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GURU HOSPITAL

NEW CANCER TREATMENT WITH NEW TECHNOLOGY

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DAY WATCH @ Hospital

AGENDA

- How the hospital owner should be ?
- Quality care
- Quality control
- Hospital planner
- Staff – how to manage ?
- Building
- Finance
- Branding
- Analysis
- Be positive



This Presentation is designed

- Mid-Sized Hospitals (30-100 Bedded)
- Hospital owner is the practicing doctor



ULTIMATE AIM

- Quality Care
- Patient satisfaction
- Positive Finance Balance
- Reputation



HOW - HOSPITAL OWNER SHOULD BE ?



HOW HOSPITAL OWNER SHOULD BE ?

- Professional Doctor
- CEO / Admin Head
- Finance - Planner / Auditor
- Marketing Manager / Analyzer
- Public Relation Officer

“Owners are not replaced by anyone

As a investor, he should be the multi tasking”

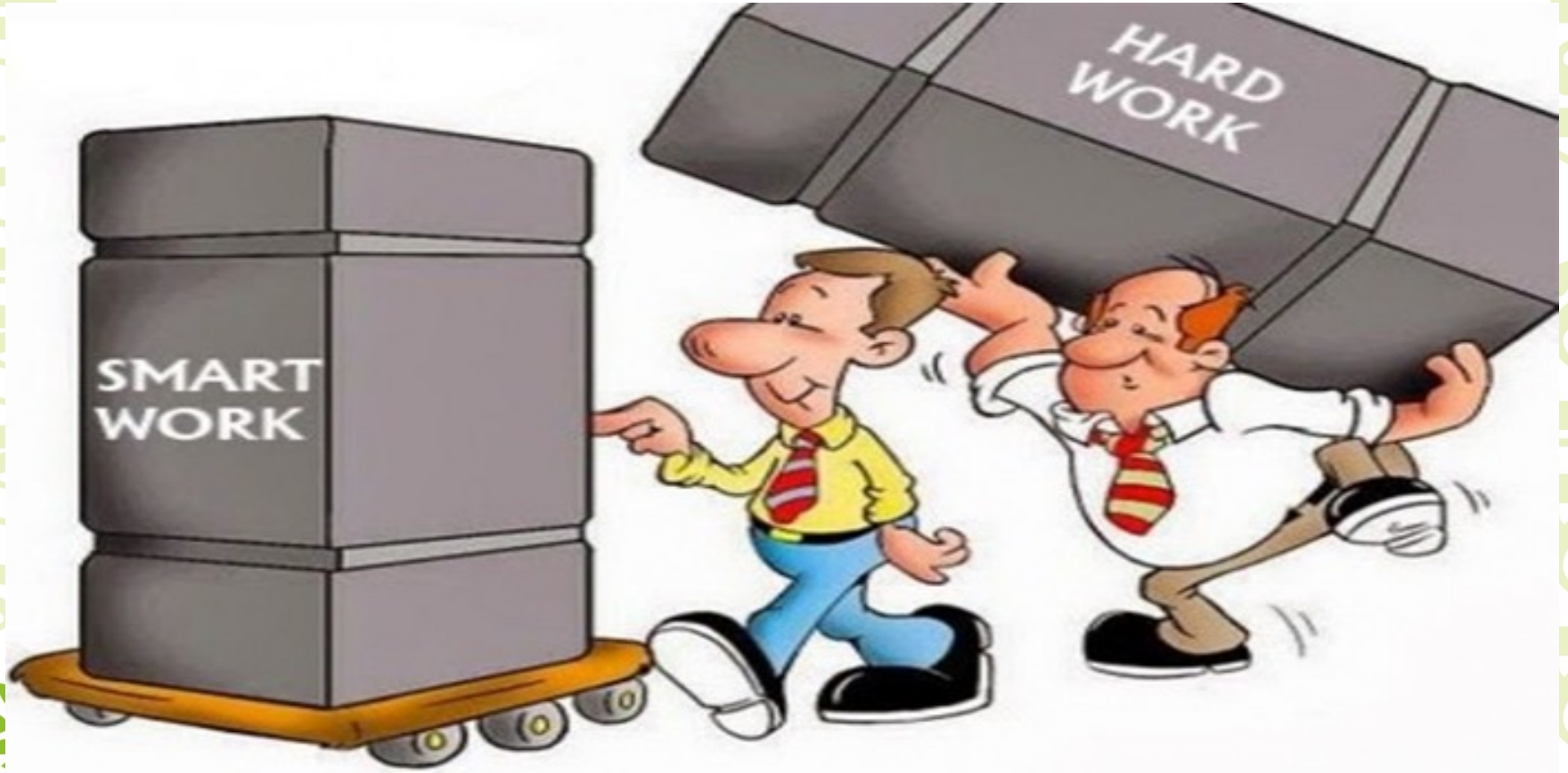


HOW TO CHOOSE WORK ?



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உன்னால் முடியும்



சாதிக்கப்பட்டிருக்கிறார்கள்

சாதிக்கப்பட்டிருக்கிறார்கள்



CAN BE REPLACE WITH SOME ONE

Professional Work	Selectively
CEO / Admin Head	NO
Finance - Planner / Auditor	NO
Marketing Manager / Analyzer	NO
Public Relation Officer	NO



REPLACE SELECTIVELY

OP consultation	10 %
Surgery / Procedure	80 %
Ward Rounds	60 %



**Nobody
is too busy,
it's just a
matter of
priorities.**

KUSHANDWIZDOM



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Don't be busy.
Be productive.



TIME MANAGEMENT

Don't mix

CLINICAL WORK

WITH

ADMIN WORK





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ADMIN WORK Vs CLINICAL WORK

Admin work :

- Don't allow in OP consultation
- Admin room should not be in OPD area
- Should be in corporate office near by hospital



QUALITY CARE



INTEGRATED TEAM CREATION



CHALLENGES

- Average / Sub standard intellectual Staffs
- Sudden drop out of Man power
- Lack of time for training



SOLUTION

- **SOP - System and Protocol development**
- **Trainer**

Create the system based on

- specialty we are treating.
- No. of beds
- Availability of staffs

Define Job responsibilities to the post not for individual staff.



STAFFING PATTERN

CLINICAL STAFF	SUPPORTIVE STAFF
OP Manager Admission / Discharge Counselor Head Nurse Ward Manager	CEO / Admin Front Office / Registration Purchase Manager Material / Store Manager Accountant Maintenance Supervisor Pharmacy Manager Biomedical Engineer

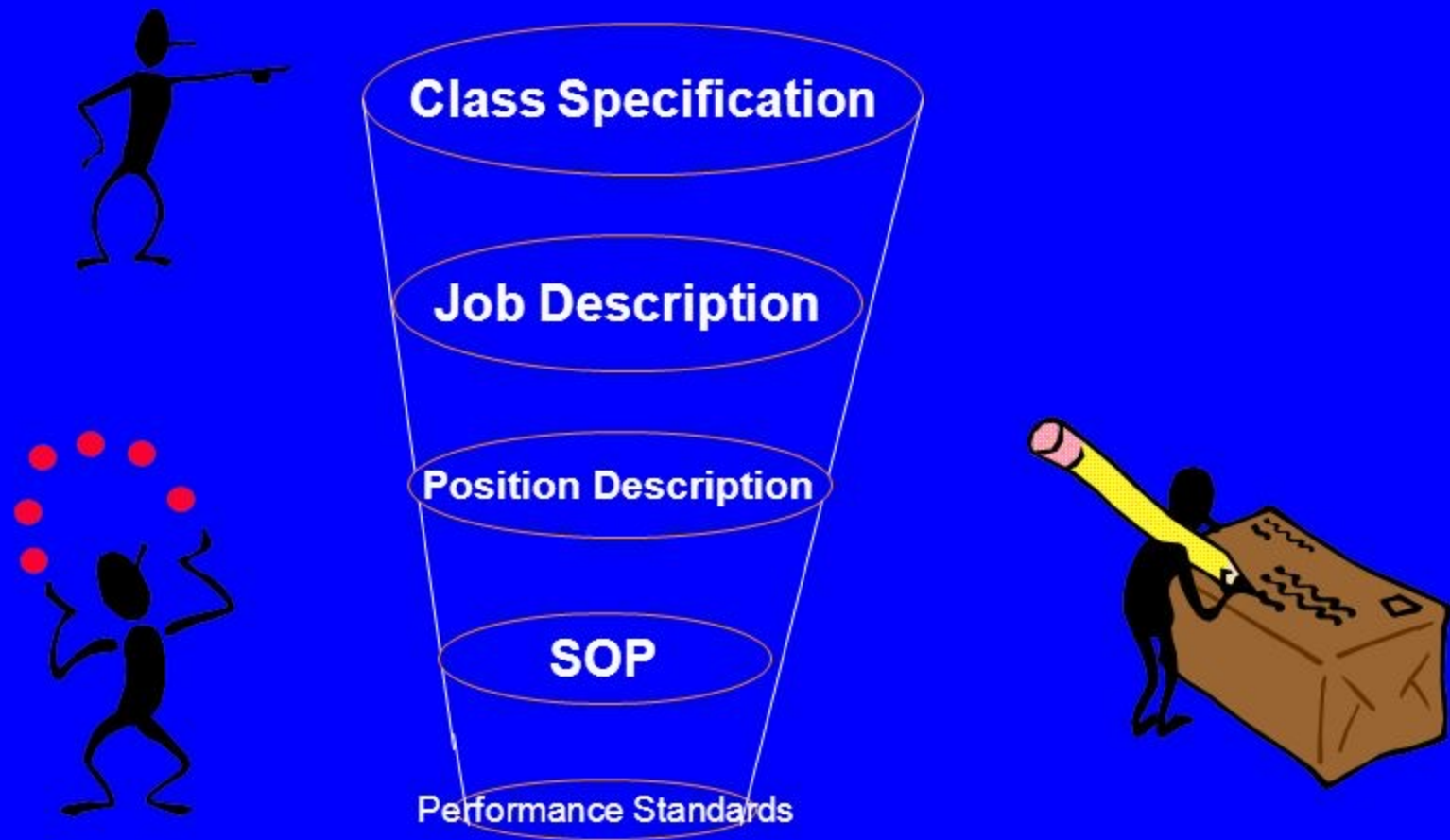


JOB RESPONSIBILITY & GUIDELINES IN SOP

- Status on Organogram
- Timing
- Pattern of work
- Registers and documentation
- Reporting



Other Ways of Describing Job Facts



CONSTANT TRAINING & REVIEW

- Training regarding the nature of work
- Periodical Review the staffs with report



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TRAINER

He should be a person

- Long term experience in hospital management
- He should understand the difficulty of staffs.
- Who should know all the duties and responsibilities of all staffs and all department
- Bridge between the owner and staffs



MAINTAIN REGISTERS AS PER NABH STANDARD

DAILY REGISTER	ATTENDANCE REGISTER - DR
	ATTENDANCE REGISTER - STAFF
	EMPLOYEE REVIEW REGISTER
	BIOMEDICAL EQUIPMENT MAINTENANCE REGISTER
	NON BIOMEDICAL EQUIPMENT MAINTENANCE REGISTER
	ALL REGISTER ENTRY VERIFICATION REGISTER
TRANSPORT - VEHICLE	VEHICLE MAINTENANCE - INNOVA
	VEHICLE MAINTENANCE - HONDA CITY
	VEHICLE MAINTENANCE - AMBULANCE
	VEHICLE MAINTENANCE - EECO
FRONT OFFICE	NEW OP REG
	REVIEW OP
	CASH VOUCHER
	PHARMACY BILL ENTRY
	MANNUAL BILL BOOK
	IP REGISTER
	ACCONTS REGISTER
	OUT GOING CALL REGISTER
	INCOMING CALL REGISTER
	INCOMING COURIER
	DESPATCH REGISTER
	HAND OVER REGISTER
	PETROL ALLOWANCE
RADIOTHERAPY	DAILY TREATMENT REG
	INVENTORY REGISTER

OT	OT LIST REGISTER
	OT PROCEDURE REGISTER
	PROCEDURE RESCHEDULING REGISTER
	ANESTHESIA RELATED ADVERSE EVENT REG
	MODIFICATION OF ANESTHESIA REG
	FUMIGATION REGISTER
	AUTO CLAVE REG
	AUTOCLAVE RECAL REG
	E.T.O REG
	INVENTORY REGISTER
	NARCOTIC DRUG REG
	OT WASH STATUS REGISTER
	CULTURE REPORT REG
	HUMIDITY & TEMPERATURE REGISTER
	ENDOSCOPIC REG
	OT Drug Register
	O2 MONITORING REGISTER
IVF OT	ET REG
	OR REG
	AUTOCLAVE REGISTER
	OT WASH STATUS REGISTER
	IUI REGISTER
	INVENTORY REGISTER
	FUMIGATION REGISTER
	CULTURE REPORT REG
	HUMIDITY & TEMPERATURE REGISTER

MAINTAIN REGISTERS AS PER NABH STANDARD

Labour ward	LABOUR REGISTER
	INVENTORY REGISTER
PHARMACY	NARCOTIC DESPATCH REG
	LOCAL PURCHASE REGISTER
	STOCK REGISTER
	SHORT EXPIRY AND NON MOVING REGISTER
	RECAL REG
	ADR REG
	HUMIDITY & TEMPERATURE REGISTER
	OT BILL FILE
	DRUG SCHEDULE
	HAND OVER REG
	OT STOCK ADJUSTMENT REGISTER
	Purchase Order
	GENERAL INVENTORY REGISTER
	Sales Register
LAB	QUALITY CONTROL
	NOMINAL REG SIR OP
	NOMINAL REG MAMOP
	HUMIDITY & TEMPERATURE REGISTER
	LAB CRITICAL VALUE REGISTER
	GENERAL INVENTORY REGISTER
	MICROBIOLOGY REG
	PATHOLGY REG
	OUT SOURCING REG
	BLOOD BANK REG
	CROSS MATCHING REGISTER
	BLOOD STORAGE TEMPERATURE REGISTER
	HAND OVER REGISTER
	Critical Value register

X-RAY	X-RAY CRITICAL VALUE REGISTER
	X-RAY REGISTER
ECG	ECG REGISTER
OP / Scan	NOMINAL REG
	OP REGISTER
	INVENTORY REGISTER
	REFERRAL OUTGOING REGISTER
	NEW OP
	INJECTION REGISTER
	SCAN REGISTER
	USG -TAT register
	ECHS REGISTER
	L & W CONSTRUCTION
	REFERRAL REG
	Hand Over Register
ICU	NOMINAL REG
	GENERAL INVENTORY
	SURGICAL SITE INFECTION REGISTER
	Catheter Associated UTI - Register
	VENTILATOR ASSOCIATED PNEUMONIA REG
	Centralised Line Associated Blood Stream Infection - Register
	ADVERSE EVENT REGISTER
	FUMIGATION REGISTER
	BLOOD TRANSFUSION REGISTER
	NEEDLE STICK INJURY REPORT REGISTER
	HUMIDITY & TEMPERATURE REGISTER
	HAND OVER REGISTER
	SUGAR STRIP REGISTER
	Emergency Drug Register
	Doctor instruction register
	LABOUR MEDICINE INVENTORY REGISTER

MAINTAIN REGISTERS AS PER NABH STANDARD

IP	NOMINAL REGISTER
	DAILY AUDITING AND REPORT INFECTION CONTROL REGISTER
	DISCHARGE SUMMARY GIVING REGISTER
	CASE SHEET RETURN REGISTER
	CHEMOTHERAPY REG
	DRESSING REG
	Diet Nominal
	HAND OVER REGISTER
	Doctor Instructions register
	HEAD NURSE HAND OVER/TAKEN OVER REGISTER
	DUTY DOCTOR HAND OVER/TAKEN OVER REGISTER
CASUALTY	AR REGISTER
	TRAUMA MLC REGISTER
	EMRERGENCY REG
	ADMISSION NOMINAL REG
	HAND OVER REGISTER
	GENERAL INVENTORY REGISTER
	MEDICINE INVENTORY REGISTER
	HUMIDITY & TEMPERATURE REGISTER
	SUGAR STRIP REGISTER
	Doctor Instructions register
MRD	NOMINAL REGISTER
	DEATH REG
	BIRTH REG
	NEW OP REG
	DISCHARGE REG

BIOMEDICAL	EQUIPMENT REGISTER
	BME COMPLAINT REGISTER
	SERVICE REGISTER (IF ANY COMPLAINT)
HOUSEKEEPING	HOUSE KEEPING ATTENDANCE REGISTER
	BIO MEDICAL WASTE MONITORING REGISTER
	PEST CONTROL MONITORING REGISTER
MAINTENANCE	Generator Register
	EMERGENCY PORTABLE OXYGEN MONITORING REGISTER
	GENERAL TOILET CLEANING REGISTER
	LINEN REG
	HOSPITAL COMPLAINT REGISTER
	Water Tank Cleaning Register
	Medical Gas register
HR	Training Register

- Department HOD's Sending Daily report Through SMS & Mail for Prescribed method.



REPORT BY SMS

VEHICLE	
	No of Km = (Starting KM - Closeing KM)
	next service km
	Cleaning time
	Complaints
	Driver leave status-tmw
NIGHT MANAGER	
	NO OF ROOM LOCKED
	LATE COMERS DETAILS
	NO OF DISCHARGE PATIENT REMOVED FROM HIS
	NAME OF THE PT INJ & TAP NOT GIVEN PROPARLY
	NAME OF THE PT BED SHEET NOT CHENGED
	NAME OF THE PT BILLING CHART NOT ENTERD
	PATIENT COMPLAINT



TEAMWORK

QUALITY CONTROL



QUALITY CONTROL

- Infection control team
- Culture tests (OT, ICU) and Water testes
- Periodical calibration of equipments
- Reviewing the Incidence & events
- Hygiene and healing environment



HOSPITAL PLANNER



HOSPITAL CALANDER

Due Date	Particulars
1st	House Rent - Dr.BK Father House
1st	Electricity Charges (Hospital, Dr's House & Gents Hostel & Dr's Mother House) House - Feb, April, June, Aug, Oct & Dec
1st	LIC
1st	Garden Chemicals Maintenance
1st	Airtel CUG
5th	Airtel Dish - Dr's House(Hall)(3018955181)
10th	Clear Medi Payment
10th	Nephro Plus
10th	Modem - Dr.SGB (No 8056749768)
10th	Dr's House Rent
15th	Internet Bill
15th	TATA Docomo Land Line Bill
15th	Gents Hostel Rent
15th	Airtel Dish - Dr's House(Room)(3021289541)
20th	HDFC EMI
	Airtel Ipad (Prepaid No 7397163570)



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STAFF - HOW TO MANAGE ?



CONCEPT OF PHYSICAL ATTENDANCE TO FUNCTIONAL ATTENDANCE

- Physical Presence
- Uniform & ID Card
- Daily reporting
- Punctuality in Biometric



SALARY

- 60 % constant
- 40 % variable

Based on his performance – Incentive

- Over time
- Fine & Penalty



HOW TO RETAIN THE DESERVING STAFFS

- Care the employee as you family
- Fulfill the needs
- Timely appreciation
- Attractive salaries
- Incentives
- Right job for the right person





Capital
REACHED
ഇപ്പോൾ



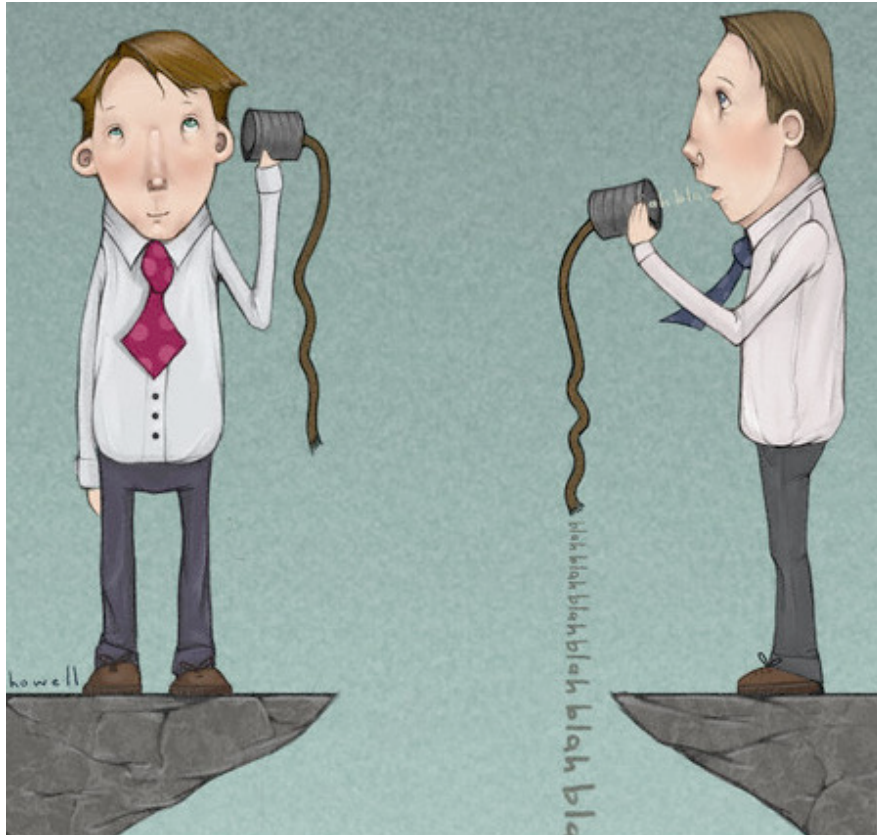
Right person
for the right job !



എന്നിടത്ത് എല്ലാവരും

എന്നിടത്ത് എല്ലാവരും

COMMUNICATION GAP



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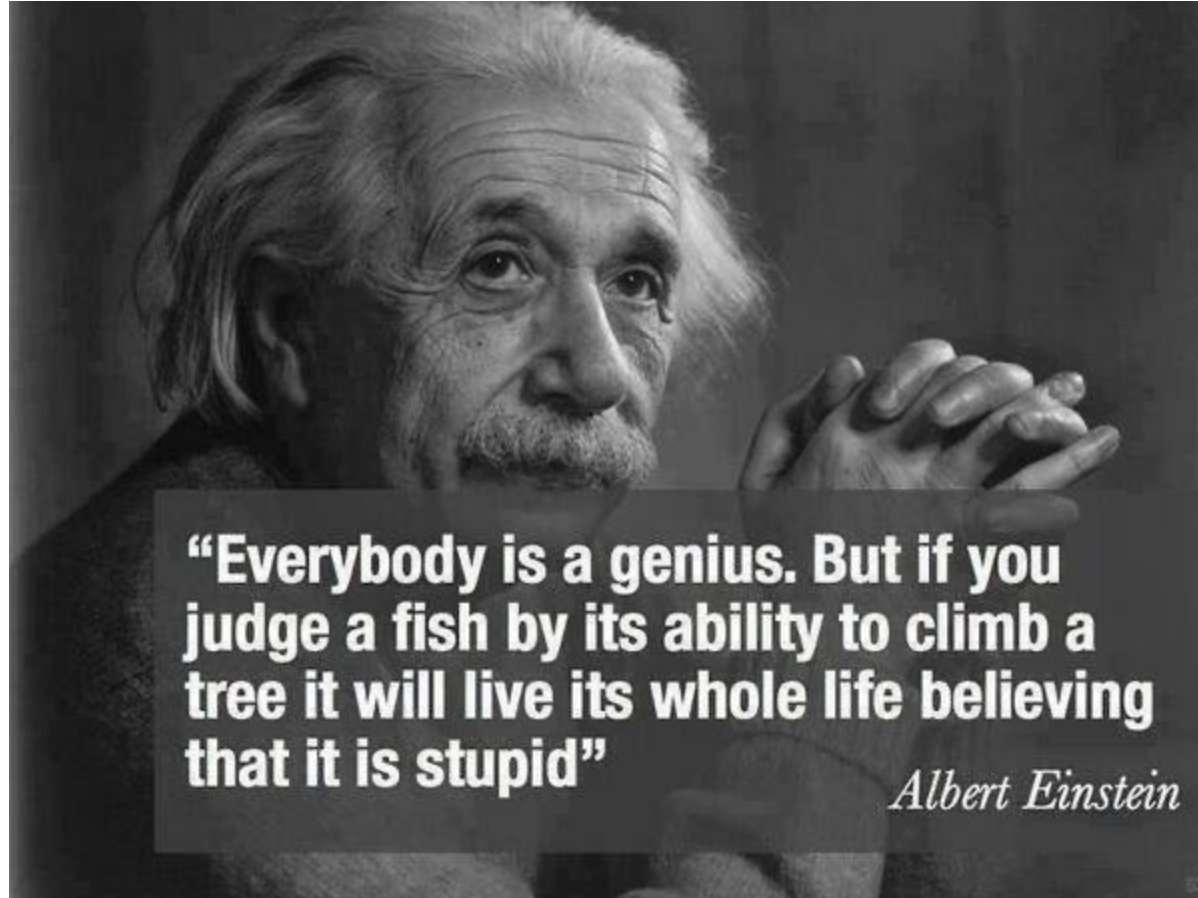
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CCTV SURVEILLANCE



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“Everybody is a genius. But if you judge a fish by its ability to climb a tree it will live its whole life believing that it is stupid”

Albert Einstein



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BUILDING



ELECTRICAL - UPS

Since hospital is loaded with Costlier Biomedical / Electronic equipment it should be safe guarded.

Online UPS :

Since sudden cut-off of the power supply can cause damage to the equipments, All kind of supply to equipments only through the UPS. (No Direct power supply)

All equipment should be provided UPS and RAW Power Plug points.



ELECTRICAL -STABILIZERS

Stabilizer :

To avoid equipment damage by voltage flexuation, the stabilizer to be incorporated in all equipment - line to be passed through the stabilizer. – It will provide constant 240 V.



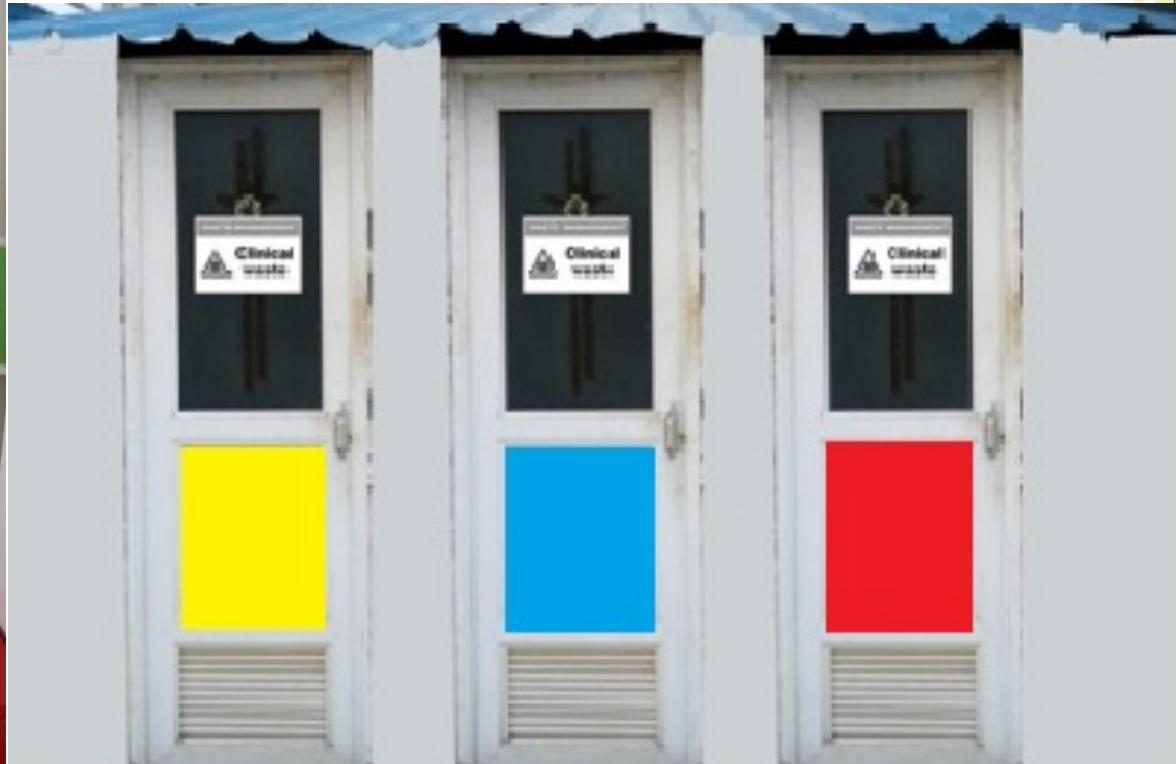
NON ELECTRICAL LINES

- CCTC Camera
- Cable Tv
- Intercom
- LAN
- Speaker wiring



BIOMEDICAL STORAGE

Biomedical Waste Management- Disposal Criteria	
RED	Contaminated Dressings Waste generated from disposable items such as tubing, bandages, intravenous tubes and sets, catheters, urine bags, syringes, needles and sharps (except scalpels and scalpels handles) and instruments with their handles and set gears.
YELLOW	(i) Sharps (contaminated Waste) (ii) Needle Waste : Items contaminated with blood, body fluids like drainage, pleural cavity, urine and/or feces, unless treated or discarded through autoclave (iii) Exposed or Sharps Containers : Pharmaceutical vials like antibiotics, antibiotic drug vials, all items contaminated with infectious drug, blood and plate or other infectious fluids. (iv) Chemical Waste : Chemicals used in production of hospital and used or discarded disinfectants. (v) Discarded Sites, sutures, bandages contaminated with blood or body fluids. (vi) Chemicals : Corrosive or flammable and combustible gases including hydrocarbons, acids and organics except those contaminated with infectious waste. (vii) Hazardous Body Specimens
BLUE	Waste during autopsies, Necropsy
WHITE	Healthcare workers with blood sores, needles from needle tip, catheter or tubes, needles, blades, or any other contaminated sharp object that may cause puncture or lacerate. This includes hair trim, discarded and contaminated dental, dairy
GREEN	GENERAL WASTE (Food and Paper waste)





MANIFOLD AUTOMATIC CONVERSION

FINANCE



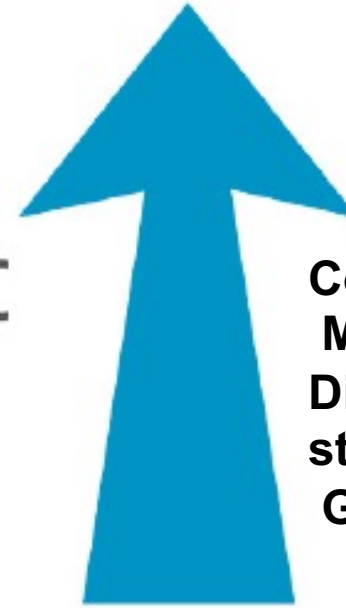
HOW CAN ACHIEVE ECONOMIC SUCCESS IN THIS SCENARIO

INCOME



Nowadays insurance companies dictate the fees
Equal / Decreased

ECONOMIC SUCCESS



Construction cost,
Material cost,
Disposables cost
staff salaries
GST

EXPENSE



FINANCIAL BALANCE

- Comparing with 10 years back the cost of all the things 10 times increased
- But in Mid sized Hospitals past 30 years no change in billing



To make the hospital viable – positive financial balance

- To provide quality of care
- Standard equipments
- Attractive infrastructure

Collect the bills like a corporate hospital

Tie-Up with all TPA and Insurance to avoid patient drop-out





COST CUT

- Don't purchase high cost equipments with all specifications - choose based on needs.
- Power consumption - Inverter AC & LED lights
- Don't keep unskilled / Unreliable persons
- ABC analysis on Pharmacy purchase

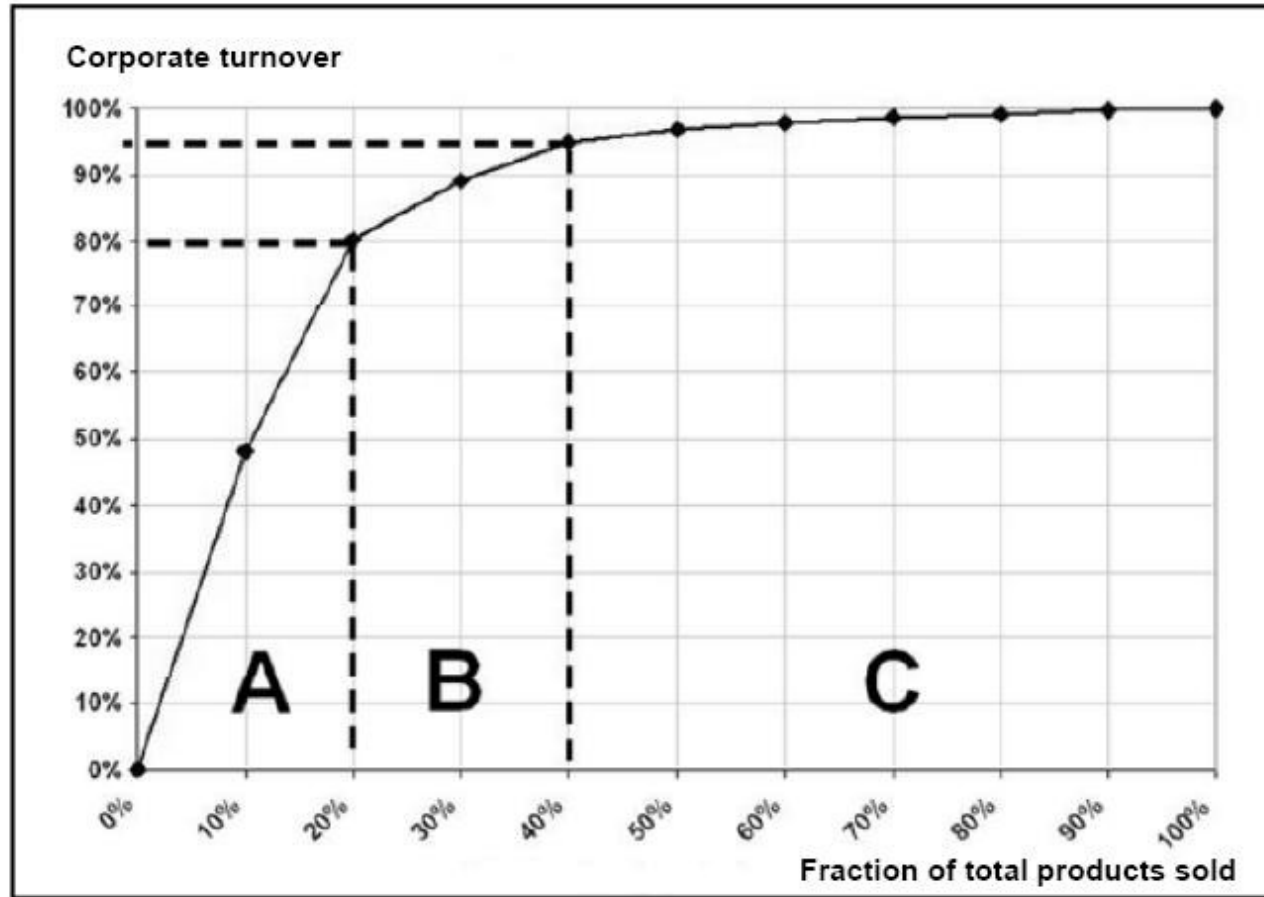


ABC ANALYSIS

Debtors List 2010

Name of Debtor	Number	Turnover	Percentage	Sum of %	
Name K	5432	\$7.885.443,00	49,75%	78,34%	A
Name I	7654	\$4.532.342,00	28,59%		
Name A	1234	\$982.347,00	6,20%	19,39%	B
Name E	5678	\$869.495,00	5,49%		
Name J	6543	\$654.335,00	4,13%		
Name L	4321	\$567.832,00	3,58%		
Name C	3456	\$234.923,00	1,48%	2,26%	C
Name G	9876	\$47.345,00	0,30%		
Name H	8765	\$34.536,00	0,22%		
Name D	4567	\$29.379,00	0,19%		
Name F	6789	\$7.455,00	0,05%		
Name B	2345	\$2.397,00	0,02%		
Name M	8921	\$2.345,00	0,01%		
		\$15.850.174,00	100%	100%	

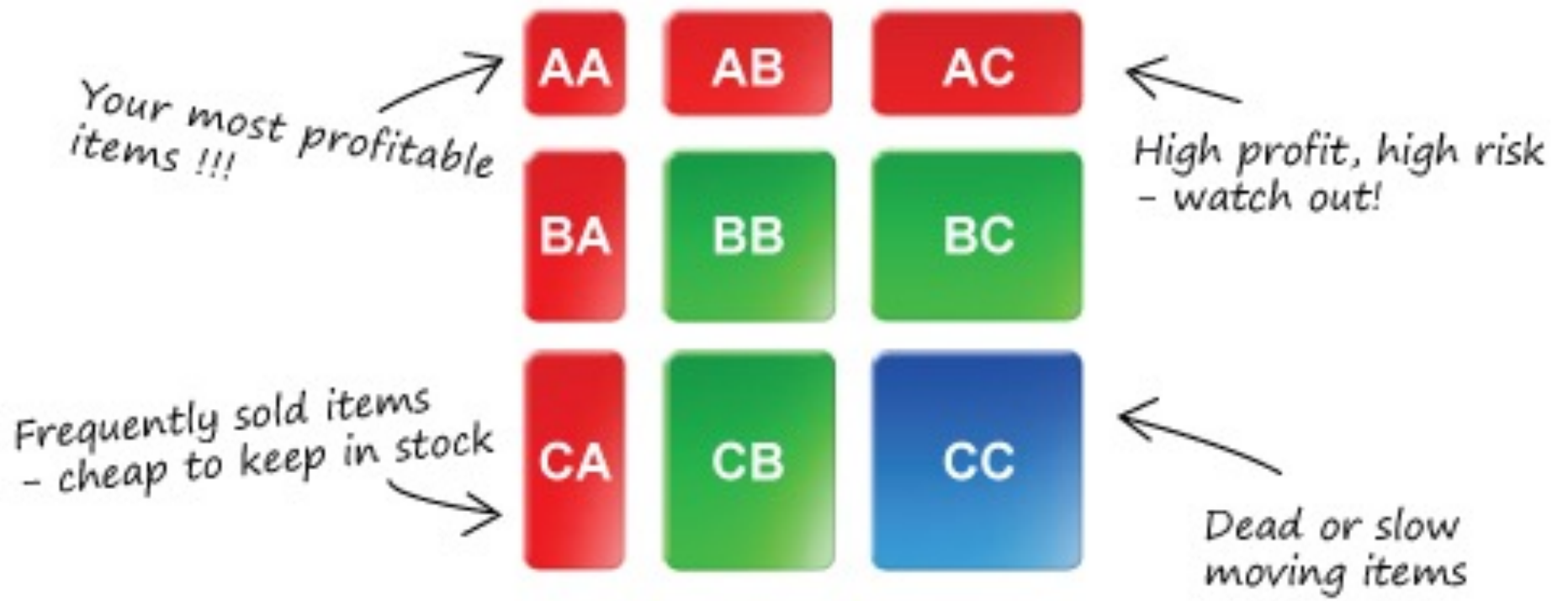
ABC ANALYSIS



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ABC ANALYSIS



BRANDING



•TO EXPOSE YOURSELF

•TO AWARE THE PEOPLE WHAT YOU 'RE DOING



Social media



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BRANDING

- **Utilize Social media**
- Cash less branding
 - WhatsApp Group for hospital
 - Facebook
 - YouTube
 - Blog
- Online Marketing is economical
- Don't expense on public hoardings



ANALYSIS



CLINICAL, OPERATING AND FINANCIAL METRICS

Financial : Cost per bed
Revenue per bed
Avg Revenue per patient

Clinical : Mortality Rate
IP conversion
OP to Procedure conversion
Infection Rate

Operating : Occupancy Rate
Manpower per occupied bed
Material cost
Procedure volumes
Waiting time for Patients



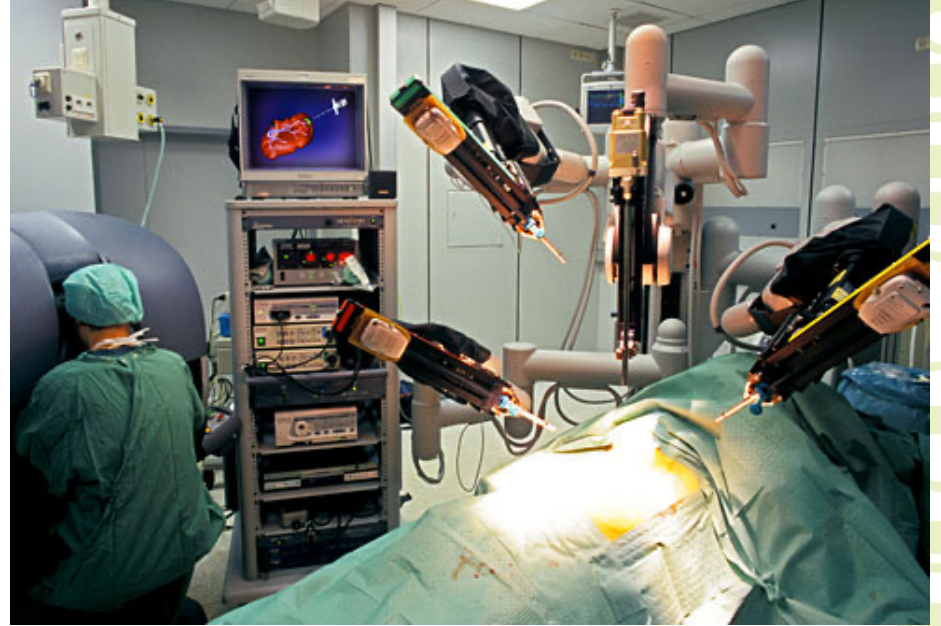
BE POSITIVE



UPDATE YOURSELF



UPDATE YOURSELF



UPDATE YOURSELF



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Your “I can” is
more important
than your IQ

Robin Sharma



It does not matter how slowly
you go as long as you
do not stop.

Confucius



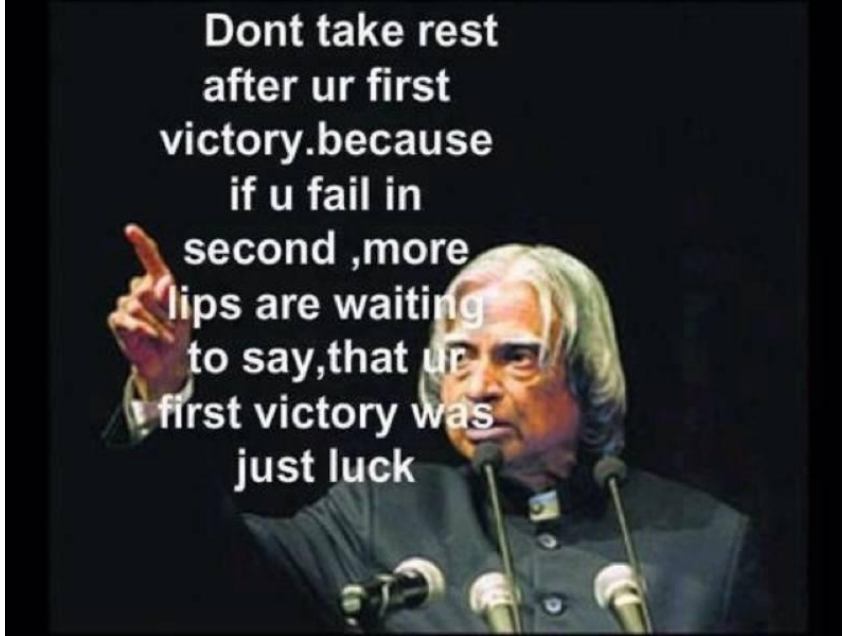
Think Positive Words



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Dont take rest
after ur first
victory.because
if u fail in
second ,more
lips are waiting
to say,that ur
first victory was
just luck



A P J Abdul Kalam



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FAMILY FIRST. WORK NEXT.

**because, there's no replacement
for a family lost.**

facebook.com / thevquote

THE  QUOTE



THANK YOU



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