hospitals are established due to specific nature of diseases and specialized care needed for longtime. Those patient required ling hospitalization like tuberculosis leprosy or psychiatric illness are categorized as long-term hospitals and for acute illness needing few days to stay in hospital or short term hospitals

Classification According to the Clinical Basis

Hospitals are established for particular disease purpose which may be requested as general hospital or specialized hospital. Either all types of diseases treaded in general hospital or specialized specific hospital like cardiac center, oncology centre of trauma centre.

Functions of Hospital

The objective of the hospital is to provide care to the sick people from time of arrival fix discharged from the hospital. The hospital provide curative, diagnostic and rehabilitative services by team of professional motivated doctors, nurses and paramedical staff as team. In addition supportive and ancillary services are provided with holistic approach to achieve the goal.

Hospital prepares standing operative procedures including for all departments how to provide services with effective and efficient manner from entry of the patient till exit from the hospital.
5.8 Historical perspective & present Scenario of Hospitals:

India was late starter of hospital movement medical are programme existed in the Country throughout the British period; a real start in health planning we made when the Bhore committee report became available in 1946. The committee main recommendations were to institute an integrated scheme of preventive & curative service at all administrative levels in the country, setting up of country wide primary health centers with provision for in patient are a major changes in medical education. These recommendations were by a large incorporated in the first five year plan. Thereafter the planning of health a medical care made steady progress & an account of the same can be found in the respective five year plans as well as various expert committee report.

5.9 Hospital organization process:

Organizing is a process of grouping the necessary responsibilities & activities into workable units determining laying of authorities & communication & developing patterns of Co-ordinations, this would involve systemizing of all technical & administrative activities so as to effect satisfaction to customers, employees a agencies that make it possible to organize. The organization structure would depend upon the size of the hospital.

- The organization process should culminate into common goal towards which collective efforts are directed and the goal is spelt out in detail. There is need for clear authority & responsibility relationship that power a authority factor need to be reconciled so that individual organization are productive a goal directed and there is a clarity of organizational relationship to reduce conflict that the unity of command must prevail and that authority must be delegated. The hospital organization may be considered as it may have a structure making a pyramid organization but functionally it would be but fit into matrix organization.

5.10 Functions of Hospital:

a) Restorative or curative  
b) Preventive of Diseases & Promotion of health  
c) Surveillance centre  
d) Education & Research  
e) Professional Support  
f) Early detection of epidemics  
g) Primary health care.
Peculiarity of a Hospital: The hospital as a social institution facilities interaction of a wide spectrum of the society varied cultural & socio economic starvation.

a) The product of the hospital is ‘service’ which cannot be qualified in any economic terms & no objective criteria can be laid down to evaluate the standard of services.

b) The service in the hospital is always personalized, professional & directly rendered by the medical, nursing & other specialized personal according to the need a requirement of each case on client.

c) The hospital service is normally emergent in nature & no two situations are similar needing the same treatment. It is more often management by crisis than management by objectives.

d) The wide spectrum of people involved in the hospital activity ranges from highly skilled professional to the man who may not have visited school.

e) The dual control by way of professional authority and the executive authority in the hospital invariably leads to management conflict which is a peculiar situation every hospital administration has to face in the day to day operation.

f) Of late the hospital being treated as industry for profit as well as maximization of output with minimal input has lead to application of management took a techniques for its management tools techniques for its administration.

g) The work in a hospital tends to be both variable.

h) Health facilities have abstract goals, diffuse authority, low interdependence, few measures & extensive co-ordination of efforts, resources & demands.

• The human resources of this organization are individuals with different educational, cultural, specialized fields who are gathered to utilize technological & professional tools to provide the necessary services for the patient, doctors, nurses, paramedical students.

Every activity of the hospital/health system falls into one of three major organizational area-fiscal/administrative, professional & support.

The fiscal/administrative service area includes admission office, corporative cell, medical record, information management, purchasing, store, human resource, public relation, marketing, finance.

In the professional service category is the nursing department which includes registered nurses, technicians, paramedical staff responsible for the patient care activities, other diagnostics
& support departments provides services to patient in the hospital. Dietary service, engineering, maintenance, housekeeping, CSSD, laundry, pharmacy, laboratory etc.

5.11 Hospital as System:

A system may be defined as “an organized or complex whole, an assemblage or combination of things or parts forming a complex or unitary whole.”

From the management point of view the hospital can be treated as an organized whole & termed as an open system which can be grouped into four distinct sub-systems.

1) Clinical & Nursing Service-Primary Services.
2) Supportive services.
3) General Administration a business services.
4) Utility services.

Hospital is a complex and multidimensional. It consists of co-ordinated activities provided by variety of categories of health personal, utilizing a variety of precision equipments is spread over a large physical area of activity. It is responsible for the synthesis of a ‘while’ organization consisting of personnel with different skills.

The evaluation of patient care is done indirectly, firstly by examining the quality and adequacy of the factors & facilities which contribute towards better patient care & secondly by analyzing the medical care process of individual patients from the medical records maintained by hospital. This product is intangible & dependent on many people individually & collectively & does not lend itself to easily definable standards or to simple waits of measurement.

Outpatient Services:-

The outpatient department is the point of contact between hospital & community. The outpatient department is known as shop window of the hospital. Everything done to create an atmosphere of friendliness & welcome. The outpatient department contribute towards reducing the mortality a morbidity, therefore it provides a stepping stone to health promotion & disease prevention. It ensure those patients are admitted who really need inpatient care.

a. To provide specialist diagnostic, medical opinion to outpatients.

b. To treat patients on ambulatory basis or domiciliary basis.

c. Screen patient hospitalization.
d. Provide primary health care.

A place for feedback study of the hospital service like opinion poll etc.

**Inpatient services:**

For hospitalization inpatient department is necessarily required the main function of the department is to provide highest possible quality of medical & nursing care. It also provide comfortable environment, substituting temporary home for patients designed to accommodate all their basic needs. It provide opportunity for education, training & research in the field of medicine, nursing & hospital administration. This is the hospital area which gives maximum output of services, name & fame to the hospital & maximum amount of strew to the staff & maximum vigilance is required to prevent litigation & patients dissatisfaction.

**Emergency Services:**

Emergency department of a hospital means a part of the hospital which caters the road accident patients & patient suffering from any medical & surgical complication needs urgent treatment. It works round the clock.

An emergency has been defined as “a condition determined clinically or considered by the patients or his relative or representative requiring immediate medical, dental or allied services failing which may result in loss of life or limb.

**Intensive Care unit:**

It is for critically ill patients who need constant medical attention & highly specialized equipments to control bleeding, support breathing, prevent shock.

**Hospital utilization statistics:**

1. **Average daily census:**

   It is obtained by adding up the daily census for the period & dividing by the number of days in that period.

2. **Sum of daily census for a given period:**

   Number of calendar days in that period.
2. **Bed occupancy rate:**

Percentage of beds occupied in a hospital.

\[
BOR = \frac{\text{Average daily census}}{\text{Bed complement}} \times 100
\]

3. **Bed Turnover rate:**

This is the frequency of utilization of bed.

\[
BTR = \frac{\text{Total number of patients discharged (including deaths)}}{\text{Bed complement}}
\]

4. **Bed Turn Over Interval:**

It is the time lag between one discharge to another admission in the same bed.

\[
BTOI = \frac{\text{Maximum Patient day} - \text{actual patient day}}{\text{No. of discharges during the period}}
\]

5. **Average Length of stay:**

Average length of stay of a patient in the hospital bed.

\[
ALS = \frac{\text{Maximum Patient day} - \text{actual patient day}}{\text{No. of discharges during the period}}
\]

**Death Rate:**

Gross death rate = \( \frac{\text{Total number of hospital death during a given period}}{\text{Total discharges including deaths during the same period}} \times 100 \)

Net death rate

\[
\text{Total deaths of patients after 48 hrs of admission during a given period} = \frac{\text{Total discharges including deaths during the same period}}{\text{Total discharges including deaths during the same period}} \times 100
\]

Postoperative Death Rate = \( \frac{\text{Post operative deaths}}{\text{Total operation during the period}} \times 100 \)

Material Death = \( \frac{\text{Total death of obstetrics patients}}{\text{Total discharges including death in obstetrics ward}} \times 100 \)
Challenge faced by the Hospital Administration:

1. Extensive Division of Labour:
   The hospital is highly labour intensive organization. The work of the hospital cannot be accomplished by a single person. It is always as a result of the total efforts of all members, task performed is of joint nature and the responsibility is also shared which makes it little bit complex from the point of view of administration.

2. High interdependence of services:
   No body in hospital whether professional or non-professional can work in isolation. The work of one department affects the work of other department to accomplish a task.

3. A mix of autocratic and democratic styles:
   The hospital at sometimes behave in a very democratic way like in team work. At the other times it is very autocratic like in emergency situations, there is strong hierarchy in the medical organizations, it reflects itself in relatively sharp patterns of superior & subordinate relationships.

4. Authoritarianism:
   Traditional senior junior relationship exist in the medical professional which influence the administration.

5. Public demand of efficiency:
   There is increasing concern about the efficiency in hospital operations. As the hospital has become a resource for all the members of the community, the public expects of the best medical & nursing services that can be offered.

6. Needed co-ordination:
   The hospital is a subsystem of a large social system. The hospital is a system in itself comprised of various subsystems. The work of their subsystems is to be co-ordinated perfectly by the hospital administration, for effective a efficient functioning of the system as a whole. Because of high degree of specialization a functional interdependence found in the hospital, co-
ordination of skills, tasks and activities is indispensable. The co-ordination is an essence of hospital administrative.

7. Professionalization:

It is another distinct features of the hospitals. The majority of those who held therapeutic or non-therapeutic position in the hospital are trained as professionals. They adopt certain values, attitude & behavior in their life as professional.

8. Complimentary expectation:

The high degree of professionalism among the doctors and nurses has effect of inculcating many complimentary expectations and common norms and values, expectation that are essential to the integration of the organization.

9. No single line of authority:

The hospital is closely related to the professionalization and specialization. There is no single line of authority and no unity of command. The people have to work under multiple commands.

10. Difficulties faced by administrator:

The doctors do not want interference in their professional work. These are conflicting views and difficult to sort out, making the hospital administration a great challenge.

11. Delicate balance of power:

Multiple lines of authority make it very difficult task for the balance of power in the hospitals.

Distinguishing characteristics of the hospital organization:

1. Hospital provides highly personalized services, no two situations are alike.

2. The output of the hospital is the services, which is highly unpredictable in the hospital. The patient come to the hospital for getting relief from sufferings a cure for this diseases. The outcome is not predictable with accuracy.

3. The interest of the patient is supreme.

4. The volume of work is difficult to predict & regulate, in emergency situation.
5. The administrator has much less authority, power and discretion than his managerial counterparts in other industrials because the hospital cannot be organized on the basis of single line of authority, making the job very challenging; unless the manager is from the same stream & exposure, he may not be in position to enjoy the respect and command from the professionals & para professionals.

6. The control of the hospital subsystem is basically dependent upon the coordinating efforts of the managers as the activities of hospital are highly interlocking & interdependent.

7. Emergence of new disciplines i.e. bio informatics, telemedicine, health, medical tourism, contracting in healthcare, making the work multidimensional and of complex of nature.

5.12 HR Practices Prevailing In Private & Public Hospital:

5.12.1 Siksha 'O' Anusandhan University (SOA University) is a private research focused Deemed university located in Bhubaneswar, Odisha, eastern India. The university is composed of nine degree-granting schools and colleges and has a student body of around 10,000. Many of SOA University's programs are nationally accredited for meeting high standards of academic quality, including engineering, medicine, pharmacy, business, nursing, biotechnology, science, humanities, environment, nano technology, materials science, agriculture and law. SOA University was ranked 16th by National Institutional Ranking Framework (NIRF) under the aegis of Ministry of Human Resource Development, Government of India. The first NIRF ranking list was released in April 2016.

IMS & SUM HOSPITAL

Institute of Medical Sciences and SUM Hospital, established in 2005, is a leading medical institute providing quality medical education and global standard health care services. The Medical Council of India, Ministry of Health and Family Welfare, Government of India has approved the MBBS programme of the institute since 2007-2008 and post graduate (MD) programmes from 2011. Its evolving growth is based on value added medical education & research. MBBS students are exposed to multi specialty facilities like Dialysis, CT Scan, MRI, Cath Lab along with ICU, ICCU, NICU and PICU as an integral part of their learning. The students learn the sensitive issues in medical science and health care with simultaneous emphasis on the introduction of technology in critical surgery, diagnosis and life support systems. Fibre optics, digital sensors & display, nano technology have become regular part of medical education that IMS imparts.
SUM Hospital is an intrinsic part of the Institute of Medical Sciences with a total number of 750 beds, 25 intensive care beds and 150 cabins. SUM Hospital offers therapeutic care with a focus on preventive care for a healthy society. IMS & Sum Hospital have a promise to serve the society with care and human touch.

MANPOWER PLANNING

To recognize and give the correct number of skilled representatives to address the issues of patients, served by the association. So as to convey therapeutic and administration brilliance of the most astounding norms, the association of doctor's facility and research focus might guarantee that the correct ability as far as capabilities, aptitude, experience and mentality is selected for the doctor's facility.

It should be the duty of the HR Department to archive the labor prerequisites for every division toward the start of the monetary year, for the whole year. In view of the business projections and taking the bed limit and the bed inhabitance into thought, the HR Department alongside the particular Departmental heads get ready for the correct number and blend of staff for the money related year.

Need for Manpower Plan

The Hospital maintains an adequate number and mix of staff to meet the medical care, treatment and healthcare service needs of the patients. However, keeping in view the retirement and other trend of attrition and future needs for organizational development it is important to have Manpower Plan in order

a. To relate Human resources needs to the over all activities of the hospital.
b. To make long-range estimations of specific as well as general Manpower needs.
c. To ensure maximum utilization of the man power.
d. To make the strategy for retention of skill & potential employee .
e. To meet the needs of the programs of expansion, diversification etc.
f. To determine the need assessment of training of existing employees.
g. To assess the surplus or shortage of manpower and take measures accordingly.
h. To maximize the return on investment on Human Resources.
Enlistment at all levels in the Hospital is completed in light of the affirmed "Work force Plan" which is detailed on the premise of:

a. No. of Beds.
b. Average occupancies of the hospital.
c. No. of Specialties.
d. Complexity of business.
e. Levels of multi-tasking
f. Levels of Technology.
g. Future Expansion plans of the Hospital.

While determining the right mix of staff, care is taken to ensure that

a. There shall be a minimum of one doctor on every floor round the clock, to attend to patients on a 24x7 basis.
b. There shall be one nurse per two beds to attend to critical patients in ICU Wards
c. A Nurse ratio of 1:4 shall be maintained for all non critical patients.
d. Every Surgical procedure shall be supported by a minimum of one anaesthetist, one technician and a nurse.
e. There shall be one Emergency Medical Officers per shift to attend to Emergency cases and ambulance calls.
f. There shall be one qualified and registered Pharmacist, available round the clock, who shall dispense the prescribed medicines.
g. There shall be adequate number of dieticians to cater to patient dietary requirements.
h. There shall be enough staff per shift to be able to handle incoming patient calls per day.
i. Every OPD/IPD counter shall have trained Patient Care Coordinator to handle patient queries.

All recruitments to the organization shall therefore be made on merit against approved job roles and after a due process of selection by a team of experts who shall assess skills, competencies, attitude and job and organization fit of the candidate.
Recruitments shall be made against an approved manpower budget, approved staffing requisition and job description.

HR shall do a Reference check of all candidates recruited at professional levels and above, and appointments to sensitive positions such as cashier. In case of Doctors, verification from Maharashtra Medical Council/Medical Council of India and in case of Nursing Staff the verification from Maharashtra Nursing Council and other registrations would be completed.

**Position Approved Form**

a. The recruitment process will be initiated only after a Position Approved Form duly approved by the MS/MM/Director is received by the HR Head.

b. If the vacancy is a replacement, the replacement process also will be initiated only after a Position Approved Form duly approved by MS/MM/Director is received by the HR Head.

c. Any new position will require similar approval of the MS.

**Determination of the kind of quality of Personnel required:**

This is first stage in the process of placing the right person to the right job at the right time. This process includes job analysis, job description and job specifications.

**Job Analysis:**

It is the determination of the tasks, which comprises the job, and of the skills, knowledge, abilities and responsibilities required of the employee for successful performance of the job. It is done by collecting the following data:

a. Job Identification

b. Nature of the job

c. Operations involved in job

d. Materials and Equipment to be used

e. Personal attributes required.

f. Relation with other jobs.
A separate Job Description/Job Specification should be written for every job position in the Hospital. However, jobs can be clustered to fit one Job Description where the primary responsibilities and duties would be basically identical.

**Job Specification:**

a. A Job Specification gives outlines of the job but mainly specifies the personal requirements or qualifications that the job candidate should possess for each job position.

b. Job description discloses what is to be done and how it is to be done whereas a job specification states the minimum acceptable human qualities necessary to perform a job properly.

**Medical Department:**

The Manpower plan for Medical department has been arrived at on the following parameters.

a. No. of specialties in the hospital

b. Average occupancies of the hospital

c. No. of ICUs in the hospital.

d. Average no. of surgeries performed in the hospital.

**Nursing Department:**

The manpower plan for nursing department has been arrived at on the following parameters.

a. Average occupancies of the hospital.

b. At any given point of time the nurse patient ratio in the wards is 1:4.

c. No. of ICU beds in the hospital.

d. The nurse patient ratio in ICU is 1:2.

e. No. of Ventilator beds in ICU.

f. In case ventilator patients the nurse patient ration in ICU is 1:1.

g. The plan does not include nurses deployed in Cath lab, Dialysis, Ultrasound, Gastroenterology, Chemotherapy & Radiotherapy as their numbers have been reflected in the respective department manpower plan.
**Cardiology:**

The manpower plan for Cardiology (including Cath lab) department has been arrived at on the following parameters.

a. The number of equipments and level of technology available in the department.

b. Average no. of IP & Op investigations done per day.

c. The level of automation in the department.

d. The working hours of the department/investigation.

**Dental**

The manpower plan for Dental department has been arrived on the following parameters.

a. Average no. of OP patients visiting the department per day.

b. The working hours of the department.

**Lab Services:**

(Biochemistry, Blood Bank, Hematology, Histopathology, Microbiology, Molecular Medicine)

The manpower plan for Lab services has been arrived on the following parameters.

a. Average no. of Op and IP tests done per day.

b. The working hours of the departments.

c. The peak time in the day when the inflow of samples is the highest.

d. The no. and type of special tests done in each lab.

e. The no. of equipments and the level of technology available in each lab.

f. Level of automation in the labs.

**Radiology:**

The manpower plan for Lab services has been arrived on the following parameters.

a. The type of investigations done in the department.

b. The no. of equipment available and the level of technology available in the department.

c. The working hours of the department.

d. The level of automation in the department.
Support Service & General Administration and Operations Department:

The operations department is centralized in the hospital. The department manages various other functions such as Admissions, Security, Kitchen, Housekeeping, Transport, Ambulance etc. The manpower plan for all these departments has been arrived on the following basis:

a. The working hours of the department.
b. The level of automation in the department.
c. The inflow of patients in the hospital.
d. The peak hours of service
e. The no. and type of equipment available in the hospital

Manpower Plan Review

The Manpower plan will be reviewed on a regular basis by the Manpower Review Committee

a. **Medical:** The Manpower plan will be reviewed every 6 months and whenever there is an addition of new specialties in the hospital

b. **Nursing:** The Manpower Plan will be reviewed every 6 months with reference to the average bed occupancies of the hospital

c. **Paramedical:** The Manpower Plan will be reviewed for every 12 months with reference to any up graduation or introduction of new technology or equipment in the hospital.

d. **Support Services & General Administration and Operations Department:** The Manpower Plan will be reviewed for every 12 months with reference to any new expansion plans, new initiatives taken by the hospital.

e. **Staff Transitions:** There may be changes in jobs and employee status in the Hospital. Employees will move from job to job, department to department, both horizontally and vertically. SUM HOSPITAL policy is to give maximum efforts for making the transition process easy and fair. Department of Human Resources in consultation with the other departments will take necessary measures in relating to employee transition.

f. **Probationary Period and Confirmation** Probationary period is a time when a new recruit has to prove his/her worth. All newly appointed employees must have a probation period from the date of joining. The probationary period is six months. This period may be further extended for another three months but normally it is discouraged by the Management. Prior to completion of probationary period of an employee,
immediate supervisor prepares performance evaluation highlighting employee’s performance level, conduct and suitability for the position. Divisional Head and HR will approve this evaluation and accordingly the confirmation letter will be issued. If performance during probationary period is not found up to the standard required by SUM HOSPITAL, then the employee is terminated. If an employee is granted leave without salary under unavoidable circumstance his/her probation period will be extend.

g. Medical Superintendent reserves the right to reduce the probation period of an employee or even can hire an employee without any probationary period.

RECRUITMENT AND SELECTION

The Hospital’s recruitment policy aims at searching for skill talent, attracting and potential talent to the hospital & retaining the best talent in the hospital sector so that the right quality of manpower is available to the company at the right time. The company would seek to ensure, as far as possible, that the selection process is fair and reliable.

Selection of Personnel in Grades

Vacancy:

When a budgeted vacancy needs to be filled up, the Manpower Requisition form with minimum qualification, experience and salary range, duly approved by the Head of the Department, should be forwarded to the HRD. HRD will obtain management’s approval before initiating action. For creation of new post, the Head of Department has to submit the requisition form with justification to HRD. The HRD will review the application for need and financial implication and forward to CFO for opinion and management for approval.

Internal Selection

HR will first examine whether the approved vacancy can be filled up from among the internal candidates, either by way of transfer from the surplus staff or by way of up gradation/promotion.

Open Market

If no suitable person is available within the organization, HR will proceed to fill up the vacancy from the open market. In case of candidate who attends the interview is rejected, he/she is not eligible to attend the interview with in next 3 months.
Advertisement

HR will, in consultation with the Recruitment Body (Management + HOD), prepare an advertisement for release in the newspapers/browse from job portals. If the decision is to entrust the selection work to a Placement Agency, the advertisement will be forwarded to them.

Scrutiny and Short listing

HR will, on receipt of the applications along with the desired documents and two referrals, screen them so as to draw up a short list of candidates for Preliminary Interview. Technical/functional interviews shall be scheduled after consulting with concerned technical/functional heads.

Interview Panel

The Preliminary Interview Panel will be constituted by the HR in consultation with the HOD.

In general, the policy of the company is not to pay or reimburse the TA/DA and other expenses to the candidate called for an interview.

Process of Interview:

a. Technical Interview: The Human Resources Department shall co-ordinate technical interviews with the HODs. The interviewing panel members would record the interview assessment.

b. Reference check: Human Resource Department will ensure completion of reference check and conduct back ground verification process and considers the salary structure based on internal equity and compensation philosophy of the Hospital before the final interview with the MS. HRD also ensures a check of last drawn and pay structure break-up evidence.

Interview Report

Final Approval

a. For all senior cadres, selection will be made by the MS from among the candidates short-listed by the panel.

The flow chart of the process is as follows:

HOD- Proposal

HR- Perusal
MS-Selection and Recommendation

Management- Approval

b. For all other Positions: Final selection will be made by the respective Head of the Department in consultation with the HR. Ratification of salary would be done by HR

Appointment

The selection result will be informed to the candidate after ascertaining the antecedence within a period of 2-3 Days. The standard letter of appointment will be issued to the candidate upon selection by MS who will sign the appointment letter. A copy of the order has to go to Account Head. A welcome kit has to be prepared by the HR Department including the Appointment Letter, ID, Job Profile, Employee Hand Book, Uniform and others should be handed over to the candidate after obtaining the receipt.

Induction/Orientation

HRD has an induction program, and the new recruits are exposed to various functions and Teams before being placed in their actual jobs. The Induction training will be carried out for a week where the employee will undergo orientation to

1. Hospital’s history and Philosophy,
2. Quality Policy of the Hospital, mission, vision and objectives,
3. Rules and regulations, facilities
4. Policies and Procedures, Basic etiquettes,
5. HR policies
6. Hospital Infrastructure, location of various departmental heads and their respective heads.
7. Scope of Services
8. Patient Rights & Responsibilities
9. Employee Rights & Responsibilities
10. Safety Awareness
11. Occupational Hazard Management
12. Incident reporting System
13. Infection control

14. Quality Management System Training

They will then report to their respective HOD’s for a detailed introduction to the activities of the department and the people. The employee will be handed over their job description and trained on same. They will be explained about PF, ESIC, Medical Claim rules of the hospital. At the end of the induction week, on HOD’s and HR’s recommendation the employee is taken on probation.

PROBATION

Period of Probation:

All employees will be on probation for a period of 3 months irrespective of the cadre and category. During probation, they will not be entitled for EL. Sick leave and Casual leave can be taken only on pro rata basis. The employee can not resign during probation period. However, the management can terminate him/ her without any prior notice with 15 days notice at their discretion.

Confirmation:

Employees, whose performance is found to be satisfactory by HOD and HR, will be confirmed in service at the end of the probation period after conducting a Post probation evaluation appraisal. An employee is deemed as confirmed only after a letter to this effect is issued indicating the satisfactory completion of the probationary period from that day onwards he is entitled for all his/her principles and rights.

Recruitment Policy

This policy is to hire the right kind of people at the right place selecting them through an effective process from a pool of candidate in the job market.

This policy will apply to recruit suitably qualified and experienced people to confirm the hiring procedures to the local law and the Hospitals requirements.

General

1. No one who is below 18 years of age shall be hired as an employee for SUM HOSPITAL on regular, contract or temporary status.
2. The employment status can be changed from regular to contract or vice versa depending on the situation arising from Hospitals need.

3. HR and the line manger concerned will maintain absolute confidentiality of the implementation of any part of the recruitment process. No query will be responded or no information will be provided regarding the status of any recruitment until the entire process is completed.

**Recruitment Process:**

Each department head / departmental head, who provides patient care services, shall develop and utilize a staffing plan that addresses:

a. Manpower needs

b. Desired qualifications of staff and

c. Applicable license, certification, laws, and regulations relative to the required staffing complement.

d. Staffing of plans should be assessed on the basis of the workload of various department.

e. If outcome measures are unsatisfactory, an assessment shall be made and if necessary, staffing levels shall be adjusted to meet patient care needs.

f. Manpower planning strategy shall be made taking into consideration the quality of services and patient satisfaction. For example, if staffing levels are too low to meet patient care needs, extra staff may be floated to the departments to supplement staffing.

g. Staffing plans shall be accessible to staff that are making changes in staffing levels.

**Job description and Job Specification**

Job Description is the basis of SUM HOSPITAL’s recruitment, selection and placement, training, performance appraisal, salary administration, promotion and other personnel actions for its employees.

**Job Description:**

A Job Description is a list of the duties or tasks assigned to a job. It describes in brief and concise language the responsibilities or duties required in performing a job. It is the culmination of a process, which includes collecting, verifying and co-relating information about job elements and job contents. The Job Description is primarily concerned with the job
rather than the person. It may also describe the function and scope of the position and state
the authority and reporting relationship - above, on the same level and below the position.

It is essential to prepare detailed Job Description for each existing position to establish role
clarity and assigning specific responsibilities and accountability and also to recruit new
employee for filling the vacant position.

The Job Description serves various purposes such as:

a. A tool for job evaluation;
b. Reference information for recruitment and promotion;
c. Placement of a right person for the right job;
d. Orientation to a new position;
e. Understanding and/or clarification of job agreement with the superior;
f. A basis for establishing mutual job agreement with the superior;
g. Clarity of relationship between jobs;
h. Methods improvement and avoiding the duplication of job;
i. Enlargement or merger of jobs for proper utilization of manpower;
j. A guide for performance appraisal;
k. Training guide or check list.

Preparing of the Job Descriptions:

For evaluating each job and to ascertain whether each one is having a full day’s job it is
necessary to write an accurate Job Description for each position. The preparation of accurate,
concise and clearly written Job Descriptions requires time, effort and good analytical and writing
skills. It requires following the under mentioned series of steps:

a. A fact gathering process: commonly known as job analysis. The objective is to determine the
   broad characteristics of the job, or briefly define the job and its scope and then list the
typical responsibilities or duties required to be performed.

b. Job analysis, or gathering the essential data, may be carried out by personal discussion with
   and observation of the jobholder and his/her immediate superior and the departmental head.

c. While writing the Job Descriptions one has to take into consideration the following points:
1. Keep them brief. The objective should be conciseness, clarity and accuracy.

2. Just list and describe the most important and regularly performed duties. It is not necessary to list each and every single task a person performs. To avoid this, last point in a job description may be: “Performs job related other miscellaneous duties.”

3. A separate Job Description should be written for every job position in the Hospital. However, jobs can be clustered to fit one Job Description where the primary responsibilities and duties would be basically identical.

**Job Specification:**

a. A Job Specification gives outlines of the job but mainly specifies the personal requirements or qualifications that the job candidate should possess for each job position. The Job Specifications will include basic educational qualification and minimum work experience requirements, skills, special knowledge, and certain desirable personal traits or characteristics. Such specification may become part of the Job Description also.

b. The Job Specification for each job can be finalised on the basis of the Job Description of each position. Once the Job Description is finalised the Job Specification may not need more time and efforts. The H R Department will source the candidates on the basis of Job Specification by releasing advertisement through an appropriate medium. The appointing authority and the respective Functional Head and Departmental Head will ensure that each employee has an appropriate and updated Job Description stating clearly the duties and responsibilities of the employees and Job Specification.

**Position Approval**

Any Departmental Head, who wishes to recruit staff in his/her department, shall submit a Position Approval form through the respective functional head to MS with an updated Job Specification and other details related to the concerned vacancy. When the same is approved by MS & the departmental head will forward it to the HR Department to proceed further for recruitment.

**Recruitment sources**

SUM HOSPITAL has been on continuous search of effective recruitment sources and has found the following:
Internal

a. Hospitals can appoint internal candidates provided that the employee is suitably qualified for the vacant or new position and also meets the existing and future requirements.

b. Whenever a vacancy arises, efforts will be made to first fill the position from within the Organization. To fill the vacancy, the following procedure will be followed.

c. The HR Head will communicate about the vacancy to all employees by displaying notice to fill in the positions through internal advertisements process so that interested employees can forward their applications to the HR department through their HODs.

External

a. Candidates are sought from outside as per the need of the organization. There are number of external sources such as Placement Consultancies / Job Portals etc. that will be used by the Hospital.

b. Candidates will be sourced externally only when it is ascertained that there are no internal candidates that meet the requirement. Subsequently, the HR department will initiate external recruitment through one or more of the following methods:

Databank

a. The first step in external recruitment is to go through the already available databank of applications and shortlist a few candidates who meet the required job criteria for the vacant position.

Employee Referrals

a. Employees of the Hospital may refer prospective job seekers to HR Department. There are professional or technical jobs which are frequently harder to fill. In such case, employee referral method may be useful.

b. In certain cases the HR may also advertise the position through internal advertisement so that the existing employees can refer candidates for the vacant positions.

Advertisements

Vacancy approved will be circulated by publishing advertisement in national newspapers.

a. Advertisements may be used as a method of sourcing under the following circumstances:
1. When the requirement is large and necessitates wide scale coverage.

2. When there is a requirement for specialists who may not be easily available.

3. All Recruitment Advertisements will be released only after the approval of the HOD HR department.

Website

a. Vacancy announced will update on the Organization’s official website under the Career category and/or on the Job websites.

Selection Procedure

Scrutiny of Applications:

a. Applications received from the candidates are scrutinized and short listed as per the job specification detailed.

b. This activity is done by the respective Departmental Head.

Preliminary Screening/Verification

a. Once the candidate has appeared for the interview, the authenticity of the original certificates, licensure, and registration, testimonials of age, qualification and experience will be verified and recorded by the HR personnel.

b. The hospital will not recruit any candidate to work in a position that requires a certification, registration and/or license that is not valid and current.

c. It is the candidate’s responsibility to provide proof of licensure, certification, registration and/or license shall not be allowed to proceed further in the selection process.

d. Any candidate who is not able to provide proof of current certification, registration and/or license shall not be allowed to proceed further in the selection process.

Short Listing:

Short listing will be done by respective departmental head based on the Job Specification and Job description prepared for each position by the department concerned. While screening the following criteria will be followed:

a. For the Executive position, candidate must be at least Masters Degree holders.

b. However, where candidates have exceptional experience in the relevant field then the educational qualification may be related
c. For the Clerical Staff Category employees, candidate must be minimum Graduate and computer literate.

d. Technician must be Graduate (preferably B.Sc.) and holder of relevant Diploma from a recognized university or premier institute.

e. For entry level, 1-2 year’s experience will be an added advantage.

f. Incomplete for incorrect application (fake certificates or wrong information) provided by the applicant will be grounds for disqualification / employment cancellation.

Interview Call

a. The short listed applicants are called for the selection process through an “Interview Call” by letter/e-mail, courier or telegram/telephone.

b. A minimum time frame of 7 to 10 days shall be given to the applicants to make necessary arrangements to appear for the interview.

c. The Interview Call should clearly indicate the date, time, venue and the person to be contacted for the selection process.

d. In case of outstation candidates, the formatter pertaining to the reimbursement of conveyance expenses should also be clearly mentioned.

Reimbursement of Conveyance Expenses

No outstation candidate will be called for interview for the position below senior Executive level. Only for the Senior Executive positions out station candidates may be called for interview and on submission of travel ticket, they will be reimbursed to and fro travel expenses by way of Economy Class Air Fare or the II Class AC Train Fare, whichever they actually spend. They will be reimbursed local taxi fare too for attending the interview.

The candidates have to make their own boarding and lodging facilities, which will not be reimbursed.

Selection Criteria:

While selecting staff, the following criteria shall be used in the evaluation:

a. Communication Skills

b. Job Knowledge
c. Aptitude

d. Ability to understand and explain

e. Emotional Stability

f. Extra Curricular Activities

g. Personality & Grooming (Appearance)

**Interview/ Selection Committee:**

Short listed applicants will be called for interview for the respective vacant position. All interviews will be conducted by interview committee. SUM HOSPITAL has the following committee for Recruitment:

**Doctor**

a. Dean

b. MS

c. Director

d. Hospital Administrator

e. Sr. Consultant

f. Head – HR

**Managers**

a. Hospital Administrator

b. Respective Functional Head

c. HR Representative

**Senior Registrar/Registrar/MO**

a. MS

b. Sr. Consultant

c. Hospital Administrator

d. HR Representative
Officers/and other staff

a. Hospital Administrator
b. Respective Functional Head
c. Respective Departmental Head
d. HR Representative

Nursing Staff

a. Nursing Head
b. Medical Superintendent
c. HR Representative

Paramedics

a. Medical Superintendent
b. Respective Departmental Head
c. HR Representative

Approval:

Selection committee members will sign the interview rating sheet and indicate therein whether candidate is selected. The Chief Executive Officer will make final approval of the recruitment. In case of the senior position of Officers and above, the selected candidate will be interviewed by the MS for final approval.

Reference Check:

A Personal Information Form has to be filled up by the finally selected candidate. The form contains detailed information about the new hire and the information will be part of HR database.

Once a preliminary selection decision is made, HR will verify certificates, certain information as provided in the Job application such as educational qualifications, work experience, last employment status. The purpose of reference check is to obtain factual information confidentially about a prospective employee and seeking opinions from professional referees and previous employer about his/her suitability for a job. Confidential report will be
sought for from the existing employer only after the new recruit indicates his/her date of joining or after he/she joins the organization.

Medical Check up:

HR will send the candidates for medical check up. If the candidate is found medically fit, HR will proceed further with the rest of the process.

Appointment Letter

At this stage, Human Resources Division will issue appointment letter to the selected candidate. All the appointment letters will be signed by the MS.

Release order from existing employers

Persons who are employed with another organization must provide clearance/release letter to HR at the time of joining.

Criminal Check/Self declaration

Candidates must be free from any criminal offence. Candidate’s self-declaration will be taken to avoid future consequences. In this self-declaration she/he must mention that she/he free from all kinds of criminal activities. If she/he found engaged with any kinds of criminal activities she/he will be liable for losing his/her job

Regret Letter

Human Resources will issue Regret Letter to the Manager and above candidates who attended the interview but could not qualify for the job. The objective of this regret letter is to thank them for their interest in the organization.

Orientation and Placement:

HR will conduct orientation program for the new recruits. The orientation program will contain basic information on HR policies, services of the organization and, different divisional activities etc. An employee Guide with detailed information will be provided to new service. Further on the job training will be the responsibilities of the respective Departmental Head.

Personal file of new hire

HR shall open a personal file on each individual employee, starting from the date of his/her appointment.
A personal file will contain job application, CV, copy of Certificates and Licenses, Interview and Test related papers, Reference letters, Appointment letters, current job Description, Important Correspondences on leave matters, Medical records, performance Appraisals, Employee’s status and Salary changes including Transfer, Increment, Promotion, Disciplinary actions and any communications with regard to him or her. In the left side of the file, employee’s correspondence record form will be posted and be filled in properly. This form will indicate the contents of correspondence, documents and information on the employee at a glance.

**Personal Records**

Each selected candidate shall furnish to the HRD/Personnel Department, such documents and information as the hospital may call for at the time of appointment or in the course of employment, including the following:

a. Prescribed application form of the hospital duly filled; in all respects and signed by the candidate.

b. Names of existing or past employees of the hospital, if any, related or known to the candidate.

c. True copies of Qualification certificates

d. True copy of School leaving certificate or any other certificate as evidence for date of birth.

e. True copy of experience and other testimonials, if any.

f. True copy of Employment Certificate from the previous employers, if any.

g. Names and addresses of three references.

h. Two passport size and two stamp size recent photographs.

All personal records of the selected personnel will be maintained by the HRD/Personnel Department, under its safe custody, with the personal records of all the other existing personnel of the hospital.

**PERSONAL DATA CHANGES**- It is the responsibility of each employee to notify the management of any changes in personal data. The personal mailing addresses, telephone numbers, number and names of dependents, individuals to be contacted in the event of an emergency, educational accomplishments, and other such needed information should be accurate.
and current at all times. If any personal data has changed, the employee concerned should notify the HRD/Personnel Department, through the respective Head of Department/Sister-in-charge.

PRIVILEGES OF CLINICAL STAFF

Purpose:
The purpose of specifying clinical privileges is to match the work that the Physician wishes to perform in the hospital is possessing competence and professional skills. The following policy will serve as a guide for grant of clinical privileges. Applicants have the burden of producing information deemed adequate by the hospital for a proper evaluation of current competence, and other qualifications and for resolving any doubts.

Scope
a. Applicable to All Physician Categories who have independent privileges i.e. Junior Consultants and above.

b. Residents, Senior Residents and other doctors in training are excluded during their training period.

Clinical privileges:

Assessment of credentials and delineation of clinical privileges:
The process is done through a committee which review the potentiality skill qualification, experiences of assessing the credentials of an applicant and recommending clinical privileges.

Recruitment and selection/appointment process:
a. The process of recruitment and selection/appointment is a formal mechanism, separate from the credentials and clinical privileges process, which grants a medical practitioner the right to practice medicine within a health facility. It involves recommending a preferred candidate on merit from among competing applicants, taking into account the recommendations of the credentials and clinical privileges committee.

b. Where it cannot be confidently established that an applicant has the necessary knowledge, skills and experience in the area of medicine, for which they are applying, based on

c. Curriculum vitae and referee reports, the applicant must undergo a period of supervision by a specialist in the area/s of medicine before being granted clinical privileges. The
supervisor will be required to provide a written report in relation to the applicant’s knowledge and skills.

d. It is well recognized that Physicians frequently acquire skills and competencies that are outside their broad specializations, OR they may have a special interest for gaining expertise in a focused area within their specialty.

e. At the hospital the policy will be to accept these special skills of Physicians as part of the privileging process. It will be the responsibility of each Physician to be forthright in declaring his skills, based on evidence of additional training or experience and this will be approved by the HOD. Further, it is expected that the Physician will exercise his clinical responsibilities within the limits of his competence except under extreme emergency situations in which case the Medical Director will be involved.

f. Further, when a Physician has acquired higher skills; say of a super specialty, he/she should restrict his clinical work to the domain of the super specialty and refer other treatment /procedures to his colleagues who are more familiar and have expertise in these.

g. The privileges applied for should take into consideration the scope and support services provided by the hospital.

h. In granting privileges, the training, qualifications and experience will be taken into consideration. For specialized procedures, or for privileges that are outside of the professional category, or not a normal part of the Physicians training, proof of additional training or experience may be required.

i. The clinical and institutional setting in which the training occurs, the case mix, available to trainees performing the procedures, and the number of procedures performed under supervision must all be considered when privileges are granted.

TRAINING AND DEVELOPMENT

PURPOSE: Building up of employee competencies is an essential process in a healthcare institution like ours for providing better patient care service and the training is the important medium to achieve the same. Keeping in view the need and importance for providing training to the employees of the hospital provides training to the employees at all levels.
The main purpose of training is to support continuous learning across all areas and levels of SUM HOSPITAL, with the aim to:

a. Create a supportive environment to promote a strong learning culture.
b. Align and incorporate learning with priorities across all levels of the organization.
c. Provide and promote appropriate and innovative learning options.
d. Lead and manage learning effectively and efficiently.
e. Evaluate learning and development.

THE SOURCES TO IDENTIFY TRAINING NEEDS

a. The annual performance appraisal.
b. The views of the Head of the Departments as well as that of the employees themselves.
c. Organizational studies
d. Skill gap analysis process.

The training need of employee is identified (based of the Qualification / Skill / Experience etc.) keeping in view of any of the following:

a. New employee with fresh appointment
b. Horizontal or vertical movement in job.
c. Change of Technology
d. Competence Assessment of the employees.

Competence Assessment of the employees is evaluated on the basis of their track record, previous training details and performance appraisal policy.

Competency mapping is carried out on 1-10 Weightage scale. The objective criteria and the Weightage is maintained as follows:

1- Indicates – no knowledge and no skill
2-3 Indicates – has knowledge but can't do independently
3-5 Indicates – has knowledge and can do independently
6-7 Indicates - has knowledge and can do independently but can't guide others
8-9 Indicates – has knowledge and can do independently and can guide others
10- Indicates - has knowledge and can do independently and can also develop others

Based on the above, the Head Human Resources will prepare objective & target for improving competence action plan (through identification of the gaps). If the

a. Weighted gap is greater then 6 ............Immediate need of training
b. Weighted gap is between 3 and 6 ............The training is highly recommended
c. Weighted gap is between 2 and 3 ............ The training is recommended
d. Weighted gap is 1 .............. The training is useful but no urgency

Training mode:

Training vehicles/ mode (or action plan) includes one of the following.

a. Class room training
b. Facilitated videos
c. Formal apprenticeship and computer aided instruction
d. Guided self study/ computer aided instruction
e. Professional conferences, seminars, etc.

Provision of Resources: The training program includes:

a. Designated person responsible for implementing training program.
b. Tools to support training program activities
c. Appropriate facilities to conduct training
d. Maintaining training records

Assessing Individual Training Needs:

a. Each department or section of SUM HOSPITAL will assess its employees’ training needs on an annual basis based on the specific job requirement against each position as well as analysis of individual training needs define in individual operating plans emerging out of the Annual Performance Appraisal process.

b. All the Training Program conducted at SUM HOSPITAL will be based on the training need derived from employee’s performance and other sources.
c. The Training needs of each employee will be identified at the beginning of every financial year.

d. The individual employee is responsible for enunciating his/her training needs to the immediate supervisor during the time of performance review.

e. Following are the ways in which Training Needs are Identified at SUM HOSPITAL-BBSR
   a. Performance Management system
   b. Personal interview with the immediate supervisor, candidate and head of the department.
   c. Customer/Patient feedback.

f. The head of the department is primarily responsible to ensure that employees training needs are identified for the appraisal year or in case of fresh hire, for the remainder of appraisal year

g. The head of Human Resource Development ensures that identified needs are analyzed, training program are designed and conducted. The head of the department must ensure that each employee attends in the training conducted. The head of the department and Human resource Development section must facilitate the training process.

h. The head of the department must initiate the training designed pertinent to Functional and Cross-functional skill development. This must be done in coordination with the Human Resource Development section, and must include the cross-functional department head, in case of Cross-functional training.

i. In addition, every employee will undergo certain basic training program that ensures standardized level of service and orientation to the organizational values, Code of Conduct, culture, safety and quality of services,

j. The following are some of the basic training that an employee is expected to be attended:

   1. Basic life support – compulsory for all doctors, staff nurses and employees working in patient care areas.

   2. Advance Cardiac Life Support – Compulsory for all doctors working in the hospital

   3. First Aid – for all employees.

   4. Basic Fire Fighting – for all employees
5. Hospital Waste Management Protocol, for the staff concerned.

6. Training on Management Protocol, for management staff

7. Job specific training for the departmental staff.

k. The Human Resource Development must ensure the individual training records are updated to indicate the status of training inputs provided vis-à-vis the identified training needs.

l. At the end of the program every employee shall give his/her feedback in the prescribed form on the effectiveness of the program. The feedback form is expected to indicate the usefulness and the effectiveness of the training as perceived by the employee which will help the training system to further upgrade and enhance the effectiveness of the training modules for better result.

m. The training system is aimed at developing performance. Hence the training is linked directly to the performance management system.

n. When the employee is assessed for rewards during his/her appraisal period, training programs attendance and how the employee made use of training will be considered.

**Responsibilities**

The responsibility for accessing training needs is shared:

a. **Employees** together with their immediate superior’s supervisors will discuss competencies and areas that need development as part of the annual appraisal process

b. **The immediate superiors will discuss of** with the employees about which areas can be feasibly developed. The respective department must provide the required support needed to make the training happen

c. **Department/section** need to assess their activities and needs. It is important that managers are sincere and transparent with information sharing about planned training events and approaches

d. **Human Resource Development** must play a coordinating role. Besides compiling training plan, its role is to match needs with planned initiative.

e. **Considerations:**

1. In planning staff development investments several considerations need to be weighed:
f. **Individual potential:** An employee’s career interest and potential is an important basis on which to begin negotiating staff development investments. A supervisor’s monitoring role should assist the employee to clearly articulate realistic career goals.

g. **Training level:** A particular training program has to be carefully matched with the employee’s current skills and experience.

h. **Relevance to SUM HOSPITAL:** Enhanced skills need to be matched to future organizational needs.

i. **Program length:** Investment in training must be commensurate with department / section requirements. Careful planning is required in ensuring a proper distribution of work while the training program occurs.

**Eligibility for Training**

a. All employees are eligible for training

b. The impact of a training program on its intended participants depends greatly on the effectiveness of the training plan.

c. A training plan is an elaborate schedule of the various training needs of the employees. It encompasses the details of.

d. The yearly financial allocations

e. The training modules based on identification of the disparities in the performance

f. The target employees

g. The frequency of the training programs

h. The type of training to be imparted (in-house or external)

**POLICY:** This policy reflects the commitment of SUM HOSPITAL, to build its workforce capability by supporting and encouraging its people in Learning and Development activities that assist in their current employment, and prepares them for future career opportunities while attaining and maintaining service delivery and business effectiveness.

It is the organization’s commitment to provide every employee with the requisite skills and competencies for their current job responsibilities and to prepare each individual for Career enhancement through relevant training inputs. The training policy addresses the
key process that focuses upon the training of the entire organization in a systematic and effective manner;

a. The employees of SUM HOSPITAL shall be facilitating to unleash their potential in an integrated manner to achieve the Medical Excellence with Human Touch leading to Human Health Excellence.

b. The employee shall be objectively trained and developed together as a team to significantly increase their performance capabilities and service level to go beyond the customer’s expectation and result in highest level of the customer’s satisfaction.

c. The employees shall unfailingly take the benefit from the learning and in a committed way practice to excel in their role as the custodians of SUM HOSPITAL culture.

d. The overriding principle of Training and Development within the organization is that learning is a responsibility of each individual and the organization is committed to provide the environment and opportunities for the learning and growth

Roles and Responsibilities

a. Staff Development is defined as a continuous learning process of improving an individual’s ability to achieve organizational and individual goals and challenge through acquiring enhanced skills, knowledge and attitudes. Career Planning is the process by which an individual establishes career goals and paths to those goals.

b. Staff development, career planning, and the development and maintenance of linkage in support of these processes are shared responsibilities of the individuals and of the organization. Within the organization the various department/section will pay different role, which is stated below:

c. Employees themselves will pay a major role in their own professional and personal development and career planning. They should have a clear vision of their own career goals and identify opportunities to pursue them.

d. Supervisors are responsible for assessing staff performance, providing direct feedback and opportunities for staff to enhance their performance including coaching and mentoring.

e. Department and Section are responsible for ensuring that resources for staff development activities in addition to ensuring department staff development and career planning.
f. **SUM HOSPITAL** Management is responsible for defining organizational policy, providing leadership, and demonstrating by example the organizational commitment to HR and Training policy.

g. **Human Resource Department** is responsible for HR policy development, monitoring, skill identification, network with external training resources, disseminating training information and the management development and other non-medical specific staff development and training activities. The Human Resource Development will keep abreast of trends, learn from department, and tap in to hospital networks including implementation of an effective staff development and career planning strategy.

h. **Flowchart of the Training Process**

```
Customer Feedback -> Performance Appraisal -> H.O.D Observations -> Technological/ Organizational Change

Identify training needs/Gap

Training need/ Gap Analysis

Outlining a training plan

Preparation of a training calendar

Training Execution

Training Records

Topic

Individual

Departmental

External

Internal
```
1. TRAINING BUDGET:

The training cost will be part of the annual budget to be prepared by each department taking into consideration the needs identified for the employees for that year and the training plan proposed. After preparing budget of the department the details of training cost allocation be sent to HR dept. with training needs identified for each employee of the department.

2. TRAINING CALENDAR

The training calendar is a comprehensive document of the training schedule of the employee of the organization. The training calendar may be prepared based on the identified training needs of the employee from different department.

**Evaluation of Trainers and Training Program**

It is imperative and also training philosophy that training program should contribute for the performance development. Therefore at the culmination of each training program the participants are providing with the feedback questionnaire that details parameters for trainer and program effectiveness and efficiency.

Upon completion of any training, workshop, conference, employees are required to complete training evaluation format. The trainee’s supervisor will review this. Supervisors will evaluate employee’s level of enhancement of skills and knowledge after attending the training course or any development initiative during the annual appraisal process on the basis of this input. An indication that the staff development opportunity is worthwhile would be the use of specific skills in the workplace or more general changes in behavior. Supervisor is asked to incorporate observations about objective results of staff development investment in the trainee’s annual performance appraisal.

**Development Program for the Trainers**

The trainers who are from within the organization are generally recommended for attending workshops, training program etc. conducted by various consultants and institutions for developing training methodologies, techniques and tools and using them befitting the organizational requirements.

a. The trainers may either opt for the specific modules available based on their own judgment of the requirement of training needs or may be selected by the Human Resource
Development section after conducting a due diligence process and may recommend them for the program.

**Policy to Attend Outside Program**

a. Whenever the training needs are not fulfilled by the internal training resource outside
b. Training programs may be considered for.
c. The Human Resource Development after scrutiny should forward all such requisitions to the Medical Superintendent for approval.
d. The expenditure for entire training process will be borne by the organization.
e. Any SUM HOSPITAL staff may attend in any training/meeting/seminar/workshop or any conference/symposium within the city once in a year but management may consider participating more than one event in a year based on the recommendation of Human Resource Development considering job requirement and organizational benefit.

**EDUCATION AND STUDY LEAVE POLICY**

a. The education and study leave policy is designed for employees who have demonstrated exceptional commitment to the organization and is an intrinsic part of career planning.
b. The training program subscribed to, should provide individuals with personal development, recognition and a sense of belonging to the organization. Individual desirous to avail of this opportunity must meet the following criteria:

1. Minimum three year of employment with SUM HOSPITAL.
2. Exceptional performance appraisal rating in past three years
3. An enunciated plan/proposal of benefit to the organization prior to enrolment
4. Course duration of not more than three years.
5. In case of getting higher/new responsibility management may consider for any training for the respective staff on specific areas

A legal contract will be drawn between the employee and the MS prior to education sponsorship.

a. The organization will bear the minimum of 50% of the cost to tuition and books. The same will be written off on a pro rata basis over a five year period of employment for every year work on completion of the study.
b. In case of failure to honor the contract by providing active service to the hospital for stipulated period, the employee will be required to pay back the loan amount on a prorate basis.

c. During the education period, the employee will be granted leave without pay based on the duration of the training. Sponsorship of training cost based on the nature and duration of the training and also the learning would be beneficial to the organization.

SELF SPONSORED LEAVE

If an individual employee wishes to pursue a course of study and makes arrangements to pay the cost by his/her self, the organization may consider such requests as per the following guidelines:

a. Minimum two years of employment with SUM HOSPITAL-BBSR

b. Exceptional performance appraisal rating for last two years.

c. An enunciated plan/proposal of benefit to the organization prior to enrolment

d. Course duration of not more than one year.

e. During the education period the employee will be granted leave without pay. No sponsorship is available for boarding and lodging.

APPROVAL OF INDIVIDUAL TRAINING, MEETING, WORKSHOP, CONFERENCE

A training approval form is the basis for training approval. It must be completed by the individual employee, which will be recommended by the department head and approved and signed by the MS and Dean (only for medical staff) before sending it to Human Resources Development section. For all the training, workshop, conference MS/Dean approval is required for finalization and after that a budget will be prepared and recommended by Human Resource Development section and submit to MS for approval. Human Resource Development will be responsible to keep record of such information. Approved training budget will be forwarded to the finance department by the Human Resource Development section during payment request.

Obligation to the Organization

Staff development programs involve an investment on the part of the organization, either directly in terms of time and resources, or indirectly by providing enabling environment that provides the framework for the training. SUM HOSPITAL expects a return on its investment. Staff being nominated for any training, workshop, and conference are required to enter in to an
indemnity agreement. Training program direct or indirect cost is the criterion for determining an indemnity period.

The Head of H.R. will be responsible for drawing out the training plan as per the needs identified. The training calendar will be made ready for the subsequent year.

**PROCESS DETAILS: DESCRIPTION OF THE PROCESS:-**

a. HOD's shall identify training needs of the staff regularly.

b. HR shall ensure provision of these training needs.

c. There shall be a documented Training and Development programme for all levels of staff exists in the hospital.

d. The staff shall be evaluated for their professional and soft skills and competency gaps shall be identified.

e. Depending on these gaps, various types and levels of training programmes shall be organized with the help of internal or external trainers.

f. Personnel requiring training in new techniques / skills shall may be sent to specific training centres or in-house training programmes shall be conducted by inviting the special trainers.

g. Efforts shall be made to train and develop the staff in a systematic manner, keeping in mind the potential for growth and career planning.

h. Technical courses for technicians and nurses shall be in place.

i. Whenever an employee is given any additional responsibility / transferred to another section/ department / is promoted or is required to handle a new equipment, required training shall be given by internal / external trainers / engineers etc.

j. There shall be a feedback mechanism for assessment of training and development programme.

The training budget of the hospital shall be reviewed and revised on an annual basis.

**TRAINING RECORD:**

The training register (for internal as well as training imparted by external trainers in the hospital) for each individual department is maintained where each and every kind of training
attended by the employees shall be recorded along with the signature of each individual employee.

External training, i.e. training attended by the employee outside the hospital environment, shall be recorded in a separate external training records register. Employee is required to submit a copy of certificate by external agency for the purpose of record keeping in the personal file of the employee.

**Training effectiveness evaluation:**

Measuring the effectiveness of the training attended by the employee is a very important task for ensuring the usefulness of the training and the degree of knowledge it provided to the trainees.

Evaluating the training effectiveness is through the analysis of Trainees’ feedback forms. Evaluation of the trainer is essential to understand the capability of the trainer to impart useful training. Trainees’ post training evolution is done by the departmental heads, to measure the effectiveness of the training imparted and the resultant improvement in the level of knowledge.

Quality of outcome of a training program:

A high quality training program would be able to:

a. Enable the individual to enlarge the scope of activities that he can perform

b. Enhancing his proficiency in doing job

c. Improve the quality of outcome of the job done by him.

d. In order to achieve high quality of training program it is essential that the infrastructure used and process used is of high quality.

**Quality Indicators for a Quality of Training program:**

a. Level of attendance/participation in the training events

b. Number of training courses conducted and the number of participants trained.

c. Feed back from trainees collected by staff survey.

d. Process improvement level after training program

**Records Generated:**

a. Training Calendar

b. Competency Assessment
EMPLOYEES’ RIGHTS AND RESPONSIBILITIES

Objective

To convey the employees’ general rights while working for the Hospital as well as the Hospital’s expectations from the Employees in terms of their responsibilities and personal conduct at the workplace.

Scope

Applicable to all Employees working in different categories in various departments of the Hospital.

RIGHTS:

Following are the Employees’ Rights:

a. Right to know the policies related to their job and employment.

b. Right to enjoy leaves facilities as per Hospitals Policy and Indian labour Law.

c. Right to know and have their entitlements of their positions as per Hospital policy.

d. Right for professional developments.

e. Right to know their Annual Appraisal’s ratings.

f. Right to submit their grievances to HR Department.

g. Right to get any information regarding any change which may affect them.

h. Right to leave the job by giving necessary notification as per contract.

i. Right to apply for higher positions against any openings.

j. Right to give opinion for the improvement of hospitals services.

k. Accessibility to the highest authority of the hospitals through proper channel.

l. Right to get treatment as per hospital medical care policy.

m. Right to receive remuneration as per the service contract.
RESPONSIBILITIES: Following are the Employees’ Responsibilities

Selection and appointment as Employee of the Hospital have given all Employees not only certain rights and privileges but also some responsibilities. All the Employees are expected to perform the allotted task fully and diligently with a sense of commitment, belonging, involvement and dedication. The Hospital expects all the Employees to take initiative and assist their team in coming out successful in all its endeavours.

The success and good image of a healthcare organization like ours largely depends on:

a. Maintenance of a high level of public trustworthiness,
b. Disciplined discharge of duties by all.
c. The quality service, positive attitude, good customer relations and pleasing personal appearance.
i. Strict observance of rules and regulations.

These conduct rules applicable to employees in all categories, are therefore primarily intended to inculcate a culture of honest and disciplined discharge of duties and creating and maintaining good image of the Hospital, by all.

a. Every employee shall, at all times take all possible steps to ensure and protect the interests of the Hospital and discharge his/her duties with utmost integrity, honesty, devotion and diligence and do nothing which is detrimental to the interest or good image of the organization or amounting to unbecoming of an employee of healthcare institute.
b. Every employee shall maintain good conduct and discipline and show courtesy and attention to all persons in all transactions and negotiations.
c. Every employee shall maintain the confidentiality of hospital matters.

PERFORMANCE APPRAISAL, INCREMENT AND PROMOTION

Objective

The Policy defines the procedure related to Performance Appraisal System, Increments and Promotions. The purpose of performance management system is to assess the staff members’ performance / competencies involved in the patient care delivery process. This will help enhance the knowledge, skills and behavior of the employees to enable them contributes their best to achieve Departmental/ Organizational goals.
This is accomplished by providing a means of measuring employee’s effectiveness on the job; identifying areas of development where employees are in need of training, growth, improvement and/or additional resources; maintaining a high level of motivation through the feedback from the respective Departmental Heads/Managers.

**Scope**

Applicable to all employees of the Hospital

**Performance Appraisal System**

Performance of employees will be evaluated as per the following schedules:

a. After completion of probation period (for employees on probation)

b. End of every Financial Year (all employees)

**Annual Appraisal:**

The appraisal forms for all confirmed employees are distributed by the HRD/Personnel department to the respective departmental heads every year. The respective departmental heads evaluate performance of each employee of their departments and send back the appraisal form to the HRD/Personnel Department. The performance of all confirmed employees is evaluated by annual appraisal system, which helps us to:

a. monitor and evaluate performance;

b. recognize the accomplishments;

c. take decision for promotion;

d. take decision on increments;

For the Workmen Staff following criteria are taken into consideration for appraisal.

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<tr>
<th>S.N</th>
<th>Criteria</th>
<th>Consideration</th>
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<tbody>
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<td>1</td>
<td>Job Knowledge</td>
<td>Potential for Higher Development</td>
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<tr>
<td>2</td>
<td>Quality of Work</td>
<td>Honesty and Integrity</td>
</tr>
<tr>
<td>3</td>
<td>Quantum of Work</td>
<td>Health and Physical Condition</td>
</tr>
<tr>
<td>4</td>
<td>Responsibility &amp; dependability</td>
<td>Punctuality</td>
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<tr>
<td>5</td>
<td>Communication Skill</td>
<td>Interpersonal relationship</td>
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For the supervisory and management staff there is provision for self-appraisal.
The Self-appraisal is to –

a. Enable the appraisee to review his/her own performance during the period under review

b. Give appraisee an opportunity to record any significant contribution made during the appraisal period;

c. Bring out any personal or other constraints in work that the appraisee faces in his/her work environment which had prevented him/her from performing at better level provide a channel for upward communication.

Increments:

a. The annual increment shall be given to all confirmed employees only once in a year provided they have worked at least for 240 days during the previous year.

b. The respective Department Head shall evaluate the employees’ performance for the year as per the prescribed format of appraisal.

c. The Management Decision in respect of Annual Increment will be final.

d. Normally the employee, whose overall rating is below average, does not get any increment in the salary.

Promotions:

For granting promotion from one grade to another officer’s cadre and promotion of officers to higher grade the management takes into consideration merit and the following aspects:

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<th>S.N</th>
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<td>4</td>
<td>Quantum of Work</td>
<td>Qualification</td>
</tr>
<tr>
<td>5</td>
<td>Responsibility and Dependability</td>
<td>Unblemished Past record</td>
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<tr>
<td>6</td>
<td>Communication Skill</td>
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a. The promotion of employees is essentially the Management function.

b. While considering the promotion of an employee, the merit will be the sole criteria, though consideration would also be given to the length of service in the category. There shall not be automatic promotion after completion of prescribed period of employment.
c. In workman cadre Non-graduates may be considered for promotion to next higher grade after completing 10 years’ continued service provided their past record is unblemished and performance and attendance are satisfactory.

d. Graduates may be considered for promotion to next higher grade after completing 8 years’ continued service provided their past record is unblemished and performance and attendance are satisfactory.

e. Post-graduates may be considered for promotion to next higher grade after completing 6 years’ continued service provided their past record is unblemished and performance and attendance are satisfactory.

f. The subsequent promotion to further higher position may be considered after 5 years’ service in the promoted position from the date of previous promotion. However, it will not be an automatic promotion on completion of 5 years’ Service in a promoted grade.

g. The recommendation of the Departmental Head and the views of promotion committee will be taken into consideration for promotion.

h. An employee promoted to higher grade may be kept on probation for six months after promotion and he/she may be confirmed at such higher position, if his/her performance during the probation period after promotion is satisfactory, otherwise he/she may be reverted to the substantive post.

i. On promotion, the salary is fitted at an appropriate pay step of the promoted grade.

   ○ HOLIDAYS:

12 Holidays are granted to all employees in a calendar year. The holidays are pre-decided in the month of December for the succeeding year. If any employee is required to work on a holiday he/she is paid double the salary for such a day and granted a compensatory off in lieu of the holiday, on which he/she worked.

   ○ LEAVE ENTITLEMENT

   ○ Objective

The Hospital recognizes that employees are a part of a larger society wherein all will have their own personal and social commitments. To enable employees to fulfill those commitments, the hospital provides for different kinds of leave to cover different occasions. This also helps to plan for the leave and make alternate arrangements so that work does not suffer; hence it will be
appreciated if employees can do whatever extent possible, plan their leave well in advance. The Policy defines leave rules and guidelines for availing of different kind of leave.

Applicable to all permanent employees of all the categories in the Hospital. The term ‘employees’ in the leave rules covers all the employees including the ‘Executives, Managers and Officers’ too.

**General**

All the employees shall observe the following rules for availing of the leave:

a. Application for leave should be submitted in writing in the prescribed form to the respective departmental head/sister-in-charge who will forward the same to the HRD / Personnel Department with his / her remarks recommending for approval/not recommending for approval of the leave.

b. The leave application for privilege leave must be submitted 10 days before the date the leave is to commence, except in urgent cases warranting immediate leave or unforeseen circumstances or sickness. In such cases a written intimation should be sent at the earliest to the respective departmental head.

c. The application for any leave on the grounds of sick-ness for more than 3 days, (including maternity leave) must be supported by a medical certificate acceptable to the management. The medical certificate should invariabably indicate the specific ailment and probable period of leave required. An employee should send his/her leave application along with such medical certificate during the period of leave on account of sickness if such leave is for more than 3 days. The fitness certificate should be submitted while resuming the duty when any leave is availed of on sickness grounds for more than 3 days. Submission of sickness cum fitness certificate only while resuming duties may not be acceptable and leave may be declined at the discretion of the management.

d. An employee may avail of privilege leave on the grounds of sickness if the sick leave balance is nil, and only on production of medical certificate acceptable to the management.

e. When any kind of leave is applied for on medical grounds, the Management at its sole discretion may get the employee concerned examined by a doctor or a panel of the doctors of the Hospital. Outcome of such examination will be binding upon the employee concerned and the decision as regard to approval/ non-approval of leave or any other action will be taken on that basis.
f. An employee must intimate his/her contact address before proceeding on privilege leave / or being on leave on sickness ground for long period and if there is any change in the address, he/she must intimate the Hospital in writing.

g. If any employee after proceeding on sanctioned leave needs an extension thereof he/she must send a written application in this regard to the respective departmental head/sister-in-charge well in advance so that reply to his/her application may be sent to him/her before the expiry of the leave originally granted. He/she must indicate the full address also on such application for extension of leave.

h. An employee who overstays his leave, except under circumstances beyond his control, for which he must tender explanation, shall not be paid his pay and allowances for the period he overstays and shall further render himself/herself liable to such disciplinary action as the Management may think fit to consider.

i. An employee is not entitled to avail of privilege leave on more than three occasions in a financial year. However, privilege leave availed of on account of sickness, with proper medical certificate acceptable to the management, shall be allowed as additional occasion of privilege leave.

j. In all cases efforts should be made to submit in advance an application for leave even for a short period. However, for unavoidable reasons if an employee has remained absent for a short period, either on account of emergent/unforeseen circumstances or due to sickness he/she should submit his/her leave application to the respective departmental head/sister-in-charge immediately on resuming duty. If any employee fails to do so his/her absence will be treated as an unauthorized absence and he/she will not be entitled to salary for the relative period of absence. This will be without prejudice to the Management’s rights to take other action as deem fit, against the erring employee.

k. Any absence from duty without satisfying the requisite conditions under which leave may be taken, or obtaining such leave on false grounds, would justify the Hospital, in not treating the employees as on leave but as being absent without leave and hence on loss of pay and allowances.

l. Any leave can be prefixed or suffixed with Sundays or holidays with prior permission of the management. However, the Sunday and holiday, if any, falling within the period of leave, other than casual leave, shall be counted as leave.
m. Leave of all kinds cannot be claimed as of right. When leave is rejected and yet the staff proceeds on leave, it will be treated as unauthorized absence and hence without pay. In any case of unauthorized absence disciplinary action may be initiated.

n. When the exigencies of the service so require, an employee who is on sanctioned privilege leave may be recalled before expiry of leave period organization.

o. An employee, who is on probation may be granted Casual Leave/Sick Leave on prorate basis after completing of three months’ service. Privilege Leave may be granted after confirmation which will be on prorate basis during first year of service.

p. No leave shall be granted to an employee under suspension.

q. All employees should ensure that their leave cards are filled in advance before they proceed on leave. Leave cards are maintained and available in the HRD/ Personnel Department.

r. Leave without Pay may be granted only with prior approval of the respective Departmental Head and the HRD/Personnel Department.

s. Sanction of all types of leave to the employees is subject to the recommendation of the departmental head/sister-in-charge concerned. The departmental head on receipt of the leave application from an employee will write his/her proper recommendation to the effect that whether the leave is to be sanctioned or not to be sanctioned and only thereafter, forward the leave application to HRD/ Personnel Department where such matters are further processed and record is maintained.

t. If any employee remains unauthorized absent the respective Departmental head/sister-in-charge shall send written intimation to the HRD / Personnel Department for necessary action.

CASUAL LEAVE

This is applicable to all permanent employees of all the categories in the Hospital. Casual Leave is intended only for unforeseen or emergent circumstances. Employees, in different categories are entitled to Casual Leave in a financial year (April - March) as under:

a. An employee whose service commences in middle of the financial year shall be entitled to casual leave on pro-rata basis during the first financial year of service.
b. The casual leave can be prefixed or suffixed with Sundays or Holidays with prior permission of the management.

c. The Sunday and holiday, if any, falling within the period of casual leave shall not be counted as casual leave.

d. Casual Leave cannot be granted in combination with any other leave including the special leave or compensatory off.

e. If an employee avails casual leave but falls sick while on leave and extends the leave, the total absence will be treated as casual leave provided medical certificate is submitted in case the number of days of such absence exceeds 3 days.

f. At the end of the financial year status of unutilized Casual Leave shall be as shown here under the foregoing clause 2.

SICK LEAVE

Sick Leave:

a. Every staff member is eligible for 7 days in a calendar year. For those joining in the midst of a year, they shall be entitled for prorated sick leave during the year.

b. Sick leave of more that 0-3 days shall be accompanied by a certificate issued by the registered medical practitioner and at the time of reporting for duty he/she should submit fitness certificate.

c. During probation, SL can be availed only on pro rata basis. Public Holidays, weekly offs falling during the period of sick leave shall be counted as part of sick leave only.

d. Applications for Sick leave must be made in the prescribed leave format immediately or on resumption of duty. Any sick leave/CL not regularized within 24 hours after resumption of duty will be automatically treated as loss of pay.

e. Un availed sick leave balance by the of the end of the year shall be carried forward and can be accumulated up to maximum of 45 days at any given time.

MATERNITY LEAVE

Applicable to all Permanent married female employees of all the categories in Hospital

a. A married female employee can avail of maternity leave of 90 days.
b. In case of miscarriage/abortion a married female employee can avail of maternity leave 42 days.

c. Maternity leave, for delivery or for miscarriage/abortion shall be granted only on the basis of medical certificate.

**COMPENSATORY OFF**

Staff members working on their respective weekly off’s or on any paid Holiday day are eligible to compensate their work by having leave within 1 month of such duty performed.

a. Compensatory off is a rest day given to employees whenever they are called upon to work on a holiday.

b. Compensatory off shall be availed within sixty days from the date of which it becomes due to an employee or else gets automatically lapsed.

c. Un-availed compensatory off is non-encashable.

**Resignation & Separation:**

- **Objective:** To render fair and equitable treatment to an associate who is leaving the Organization. The Organization’s and the associate’s interest will be upheld in a respectable manner.

- Concerned Department In-charge shall be responsible for counselling and initiating the process of resignation or termination.

- Concerned HR is responsible for carrying exit interview and resignation on intimation from/to concerned Department In-charge.

- Concerned Supervisor is responsible for identifying suitable replacement for the position being vacant.

- The Organization or associate may at any time terminate the contract of service by giving the other party one month’s written notice.

- Under the exceptional circumstances an associate is permitted to resign at short notice in which case proportionate pay in lieu of one month notice will be paid by the associate to the organization or adjustment will be made in the Full & Final settlement.

- In case an associate absents himself for a period exceeding 72 hours without any valid reasons his services may be terminated based on approval of Medical Director.
TIME AND ATTENDANCE POLICY

The Hospital being a service organization the quality of its work can be measured only by
good patient care service, and therefore, all the employees are expected to put in maximum
possible efforts to increase output and efficiency in all the sections of the Hospital. Therefore,
every employee should be at his/her place of work, commence the allotted work at the time
fixed and notified, work for the full prescribed hours of work and give maximum output. To
ensure this the first step is that all employees are regular and punctual in their attendance. It is
needless to state that if the employees report for the duty late than the scheduled time and / or
often remain absent without prior intimation it affects the smooth functioning of the Hospital
and patient care / customer service.

In view of this, all the employees shall observe the following norms in the matter of time and
attendance:

a. All employees should maintain punctuality and put biomterics for claiming their
   attendance.

b. Among other things, "good attendance habits" mean the following:

c. Appearing for work no sooner than 5 minutes prior to the start of the shift and no later
   than the start of the shift;

d. Being at the place of work ready for work by the start of the shift.

e. Duty hours is 8 hours, if there is some necessary work to go outside then maintain the
   register.

f. Remaining at the place of work unless the needs of the job require being elsewhere,
   except during authorized meal break.

g. Taking only the time normally allowed for break.

h. Remaining at place of work during entire shift, unless permitted by a superior.

i. Not leaving work until the scheduled end of the shift and arrival of the reliever, unless
   permitted by a superior.

j. Leaving promptly at the end of working hours/shift after arrival of the reliever, and
   handing over/taking over of work, where applicable is completed, unless one has been
given an advance permission by the superior to work past that point
k. Calling in and personally notifying the superior or another member of management if an employee is going to be either absent or late, unless a verifiable emergency makes it impossible for him/her do so.

l. In the event any employee is unable to send written intimation to the Hospital about his/her absence due to indisposition or unforeseen circumstances he/she can rely on a friend/colleague or a family member to help out in such a situation or even inform the departmental head over telephone.

m. When an employee makes phone call and informs his/her superior about the inability to attend the duty, the superior concerned will immediately send a written note in this regard to the HRD/Personnel Department/Time Office.

n. Mainly there are three shifts of eight hours each. They are –

1. However, depending upon departmental exigencies varying shifts are in vogue. All the employees concerned should adhere to their shift time and attend the duty accordingly. Once the respective departmental head prepares the duty list, the employees should not change the shift of their own with other employees and no one should insist that he/she would work in a particular shift only. In such case the attendance system will not accept the change in shifts of such employees and hence the employees concerned will be marked absent for which they shall not get salary as well as shall be liable for disciplinary action.

2. All be punctual and complete normal work utilizing the normal working hours fully. Not to cause dislocation of work by leaving place of work or gossiping and chit-chatting or reading newspapers, magazines, etc., during working hours.

3. Do not overstay the meal break period.

4. Every employee must obtain also a prior written permission from the departmental head, under advice to the HRD/Personnel Department, for leaving early even in emergent circumstances. He/she should not leave the place of work early if his/her superior has not granted such permission.

5. All should also mark their attendance and the time for ceasing of work while entering the Hospital and while leaving the Hospital after working hours every day, by punching / swiping the attendance card till the attendance system by thumb/index finger impression is fully operative. The said system will be fully operative in near future and all are advised to start using the same simultaneously so that all are used to
it and nobody finds any difficulty for registering his/her attendance by said system once the same is made fully operative and the card swiping system is discontinued.

6. Even if an employee comes late to the Hospital he/she should first mark his/her attendance and then go to his/her place of work. Though grace period of 10 minutes is permissible it should not be a permanent feature. On every 3 occasions of late attendance by 10 minutes in a calendar month half day’s leave shall be deducted from the leave balance of the employee concerned. Similarly if an employee is late by 1 hour on any occasion his/her half-day leave shall be deducted. In the cases of late coming proportionate salary deduction also shall be effected.

7. As regards the availing of leave it is clarified that leave of any nature cannot be claimed as of right, and therefore when the exigencies of the service so require or if the leave application is not submitted or the leave rules are not adhered to by an employee, the leave of any nature can be declined at the sole discretion of the management. It is also clarified that no leave or extension of leave shall be deemed to have been granted unless after receipt of leave application leave has been approved and the management to that effect passes an order. Similarly, unless an employee is permitted to do so by the departmental head the employee will not be allowed to return to duty before the expiry of the period of leave granted to him/her. All the employees must observe the hospital’s rules for availing of the leave:

8. Compensatory off shall be allowed in lieu of working on a public holiday declared in advance. However such off should be availed of within 60 days time after the public holiday on which the employee concerned was required to work. If not availed of, the same shall be lapsed. The departmental head shall not recommend approval of compensatory off, if applied after 60 days time. The practice of granting compensatory off or permission to leave early on the basis of accumulated hours of extra work stands discontinued forthwith.

9. Every employee shall avoid using cell phone and receiving / attending his/her personal visitors/phone calls during the working hours, while on duty.

10. No employee shall visit his/her hospitalized relatives / friends during working hours or during anytime which is not the scheduled visiting hours of the Hospital.
11. The abovementioned guidelines as regard to the time and attendance are applicable to all the employees and we trust all will scrupulously follow the same. This policy is initiated for defining SUM HOSPITAL’s expectations in regard to employee attendance and to provide a mechanism for recording occurrences of employee absence and tardiness. This policy will be applicable for all employees of SUM HOSPITAL upto the level of Departmental Heads but except the MS and other Functional Heads.

**General:**

1. All employees must report to their workplace not later than the start of the shift. Any employee punching his/her attendance after the start of shift will be considered late on duty.

2. Employees needing to be absent/late arrival to work for any emergency reason are responsible for notifying their Departmental Head/Sister-in-charge well in advance.

3. Departmental Head/Sister-in-charge must report to the HR/Personnel Department for the employee who is absent without notice for 3 days consecutively.

4. Appropriate disciplinary actions including deduction of pay will be taken against employees who are absent from duty without prior notice.

5. All employees must punch their own attendance to record their IN and OUT timings. In case the attendance recorder fails to read the fingerprint/punch card employee should record their attendance through the temporary alternate arrangement as advised by the time office.

6. Employees are not allowed to punch other employee’s Attendance Card. If anyone is found indulging in such an act the cards will be seized by the Time Office and appropriate disciplinary actions will also be taken against both the employees concerned.

7. Employees are expected to be at their workplace unless the needs of the job required elsewhere except during authorized breaks.

8. Departmental Head/Sister-in-charge must ensure that duty rosters are done for each month by the end of previous month. Once the duty roster is submitted to the HRD/Personnel Department and fed into the system no changes should be allowed/made in the duty roster.
9. Departmental Head/Sister-in-charge must check the attendance of the employees under him/her on a regular basis and any case of late attendance/absent without prior intimation/approval should be reported in writing to the HRD/Personnel Department.

EXTRA WORKING HOURS

Objective

To compensate for the extra working hours put in by the employees of the Hospital

Policy

a. The employees in the cadre of Nurses, Officers and above are not entitled to any overtime or any other extra payment for working beyond their normal working hours.

b. An employee in workman cadre gets double of Basic, D A and H R A on hourly basis for working overtime.

c. Extra hour payment is to be claimed in the prescribed format and the Head of the Department should duly approve the claim.

d. The requirement of doing such additional extra hour duty will have to be justified on the ground of emergency service.

e. Refusal to do overtime work or deliberately delaying/not completing the assigned work during extra hours will attract disciplinary action.

The need for restricting overtime work to the bare minimum can hardly be over-emphasized. While there is the utmost need for economy under every head of expenditure, it should be remembered that it is also expedient to avoid overtime work, as far as possible, because apart from the higher rate of wages payable therefor, the efficiency of the employees generally tends to diminish after a reasonable period of work. Departmental Heads, Managers and other Officers and Sisters-in-Charge will do well to bear the following basic points in mind regarding overtime work:—

a. Overtime work should be the exception and not the rule. All the wards and departments have been provided with adequate staff. The legitimate requirements of all departments for additional staff are promptly met. There should normally be no need for overtime work.

b. The decision as to whether any workman should work before or after normal hours of work must be that of the Management i.e. of the Departmental Head or the Manager or
Officer or the Sister-in-Charge of the department/ward. It should never be left to the sweet will of any workman to decide whether on any particular day he should sit late and claim overtime wages. All workmen should be instructed not to work overtime unless specifically instructed. At the same time, it may be noted/conveyed to the employees when needed, that refusal to work overtime when required by the Management would constitute misconduct.

c. Payment of overtime wages is related to the period during which the work is performed and not to the nature or volume of work done. In other words, overtime wages have to be paid only when a workman is required to do any work before or after his normal hours of work. There is a growing tendency among the Workmen Staff to claim overtime wages for doing certain additional work, even though such work can be and, in fact, is done during the normal hours of work. This tendency should be nipped in the bud.

d. As overtime work is costlier than work during normal hours, a stricter check should be kept on workmen who are required to do overtime work.

e. Payment of overtime wages should not be treated as an indirect cash incentive for completing work during normal hours. In other words, the temptation to resort to contract overtime should be resisted at all cost. The work in the department/ward should be distributed equitably and the work load of each workman should be reviewed, from time to time, with a view to ensuring equitable distribution.

f. No workman should be permitted to work overtime unless he/she is required by the Head of the Department or Manager to work overtime. Before requiring any workman to work overtime the Departmental Head, Manager, Officer/Sister-in-Charge authorizing it should examine the work involved and decide whether overtime is necessary and if so, for what period or whether the work can be done the next day without impairing normal routine work. They should also take into account the urgency, if any, which requires the work to be finished the same day. While authorizing overtime work the authority concerned should authenticate it by initialling in the overtime sheet of the workman on the same day. The practice of initialling the overtime sheets once in a while or at the end of the month should be stopped forthwith, wherever prevailing at present.

g. The work should be rotated at regular intervals. This has a threefold advantage, viz. all the employees will know the work of all the departments and, secondly, instances of deliberate slowing down of work or lethargy on the part of a particular workman will
come to light and at the same time work will not suffer in absence of any particular employee.

Control over the overtime work is one of the factors determining an individual’s managerial and administrative ability and is, therefore, one of the important tools of appraisal in their case.

A proper understanding of the above points will go a long way in helping the Departmental Heads, Managers and others in maintaining an effective check on overtime work.

**HOSPITAL VALUE**

**Values**

Value guides the actions and behavior of employees in fulfilling the Mission. There are people from a cross-culture situation in our organization. So the organization’s set of values guides the individual to act and behave as an employee of the Organization. The individual must adhere to these values as the ideology of the Organization.

SUM HOSPITAL has a set of values that all employees must practice.

**Honestly and Integrity**

a. Be honest, objective, open and consistent.

b. Protect Hospitals reputation and image – internally and externally.

c. Inspire trust and demonstrate appropriate humility.

d. Keep commitments.

e. Respect and faithfully represent team/hospital decision.

**Accountability**

a. Take personal responsibility for achieving results

b. Set high standards and establish well-defined priorities.

c. Deliver promised results.

d. Provide clear and focused guidance, track milestones, and recognize process.

e. Take initiative and be persistent.

f. Anticipate and overcome obstacles.
Commitment

a. Contribute to increase the Hospital’s effectiveness
b. Work hard to achieve challenging goals.
c. Take greater responsibility for the development and implementation of our own work plans.
d. Have interest to attain personal and professional development and contribute to the Hospital success.

Sense of Urgency

a. Proactively develop alternatives
b. Lead gracefully under pressure.
c. Embrace challenges with confidence.
d. Align work design with customer need, targeted outcomes and competitive advantage.

PROTECTION OF PATIENTS’ RIGHTS

SUM HOSPITAL is committed to protect patient and family rights.

Patient’s Rights include:

a. Respect for personal dignity and maintain privacy during examination, procedures & treatment.
b. Protection from physical abuse or neglect.
c. Treating patient information confidential except when required by judiciary.
d. Refusal to treatment, medications, investigations and procedures.
e. Consent before anaesthesia, surgery, invasive and high-risk procedures.
f. Consent before blood and blood product transfusion.
g. Consent for inclusion in research protocol and drug trials.
h. Expressing and voicing grievances.
i. Right to information on expected cost of treatment.
j. Access to his/her medical records.
The hospital will take all the necessary efforts to protect patient & family rights taking into consideration applicable legal rules and regulations.

The organization protects patients’ and family rights during care. Patient rights support individual beliefs, values and involve the patient and family in decision-making processes.

**Patient rights include respect for personal dignity and privacy during examination, procedure and treatment** – during all stages of patient care, hospital staff shall ensure that patient’s privacy and dignity is maintained. During procedure it should be ensured that patient is exposed just before the actual procedure is undertaken. With regards to photographs / recording procedures, it should be ensured that consent is taken and the patient’s identity is not revealed.

**Patient rights include protection from physical abuse or neglect** – special precautions should be taken especially for vulnerable patients eg. Elderly, children etc., eg. Falling from the bed / trolley due to negligence, assault, repeated internal examinations

**Patient rights include treating patient information as confidential** – eg. MTP, patient’s of tuberculosis or any other infectious diseases

**Patient rights include refusal of treatment** – during management the patient should be given the choice of treatment. The treating doctor should discuss all the available options and allow the patient to make an informed choice including the option of refusal. In case of refusal the treating doctor should explain the consequences of refusal of treatment and document the same.

**Patient rights include informed consent before anesthesia, blood and blood product transfusion and any invasive / high-risk procedures / treatment** – informed consent is mandatory for doing HIV test.

**Patient rights include information and consent before any research protocol is initiated.** informed consent is mandatory for doing any research.

**Patient rights include information on how to voice a complaint** – Grievance redressal mechanism must be accessible and transparent. Information should be available on how to voice a complaint.

**Patient rights include information on the expected cost of the treatment.**- He/she should know the expected cost of the treatment.

**Patient has a right to have an access to his / her clinical records.** Patient should be given access/copies of his/her clinical records, if asked for.
A documented process for obtaining patient and/or families consent exists for informed decision about their care.

a. General consent for treatment is obtained when patient enters the organization.

b. Patient and/or his family members are informed of the scope of such general consent.

c. The organization needs to have list of procedure and treatment where informed consent is required.

d. Informed consent includes information on risks, benefits, and alternatives as to that will perform the requisite procedure in a language that they can understand – consent shall have the name of the doctor performing procedure.

e. The policy describes who can give consent when patient is capable of independent decision making – this could include next of kin/legal guardian. In case of unconscious/unaccompanied patients the treating doctor can take a decision in life saving circumstances.

Patient and families have a right to information about expected costs.

a. There is a uniform pricing policy in a given setting (OPD/floor) – defines the charges to be levelled for various activities.

b. The tariff list is available to patients.

c. Patients are educated about the estimated costs of treatment.

d. Patients are informed about the estimated costs when there is a change in the patient condition or treatment setting – patient is shifted from ward to ICU, charges are different

EMPLOYEE MEDICAL BENEFITS PROGRAMME

Purpose

The Medical Benefits Programme seeks to encourage the beneficiaries of the policy to adopt a responsible and proactive approach to managing health and through their actions to promote the services of the organization.
Applicability

The program is applicable to all direct employees and their family. It shall also be applicable to resident doctors, nurses, clinical associates and consultants as well as the retired employees and their spouse.

Family for the purposes of this policy shall mean employee and his or her dependent spouse, dependent children and dependent parents (only in case of the unionized workman staff).

Policy

The Medical Benefits Program shall only be applicable at SUM HOSPITAL. Details of the benefits available under the program are given below.

Out Patient (OPD) treatment

a. OPD consultations, diagnostics and OPD procedures as well as the medicines, treatment availed by an employee and his family at SUM HOSPITAL shall be on a discount basis.

b. OPD may be availed by the employee and his family at SUM HOSPITAL, BBSR on a reimbursement basis. This shall however, not apply to expenses incurred on spectacles, contact lenses, refractive surgery, dental work, hearing aids and diagnostic kits.

In Patient (IP) treatment

a. Inpatient treatment availed by an employee and his family at SUM HOSPITAL shall be on discount basis.

b. Treatment of the members of the Staff and their Dependents —
   1. Parents
   2. Spouse
   3. Children up to ---- year of age

Anybody else with permission from Management

1. Refer them to Senior Doctors / Consultants if considered necessary on clinical evaluation.
2. Issue of Medical fitness certificate to staff recovering from illness
3. Pre-employment medical check-up of new candidate to be appointed as staff
4. Annual medical check-up of staff as per a schedule to be prepared by the HR Dept.
5. Any other work, allotted by Management
Treatment of the members of staff and their dependants

a. Brief History

b. Physical examination and treatment

c. Investigations if necessary which will be restricted to Blood RE, Urine RE and Stool RE (for food handlers).

d. Refer to Consultants if necessary

e. Usually, a maximum of 30 (Thirty) days medicine is given to a patient. In special cases, with the permission from Medical Superintendent medicines could be given for more than 30 days.

The following medicines / medical items are not given free:

a. Medicines for non illness disorders - ACNE

b. Cosmetic items, Shampoos, medical tooth pastes, medical soaps, Sunscreen lotions/cream.

d. IVF Treatment

e. Surgical/ Orthopaedic PROSTHESIS — Cervical, Lumbar/ lumbo sacral belts, /crutches/artificial limbs, knee caps. Anklets, dentures, spectacles, etc.

REFER TO SENIOR DOCTORS / CONSULTANTS

In the event of difficult / complicated cases they could be referred to Senior Doctors/ Consultants. The request note must contain -

a. Brief history

b. Treatment details, if given

c. Reports, if investigated

d. Nature of help needed.

Fitness Certificate to staff to resume duty

Those who return to work after illness: they could be:

a. Those who were treated here or –

b. Those who had treatment from other institutions/clinic/nursing homes.

c. Those who had some home remedies only.
Those who were treated here must produce a fitness certificate from the consultant doctor who had treated them. This certificate must show the followings:

a. Date of admission}  
   Date of discharge } if admitted

b. Diagnosis and treatment rendered - medical / surgical / otherwise

c. Number of days of rest, if advised.

d. Probable date of resuming duty

PRE EMPLOYMENT MEDICAL CHECK-UP

This is compulsory for all candidates:

1. All Category
2. Registrar Doctors
3. Staff Nurses
4. Student Nurses
5. Ward Boys
6. Technicians
7. Clerks
8. Safai kamgars
9. Skilled workers
10. And others

The candidates undergo a set of investigations and then come for Physical check-up. The investigations are:

a. CBC / ESR
b. Urine Routine
c. Stool Routine (For food handlers only)
d. BS fasting
e. HBS antigen
f. CXR PA
g. ECG

There is a prescribed form for physical check-up which must be properly filled-up (with report date and physical check-up date, Signed and must indicate FIT / UNFIT (write reason if unfit)
The Physical check—up includes

a. Height / weight
b. Pulse / BP
c. CVS, RS, GIT, NEUROLOGICAL (IN BRIEF)
d. Hernia / Hydrocele (in males) — (FIT after surgery if present)
e. Skin diseases if any
f. Dental Conditions
g. Varicose veins

The following are the norms of medical unfitness:

a. High B.P.
b. High Sugar Levels
c. HBS antibody positive
d. Rheumatic Valvular disease
e. Bronchial Asthma
f. Severe anaemia (HB < 10)
g. Thalessamia
h. Colour blindness (if driver)

Any special investigations which may be needed will be asked for by the Consultants to whom the candidate will be referred.

In case of any candidate being declared unfit by the MO, the same will be referred to the MS for approval. No Candidate will be refused employment without the opinion of a Medical Board which will comprise of the Director, Medical Superintendent/HA and the concerned Consultant.

The Bed/Room eligibility for Medical Treatment for staff and consultants are as under:

**Process:** In order to avail OPD and IP benefits under the program the employee and his dependents shall fill up the required form and obtain clearance from HRD/ Personnel Department as regard to their eligibility and then approach the admission counter for further process. The retired employees shall carry with them their medical ID card as identity proof.
ANNUAL MEDICAL CHECK-UP

a. This is carried out for all hospital staff. A schedule will be prepared by the HR Dept such that no professional work in a Department is affected. For all food handlers the medical exam will be carried out 6 monthly. All Nursing students will also be examined.

b. The medical examination will include a Physical check-up and investigations such as routine

c. Blood and Urine will be carried out when clinically indicated. For any other problem the individual will be referred to the relevant Consultant.

OCCUPATIONAL HEALTH HAZARD

PURPOSE


b. Follow up on exposure to communicable diseases.

c. Maintain a system for health assessment.

d. Create a healthy environment for staff and thereby to patients handled by them

SCOPE

The policies relating to Staff Vaccination and immunizations at SUM Hospital & Research Centre pertains to all staff at risk of exposure to infectious diseases (this includes nurses, housekeeping staff and staff handling samples of blood any body fluids).

RESPONSIBILITY

The Staff Medical Consultant / H R Department are responsible for the implementation and compliance to the approved policy.

POLICY / PROCEDURE

a. Employee physical Examination – Pre employment screening

b. Detailed history regarding immunization status and past medical history.

c. Vaccination for staff at risk of exposure

d. Laboratory studies, if indicated i.e. serological tests.

e. Immunization protocol for health care workers:

**Mandatory Vaccines:**

a. Typhoid vaccine for all F & B staff once in three years

b. Hepatitis B for all staff at risk of exposure.

**Health and medical surveillance for all F & B staff**

Stool routine examination, stool culture and sensitivity to be done once in 6 months

**Health and medical surveillance for microbiology staff**

a. Monitoring the health of employees, working with dangerous pathogens, such as Mycobacterium tuberculosis.

b. A pre-employment health check, including a chest X-Ray and a relevant test.

c. Regular tuberculin skin test surveillance once in a year for all employees who are, initially Mantoux negative.

d. A chest X-Ray once a year for employees who are initially Skin test positive.

e. A chest X-Ray at the time of skin test conversion or at the onset of symptoms suggestive of respiratory disease, in employees who are Mantoux negative at the time of recruitment.

f. A detailed evaluation, of employees who are symptomatic, and show radiological evidence of disease.

g. TETANUS: Recommended every 10 years after initial childhood schedule. All staff with occupational injuries are evaluated for Tetanus injection

**Exposure Incidents:**

a. In the event of needle stick injuries, splashing of blood and body fluids over skin and mucous members, after the initial first aid (as elaborated in the Infection Control Manual) all staff are encouraged to report the incident for risk assessment. Counseling and baseline serological Tests is followed by early initiation of antiretroviral agents if indicated. Based on Hepatitis B antibody titers, immunization with Immune Glotrulin is also considered. Staffs are periodically followed up for 6 months to determine conversion. (Please refer to Infection Control Manual for more details) All staffs are encouraged to strictly adhere to
universal precautions. Hand hygiene is advised before and after handling patients / laboratory samples / linen, etc. Use of protective equipment when indicated is mandated.

b. For injuries incurred, falls while on duty, including exposures to hazardous materials, electrical burns, shocks, etc., treatment is given appropriately. Employee incident reports are periodically reviewed in the safety committee meetings and actions initiated appropriately. Sickness reporting: Any illness is to be reported to the staff medical consultant / casualty medical officer after obtaining permission from their respective supervisors. Treatment is given accordingly. Whenever appropriate investigations are advised and follow up and references to other specialties are carried out if necessary.

**TERMINAL BENEFITS**

**Objective :** The Policy defines the policy on retirement and benefits available to an employee on retirement.

**Scope :** Applicable to all employees of the Hospital.

**Policy and Procedures**

**General**

a. An employee shall retire from the services of the Hospital upon completion of the 58 years of age. The retirement shall take effect after close of working hours on the last day of the month in which an employee completes the age of retirement, i.e. 58 years.

b. The age of employee would be considered the same as evidenced by the relevant documents produced at the time of joining the hospital.

c. Management may in exceptional cases, extend the services if it deems fit, or reappoint the retired employee on contract basis for a specific period on a lump sum consolidated salary. However, an employee cannot claim the extension or reappointment it as a right.

d. An employee may retire early with the Hospital’s consent as per the Voluntary Retirement Scheme introduced by the management from time to time.

e. Accumulated privilege leave can be encashed by the retiring employee at the time of retirement as per the rules of the Hospital.

f. The retiring employee is also eligible to receive other terminal benefits as per the rules of the Hospital.

g. The salient features of the Hospital’s various schemes of Terminal Benefits are as under:
1. PROVIDENT FUND

1.1. Scope: Applicable to all employees of the Hospital, except those who are employed on contract for fixed period with consolidated salary. The Hospital is governed by the Rules of Provident Fund Act.

The Best Associate Award will be given every month for the best associates at Unit level.

Nominations for the Best Associate Award will be forwarded by various Departments of Unit to the Unit HR Department by the 10th of every quarterly. The Unit HR will collect all the nominations and seek the recommendations of the HA on the same.

After recommendations of the HA, the Medical Superintendent of the Unit will approval/nominate the associates who are to receive the award.

Any five associates will be nominated for the award from the following categories:

- Security Services
- House Keeping Services
- Food & Beverage Department
- Patient Care Services
- Technical Services
- Nursing Services
- Support Services
- Leadership
- Best Team

The Best Associate Award will be presented during a function held at Unit level on quarterly basis. All principle functionaries of the Unit should attend. A senior clinician should be invited as the Chief Guest. The function should be presided over by the Medical Director. All arrangements for the function will be coordinated by the Unit HR Department and HA.

The Best Associate Award will contain the following:-

1. Certificate
2. Rs.500/- for individual associate award;

Rs.250/- per associate for team award.
SRIRAM CHANDRA BHANJA (S.C.B.) MEDICAL COLLEGE AND ITS HOSPITAL

Sriram Chandra Bhanja (S.C.B.) Medical College and its hospital, is presently running its 63rd year of existence. Established in the Pre-Independence India, under the British Raj in 1944, it happens to be a pioneer institute in the whole of eastern part of India in medical teaching, training, research and patient care. The saga of its birth, baptism and upbringing is nostalgic and reminds one of the sagacious stewardship of a few worthy sons of Odisha as well as of a handful of benevolent Britishers.

Outlining the various events chronologically with regard to the history of this institution right from its early embryonic stage to the present state of growth and evolution, one gets struck with wonder and awe. Starting from a tender, tiny sapling more than one and half century ago, has progressed slowly but steadily to its present amazing form of a mammoth, sprawling tree which in a true sense, ushered in the modern medical practice and training to our State as well as parts of the neighboring states.

There existed a small dispensary in the premises of the present medical college during the days of the Marhatta rule in the later half of the eighteenth century. The sole purpose of that dispensary was to render medical assistance to sick pilgrims enroute to and from Puri, especially during the Car Festival of Lord Jagannath. Thousands of devout from all over the sub-continent converged every year to the Puri Dham, one of the four Sacred Dhams of Hindus, during the months of June or July to attend the week long famous festival. On account of the poor sanitary conditions existing then and non-availability of safe potable water, many of them were naturally stricken with communicable diseases like malaria, cholera and gastroenteritis on their protracted journeys. This was a regular annual feature for which, the Marhatta rulers had thoughtfully established some road-side, small dispensaries to cater to the needs of these ailing pilgrims and the one at Cuttack was by far the biggest and comparatively well equipped. This dispensary continued to function admirably till the British occupation of Orissa in 1803 A.D. The British rulers, in due course of time, realised the strategic importance of this dispensary at Cuttack and converted it to a small hospital. Regular financial assistance was made available and the hospital ran smoothly for years thereafter. Following the Great Famine of 1865-66, the British rulers were forced to undertake some development works in Odisha like digging canals, building roads and laying rail tracks in order to improve the communication links to and from the State, but
even in such tight financial situation, they did not starve this tiny hospital for adequate funds. They made substantial provisions for it by pumping enough money from the Annachhatra Fund so that the hospital ran smoothly.

In 1875, a large hearted Briton, Dr. Stewart, the then Civil Surgeon of Cuttack mooted out the idea of starting a medical school, utilising this hospital as an infrastructural nucleus. In this endeavour, he received the kind support and sincere patronage of the then Lt. Governor, Sir Richard Temple and the Divisional Commissioner, Mr. T.E. Ravenshaw. Thus was born the Orissa Medical School. Since then, Licentiate Medical Practitioners (L.M.P.) were trained in Orissa. In 1916-17, the Orissa Medical School was affiliated to the Bihar and Orissa Medical Examination Board which granted the LMP Diploma.

When Odisha became a separate State in 1936 on the basis of language, the academic infrastructure was meager. There was no University, only 5 general colleges comprising 2 Degree, 2 Intermediate and one Training college existed. For postgraduate study in all subjects of Science and Humanities, except English for which M.A. classes were held in the Ravenshaw College, as well as for the degree education in Medicine and Engineering, the students of Odisha had to go outside the State. The newly formed Government of Orissa headed by statesman Sri Biswanath Das as the Prime Minister took office in June 1937, they realised the fact that Odisha would have to make up the leeway in the field of education, if at all, and it wanted to be on a par with the older provinces. Due to various disturbed political situations in the British Empire in many fields progress halted for five years. It was again a happy coincidence that another popular ministry was in office in the year 1943, headed by Maharaja Krushna Chandra Gajapati Narayan Deb. During his tenure, committees were constituted for recommending for the development of education in the State. On the recommendation of the Committee headed by Pandit Nilakantha Das, the first university of Orissa the Utkal University, came into existence on the 27th November 1943. The establishment of this University heralded a subsequent period of hectic educational proliferation both in the field of general education and technical education. In the process, Orissa got seven more colleges inclusive of a Medical College, over and above the already existing five.

For founding the first Medical College, it was again the concerted effort from many quarters. Major A. T. Anderson who happened to be the Principal of the Orissa Medical School-cum-Civil Surgeon of Cuttack, at that time urged upon the then Director of Health, Col. A.N. Chopra, I.M.S. who in turn, recommended to the Government to upgrade the existing medical school to the status of a College. The Maharajas council of ministers in general and Pt.
Godavarish Mishra in particular worked assiduously on the recommendations of the Health Director and took the lead to prevail upon the Medical Council of India, as a result of which, the Orissa Medical College was born on the 1st of June 1944, admitting the first batch of only 22 students into the M.B.B.S. Degree course. Successful candidates from this batch emerged as M.B.B.S. doctors in 1948. The Orissa Medical College was affiliated to Utkal University and it conferred the M.B.B.S. Degree. Soon after, the M.B.B.S. Degree of this University was recognized by the M.C.I. in 1952 with retrospective effect. In order to bring the status of the newly born college at par with other older medical colleges of the country, fund was the constrain. The then British Government was financially drained due to the World War II. To supplement the usual government grant, the generous feudal ruler of the state of Mayurbhanj made generous donations to ease out the financial hurdles. It was therefore, the Government renamed the Orissa Medical College after the name of Maharaja of Mayurbhanj Sriram Chandra Bhanj Deo as S.C.B.Medical College in the year 1951.

Currently the institution admits 250 student per annum for M.B.B.S. course. For maintaining required standard of education in medical colleges and for providing specialist service in the periphery and medical college hospitals, the need for post-graduate training was felt in due course. Consequently P.G. courses in different specialties (M.D/M.S.) were started in 1960. Since 1981, post-doctoral training leading to the award of D.M. and M.Ch Degree were instituted in the disciplines of Cardiology and Neurosurgery respectively. At present, this medical college extends facility for P.G. training in all the 22 broad specialties as well as P.G. studies in super-specialty subjects like Cardiology, Neurology, Nephrology, Endocrinology, Gastroenterology, Neurosurgery, Urology, Cardio-Thoracic Surgery, Pediatric Surgery and Plastic Surgery. Besides, facilities are available in disciplines like other super specialty disciplines viz. Clinical Haematology, Hepatology, Surgical Endocrinology and Surgical Gastro-entrology. Though these superspeciality disciplines till date do not have post-doctoral training facilities as yet, they render yeoman service nonetheless by way of making available highly skilled and most modern forms of therapy to the needy patients of our State. State of the art treatments like bone marrow transplantation and renal transplantations are offered to needy patients at state cost.

In addition to medical under graduate course and post-graduate course, Govt. of Orissa started Bachelor in Dental Surgery (BDS) course with 50 numbers of seats in a separate wing named as Dental wing of SCB Medical College, Cuttack in the year 1984. The BDS graduates those are passing out from this institution are serving to the people of the state. This
S.C.B. Dental College is headed by one Principal. Besides B.D.S. courses the dental college undertakes postgraduate training in six subjects.

Therefore, the S.C.B. Medical College Hospital with all its present components of specialized and super specialist services along with modern diagnostic approach and investigative laboratory service and intensive care service to critically ill patients is serving our state most effectively as an advanced premier medical centre should do.

In the year 2001 Govt. of Orissa in collaboration with ISRO and Sanjay Gandhi Post-Graduate institute of Medical sciences, Lucknow established Tele-Medicine service for providing Distant Medical education to our medical students, Tele consultation for critically ill patients, follow-up treatment facility to the patients who are treated earlier and lastly Tele medical video conference. Another achievement for its attached hospital is, hospital waste management system for disposal of infected waste generated in the hospital through use of modern sophisticated instruments and equipments.

The institution is running a Level A Trauma Centre which will deal with poly Trauma patients, as because this medical college is situated along side N.H.- 5. This centre is of great benefit to victims of Road Traffic Accidents. The Medical College & Hospital has come up with a Regional Diagnostic Centre in its own campus for better diagnostic facility available to the patient inside the campus for 24 hours.

At present, the S.C.B. Medical College with its attached hospital is a huge institution, comparable to the very best of its kind in our country. It is one amongst the very few Medical Colleges of India which have been permitted to admit 250 students in M.B.B.S. course. In respect of teaching, training, research and clinical service, the S.C.B. Medical College maintains a excellent reputation and standard. Some of the staff and alumni of this institution have earned national and international recognitions. The college and the attached hospital are adequately staffed. Above all, this institutional complex, as it stands to day, is the very heart-throb of the medical activities of our state, and of the hopes and aspiration of our people.

**Manpower Planning:**

**Endorsement:**

- Approval of post (nature and number) by DMET.

- Requisition arranged by Nodal Officer and submitted to the DMET alongside expected set of responsibilities and determinations, the abilities/aptitudes required with least scholastic
capability and experience required for the post and name of the venture/division where he/she will be assimilated and for what period and bundle.

1. Selection

2. Advertisement through neighborhood/national newspapers and exchanging information on location and course through employment entryways.

3. Selection:

4. The enrollment procedure will be led by DMET after the labor demand, notice.

5. Receiving applications

6. Short posting appropriate hopefuls according to prerequisites and parameters

7. Interview

8. Written test (of required)

9. Selection and issue of offer letter


11. Interviews:

12. The short recorded hopefuls are educated through E-mail and call letters under postal declaration for show up for the meeting. The meeting board is chosen at the level of competent equipped expert. However the names of board part are revealed to the individuals concerned a day prior. The last choice bears the endorsement of the DMET& OPSC.

13. Capability Test:

14. Contingent upon nature of work (for PC, back and precise) capability test are directed for evaluating the possibility before definite individual communication.

15. Reference:

16. At the season of applying, the potential competitor is required to give two reference one of whom must be from the association the candidate has worked in past. These references ought not be identified with the candidate. HR Dept. checks the legitimacy of references and confirm if need be.

17. Joining formalities:

18. The HR Department at first issues the offer letter and on acknowledgment by the acknowledge competitor. Contract letter given by the HR Dept.
19. Certificates/check sheets of instructive capabilities.

20. Experience declarations.


23. Certificate of fitness from the capable medicinal expert.


25. Photographs.

26. Last pay slip

27. No contribution authentication from past representatives.

28. PAN Card.

29. Non legal stamp paper of Rs. 100/- as the case might be for going into an agreement.

Newcomer are required to sign and present an applicable under taking at the season of joining. Every one of the workers data is then gone into the representatives database by the HR. Dept. for auspicious executing the periodical examinations and contract reestablishment.

To join another post either at the same or another station without benefiting himself of any leave on giving up charge of his post.

To join another post in another station on return shape.

To continue the place of preparing or come back from it to the station to which he is posted.

Regulatory systems:

**Individual Records:**

Essential data of staff will be gathered and kept up by the Establishment Section in particular staff individual documents. Taking after archives should be kept up in individual records of each staff:-

a) Application frame for arrangement filled by the concerned staff.

b) Contract understanding.

c) Original Certificate of scholarly capability.

d) Proof of date of birth.
e) Personal information shape to be filled by the concerned staff at the season of joining
his/her obligations.

Along these lines the accompanying will be added to the worker individual document.

- Copy of the agreement reestablishment
- Leave records.
- Copy of reports on preparing programs gone to by staff.
- Personal information refresh shape to be filled by concerned staff and when changes
happen in his/her own information.

Working Hours and Days:

- There will be six days in seven days (Monday to Saturday)
- Working Hours is for 8 hrs obligation.

Participation:

- Attendance record is kept up in a way that the record stays verified and undeniable.
- Attendance enlist is kept up at the foundation area.
- Every individual from the staff ought to on landing enter in ink unmistakably his initials
against his name.
- The enlist ought to be sent to the Director. Any individual arriving from that point ought
to check his/her participation is the enlist.
- Every individual from the staff is relied upon to be in his working environment unless he
has beforehand gotten unique consent for late participation.
- All paramedical staff, HK, Maintenance functions according to the roaster affirmed by
the concerned HOD

Recording of non-participation:

The accompanying contraction will be utilized by the Establishment area to indicate the reasons
of non-attendance in organisation during working hour.

- CH – Compensatory Holiday in like of participation on an occasion, at the
circumspcetion of Director.
- C-L – Casual leave.
• A – Absence without leave or consent.

Upkeep of participation enroll:-

The enlist will be kept up under the individual supervision of the HR – Head who will see that passages are made accurately.

Reliability:-

i. Strict measures are taken for the authorization of promptness Est. Area/HR Officer ought to be extremely specific in examining the participation enlist.

ii. Surprise looks at might be conveys under the supervision of .

iii. The lunch hour must be circumspectly watched .

Leave :

i. All leaves should be figured from the date of joining of workers.

ii. For starting three months no paid leave will be permitted.

iii. Leave a not assert at the matter of right.

iv. Any leave as allowable might be conceded by the selecting specialist

v. Leave pay might be equivalent to half day pay drawn at the critical moment.

vi. The most extreme time of easygoing leave which a staff is permitted to profit is 12 days in date-book year subject to greatest of 3 days on end typically. The point of confinement of 3 days on end might be casual in unique condition at the caution of Director.

vii. Casual leave might be prefixed as well as suffixed to Holidays and Sundays.

viii. Sundays and Holidays falling amid a time of easygoing leave won't be dealt with as a piece of easygoing leave.

ix. The leave of the concerned staff will have composed endorsement on the leave application shape. In the event of leaving the headquarter the hopeful should look for earlier endorsement and should say phone number and leave address.

x. Prior data to be given to his/her administrator even if there should arise an occurrence of profiting easygoing leave.

xi. Any leave far beyond the easygoing leave will be dealt with as leave without pay.
xii. Record of the considerable number of leaves and leave without pay profited by the concerned staff part will be kept up in the individual records of the legally binding staff.

xiii. Maternity leave should be conceded for a month and a half.

xiv. Sanctioning specialist may not demand for creation of medicinal testament for CL, wiped out leave.

xv. All workers are qualified for a vacation day on full pay in seven days either or Sunday or whatever other day in week.

xvi. Employees may benefit nearby occasions announced by ravanue provincial commissiner.

xvii. The leave pay and stipend permissible for the leave surrendered might be proportionate to the compensation and recompenses the worker is entitled for the months, going before the date of endorse of the advantage.

xviii. House Rent Allowance, movement stipend, unique development remittance, Non-rehearsing recompense and such different stipends of compensatory nature.

xix. Green card motivation stipend and unique pay, which are not compensatory in nature, will be attracted surrender leave pay.

xx. The leave pay and stipends allowable for the leave surrendered might not be obligated to any conclusion because of provident Fund membership.

Travelling Expenses recompenses and every day stipend should be permitted to the work charged representative. It must be endorsed by the back office.

**Commitment to provident reserve:**

1. All workers secured under the representatives provident reserve skim subsequent to finishing one year of administration.

2. Maintenance of administration Rolls: Service Rolls of the representatives might be kept up in the structures as will be recommended.

3. Medical Aid: Free medicinal guide might be given to all representatives and their relatives.

4. Retirement: The work charged representatives might commonly be held in administration up to the age of 60 years.
5. Gratuity: The worker might be permitted to tip at the rate of a large portion of a month's compensation for each finished year of administration subject to the greatest of 15 months on retirement.

6. Misconduct: The demonstrations and exclusions specified beneath by a worker should constitute unfortunate behavior and might be culpable under these directions:
   a) Wilful defiance or insubordination
   b) Striking work or affecting others to hit work with another or others.
   c) Stay in strike,
   d) Adoption of moderate strategies abetment or affectation thereof.
   e) Habitual late participation.

Suspension Pending Enquiry: The work-charged representatives might be put under suspension pending enquiry in an indistinguishable way from given in the odisha common administration Rules, 1962 and amid this period they should be paid subsistence recompense at the rate of fifty percdnnt of their compensation.

**Duty of the staff:-**

Every individual from the staff is in charge of the work allocated to him. He is likewise in charge of every single authority paper and articles having a place with the workplace which are endowed to him.

**Upkeep of office:-**

- Every intiry staff ought to go to the workplace promptly and take the necessary steps dispensed to him earnestly and sincerely in the obligation hours.
- Every staff to hold himself/herself dignifiedly in the recommended clothing regulation while in the workplace and keep up the poise of the workplace.
- He/ought to likewise abstain from enjoying pointless talk over the table with his associates and additionally - in gatherings.
- Every staff has the obligation to guarantee that any wrong in the workplace is quickly conveye to the notice of Dean.
- All staff should be watchful for upkeep of grounds and its offices through the assigned staff.
Pay Disbursement:

- The pay should be set up by first of consistently for the previous month.
- This requires convenient accommodation of all the data to Accounts Department.
- The data incorporates No. of days present, leave with pay, leave without pay advertisement unapproved absents.
- After making computation of procuring period and conclusions/inside expert of Accounts Dept. the compensation sheet will be sent to Dean for discover endorsement.

The records division should deduct relevant charges other than commitment towards GPF and State Insurance and store it with concerned office.

It is the arrangement to exchange the settled measure of compensation specifically in clear record, kept up on a zero adjust premise in a nationalized bank.

Performance Management:

The targets of the performance management are as per the following:-

a) Provide criticism to the employees on their execution.

b) Assessment of preparing needs.

c) Compensation (increase) choices.

d) Benchmark for advancements.

e) Personal improvement of the representative.

The HR group accountable for execution evaluation handle, which will likewise give direction on leading examination will co-ordinate auspicious execution of the same. HR will likewise give aptitudes to concerned assessment for executing examinations on a target and unprejudiced premise. All execution assessments are observed by the quick manager of the assessment and are likewise used to decide the yearly pay increment.

Process:-

The execution evaluation is directed on the premise of destinations/Goals/targets and so on are set toward the starting - the money related year. These are the separated into division level and afterward on individual level. The individual destinations are connected to the remuneration conspire and the execution on these goals is the reason for deciding the prizes pay outs of individual representatives.
Staff Training and Development:-

Preparing and advancement activities are driven from key arrange and intended to work towards meeting the general objectives preparing projects are intended to:

- Increase versatility of staff part for future difficulties.
- Standardize work procedure to expand general effectiveness.
- Reduce thrown by diminishing workers turnover.

Preparing benefits singular staff individuals by enabling then to:

- Improve their expert abilities and general profitability.
- Increase work fulfillment through comprehension of the assignment to be performed.
- improve fearlessness.
- Opportunity for professional success.

Preparing Program:

Preparing projects are the accompanying sorts:-

i. Orientation Training

ii. On the employment Training

iii. Exposure visit.

Introduction/Induction Training:

- All newcomers get a far reaching introduction of:
- Vision, mission, center qualities.
- Organizational structure of Medical and Health Dept.
- Health markers.
- National Health Programs
- Office makers
- General run the show.

At work preparing:

It manufactures certainty and aides in taking in the methodology of the work successfully. All the newcomers are given on occupation preparing for the stipulated period according to the
terms of their arrangement so that their execution amid the contact time frame might be evaluated unbiasedly.

**Off occupation Training:**
Designated staffs are sent to outside to go to senior, gathering. Representatives who go to trainings/exposures present a preparation report in which they can give - on the nature of the preparation went to.

**Preparing Evaluation:**
Administration evaluate the effect of the preparation as far as the normal outcomes.

**Preparing Planning:**
Making arrangements for preparing towards introduction, at work, refresher and motivational trainings will be finished by HR Dept. prior to the start of the money related year and will look for the endorsement of DMET.

**Travel Rules:**
No travel costs are entitled for driving from home to office and back. This avoids such situations where neighborhood travel is a piece of performing ordinary obligations and the component of cost of such travel has been considered in the compensation stash.

The representatives for authority work might be required to travel locally and in addition out station.

**Costs will be repaid on the accompanying premise:**
1. While benefiting nearby travel office, if the explorers are more than one to and fro same goal, the movement office ought to be profited mutually.
2. For outstation venture to every part of the ticket course of action will be made by the worker just and administrations changes of the travel operator will be paid.
3. The bills for repayment of costs must be submitted inside 4 days of come back from trip generally the progress taken assuming any, will be deducted from the pay of that month.

Society is being shaped by people. Solid society includes sound individuals. Unfortunate individuals likewise a piece of each general public.
Development begins from person which again progressed from family and sorted out group, society additionally ought to recognized regular obligation towards the wiped out advance in human advancement likewise urge the man to give welfare of his kindred creatures. Human services assumes essential part in our preferences, it influences the way utilize like together and the desire for our way of life in future. The conveyance of wellbeing administration to the group is likewise open to feedback. Today the clinic implies the foundation where separated from the treatment given to wiped out patient palliative and restoration care is additionally given to the wiped out and harmed persistent.

Amid the previous three decades, the doctor's facility association in India is confronting extreme feedback due to expanding work challenge of assorted types and voice of open against the current medicinal condition in India and in addition the kind of administration given by the social insurance part to the group. Punishment/Termination:

The DMET has the authority to terminate the services of those whose performance is unsatisfactory/habitual absentee/habitual non-compliance of orders from superiors feeding wrong information or any other suitable reason.

**No dues clearance process:**

Employees required taking no dues certificate at the time of leaving the office.

**It includes:**

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Grievance Procedures:

Grievance might incorporate just grievance of individual/individual nature i.e. ought to agree one individual representatives just which might identify with employment fulfillment, workplace, badgering felt at any level, issue and comparative sort affecting one individual by and by with no examination with others and

Detachment:

There are a few purposes behind representative exit. Workers leave the organization of their own will then again their business might be ended by the foundation because of underperformance or unfortunate behavior.

The higher attribution rates educate a considerable measure regarding foundation and hence it is our true attempt to hold representatives with most abnormal amount of inspiration.

Renunciation/Termination:

- Employees should need to take earlier authorization of the Department for applying for option assignments/pasts. On the off chance that a representative did not get earlier consent from the administration and apply or serve his administration somewhere else, he won't be remembered till exchange game plans are made or till two month, whichever is prior.

- Employees who wish to leave need to give obligatory one month early notification according to the terms of the arrangement.

- The arrangement thereof should not influence some other with the exception of the individual abused.

Technique:

- An oppressed worker should display his/her grievance in writing face to face to the grievance panel assigned by the administration for this reason.

- The grievance board of trustees will give his answer inside 3 days of the introduction of grievance. In the event that move can't be made inside that period, the purpose behind deferral ought to be recorded.

- The worker is not happy with choice of grievance board of trustees or neglects to get an answer inside the stipulated period, he should either face to face or joined by grievance advisory group introduce his grievance to the Director.
The Director should take fundamental choice and execute proposals of the grievance board of trustees in like manner according to choice taken by it. In the event that the proposals can't be set aside a few minutes the reason of such postponement ought to be recorded.

In the occasion of distinction of assessment among the individuals from the grievance board of trustees, the perspectives of the individuals alongside the pertinent papers might be put before the Director for an official conclusion. An official conclusion of Director might be conveyed to the worker worried inside 3 days of receipt of grievance advisory groups proposals.

If the grievance emerges out of a request given by the administration, the said arrange might be first conformed to before the representative concerned summons the strategies laid for redressal of grievance.

The grievance panel should have the privilege to access to any record associated with the enquiry kept up in the division and which might be important to comprehend the legitimacy or generally of worker grievance.

The dialect of the grievance taking care of will be the dialect surely knew to the representative.

The grievance board will incorporate Dean/MS expert/workforce/as might be chosen.

In instance of any grievance emerging out of end of engagement of a worker the previously mentioned methodology might not make a difference.

**Act of commission & Omission**

1. The set of accepted rules sets down rules for general moral conduct of staff, demonstrable skill and perseverance in execution of work. All workers ought to cling to proficient conduct communications both inside the establishment and additionally with partners and partners.

2. Staff will dependably be straightforward, cheerful and straightforward with partners, kindred workers and supporting organizations. They will keep up all the institutional data in strict certainty.

3. Sleeping on obligation or in any piece of foundation start aside from in assigned private premises.
4. Organizing, going to or holding meeting inside the limits/without past endorse of the administration.

5. Gambling inside the premises of the foundation.

6. Willful backing off to execution of work or the work lessening or prompting and decrease of the same.

7. Soliciting or acknowledgment of endowments from subordinate representatives/visitors/partners/merchants of the organization.

8. Leading or acquiring cash to or from different workers.


10. Speculation in any speculation or ware inside the healing center premises.

11. Writing of unknown letters condemning the organization.

12. Spreading false gossipy tidbits giving false data which may prompted notoriety the establishment.

13. Theft of property having a place with different workers inside the premises of the foundation.

14. Participation of illicit or unjustified strike or work stoppage in any way.

15. Giving false data with respect to name, age

16. Staff will act with honesty and reliability

17. Staff will be constant, persevering, proficient compelling in our working styles.

18. Staff won't utilize institutional time or benefits for individual work.

19. Staff will look for positive arrangements and results for all worried, in any relationship or connection they embrace.

20. Violation of set of accepted rules would pull in disciplinary activity and may even prompt end. The way of the disciplinary activity will be chosen by the disciplinary panel after due examination.

**Demonstration of Omission and Commission Constituting Misconduct:**

1. In subordination or defiance whether alone or in blend with another or other of any legal and sensible request of an unrivaled or bosses.
2. Unlawful suspension of work or refusal to perform typical obligations, striking work or receiving so moderate technique.

3. Habitual carelessness or disregard or work.

4. Habitual late participation and continual nonappearance.

5. Theft, misrepresentation, misappropriation or untrustworthily regarding foundations property.

6. Causing harm to property of organization.

7. Refusal to chip away at an occupation to which worker is posted.

8. Smoking inside office preface, biting tobacco, Gutkha.

9. Qualification, encounter, individual particulars and so forth at the season of work.

10. Carrying out sorted out gathering fomentation, political exercises or wearing unapproved dress inside the organization premises or while on obligation.

11. Fighting or quarreling with kindred workers.

12. Riotous or misconduct in the foundation or any demonstration subversive of train.

13. Altering, distorting, devastating or in any capacity rendering material set up on the notice board either halfway or - incomprehensible or modifying the importance initially proposed.

14. Failure to watch security guideline or impedance with any wellbeing device or whatever other gear introduced inside the premises.

15. Sexual badgering with any female worker.

16. Abatement or endeavor to submit any of the above demonstrations/exclusion constituting unfortunate behavior.

17. Violation of any standard of the set of accepted rules.

**Discipline for unfortunate behavior:**

Any worker discovered liable of wrongdoing might be given any of the accompanying disciplines:

- Warning
• Fine (at least 33% of fundamental pay)

• Recovery to the full degree of the real measure of misfortune brought about to the establishment or to the worker to the degree of cost lawfully fitting.

• Withholding of additions for a particular period.

• Demotion to a lesser, bring down review, bring down pay.

**Significant disciplines:**

Suspension without pay

End of administration.

**Technique of managing instances of unfortunate behavior:**

On the off chance that a noteworthy unfortunate behavior is affirmed against a representative, the administration before making any move against the worker with hold an enquiry by a workplaces named for the reason. The representative concerned should be given a change sheet, obviously putting forward the conditions claimed against him/her and requiring clarification inside the stipulated time. On the off chance that charges against him discovered genuine a fundamental move will be made by administration.

**References :**


