

Hospital Management: Principles and Practice

- History and introduction
- Support functions of hospitals
- Changing trends
- Types of hospitals
- Levels of medical care

The word hospital is derived from Latin word Hospice. The place where a guest is received is called a the Hospitum or hospital. In the early days hospitals functioned even as lodging for the pilgrims and travelers. Hospital was aimed at the care of the poor and the destitute, almshouse.

In early Greek and Roman civilization temples of gods were used as hospitals. There was not much difference between superstition, disease and supernatural powers. Mysticism and superstition saddled medical practices. More soul healing than wound healing was done. Greeks and Romans thought that temples of gods and priests shall provide shelter and sustenance to the sick.

With the birth and spread of Christianity hospitals became an integral part of the church and monasteries. Medicine was reverted to religion. Nuns and monks were practising it. During the crusades of Christian expeditions to recover the Holy land from Mohammdans (1100 – 1500) AD 19000 or more hospitals were founded in Europe.

Church issued decrees divesting religion from medical succor for lowering the status of medical profession, in 1163 AD church restricted clergy from working as physicians. There was a general tendency to keep together the sick, the physically handicapped, the socially unwanted, the pauper, all together. By 20 C hospital was no longer a place where people want to die. Antibiotics, radiations, improved anesthesia and medical electronics all brought tremendous growth and improvement in the hospital services.

In India forerunners of hospitals can be traced back to Buddha and Ashoka. In ancient India, 6 C BC Susruta and Charaka 200 AD, gave instruction to how to create hospital, provision for hygienic children rooms, maintenance and sterilization of bed linen with steam and fumigation. *Susruta Samhitha* was compiled in 400 AD.

Indian Medicine declined after 10 C due to Muslim invasion. Muslims followed Greek system of medicine called Yunani. Modern medicine came to India in 17 C with the arrival of European Christian missionaries in south India. In 17 C (1664) at Madras, the East India Co. started its first hospital. First medical college started in Calcutta (1835) in Bombay (1845) and then in Madras (1850). There were 1250 hospitals and dispensaries in British India. Medical care reached less than 10% of population. At the time of Independence in 1947 India possessed 7,400 hospitals and dispensaries with 11,000 beds, 19 medical schools, 19 medical colleges. Today we have more than 450 medical colleges and allied hospitals besides many hospitals in public and private sector. Corporate type hospitals are popularized by Dr. Reddy of Apollo and followed by many others.

In 1993 there were 3,65,000 doctors and 2,64,500 nurses. A hospital is more than all the following things put together—medical care agency, social service system, business institution, an eating establishment, an office building, a hotel, and a factory.

Hospital is different from other institutions, it is directly exposed to public. Hospital is an open system. Measurement of hospital outputs is not easy. It has to work as a part of the larger health care system. As it expands, the hospital system increases the scope of its services.

Hospital is a system for the delivery of personal services. The various perspectives are—organization-oriented, provider-oriented (client), patient-oriented, resource and public relations oriented.

Primary Health Care: WHO defines eight essentials. They are:

- a. Adequate nutrition
- b. Safe and adequate water supply
- c. Safe waste disposal
- d. Maternal and child health and family planning services
- e. Prevention and control of locally endemic disease.
- f. Diagnosis and disease of common disease and injuries
- g. Provision of adequate drugs and supplies
- h. Health education

Secondary and tertiary hospital feeding should be from primary to secondary to tertiary for a systematic pyramidal projection of events.

Support Functions of Hospitals: Logistics Support

1. Pieces of equipment, materials, drugs and others
2. Improving diagnostic capabilities
3. Training of workers.

Changing Trends

1. More and more dominance by consumers and not by providers or producers
2. Hospitals work like industries
3. All services under one roof are becoming scarce
4. Specialized hospitals are on the increase.

Types of Hospitals

- a. Private
- b. Partnership
- c. Private (family) trust
- d. Public charitable trust
- e. Cooperative society
- f. Private Ltd. Co.
- g. Public Ltd. Co.

Project Phases

- a. Inception
- b. Feasibility studies
- c. Outline proposal
- d. Scheme design
- e. Detail design
- f. Deed-finalization
- g. Construction
- h. Commissioning
- i. Teaching hospital as per MCI regulations.

Levels of Medical Care

Primary—Dispensary, PHC, CHC.
Secondary—District hospital.

Tertiary—Regional hospital/General hospital.

Quaternary—Institutes of research and high learning.

There is telescoping of third and fourth phases in teaching hospitals. However, with the 'go-to- community' system even first and second levels are gradually merging into a teaching, care and research hospital setup with government roping in corporate hospitals for specialized services for poor and needy up government funds are tempting corporates. At a point of time there is a danger of compromising quality and standard of care.

Satellite clinics: These are tools for feeding the major hospital, more so if it is away from the heart of the town or city.

Filter clinics: OPD clinics can have integrated screening or filter clinics which can dispose cases that do not require specialist attention.

OPD Problems

- Crowding
- Long queues
- Inadequate physical facilities
- Shortage of resources
- Inadequate coordination
- Organizational rigidity

Calling the patient by appointment, and staging of appointments, shorten the queues and minimize/ waiting time of patients. Problem can be solved to a great extent by improved organization, delegation, task allocation, communication, motivation and discipline.

Management: Management principles or norms are flexible and not absolute.

- i. Division of work
- ii. Responsibility
- iii. Discipline
- iv. Unity and unitary command
- v. Centralization of authority
- vi. "Place for everyone and everyone in one's place", this principle helps in optimization of resources
- vii. Remuneration
- viii. Stability of tenure
- ix. Delegation of authority
- x. Initiative
- xi. Individuals interest subordinate to organization interest. Management is a practical art.

It calls for development of knowledge, skill and attitude.

Management includes

- a. Resource management
- b. Financial management

- c. Personal management
- d. Inter-departmental coordination
- e. Public relations
- f. Government relations
- g. Community activities
- h. Research and developmental activities.

Manager/Administrator's job: Planning, organization, directing, controlling. He has to understand and interpret medical, financial, economic, functional, logistic matters and possess excellent personnel management.

Manager is an expert in the act of getting things done after assimilating, reconciling and synthesizing all the things. He may have to follow expediency rather than example many times.

Suggestion schemes, house journals, news letters, informal get-togethers, keeping the communication open and help in coordination, management and administration. Change must be planned and coordinated.

An effective manager has to cultivate: Positive attitude, effective communication, creative orientation, high motivation and commitment.

Hospital may mean different things to different groups of people at different times. To the hospital manager or administrator it is an organization requiring management of people and services.

To summarize, one can see that evolution of hospital as a public facility has many connotations. At the moment also different types of hospitals, care to different needs of patients. However, an unwelcome change that troubles both doctor and patient are an unwitting transformation of patient into a consumer and the medical messiah into a business executive.

With the authoritative stamping of the Supreme Court, paid medical services come under purview of the servicing of public grievances redressal. While on the one hand sophisticating equipment and modernization provides better facilities to the patients on the other the corporate transformations are changing the scenario of the present medical services from patient oriented care to technically and corporation-oriented and expensive medical practice.

Governmental agencies have come up with medical insurance scheme followed by many private operators. The medical services in India are rapidly undergoing changes similar to what happened in USA many decades ago.

Whether this change helps in bringing up better medical care or not, time only can decide. American experience appears to be not that buoying.

KEY LEARNING POINTS

- Hospital was aimed at the care of the poor and the destitute.
- Hospital is an open system.
- Hospital is different from other institutions as it is directly exposed to public.
- In 17C (1664) at Chennai—the East India Co. started its first hospital. First medical college started in 1835 in Calcutta.
- Prevention and control of locally endemic diseases.
- OPD clinics can have integrated screening or filter clinics which can dispose cases that do not require specialist attention.
- Problem can be solved to a great extent by improved organization, delegation, task allocation, communication, motivation and discipline.
- Hospital may mean different things to different groups of people at different times.