

**Title : Innovations in Hospital Management**

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A patient is most important person on premises of each medical professional. He is not an interruption of our work. He is the purpose of it. He is not outsider to our hospital but he is the part of it. We are not doing him a favour by serving him. He is doing a favor by giving us opportunity to do so. William Osler said that medical science is to be learnt by experience its not inheritance. Learn to see. Learn to hear, learn to feel learn to smell & know that by practice only you can become expert. In hospital management most of the stress is given on physical health, social health at times other aspects like mental health social a spiritual health are not considered. The objective of hospital management is to assess quality care. Identity strong and weak areas provide on spot guidance for corrective action and last but not the least important is to judge peoples perception about resources. Human efforts while working as a head of hospital with dynamic involvement of all staff members were recognition as top in hospital ranking implemented in early 1980 in district hospital, Beed.

**Exit Interview :** This is simple method in which printed or cyclostyled proforma is given to patient on discharge from hospital. It contains objective questions on one side and answer on opposite side. Patient is only supposed to tick mark based on his experience during hospitalization, related to quality of treatment given relations, behavior and attitude of doctors, nurses, ward boys , sweeper and other ancillary staff. Opinion regarding taste and quality of food, and suggestion if any for improvement. Those who can't write the sister on duty would help. Its mandatory that those remarks good or bad should be reviewed by RMO or senior doctor in nursing home or cooperative hospital and suitable corrective, measures are warranted. In case if

remarks indicate excellent performance by the hospital staff then appreciation by the head is essential for motivating staff for nursing improvement.

**Hallo Round :** In this method the staff from nursing school, tutors were involved. Every day one staff member from school visits all wards in evening between 5 p.m. to 7 p.m. in civil dress (not in uniform). She would say hello to every newly admitted patient on that day and enquire if the patient has relative with him. Whether she got food from hospital whether she has received some medicines since admission and if doctor has examined the patient or not . In case diet is not received she would take corrective action at the spot by instructing concerned, those who need critical care are kept on first bed and given concentrated attention and care.

**Know your hospital :** Information booklet is printed which gives detailed information regarding various specialists name and telephone number and area like ANC clinic/ PNC/ Executive check up etc. including timing and space in which services delivered. The booklet also should mention facilities available for relations and should be preferably printed in various languages. It should be given free or at nominal cost.

**Public Address System :** This is preferable put in outpatient department where a low tuned music continues interspersed with message of health education. It is noted that there are number of patients who wait for laboratory report or wait in queue in OPD this gives health education as well as administrative instructions.

Motive of health education can preferably be organize if adequate space is available on fixed day on fix time. Topics selected were related to maternity and child health or immunization or leprosy or AIDS national rural health activity. Biomedical waste management etc. There was a good response from public to this activity.

**Shramdan :** At fix interval in a year at the staff should undertake the activity for benefit of services to the patients which would facilitate improving relations with colleagues and sense of unity in staff.

**Library for Patients :** Books in various languages in reference to topics on health literature, stories, poems

are kept in wards. e.g. mobile patient of diabetes is admitted for control of diabetes can take benefit of this book. otherwise patients are tied down to bed with a feeling that they are diseased. At such times books remain their best friends. The said scheme can be profitably implemented in a cooperative or private hospital. Books besides medical can be in form of Poetry, Novels and Magazines etc.

**Continued Medical Education** : Continuing medical education activity is a must for every hospital, catering health services to public as every day new things are entering and it is necessary to remain in touch at least with recent developments. This activity should encompass at all levels doctors, nurses, technical class IV employees of hospital. Today if ward boy is asked as to what are your duties? He would say he does whatever sister tells in addition he needs training in public relations first aid biomedical disaster management activities prevention of diseases etc. This would necessitate a space with availability of audio visual aids. It's a naked truth that this activity is an inseparable part of the health care.

**Ward decoration competitions** : They were organized on auspicious days in a year on 15th August and 26th January decorations were related topics of health and prizes were awarded. The selection of team members were from outside the hospital. The prize winner selection was done by team of members from outside the hospital. This activity brings competitive spirit, coordination of the staff and helps us to improve moral of the staff members.

**Annual Hosiptal Day Gathering** : This activity is organized once a year. It includes drama staged by staff members only. Music competition, Rangoli pradarshan, quiz competition, games etc. All members of the family including childrens participated and there was an excellent response in this activity. Objectives, besides team spirit was to search the best talent who's ability and energy could be utilized by Head of Institute for improving health care delivery system. This also enriches feeling in a family members of staff that they are also part and parcel of health care system. Innovative efforts in various ways were done at district hospital Beed in 1980 and having secured first position in hospital ranking in a state. All civil surgeons and

Deputy Director of Health Science to visit Beed Hospital to study improvements made.

It's a thing of pride that in succeeding years majority items are being implemented in most of the Govt. District Hosiptal. I sincerely feel that ultimately it is a man, viz. head of institutions as a team leaders who suppose to taken an initiatives, motivate the staff and make untiring efforts to improving services to the patients giving relief to their agony.

The above recommendation can also be implemented at cooperative hospital; charity hospital; private nursing home as well as municipal hospital but remember it is a "MAN WHICH MATTERS".



**"FATHER OF  
EMERGENCY MEDICAL  
SERVICES"**

**Baron Dominique  
Larrey"**

The Surgeon-in-Chief of the French Grand Army, Napoleon Bonaparte's chief physician, who created the first official army medical corp. In 1792. Trained attendants with equipment moved out from the field hospitals to give first-aid to the wounded on the battlefield and/or carried them back by stretcher, hand-carts and wagons to the field hospitals. Larrey is well known as "Father of Emergency Medical Services."

(source :

he memoirs of Charles E. Ryan With An Ambulance Personal Experiences And Adventures With Both Armies 1870–1871 [1] and of Emma Maria Pearson and Louisa McLaughlin Our Adventures During the War of 1870)