Chapter XV

CONCLUSIONS AND RECOMMENDATIONS

Hospitals today are becoming increasingly complex administrative structures and their personnel comprise a host of professionals in various disciplines for delivering the services expected of them. Many factors influence the problems being faced by hospitals in Delhi for delivering their services. These factors are related to the local demand for medical care and also the demands of patients from surrounding and far-off areas. Delhi has a number of large and well equipped hospitals, providing services which are both complex and comprehensive in nature. On the spot study of medical care services in Delhi and review of relevant literature revealed that, besides lack of organised hospital system including multiplicity of agencies running these hospitals without coordinated efforts leading to duplication of services in certain areas and gaps in others, the internal administrative machinery in these hospitals was also found to be having gaps.

The element of motivation was found to be non-existent, staff morale was low leading to job dis-satisfaction amongst the personnel. The supply of materials was erratic and often un-certain leading to impediment in patient care. Hospital statistics and other related information was not used for
proper administration of the hospital. Even allocation of funds was not appropriate for providing various services. Over crowding in outpatient departments and increased volume in emergency department constantly put pressure on administration of the hospital. All these factors result into dis-satisfaction of patients and their relatives and ultimately the general public.

Identification of these problems and developing strategies for their solution demanded a detailed study of Hospital Administration System being practiced in a metropolitan city like Delhi. Since no such study was undertaken before, the present study was done in that direction. The Safdarjjang Hospital was selected for the purpose of studying Hospital Administration of a general hospital in Delhi. This hospital was selected because it was a typical large general hospital under the control of the Central Government, representing one of the large hospitals providing all specialised services in Delhi.

**Methodology**

A suitable mixture of techniques for collection and analysis of data was used. These techniques included Descriptive Survey Methods, Interviews, Case Studies, Study of Records, Management Techniques and Observational Studies. The Descriptive Survey Method enabled to Study and interpret
the existing set-up, various relationships, practices and procedures and attitudes-cum-trends. Unstructured interviews with various personnel were conducted for gathering further in-depth information. A number of case-studies were undertaken to further highlight various factors operating within the hospital. The existing workload, organisational pattern and various sub-systems were studied by going through the various records. A few management techniques like 'Costing of Patient Care' and 'ABC Analysis' were used for in-depth study of both Financial Management and Materials Management. Observation as a technique of data collection was also resorted to for gathering information and having an insight into the systems, attitudes and satisfaction of those who provide and those who receive.

Due to limitation of time, the study was confined only to the most important areas from the patient care point of view. It included the study of "Hospital Services in Delhi" and also the study of various areas in Safdarjung Hospital. These areas covered Organisation and Administration', Personnel Administration, Financial Administration, Materials Management, Outpatient Services, Inpatient Services, Emergency Services, Family Welfare Services, Nursing Services, Supportive and Utility Services including Laboratory, Radiology, Dietary, Central Sterile Supply and Linen and Laundry Services, Medical Records Department and
Hospital Public Relations. On the basis of the analysis of data collected and interpretation of information generated from the study, conclusions have been drawn and suitable suggestions are made in this regard, in the succeeding paragraphs.

A. Need of Improving the Health Care System in general to Promote the Utility of Hospitals

Overcrowding and over utilisation is almost a universal picture in all the large hospitals in Delhi. It has been found that proper utilization of hospital services is lacking. In spite of the existence of physical facilities and infra-structure of health care delivery system like Primary Health Centres, Sub-centres, Dispensaries etc. the hospitals get overcrowded with most of the cases who could be attended elsewhere. Even though linkages with these institutions are prescribed, an effective referral system is not practiced. In the absence of a fixed entry point, people with minor ailments also come to a hospital. The present system leaves enough scope for window shopping of hospital services from one hospital to the other leading to duplicacy and misuse of the scarce and expensive hospital services.

1. Serious efforts are needed to streamline the administration of hospitals, in order to achieve
'Zonalisation of Medical Care' and Development of an 'effective referral system'.

2. Multiplicity of authorities owning hospitals in Delhi has further encouraged repetition of services, particularly the diagnostic services for those patients who visit a larger hospital after being referred to by the smaller hospitals. Uniform control mechanism for all the institutions should be developed, which will lay down the standards for each category of institutions and enable them to ensure quality control in patient care. A inter-institutional co-ordination committee comprising of representatives from Directorate of Health Services, Delhi Administration, Local bodies, Central Government and other agencies running hospitals in Delhi should be constituted, so that the objectives of each hospital are formulated in coordination with each others.

3. The administration of hospitals in Delhi face a variety of problems which are social, demographic, administrative and financial in nature. It is also evident that emergence of any one of these problems lead to other problems subsequently. Therefore, it is essential to develop an integrated approach focussing on all these problems together for improving the
hospital administration system in Delhi. Formation of a "Board of Hospital Administration" is recommended in this regard. Health being State subject, this 'Board' should be controlled by Delhi Administration and the Lt. Governor should be the Chairperson. The functions of this body could be framing of major guidelines covering all aspects of hospital administration and, comprise members from the Directorate General of Health Services, Ministry of Health, Professionals in the fields of administration, medical care, law, social scientists etc. The Medical Superintendents of the hospitals may also be a member of this body. This body can meet at regular intervals, to be decided, and review the functioning of the hospitals and formulate new policies keeping in view the trends in the Government. The Medical Superintendent of the concerned hospitals will be answerable to this about his own hospital.

B. Need of Improving the Internal Administration of the Hospital: Need of improved administrative capability and capacity

It was found that the Medical Superintendent of the hospital has very little autonomy in policy decisions needed for administrative purposes and for every decision making he
had to consult the Directorate General of Health Services. A touch of professionalism was also missing in the style of administration of various services in the hospital. It was noticed that at times clinical functions would take the Medical Superintendent away from administrative functions.

1. Keeping in view the size of the hospital and the number of patients, which it has to deal with everyday, the Medical Superintendent should be vested with powers to enable him to discharge the day to day functions of the hospital more effectively and efficiently. These powers should also include incurring of expenditure as may be deemed necessary by him.

2. Professionalisation of Hospital Administration and compulsory training for the administrators of the hospital including the Medical Superintendent, Additional Medical Superintendent, Deputy Medical Superintendent, Assistant Medical Superintendent, Chief Administrative Officer and all heads of departments who are involved in delivering of services and management of resources within the hospital, should be incorporated in the policy.

3. Hospital administration is a full time job which requires constant concentration on various aspects of managing a hospital and therefore, requires the
services of a person who is free from clinical responsibilities. It is, therefore, necessary that the Medical Superintendent should be a full time administrator concentrating only on the administrative aspect of the hospital. Before being inducted to take up this responsibility, the incumbent should be put through an intensive training in Hospital administration. Special emphasis should be given to training in financial management particularly Budget Estimation, Maintaining of Accounts and Auditing. It should be ensured that the senior most clinician should be considered for this appointment.

C. Need of improved internal procedures and policies

A number of committees were already existing to adopt and practice the principle of participative management, but it was found that most of these committees were either non-functional or they rarely met. All the heads of the department were placed directly under the control of Medical Superintendent creating a very large span of control for him. The principles of uniform chain of command and unity of directions are violated in many areas within the hospital leading to dichotomy of accountability. For example, the personnel working in the Engineering and Maintenance Department belong to Central Public Works Department
(CPWD), whereas they function under the supervision of Hospital Administration. Similarly, the Sanitary staff are under the administrative control of Sanitary Inspector whereas, they work under the direct supervision of ward-sister or unit incharge. Policies, Manuals, Job description etc. for effective administration were not followed in every department in the hospital.

1. Participative style of making decision for issues concerning personnel should be practiced. Participative management encourages team spirit because it gives a feeling of belongingness amongst the members, who otherwise may belong to different segments of the hospital. This would lead to a better decision making process thereby ensuring proper and quick implementation of policies.

2. For proper and effective management, the span of control should be reduced and more powers delegated at the lower level. This can be done by creating few administrative positions answerable to the Medical Superintendent. This will leave the Medical Superintendent with enough time to formulate policies and interact with the different agencies, who directly or indirectly are involved in managing the hospital. An
alternate model of organisation structure of the hospital is recommended and given at Fig.24.

3. Wherever dichotomy of accountability cannot be avoided due to the nature of work, co-ordination between the functional supervisor and the supervisor in the line organisation should be well established. Frequent meetings between both the supervisors along with the workers are suggested for better functioning.

4. Clear cut policies regarding functioning of every department should be framed, compiled in a Departmental Policy Book and circulated to every other department in the hospital.

5. A hospital manual describing all the procedures should also be prepared. A separate procedure manual describing nursing procedures should be prepared to ensure maintenance of a standard in nursing care.

6. It is also suggested that, job description of all staff be prepared in writing with copies supplied to each staff.

7. For effective functioning of the hospital, it is essential to have proper flow of communication - be it vertical or lateral. For this, regular staff meetings may be arranged between the administrators and the
Fig. 24

ORGANIZATION CHART OF A LARGE HOSPITAL
(SUGGESTED MODEL)

MEDICAL DIRECTOR

ADULT MEDICAL DIRECTOR
(CLINICAL)

CLINICAL HEADS
HEADS OF DIAGNOSTIC, IMAG
ST. MED. DIR. (OPTh.:ER)
ST. MED. DIR. (OTIC.:E)
NURSING SERVICE HEAD

ADULT MEDICAL DIRECTOR
HOSPITAL SERVICES

DIRECTOR
(ADMINISTRATION)

A.O.I

P.R.D.

FIN. & BUDGETING OFFICER

PERSONNEL MANAGER

A.O.II

MANAGERS

MANAGERS

SUPPLIES & STORES
HOUSE KEEPING
CATERING & DIETETICS
LINEN & LAUNDRY
WORKSHOP
PHARMACY

MEDICAL RECORDS
COMMUNICATIONS
SECURITY & ESTATE
TRANSPORT
UTILITIES

HOSPITAL
ENGINEERING SERVICES

EXECUTIVE
ENGINEER (ELEC.)

ASST. ENGINEER (ELEC.)
ASST. ENGINEER (A.C.)

EXECUTIVE
ENGINEER (CIVIL)

ASST. ENGINEER (BLSG.)
ASST. ENGINEER (MAINT.)
staff. This will allow them to exchange ideas, put forward their opinions and suggestions.

8. The Radiation Safety Committee which is almost non-functional at present, should be revived, so that it takes care of measures against the risk of radiation hazards.

9. A separate branch of reception and enquiry should be established for the Emergency Department.

10. Stretcher Bearer posted in the Emergency Department should be provided with uniform different from others for their easy identification.

11. Nowhere in the OPD the diagnosis of the patient is written except on patients ticket which is taken by the patient. No record of diseases is kept in the hospital. Therefore, morbidity survey which makes a strong base for planning facilities to be provided to the public cannot be carried out on outpatients in the hospital. A register should be maintained in which the diagnosis of each patient after examination will be entered. This can be done by a clerk posted in the Outpatient Department.
D. Need of Developing Good Personnel Administration System

There was no separate Personnel Department for taking care of personnel administration in the hospital. These functions were carried out by general clerical staff. Shortage of manpower, lack of clear cut personnel policies regarding personnel development, welfare etc., lack of promotional avenues leading to various problems like demotivation, unionism etc. were evident.

(a) Need of a Personnel Department

A full fledged Personnel Department under the charge of a personnel manager is very much needed for such a large hospital having more than two thousand personnel. Hospital being a labour intensive organisation, has to pay more attention towards its personnel. A personnel administration department comprising of three main divisions, viz., personnel division taking care of manpower planning, recruitment, deployment, development, promotion, retirement etc., industrial relations/labour relations division and welfare division, should be established in the hospital.

(b) Need of Manpower Planning

1. It was found that there was an overall shortage of trained technical and professional personnel. The
available manpower prefer to work in the non-governmental institutions because of monetary incentives. It is recommended, that the Health Planners devote more time to Manpower Planning and development of staffing norms for various categories of technical and non-technical staff working in hospitals.

2. Staffing norms for nursing staff required in the hospital should be developed on the guidelines formulated by the Indian Nursing Council. The extra patients should be taken into consideration in the estimation.

3. A ward clerk must be placed in each ward who can take away the non-nursing job from the nurses, like maintenance of stock of linen and other materials, maintenance of various registers like admission/discharge registers, intimation to other departments, attending phone calls and meeting the enquiries which interrupt the working of nurses to a great extent. These can easily be handled by the ward clerk.

(c) Need Inservice Training and Continuing Education

1. Policies regarding in-service training and education should be framed which will act as guideline to the
personnel manager. For professional and technical personnel, in-service training and continuing education is very important, not only for their further development but also for the maintenance of their professional and technical skills at an acceptable standard. Therefore, establishing a definite system is suggested for providing continuing education to the personnel in the hospital. A well established unit under the charge of a senior level officer should be assigned this responsibility.

2. The existing Academic section may be strengthened and put under the charge of a Senior Officer for organising inservice and continuing education programmes for all categories of technical staff on a regular basis. To make the programmes need based, these may be planned in coordination with the respective departmental head.

(d) Need of Proper Performance Appraisal System

A sound assessment system will improve the situation to some extent. For this purpose a rational, logical performance appraisal system must be introduced to rule out biased assessment of the employees. In addition to the annual confidential report (ACR), a feedback mechanism including self appraisal should be developed for the
employees so that they can improve upon the performance and maintain it.

(e) **Need of Promotional Avenues**

Lack of promotional avenues is one of the demoralising and demotivating factors for the hospital personnel. The structure in such organisation is so designed that many of the lower level employees do not get a supervisory or senior position during their service tenure. From the Study on job satisfaction of the nursing personnel, it has been revealed that majority of the nurses are either dissatisfied or are satisfied very little. Therefore, it is obvious, that amongst nursing personnel the motivation for carrying out their job is non-existent.

Time scale promotion for all technical staff on the basis of a sound assessment system is recommended.

1. The Labour Welfare Officer is given dual responsibility of a Public Relations Officer as well as Welfare Officer. In addition to this, all sorts of interim jobs are also assigned to her which keeps her away from looking after the welfare aspects of the employees. Keeping this in view, a full time Welfare Officer is recommended for organising welfare
activities not only for the employees but for their families as well. The welfare activities and benefits provided to the employees who have very little chance of promotion or other sources of motivation are expected to dilute the pain caused by the demanding situation for an employee.

2. Periodic health check up for all staff should be carried out and health records should be maintained.

3. Care should be taken regarding protection from radiation hazard. Strict supervision will ensure use of film badges by each technical staff in the Radiology Department. Health record must be maintained for each staff working in this department. Periodic examination including Haematology and urine analysis which was not there, should be done for these staff.

E. Need of Improved Financial Administration

No standard parameters have been laid down for cost accounting or cost analysis in the hospital.

1. A system of costing of services and patient care should be started so that the financial appropriation for various services needed in providing patient care is done rationally.
2. Major cost centres should be identified so that wastages can be minimised to maximise outputs.

3. All the medical and other staff should be made aware of the cost of various items and services which will lead to conservation and effective utilization of the limited resources.

F. Need of Effective Materials Management System

Materials Management in the hospital is too important to be ignored or neglected. In the Safdarjang Hospital, no scientific system was followed for crucial decision-making like demand estimation for such a large hospital. Inventory control system was absolutely missing except the maintenance of stock ledger for various items.

1. It is recommended that a person with appropriate background, training and experience of an officer cadre, who could be made responsible for Materials Management, be specially appointed as supplies and equipments officer to deal with the materials management in the hospital or alternatively a full time senior medical officer with proper training in materials management could be given charge of this aspect of hospital administration.
2. The general store and the medical store each being a large department itself, should be made two independent departments under the control of two separate store officers. It is not possible for one person to supervise effectively two different stores located far from each other.

3. Valid, useful information generated from scientific analysis of items should form the base for scrutinizing the demands of various consumer units.

4. ABC and VED analysis should be done every year taking into account the last years data for better inventory control.

5. VED analysis if done by a committee consisting of all the disciplines heads will minimise biased judgement.

6. This sector could also be computerised for proper inventory maintenance by using ABC, VED, SDE, FSO analysis, EOQ technique, Buffer Stock etc. Which are laborious, time consuming, and boring for the staff.

7. Material supplied in the Emergency Department need special attention as these may be required at odd hours of the day. The sister-incharge should hand over the key of the cupboards to the senior most nursing staff
so that the materials are available, even in her absence.

8. Adequate number of wheel chairs and trollies should be provided in each OPD so that patients need not be carried by their relatives on their backs.

C. Need of Improved Patient Care Services

Patient overload was a prominent feature of the hospital. Extreme overcrowding in the wards, as well as in the Outpatient Department was noticed. Extra patients accommodated on floors and on extra beds were found in most of the wards.

1. It is expected that with improved OPD Services and emergency services the number of admissions be controlled. Therefore, it is also recommended that greater importance should be given to the management of the Outpatient Department in the hospital by appointing an officer of the rank of Additional Medical Superintendent to look after this service. Efficient and appropriate outpatient services will reduce the number of admissions in the long run. Facilities for the patients convenience and guidance should be paid more attention. It is recommended that the timing for registration should be extended by another hour so that
the crowd in the peak hours can be reduced.

2. A Senior Medical Officer of the rank of the incharge of the Outpatient Department, should be posted for looking after the Emergency Department. The observation beds in the Casualty Department remain under-utilized, whereas the emergency wards (both medical and surgical) are overcrowded with some of the patients who actually need to be kept for a short period under observation. This should be taken care of and the observation beds in the Casualty should be utilized for keeping the patients for observation.

3. A separate window for registration of cases report being referred by any other institution of the health care delivery system, should be established.

4. An arrangement for a separate examination room should be made for examining the referred cases where a Senior Medical Officer should examine these cases directly. This type of special arrangement or preferential treatment for the referred cases should be established in other departments providing service to outpatients. This will encourage people to come to the hospital via smaller institutions. The patients who can be handled elsewhere will automatically be screened and the crowd will be reduced.
H. Need of Improved Diagnostic, Supportive and Utility Services

Because of the same registration timing in the Outpatient Department, Laboratory Department and Radiology Department, many outpatients could not get the investigations done on the same day. The waiting time for special Radio-diagnostic procedures was found long. Centralisation of Food Services for such a large hospital is very much essential, even though preparation of diet was centralised in the Diet-kitchen Department, the distribution of food to all patients was left to the ward staff. Poor quality of linen supplied to wards was visible and almost everybody in the hospital complained about poor linen and laundry services. Lack of cleanliness and shortage of running water were found in most of the wards in the hospital.

1. Availability of laboratory facilities should be particularly improved in the outpatient, accident and emergency services. Automation should be introduced in the laboratory services and quality control be instituted to ensure the validity and reliability of the tests done. The working hours should be fixed in such a way that no outpatient has to go back and return again the next day for getting routine blood, urine, and stool tests done.
2. A social worker with adequate knowledge should stand at the entrance of the Central Collection Unit, checking every patient's prescription slip and guide him accordingly.

3. For radiological services it was found that the waiting period for special investigations was too long for prompt treatment and prevention of complications. A separate department for only special investigations is recommended which will reduce the waiting time for these investigations.

4. The Food Service Department should be streamlined and strengthened so that centralisation of not only preparation of diets is possible, but proper dish-washing is also taken care of. The dishes should be sterilized with the help of a steam-sterilizer. The food service personnel should be subjected to regular health checks and proper records of the same should be maintained. Provision of rest rooms and wash rooms for the kitchen staff is also recommended.

5. Special emphasis is recommended to be given on controlling the quality of sterilization in the Central Sterile Supply Department. A full time para-medical supervisor is recommended for this purpose.
6. Almost every ward sister, staff nurse, patient and relative interviewed complained about the poor linen supply. Most of the linen are torn and damaged. The Linen & Laundry Department needs a lot of attention in its functional organisation. Clear-cut demarcation between the dirty zone and the clean zone must be established. Quality control of washing, and conditions of linen being supplied must be ensured by adequate and close supervision of this service.

7. Priority in the hospital should be given to the maintenance of cleanliness. Constant supervision of the worker should be ensured. Shortage of water supply is a crucial problem in the hospital. The hospital administrators should take prompt action in this regard and ensure continuous supply of running water in service areas in the hospital by providing for additional water storage tanks.

8. Proper coordination between the ward sisters and the sanitary supervisor should be established for maintenance of cleanliness in the ward and control over the group 'D' staff.

1. Need of Improved Management Information System

It was observed that the Management and the Medical
Records Department did not have desired rapport with each other. The reports generated by the Medical Records Department for providing information for rational management were usually submitted late, the monthly hospital statistical bulletin which was a comprehensive report on quantitative performance of all clinical and paramedical departments was published 3-6 months late. Even the daily hospital census was put before the management on third day.

1. It is recommended that the administration should adopt modern management techniques by seeking more and timely information from the MRD. Computerisation of the Medical Records would help a great deal in facilitating research in medical science as well as education of medical professionals by providing a large volume of clinical data.

2. Automation: The machines like Bradma Plate Machines, Alpha Index Machine were installed but functioned only for short period due to lack of proper maintenance and adequate training of operating staff. Regular maintenance should be ensured on contract basis either with the supplier or the company. All the clerical staff should be trained in operating these machines rather than only training one or two persons, so that in the absence of any particular staff these machines
are not left idle.

3. Hospitals are required to maintain various records both for men (patient and staff) and materials. Manual maintenance of these records is laborious and time consuming. It is also repetitive and the individual entrusted with this task gets disinterested. Besides, manual maintenance of records makes retrieval of information a time consuming task which results in avoidable delay. Therefore, to ensure proper storage and retrieval of information, computerisation of records is recommended.

J. Need of Sound Public Relations

With increased knowledge and consciousness regarding health and illnesses the expectation of people from a hospital is growing more and more. No professionally trained Public Relations Officer was appointed in the hospital to take care of the aspect. The Labour Welfare Officer was assigned the job along with all sorts of interim jobs which would take up most of the time.

1. The Hospital Administrator has to make an attempt to present the actual condition and ability of the hospital to provide services to the public so that there is no disparity between expectations and the
level of services available to the public. There should be a sustained effort to develop a sound mutual relationship between the hospital and the public.

2. Even if the hospital improves its performance in providing patient care, it will not get recognition without the help of a sound public relations. An organised and sustained effort should be made to develop a mutual understanding and relationship with the people to whom the hospital is providing its services. To ensure this, a full fledged public relations unit should be established headed by a professionally trained Public Relations Officer, who should initiate and take up the activities and organise programmes for developing good public relations in the hospital.

3. A Public Relations Committee comprising of members from each area is recommended for monitoring, and evaluation of the Public Relations Programmes.

It is expected that effective implementation of the above recommendations may improve the administration of the hospital services and provide descent health care to the millions of people suffering from poor health. It would also promote the hospital to act in the areas of preventive, promotive and rehabilitative services.