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CONTENTS

Sr. No.	TITLE & NAME OF THE AUTHOR (S)	Page No.
1.	ANTECEDENTS OF NON-GOVERNMENTAL ORGANIZATIONS' EFFECTIVENESS <i>DR. M.S.A. MAHALINGA SHIVA, DR. DAMODAR SUAR & DR. SANTANU ROY</i>	1
2.	CRITICISING THE IMPLEMENTATION OF THE SERVQUAL MODEL IN GENERIC INDUSTRIES <i>TAMEEM AL BASSAM & SARMA AL SHAWI</i>	9
3.	TOWARDS A MODEL FOR ENHANCING CONSUMER TRUST IN AN ONLINE ENVIRONMENT <i>PRIYANKA MEHARIA, BISWAJIT PANJA & JUAN HU</i>	14
4.	A RESEARCH STUDY ON ORGANIZATIONAL CULTURE IN COMMERCIAL BANKS (A CASE OF SELECTED BANKS IN HAWASSA CITY OF ETHIOPIA) <i>DR. BREHANU BORJI & DR. ARAVIND SOUDIKAR</i>	19
5.	THE IMPACT OF MICRO FACTOR OPPORTUNITY ON ENTREPRENEURIAL SUCCESS OF SMES – A CASE STUDY ON COMMERCIAL FAST FOOD SMES <i>DR. ANSIR A. RAJPUT, WASEEM AHMED, SYED JEHANZEB JAVED & SEHRISH JEANGIR</i>	25
6.	ANALYSIS OF INFORMATION AND COMMUNICATION TECHNOLOGY (ICT) ADOPTION/USE FACTORS AMONG RWANDAN COMMERCIAL BANKS <i>MACHOGU, M. ABIUD & DR. EGWAKHE, A. JOHNSON</i>	30
7.	A STUDY ON IDENTIFICATION OF CONTEXTUAL KEY FACTORS IN PERFORMANCE APPRAISAL IN PUBLIC SECTOR ENTERPRISES IN INDIA <i>DR. KAIPA RAGHURAM SHASTHRY & DR. VIMALA SANJEEVKUMAR</i>	35
8.	GROWTH AND PERFORMANCE OF HOUSING FINANCE COMPANIES IN INDIA: A CASE STUDY WITH REFERENCE TO HOUSING DEVELOPMENT FINANCE CORPORATION <i>DR. D. GURUSWAMY</i>	40
9.	TRAVEL MOTIVATIONS AND DESTINATION SELECTION: A CRITIQUE <i>W.K. ATHULA GNANAPALA</i>	49
10.	ROLE OF INFORMATION TECHNOLOGY IN BUSINESS <i>DR. R. KARUPPASAMY & C. ARUL VENKADESH</i>	54
11.	ASSESSMENT OF SERVICES OF TEACHING HOSPITALS IN THE CHANGING GLOBAL SCENARIO <i>ARCHANA MISHRA & DR. RITU BHATTACHARYA</i>	58
12.	PROVOCATIVE SELLING TECHNIQUE AT THE BOTTOM OF THE PYRAMID IN A RECESSIONARY SITUATION: STUDY ON UNIFORM MANUFACTURING INDUSTRY - IN AND AROUND KOLKATA <i>BHUDHAR RANJAN CHATTERJEE & SUKANYA CHATTERJEE</i>	63
13.	CONSUMER BEHAVIOUR TOWARDS SMALL CARS - A CASE STUDY OF NALGONDA DISTRICT IN A. P. <i>DR. G. RAMA KRISHNA, D.K. PRATHIBHA, S. DESE NAIK & A. RAMA CHANDRAIAH</i>	67
14.	A STUDY ON THE BARRIERS AFFECTING THE GROWTH OF SMALL AND MEDIUM ENTERPRISES IN INDIA <i>DR. KRISHNAVENI MUTHIAH & SUDHA VENKATESH</i>	77
15.	A MEDICAL IMAGE COMPRESSION TECHNIQUE <i>K. S. SELVANAYAKI & DR. RM. SOMASUNDARAM</i>	82
16.	HIGH ENGAGEMENT & LOW ATTRITION – A STUDY OF THE TELECOM INDUSTRY IN INDIA <i>LRK KRISHNAN & DR. A SETHURAMASUBBIAH</i>	85
17.	ANALYTICAL STUDY ON EMPLOYEE SATISFACTION [CASE STUDY OF GAMMON INDIA LTD. (T & D BUSINESS), MIDC, BUTIBORI, NAGPUR] <i>DR. SHINEY CHIB</i>	96
18.	INNOVATION IN HIGHER EDUCATION ADMINISTRATION THROUGH ICT <i>J. MEENAKUMARI</i>	104
19.	THE IMPACT OF WORKING CAPITAL MANAGEMENT ON PROFITABILITY: EVIDENCE FROM SUGAR INDUSTRY IN INDIA <i>GOPINATHAN RADHIKA & DR. RAMACHANDRAN AZHAGIAH</i>	107
20.	A STUDY ON MOBILE PAYMENT SYSTEMS AND SERVICES <i>CHANDRAKANT D. PATEL</i>	113
21.	SERVICE QUALITY IN HIGHER EDUCATION <i>DR. NARINDER TANWAR</i>	118
22.	CONSUMER BUYING BEHAVIOUR ON MOBILE PHONE: A COMPARATIVE STUDY <i>ANIL KUMAR</i>	122
23.	EVALUATING FINANCIAL HEALTH OF DR. REDDY'S LABORATORIES THROUGH 'Z' SCORE THEORY- A CASE STUDY <i>DR. SHITAL P. VEKARIYA</i>	128
24.	EFFECT OF BARRIERS IN CREATION OF KNOWLEDGE <i>VIDYA L.HULKUND</i>	131
25.	THE ELECTRONIC-NOSE TECHNOLOGIES IN HEALTHCARE AND BIOMEDICINE: A CASE STUDY <i>M.NAVEEN KUMAR</i>	134
	REQUEST FOR FEEDBACK	138

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ASSESSMENT OF SERVICES OF TEACHING HOSPITALS IN THE CHANGING GLOBAL SCENARIO

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ABSTRACT

In the era of globalization, when all the businesses are converting into profitability model, it is comparatively challenging for service industries like hospitals to modify their product i.e. services as per the expectations of consumers as hospitals are very complex with respect to their human resource, procedures and the outcomes. Indian Health care system is fragmented with public, private and semi private hospitals. Among these various kinds of hospitals, Teaching hospitals (private or public) are those, whose role is not only to cater to the need of patients but also to provide learning opportunities to medical students by treating patients. It's worth mentioning that for them, it is more challenging to sustain with these two objectives together. So, an enquiry is made in a Teaching Hospital in Mumbai to assess its existing practices for patient centered standards and Management centered standards. The study is based on NABH guidelines i.e. Care of patient, Patient education, Infection control, Quality policies, Facility management and Human resource management. The study suggests that the hospital has very low scorings for Quality of services and Care of Patients. It is realized that the hospital has smooth routine care as required but the efforts which needs to be taken for specialized care, safety measures, training for practicing quality standards is not as per the global norms. To sustain in the changing business world, these hospitals have to ensure proper documentation of standard policies and monitoring over these standards and indicators. The study also advocates certain alternatives and concludes with necessary course of actions for the same.

KEYWORDS

Global standards (NABH), Quality Management, Patient Care, Teaching Hospital.

BACKGROUND

Indian health care system is consisting of: Public Hospitals (Government, Semi-Government / Municipal Corporation), Public Undertaking Hospitals (Industrial Units, Railways, Port Trusts), Armed Forces Hospitals, C G H S Hospital / E S I S Hospitals and Private Hospitals (Corporate hospitals, Academic/teaching hospitals).

Out of total 13692 odd hospitals in the country, 1/3rd hospitals are in rural areas and 2/3rd are located in urban areas. The government owns 2/3rd of all such hospitals comprising 35% of country total bed component. Private sector which includes corporate and teaching hospitals owns only 1/3rd of hospitals (Dr. R.K. Sarma, 2010). Therefore, the role of government hospitals and teaching hospitals in India is very significant. Medical Council of India has registered more than 300 Hospitals for under graduate medical studies and some of these hospitals are offering post graduate and super specialties studies also. About 750-800 millions in rural India and lower & lower middle class of urban population is totally dependent on healthcare services from Government sectors Hospitals or private teaching hospitals (Satish Kini, 2011).

THE CHANGING GLOBAL SCENARIO AND INDIAN HEALTH CARE SYSTEM

Globalization influenced service sector i.e. healthcare systems in the creation of integrated world markets. "Hospitals are open systems, strongly influenced by the environment in which they operate" (McKee and Healy 2002a). Their regulations and activities are influenced by factors related to the target population, incidents and prevalence of diseases in the community, public expectations and in broader terms socio-economic & political environment (Andrea A. Cortinosis, Sarah Downey et al., 2003)

The changes in the global scenario have deeply influenced the Indian health care providers. As per statistics: "The growth in Indian Health care sector is projected at 23 percent per annum to touch US\$ 77 billion by 2012 from the current estimated size of US\$ 35 billion (ASSOCHAM-Yes bank-2010). "Emerging Trends in Domestic Medical Tourism Sector," by a leading industry body it was stated that an estimated 3.2 million medical tourists would arrive in India by 2015. A US\$ 36 billion industry today and growing at 15 per cent compound annual growth rate (CAGR), the Indian healthcare industry will reach the market value of US\$ 280 billion by 2022 (Healthcare-2011)".

India has become a popular destination for Medical Tourists due to world-class technologies, global standard services and cost effective treatment. The matter of concern is also the global exposure of Indians middle and lower class due to job, holiday tours, exposure to Internet and large amount of available literature.

GLOBAL STANDARDS FOR INDIAN TEACHING HOSPITALS

The Indian private/corporate hospitals are adopting National and International accreditations. These hospitals will not only attract Indian population but also the global customers, who visit India in search of global standard health care. To sustain in this competitive world even teaching hospitals have to change the perception of the Indian population about the health care delivery systems in their premises (Linda T. Kohn, 2004). "Teaching Hospital can be defined as a hospital which provides clinical education and training to future health professionals i.e. doctors, Nurses and in addition cater to health care need of population in the region. Affiliated to a medical college or university, it may be a part of wider regional or national health system" (Wikipedia). The question arise, how these hospitals are functioning and what will they do to sustain in competition with these two objectives, when the expectation from them is to change old outdated, inefficient and wasteful methods from the existing systems.

LITERATURE REVIEW

A global survey in the 6 regions of the World Health Organization reveals Public sector hospitals in developing countries like India lacks funds, understaffed, and poorly managed (Dr. Uton Muchtar Rafei, 2000)". Human Resource Management in areas like skill development, competencies and accountability are far from satisfactory and so government is looking for PPP Model in U.P. India (IHF Newsletter, 2010). Another study says that these hospitals are facing several resources constraints like Non-availability of staff, Poor referral system, Lack of funds Secondly, management Inefficiencies, what patients experience in these hospitals are long waiting time for almost all the procedures, lack of privacy in health care delivery, mechanized behavior and lack of promptness by health care providers (Dr. Paras K. Pokharal, Prof. J.N. Pande, et.al, 2003).

The study suggest a better model to meet the expectations of modern patients with special reference to financial and manpower planning for Indian hospitals (K. C. Ojha, 1983). Sustainability for large teaching and research institutions in the era of globalization is very critical especially because of its multiple functions (Andrea A. Cortinosis, Sarah Downey et al., 2003). Importance should be given to define the roles and responsibilities of various stakeholders of the institutions for building health systems that should be responsive to the community needs (Ramani KV, Mavalankar Dileep, 2006). There is a study suggest the Technological, Demographic, Social & Economic model for 21st century (Linda T. Kohn, 2004) but more applicable to American context. There are various studies to assess and define the role of health institutions to cope up with the global changes but there is still lack of knowledge about the assessment of existing practices and critical analysis in terms of global norms in any Indian Teaching Hospitals (private, trust and government units).

RESEARCH GOALS

The study is designed to assess the existing management Practices in teaching hospitals. The assessment is based on NABH (National Accreditations of Hospital and health care organizations) Guidelines.

RESEARCH OBJECTIVES

SPECIFIC OBJECTIVES

1. Assessment of **Patient Rights and Education (PRE)** practices in Teaching Hospital.
2. Assessment of **Hospital Infection Control (HIC)** measures in Teaching Hospital.
3. Assessment of practices of **Care of Patients (COP)** in Teaching Hospital.
4. Assessment of **Continuous Quality Improvement (CQI)** in Teaching Hospital.
5. Assessment of **Facility Management and Safety (FMS)** in Teaching hospital.
6. Assessment of **Human Resource Management (HRM)** in Teaching Hospital.

BROAD OBJECTIVES

1. Assessment of **Patient Centered Standards** in Teaching Hospital.
2. Assessment of **Management Centered Standards** in Teaching Hospital.

METHODOLOGIES

Study is based on Private Teaching Hospital in Mumbai.

Questionnaires for staff Nurses (No: 120) with minimum 2-3 years experience in the present hospital: To check their Awareness and Practices for **Patient Centered (COP, PRE, and HIC) and Management Centered (CQI, FMS, and HRM) standards.**

Each standard has its indicators (5 – 8 questions).

The response as **No** or **Do not know** (lack of knowledge = No implementation) is considered as non compliance to the respective indicators.

FINDINGS

The responses of the Nurses for Documentations, Policy and Practices under each standard are taken. Table-1 shows the awareness among the employees about the required global standards.

TABLE - 1: EMPLOYEES RESPONSES (AVG.) FOR PATIENT AND MANAGEMENT CENTRED STANDARDS

Patient centred standards	Yes	Partly Yes	No/Do not Know
Care of Patients (COP)	31	21.6	67
Patient Rights and Education (PRE)	45	23.2	52
Hospital Infection Control (HIC)	47	25.8	47
Management centered standards			
Continuous Quality Improvement (CQI)	27	34.3	59
Facility Management and Safety (FMS)	57	30	34
Human Resource Management (HRM)	43	30.3	47

DATA ANALYSIS

THE RESPONSES OF THE HOSPITAL EMPLOYEES ARE PRESENTED (%) FOR EACH STANDARD BELOW

56% Nurses believe that there are no proper Documentations/ policies and monitoring indicators for care of patients (Chart-1). About 44 % believe, there is lack of proper policies/practices of patient education and information in the hospital (Chart-2).

CHART – 1

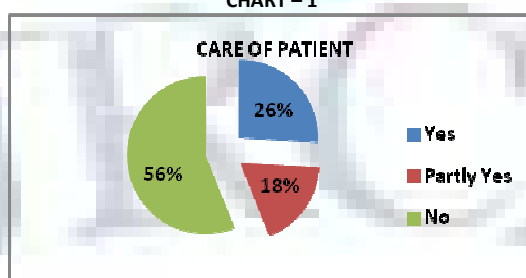
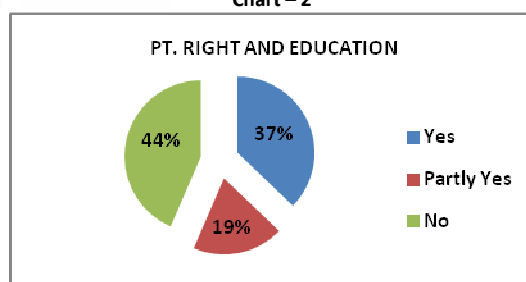


Chart – 2



Almost 40 % Nurses denied that they adhere to proper infection control practices, whereas 39% Nurses strongly accepted the same (Chart-3). 49% denied the proper Quality control practices in the hospital or accepted that they are not aware about the same. Quality policies for clinical and managerial outcomes were mostly not known to the staff. Activities to ensure safety like sentinel events and their reporting were majorly got negative responses (Chart-4).

CHART - 3

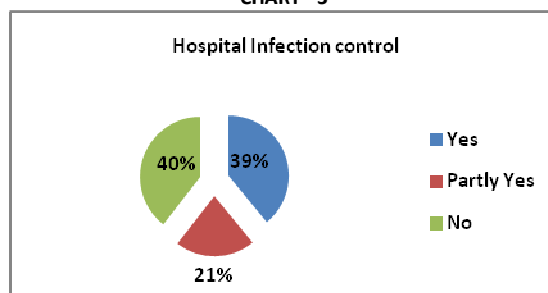
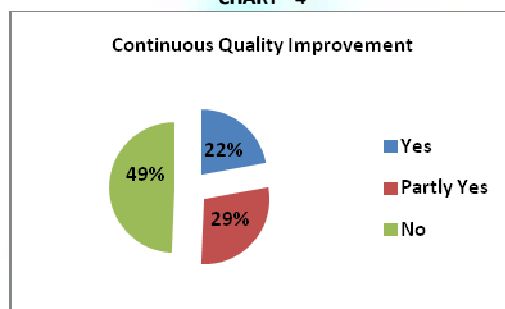


CHART - 4



47% Nurses accepted that organisation adheres to the statutory rules and regulations and is safe for patients as well as employees, whereas 28 % replied negatively (Chart-5). 39 % denied the efforts for Human resources practices as effective as it should be but almost 36% believes that it is good (Chart-6).

CHART - 5

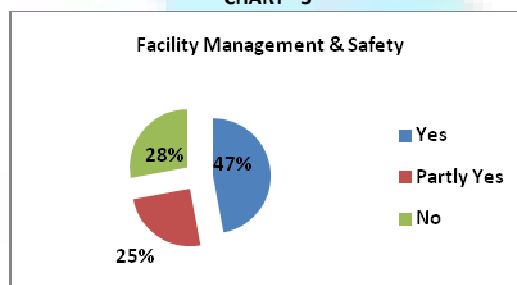
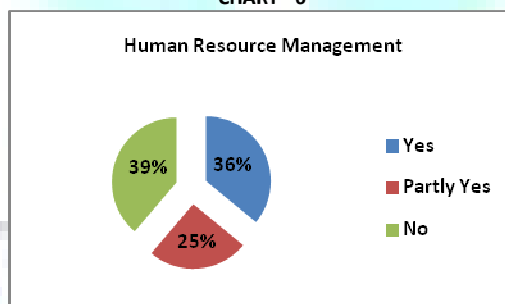


CHART - 6



Overall analysis (Chart-7) shows that 35 % Nurses are aware about the global standards but a major population i.e. 42 % replied negatively.

CHART-7: OVERALL COMPLIANCE TO THE STANDARDS

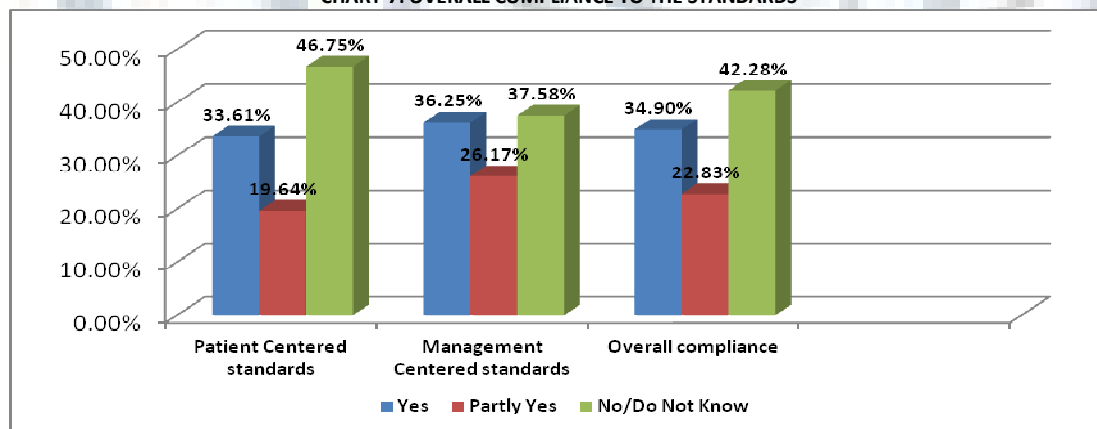


TABLE-2: HIGHEST SCORING (↑) AND LOWEST SCORING INDICATORS (↓)

PATIENT CENTERED STANDARD	Yes (%)	Remark
(COP) Policies and procedures for ICU & High Dependency Units.	49.16	↑
(COP) Policies and procedures for end of life care.	12.50	↓
(PRE) Patient and family's involvement in decision-making processes.	24.17	↓
(PRE) Information provided about expected costs to Patient and families.	42.50	↑
(HIC) Policies and procedures for infection control programme	53.33	↑
(HIC) Policies and procedures for Sterilization activities	25.83	↓
MANAGEMENT CENTERED STANDARD		
(CQI) Structured Quality Improvement and Continuous Monitoring Programme.	35	↑
(CQI) Key indicators to monitor the clinical structures, processes and outcomes	12.5	↓
(FMS) Provisions for safe water, electricity, medical gases and vacuum systems.	30.83	↓
(FMS) Smoking limitation policy.	70.83	↑
(HRM) Human resource planning.	17.5	↓
(HRM) Employees are trained on specific job duties or responsibilities related to safety.	60	↑

DISCUSSIONS

LEVEL OF IGNORANCE IN SERVICES

STANDARDS	IGNORANCE LEVEL
COP	<ul style="list-style-type: none"> Uniformity of care: 57 % Nurses could not answer or answered negatively. Emergency services: 56% were not sure about the documentations for the same. Cardio-pulmonary resuscitation: 65% Nurses could not reply about the policies of the hospital or statutory bodies. Rational use of blood and its product: 54% Nurses are not aware about the policies. Elderly and vulnerable patient care: 54 % could not reply or replied negatively for existence of the policies. End of life care: 78% were not aware about the policies or not able to reply.
PRE	<ul style="list-style-type: none"> Decision-making: 56 % Nurses are not aware about the policies or denied the existence of the same.
HIC	<ul style="list-style-type: none"> Sterilization Policies: When asked 56 % were not aware about any rule for the same. Bio-medical waste management: about 50 % Nurses accepted that they adhere to the rules and policies.
CQI	<ul style="list-style-type: none"> Clinical outcome: 49% responses were negative for any indicator or Monitoring policies are being complied with. Managerial Outcome: 53% responses were negative. Auditing of patient care services: 51% denied for periodically monitoring of the same. Sentinel event recordings: 62% are agreed for non compliance in their ward.
FMS	<ul style="list-style-type: none"> Rules & regulations for facility Equipment management: 43% agreed for non compliance of the periodic monitoring.
HRM	<ul style="list-style-type: none"> Human Resource Planning: 62 % accepted that there is a serious lack in professional Human Resource Planning in the hospital. Appraisal system: 51% Nurse believe that there should be proper Appraisal system in the hospital.

FUTURE COURSE OF ACTION

With the increase in life expectancy in population due to various supporting factor, the demographical shift in the age group is seen (Linda T. Kohn, 2004) . The coming years will see more elderly population and subsequently the demand for geriatric care will be inevitable. The hospital should be prepared for these clients. It is also important that the Vulnerable patients i.e. patients below 16 and above 65 age group, critically ill, surgery patients or patients in pain should be taken care with extra precaution. The care should include fall prevention by training staff to ensure the railings of the bed should be up, strong monitoring for their needs and one attendant to be allowed with the patients always.

Uniformity in the care delivery is very important and the special attention should be given to all the patients. There should not be any discrimination (K. C. Ojha, 1983).

Documentation for critical parameters like Emergency services, Cardio-pulmonary resuscitation and rational use of blood and its product should be done and staff should be oriented for the activities. There should be special codes in the hospital for handling emergencies and when the code is announced, the staff like medical emergencies team should be active to handle such situations.

One of the most important areas is the End of life care in the hospital. The relatives of patients, who die should be counselled. Hospital should have professional counsellors and prayer places inside the hospital for all religions. This is the time which can also be utilised for organ donation like eye and in case of brain death multiple organs can be donated, if the relatives are counselled in right manner.

Many corporate hospitals have already defined the patients' right (like right of information about treatment, cost, hospital formalities etc) and education (pertaining to hospital activities like registration, admission, discharge etc) for the care plan. Teaching hospital should also focus on the patients' education by defining the guidelines and providing training to employees at all levels of the care. The Pamphlets, Help desk counter and Guest relation officer for each department may help. The most important aspect is the Informed and Implied consents from the patients will keep hospital free from all legal consequences and also help patients to be informed about the care plan. He will also be involved in decision making for his/her treatment process.

Sterilisation procedure should be documented and informed to all the Nurses to ensure infection control (WHO, 2009). There should be proper monitoring for Waste Management by putting posters at each Nursing counter, training employees and having monitoring on the practices. Attention should be given for the Hand hygiene to minimise the Hospital Acquired Infection (HAI) (Pittet D, Hugonnet S, Harbarth S et al, 2000).

It is studied that the hospital did not define the Quality policies or it is not implemented properly. The role of each hospital employee in the care plan should be realised and conveyed to the employees. Hospital Administrators should define, document and implement the quality standards, indicators and periodical monitoring activities with proper training schedule for all the hospital staff. The NABH Guidelines and JCI Guidelines can be referred. Hospital consultants have a very important profile to help the hospital to successfully implement these guidelines. Focus should be given for Clinical outcomes, Managerial outcomes, Auditing etc.

The sentinel events are most likely to take place in Hospital. The events which may be life threatening to patients like fall of beds etc can be avoided with little training to health care professionals.

Equipment management is very important these days. The preventive and breakdown maintenance contract should be done to avoid any mis-happenings. Routine inspections, Auditing and Inventory management should be in place. Employees should be also trained to take day-to-day care of their departmental equipment and oriented for proper conduct in case of any wrong occurrence.

Human resource planning for the entire hospital should be defined, documented and implemented along with proper Appraisal system. With proper documentations, policies and periodical training activities for staff to ensure practices will help the hospital to stand ahead and sustain in this competitive world.

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