

## Faculty Development Program for IIHMR Group of Institutions

# Hospital Management – An Overview

Date: July 4, 2020



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Dr. A. K. Khokhar is presently working as Adjunct Professor at International Institute of Health Management Research, New Delhi. He worked as Dean – Training and Professor (Hospital Administration) at IIHMR Delhi from August 2012 till September 2020 after his retirement from ESIC. He is a Medical graduate with 4 post graduations in the field of Health Care Administration and Hospital Administration. Besides working in different positions in ESIC Medical services (Ministry of Labour, Government of India) for 36 years, he has been teaching as Visiting faculty at FMS, University of Delhi, and Institute of Management Studies, YMCA, New Delhi for 24 years. He was also a visiting faculty of IIHMR- Jaipur, NIHFV, SAIL and NTPC. Hospital Administration has been one of his prime areas of interest. He has held important positions of Additional Medical Superintendent, Medical Superintendent, State Medical Commissioner and has been instrumental in developing policies and procedures related to Bio Medical Waste Management, HIV/ AIDS, Occupational Health, Supply Chain Management etc at Institutional as well as State level. He contributed a Chapter on Waste Management in the Module designed by IGNOU for Certificate course on Bio Medical Waste Management. He is one amongst the oldest members of Hospital Infection Society which is taking up number of issues related to Patient Safety. He has organized a number of courses on Hospital Administration for Senior Doctors during his tenure at ESIC. He was the Editor of Journal of Hospital Administration of IHA for ten years. He has carried out a number of studies and surveys on the role of hospitals in primary health care and has also written two books. He has been proactive in developing professional management in hospitals and has developed a number of Case Studies. He has attended and presented papers on different aspects of Hospital Management in various conferences at national and international levels. In his last assignment as Medical Superintendent at ESIC Model Hospital, Rajajinagar, Bangalore, he was instrumental in developing and starting Post Graduate Institute of Medical Sciences and Research, and Undergraduate Medical College, under ESIC.

# HOSPITAL MANAGEMENT – AN OVERVIEW

Dr. A K Khokhar, Professor ( Hospital Administration)  
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# Overview

- ❑ Derived from Latin word 'Hospice' meaning 'a place for refuge' or 'a house for rest' or establishment where guest is received.
- ❑ In early Greek and Roman civilizations, the temples of Gods were used as hospitals.
- ❑ Spread of Christianity, hospitals became integral part of Churches.
- ❑ St. Bartholomew's Hospital, London (1123)
- ❑ In India, hospitals built at the time of King Ashoka (273-232 BC)
- ❑ 1664 Hospital at Chennai by East India Company for soldiers and civilian population in 1668
- ❑ Medical College opened in Kolkatta (1835), Mumbai (1845) and Chennai in 1850
- ❑ In 1885 there were 1250 hospitals and dispensaries.
- ❑ In 1947 there were 7400 hospital and dispensaries, 11000 beds, bed population ratio 0.25 per 100, 47,000 doctors, 7000 nurses, 19 medical colleges.

A hospital is an integral part of a Social and Medical organisation, the function of which is to provide for the population complete health care, both curative and preventive, and whose outpatient services reach out to the family and its home environment; the hospital is also a centre for the training of health workers and bio-social research.”

**.WHO**

# Hospital vs. other industries

- Issues of life and death.
- Motive is saving life along with financial profit.
- Diversity of personnel.
- Diversity of functions.
- Diversity of pathies.
- Duality of control.
- Provision of personalized human service.
- Round the clock 24 hours, 365 days a year services.
- Product quality and quantity difficult to measure.
- Higher expectations of public.
- Wide range of technology involved.
- Rapid advancement on technology.
- Legal issues.

# Functions of Hospital

## Intramural :

### 1. Restorative

- Diagnostic
- Curative
- Rehabilitative
- Care of emergencies.

### 2. Preventive

- ANC and childbirth
- Supervision of growth & development
- Health education.
- Occupational health.

### 3. **Education**

- Medical graduates and post-graduates
- Nurses and midwives.
- Medical social workers
- Paramedical staff.
- Community

### 4. **Research**

- Clinical medicine.
- Hospital practices and administration.
- Physical, psychological and social aspects of health and disease.

# Extramural :

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- ❑ Outpatient services.
- ❑ Homecare services.
- ❑ Outreach services.
- ❑ Mobile clinics.
- ❑ Day care centre.
- ❑ Medical care camps.



# FUNCTIONAL AREAS

## Clinical and Nursing Services

- ▣ Out patient services, In patient services
- ▣ Accident & Emergency services.
- ▣ OT, ICU, ICC

## Supportive Services

- ▣ Radiology services, Laboratory services
- ▣ CSSD
- ▣ Blood Bank
- ▣ MRD
- ▣ Pharmacy
- ▣ Laundry
- ▣ MSW
- ▣ Rehabilitation services
- ▣ Mortuary services

## **General Administration and Business Services**

- Personnel management
- Financial management
- Material management
- Public relations
- Fire and security.

## **Utility Services**

- House keeping
- Dietary services
- Engineering services
- Communications
- Transport

# Role of Hospitals in Primary Health Care

- ❑ Education concerning prevailing health problems and the methods of preventing and controlling them.
- ❑ Promotion of food supply and nutrition
- ❑ An adequate supply of safe water and basic sanitation.
- ❑ MCH & FP/RCH (need-based , client oriented, demand driven and high quality integrated services.)
- Maternal health services.
- Child health services.
- Prevention of unwanted pregnancies.
- Prevention and management of RTI/STI.
- Adolescent health services.

- Immunization against major infectious diseases.
- Prevention and control of locally endemic diseases.
- Appropriate treatment of common diseases and injuries.
- Provision of essential drugs.

# Hospital viewed as a System:

System is a component subsystem which, operating together, perform a set operation in accomplishment of defined objectives.”

## Peculiarities:

1. Open system interacting with its environment.
2. Boundaries separating the hospital system from other social system are not clear.
3. Output of hospital system not clearly measurable.
4. It has to be in dynamic equilibrium with wider social system.
5. It is not an end in itself. It must function as a part of larger health system.
6. With growth system becomes more elaborate and specialized.

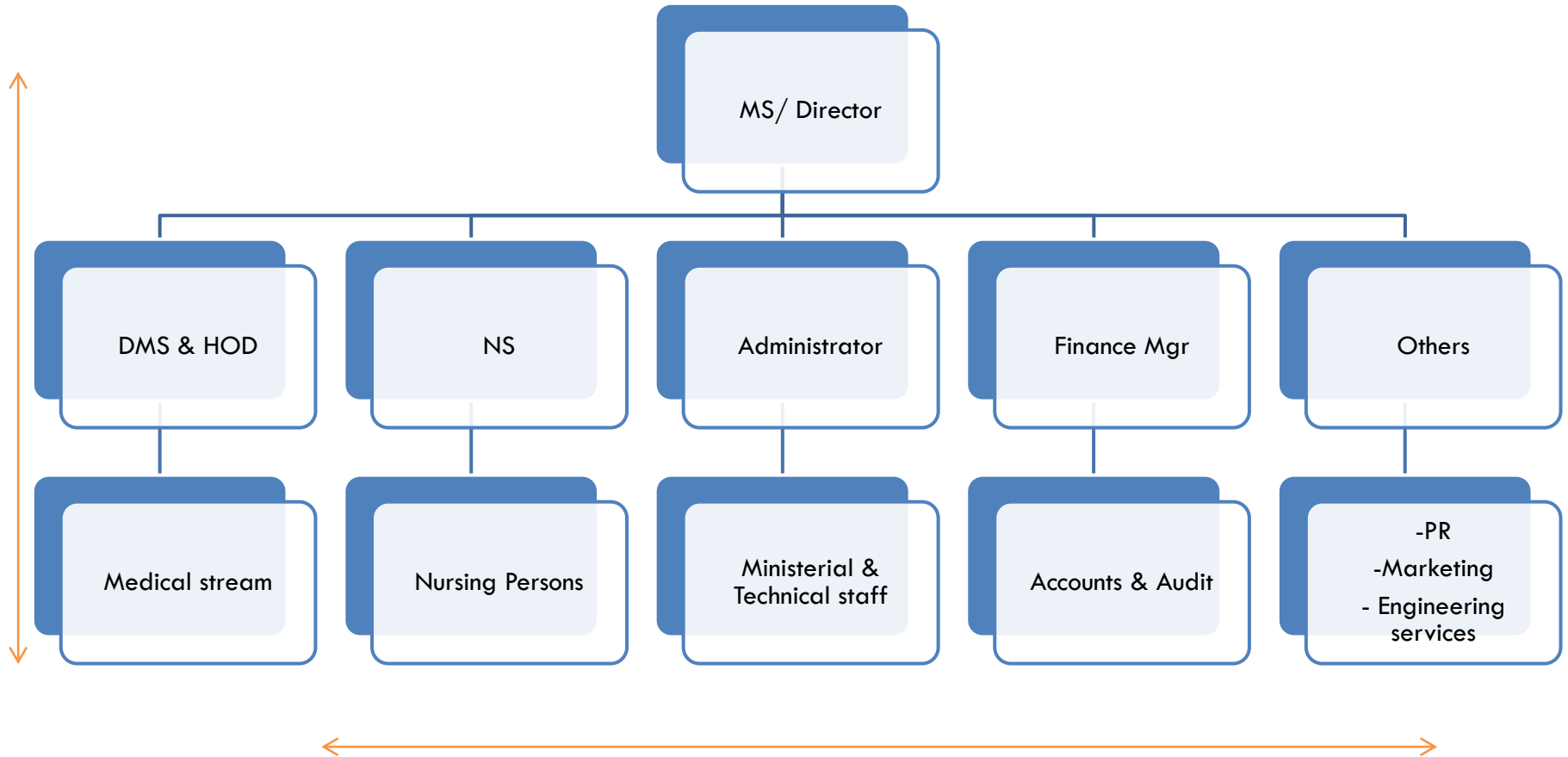
# Four different perspectives:

- **Client oriented** – Access and use of service, quality of care, responsiveness to client needs, freedom of choice.
- **Provider oriented** – Physicians, nurses and other staff, maintenance of professional norms, compensations, maintenance of proficiency and quality of care etc.
- **Organisation oriented** – Cost control, quality control, efficiency, and ability to attract clients, ability to retain staff, mobilization of community support.
- **Collective orientation perspective** – Proper allocation of resources among competing needs, political representation, coordination with other agencies.

# Changing Role of Hospitals

- Acute to chronic illness.
- Curative to preventive medicine.
- Restorative to comprehensive medicine.
- Inpatient care to outpatient and home care.
- Individual orientation to community orientation.
- Isolated function to area-wise or regional function.
- Tertiary and secondary to primary health care.
- Episodic care to total care.

# Hospital is a Matrix organization





# TYPES OF HOSPITALS:

## 1. Classification on clinical basis:

- General hospital
- Specialty hospital
- Chronic care hospital
- Teaching hospital

## 2. Classification on clinical basis:

- Government
- Semi government
- Voluntary
- Private
- Corporate

## Classification as per size and location:

- Community Health Centre.
- Taluk hospital
- District hospital

## Classification as per system of pathies:

- Allopathic
- Ayurvedic
- Homeopathic
- Siddha
- Unani & Tibet.

### 3. **Classification on financial aspects:**

- Profit hospitals and Corporate hospitals.
- Non-profit hospitals
  - Registered under Societies Registration Act 1860/Public Trust Act 1882/ Under section 25 of Companies Act, 1956
  - Profit generated ploughed back.
  - Deficit covered by donation and grants.

#### □ **Categories of Hospitals:**

- |    |            |               |
|----|------------|---------------|
| 1. | Category A | 25 - 50 beds  |
| 2. | Category B | 51 - 100 beds |
| 3. | Category C | 101- 300 beds |
| 4. | Category D | 301- 500 beds |
| 5. | Category E | 501- 750 beds |

# Management of Hospitals

- 1) Governing Body
- 2) Hospital Committee
- 3) Medical Director
- 4) Medical Superintendent
- 5) Hospital Administrator
- 6) Nursing Superintendent
- 7) Department Heads

# Complexities, problems and issues:

1. Hospital must fit into social, economic, professional and traditional fabric of its region.
2. Hospital is an institution of interest to all sectors of society.
3. Quality of care vis a vis patient satisfaction.
4. Provision of services vs. return on investment.
5. Coping up with increasing technological advancements and patient's expectations.
6. Multiplicity of functions like medical, medico-administrative, support services, business, hostel etc to be integrated.
7. Clinician's dominance.
8. Management problems.
9. Lack of physical facilities and utility services etc.

# Catchment area:

1. Urban – 10 -15 Km radius. If good transport 20 -25 Km radius.
2. Rural – 20 -25 Km radius

## Factors determining Catchment area of hospital:

- ❑ Administrative boundaries (district, block, city etc)
- ❑ Geographical situation – low-lying, flood prone, drought prone, industrial area.
- ❑ Natural physical barriers like mountains, rivers etc.
- ❑ Availability of transport.
- ❑ Size of population.
- ❑ Paying capacity of population.



Thank You