



## **Dr. S.G. Balamurugan**

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- **PAST SECRETARY, IMA NHB TNSB**
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செந்திரமணி

GURU HOSPITAL - MEDICAL SERVICES

 Kids Ortho Care  
 Sri Lanka Hospital  
**Kids ortho care**  
குழந்தைகள் எலும்பு குறைபாடுகளை கவனி  
Dr. R. Ashok Kumar M.S (Ortho), FIPD (Senu)

# THIS PRESENTATION IS DESIGNED

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

# AGENDA

- Facts
- What is sop ?
- Benefits, what will you achieve
- Challenges
- How to manage the staff
- Organization - how should be
- Functional outcome assessment
- How the hospital owner should be



Fact  
should know **FIRST**

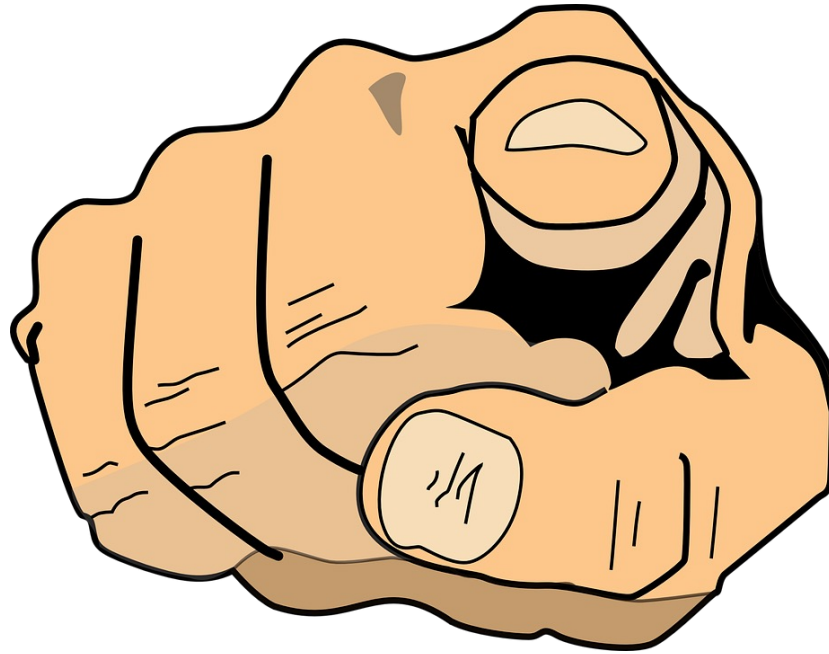
I am a hospital owner

My skill & professional knowledge  
is excellent ,

I'm struggling for Quality Care &  
Positive Finance balance.

Who will help me ?

# **NOBODY WILL HELP YOU,**



**It's your responsibility to make appropriate plan**

**We should do our hospital management as an organization based on SOP rather than run by ourselves.**





# HOSPITAL

•VS

# HEALTH CARE INDUSTREE

**VS**

**FAMILY RUN  
HOSPITAL**

**CORPORATE  
HOSPITAL**

# PROCESS & SYSTEM = SOP

- **PROCESS**

A series of actions that you do for a particular purpose.

- **SYSTEM**

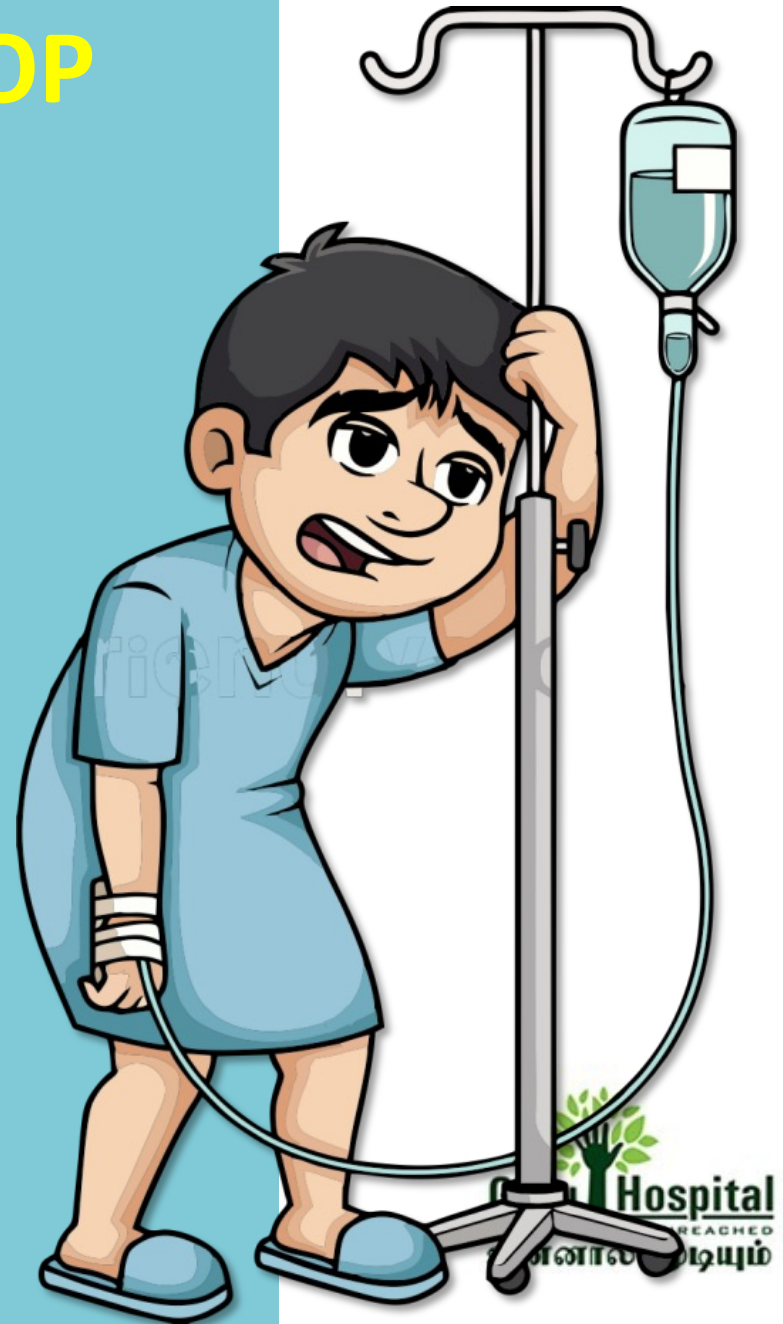
A particular way of doing something.

People call a computer as a “system” because it has many components working together to do work.

PROCESS + SYSTEM = SOP

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Need to be  
improved



# FIREFIGHTING Vs PROACTIVE MANAGEMENT

- A firefighting type of management indicates a more reactive and corrective approach to every problem that occurs daily, the person in charge has spending his most valuable time in solving the problem.
- Proactive management means anticipating needs and challenges. Person in charge has spending his most valuable time for developmental activities.



செய்தக்க அல்ல செயக்கெடும் செய்தக்க  
செய்யாமை யானும் கெடும்

அதிகாரம்:

தெரிந்து செயல்வகை

குறள் எண்:466



**WHAT IS SOP ?**

What is  
SOP





# SOP

- **SOP - System and Protocol development**

Create the system based on

- Based on business .
- Location.
- Availability of staffs

# STANDARD OPERATING PROCEDURE (SOP)

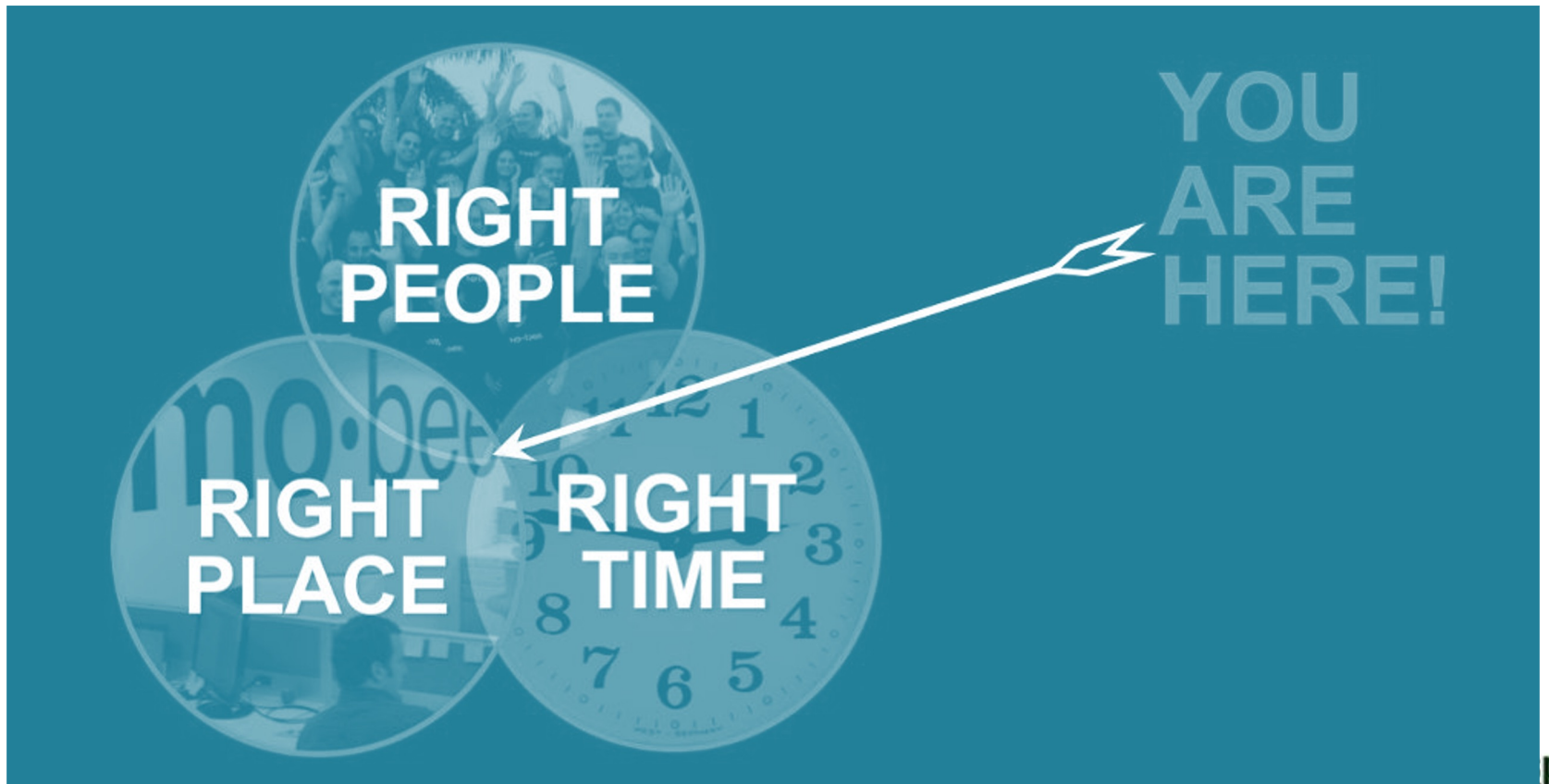


- Is a set of written instructions that document a routine activity followed by an organization.

# JOB INTEGRATION

- Hospital has many departments  
It should run with correct direction
- Hospital has many staffs.  
They should go with
  - Quality guidelines
  - Owner wishes

# RIGHT PROCESS



# DOCUMENTATION - SOP

- Serves as a point of reference for everyone in the organization.
- The documented system and processes must be complied with consistently in the organization by everyone.
- .

# CONTROLLED DOCUMENT- MANUALS

- Prepared by end user.
- Edited by Quality manager & coordinator
- Approved by Committee and Head of the Institute.
- To be kept appropriate places for reference.
- To be updated periodically.



# HOSPITAL PROCESS - SOP

HOSPITAL PROCESS - SOP

# HOW TO PROCEED ?

## BY YOURSELF

- Long lasting.
- Cost effective.
- It is an internal growth.
- Staff's awareness will be there.

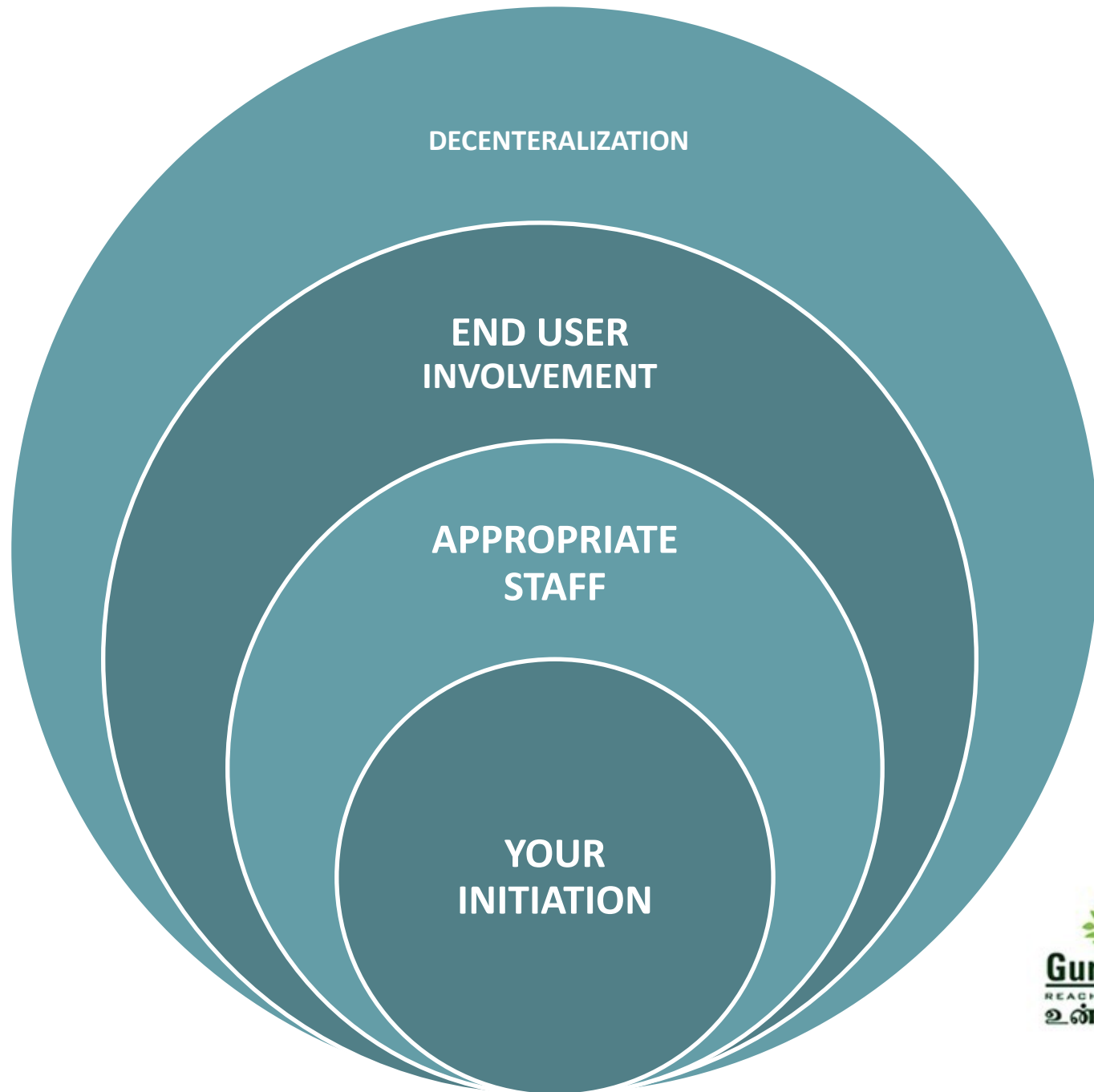
**V** **S**

A large, stylized graphic of the letters 'V' and 'S' in a bold, outlined font. A bright lightning bolt strikes the junction between the two letters, creating a glowing effect. The background is a dark teal color with a subtle grid pattern.

## BY AGENCY

- Long lasting ?
- Costly.
- It is an external Support
- Minimal staff awareness.







**BENEFITS – WHAT WILL YOU ACHIEVE**

# BENEFITS



## Patients

High quality of care and patient safety.



## Hospital

commitment to quality care and provides benchmark.



## Clinic Staff

It improves overall professional development of Clinicians and Para Medical Staff and provides leadership for quality improvement.



## Regulatory Bodies

It will help to get accreditation.

# INCREASED PATIENT SATISFACTION LEVEL

Word Of Mouth - A satisfied patient is the best marketing tool having 100% results





**CHALLENGES**

# CHALLENGES



# CHANGING THE SYSTEM ?

## CHALLENGES TO US:



- 1 Busy in professional practice & lack of time
- 2 Lack of mindset & interest
- 3 Lack of relevant supportive staffs


# WHAT IS HOLDING BACK?

**As an investor, he should be the multi-tasker**





**STAFF – HOW TO MANAGE ?**



A company's employees are  
its greatest asset and your  
people are your product.

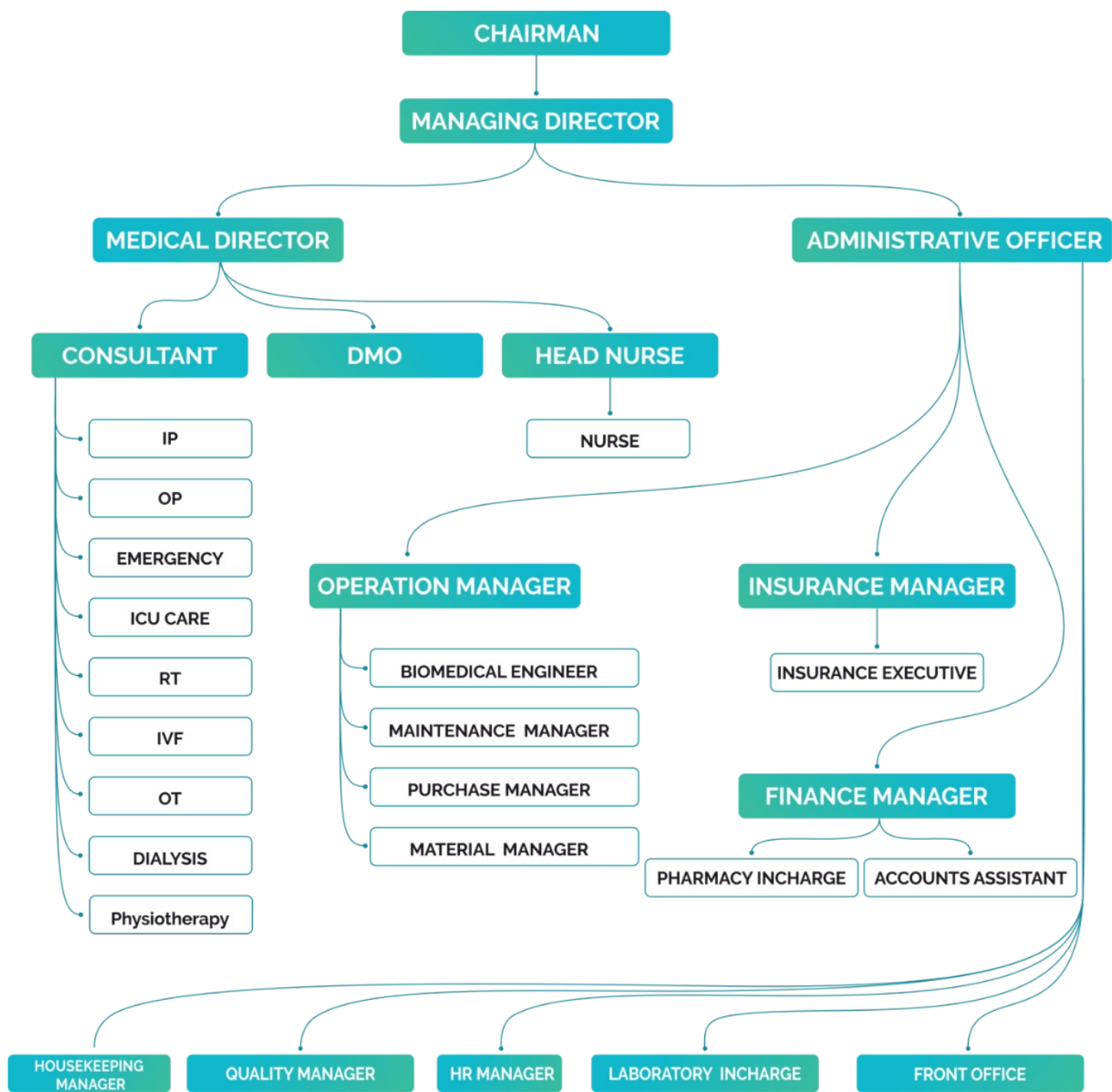
Richard Branson

# DOING JOB WITHOUT TRAINING – POOR SYSTEM



# 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

# CONSTANT TRAINING & REVIEW

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



# 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
- Bridge between the owner and staffs



# CONCEPT OF PHYSICAL ATTENDANCE TO FUNCTIONAL ATTENDANCE

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

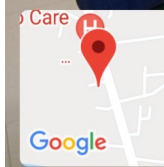
# DRESS CODE – Code for discipline



நான்  
வந்துட்டேனு  
சொல்லு  
ஸ்கூல் போகாம  
திரும்பி  
வந்துட்டேன்னு  
சொல்லு

[www.facebook.com/gforgo](http://www.facebook.com/gforgo)

# DRESS CODE



Madurai, Tamil Nadu, India  
Guru Hospital 4/120-F, Pandikovil Ringroad, Madurai, Tamil Nadu 625107, India  
Lat 9.942552°  
Long 78.165172°  
24/07/21 11:22 AM

# SALARY

- 60 % constant
- 40 % variable

Based on his performance – Incentive

- Over time
- Fine & Penalty

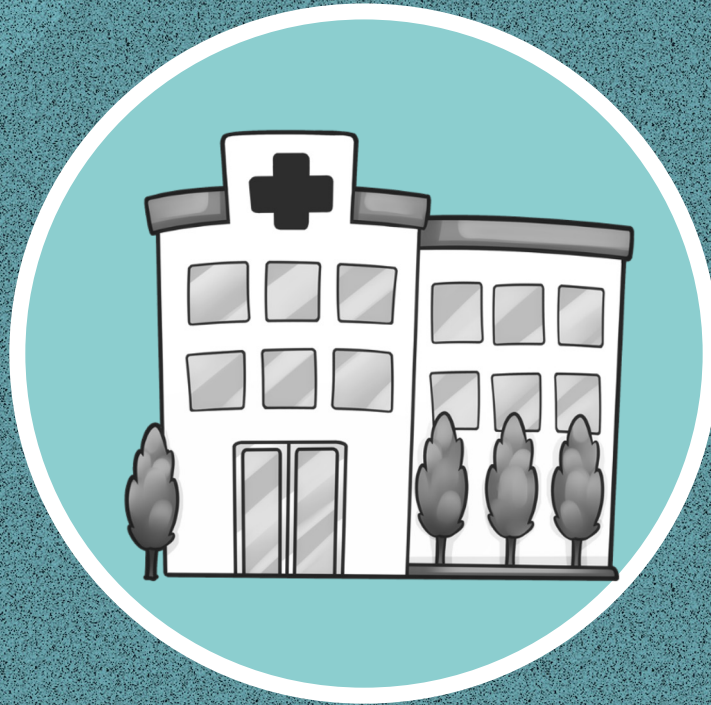
# HOW TO RETAIN THE DESERVING STAFF

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



Right person  
for the right job !





**ORGANIZATION HOW SHOULD BE**

SABRINA'S  
Organizing

*A good system  
shortens  
the road  
to the GOAL.*

*~ Orison Swett Marden*

SABRINA'S  
Organizing



# STAFFING OF NURSING

S.NO	DEPARTMENT / AREA	NURSE:PATIENT RATIO
1	ICU- Ventilator Beds	1:1 Each Shift
2	ICU- Non-Ventilator Beds	1:2 Each Shift
3	High Dependency Unit (HDU)	1:3 Each Shift
4	Inpatient Beds	1:6 Each Shift
5	Operation Theatre (OT)	2 Nurses Per Table Each Shift

# HR PERSONAL FILE

## **Personal File :**

- Basic information sheet
- Joining letter
- Appointment letter
- Medical fitness sheet
- Agreement
- Training and Evaluation Certificate
- Photograph – 2
- Qualification certificate
- Aadhaar copy
- Experience Certificate
- Credential and privilege for Doctors and Nurse
- Health check details
- Vaccination details
- Job responsibility
- Performance Appraisal
- Disciplinary and Grievance

# HR TRAINING CALENDER

TRAINING CALENDAR													
Month & Weeks		January		February		March		April		May		June	
S.no	Program Title	Week 1	Week 3	Week 1	Week 2	Week 1	Week 3	Week 1	Week 2	Week 1	Week 3	Week 2	Week 3
1	Time Management	█											
2	Positive Attitude		█										
3	Work Life Balance			█									
4	Team Work				█								
5	Patient Care					█							
6	Cleanliness						█						
7	Etiquettes							█					
8	Motivation -video								█				
9	Fire safety in hospital									█			
10	Emergency Codes										█		
11	Occupational Health											█	
12	Emotional intelligence												█

TRAINING CALENDAR													
Month & Weeks		July		August		September		October		November		December	
S.no	Program Title	Week 1	Week 4	Week 2	Week 4	Week 3	Week 4	Week 1	Week 2	Week 2	Week 4	Week 1	Week 4
13	Art of Practice	█											
14	Change management		█										
15	Stress Management			█									
16	Conflict Management				█								
17	Biomedical Waste Management					█							
18	Communication						█						
19	Infection Control Policy							█					
20	Employees Rights & Responsibilities								█				
21	Work Culture									█			
22	Quality Control										█		
23	Motivation											█	
24	Performance Management												█

# EMPLOYEE HANDBOOK

## EMPLOYEE HANDBOOK

# SEQUENCE OF CASESHEET FORM

## ADMISSION ORDER

Patient Registration cum undertaking Form  
Admission Request  
Initial Assessment By Nurse  
HIV Consent  
Initial Assessment By Doctor  
Progress Note & Medication order  
Nurses Daily Re assessment form  
Drug Order Chart  
Nurses Notes  
Intake Out put Chart  
Vital Statistics  
Discharge Check List - Ward  
Patient Education Councelling at Discharge  
Due Check list  
MRD Check list

# SEQUENCE OF CASESHEET FORM

## OPTIONAL

Blood Transfusion Assessment Form  
Bundle Care Form  
Chemo Card  
RT Card  
Blood Sugar Chart  
Emergency Assessment Form  
Wound Certificate  
Accident Register  
Police Intimation  
Pre Operative Assessment  
Pre operative Check List  
Surgery Consent  
Anesthesia Consent  
Surgical safty Check List  
Regional Anaesthesia & Post Anesthesia Recod  
Post Operative Check List  
Anesthesia Intra Operative Card  
Operation Notes  
Post Operative Order  
DIL Consent  
Chemotherapy Consent  
Blood transmission Consent  
LAMA Consent  
Physiotherapy consent  
ANC Consent  
Consent for Restrain  
CT Contrast consent  
Dialysis Consent  
Dialysis Re use consent

# FINAL CASESHEET EVALUATION & CHECKLIST



Patient Name :

Age / Sex :

UHID :

## MEDICAL RECORD CHECKLIST - WARD

S.No.	Description	Status
1.	Patient registration form cum undertaking	
2.	Initial Assessment by Doctor	
3.	Initial Assessment by Doctor	
4.	Progress Note & Medication order	
5.	Nurses Daily Reassessment form	
6.	Drug Order Chart	
7.	Investigation Cart	
8.	Intake Out put Chart	
9.	Blood Sugar Chart	
10.	Nurses Notes	
11.	Anaesthesia consent	
12.	Surgery consent	
13.	OT Process Bundle	
14.	Blood Transfusion Assessment Form	
15.	Bundle Care Form	
16.	Case sheet hand over to MRD	
17.	Pharmacy Replacement	

Signature



# SURGICAL SAFETY CHECKLIST

## SURGICAL SAFETY CHECKLIST

SURGEON NAME :

ANAESTHETIST NAME :

Before Induction of Anaesthesia Sign in	Before Skin Incision Time Out	Before Patient leaves Operating room sign out
<input type="checkbox"/> Patient has confirmed <ul style="list-style-type: none"> <li>• Identity</li> <li>• Site</li> <li>• Procedure</li> <li>• Consent</li> </ul> <input type="checkbox"/> Site marked / not applicable <input type="checkbox"/> Anaesthesia safety check completed <input type="checkbox"/> Pulse oximeter on patient and Functioning           Does patient have : <p>Know allergy?</p> <input type="checkbox"/> No <input type="checkbox"/> Yes <p>Difficult airway / aspiration risk</p> <input type="checkbox"/> No <input type="checkbox"/> Yes <p>Risk of &gt; 500ml blood loss (7 ml/kg in children)?</p> <input type="checkbox"/> No <input type="checkbox"/> Yes and adequate intravenous access and fluids planned	<input type="checkbox"/> Confirm all team members have introduced themselves by name and role <input type="checkbox"/> Surgeon, anaesthesia professional and nurse verbally confirm <ul style="list-style-type: none"> <li>• Patient</li> <li>• Site</li> <li>• Procedure</li> </ul> Anticipated critical events : <p><b>Surgeon reviews :</b></p> <input type="checkbox"/> What are the critical or unexpected steps, operative Duration, anticipated blood loss? <p><b>Anaesthesia team reviews :</b></p> <input type="checkbox"/> Are there any patient - Specific concerns? <p><b>Nursing team reviews :</b></p> <input type="checkbox"/> Has sterility (including indicator results) been confirmed ? <input type="checkbox"/> Are there equipment issues or any concerns? <p><b>Has antibiotic prophylaxis been given within the last 60 minutes?</b></p> <input type="checkbox"/> Yes <input type="checkbox"/> Not applicable <p>Is essential Imaging displayed?</p> <input type="checkbox"/> Yes <input type="checkbox"/> Not applicable	<p><b>Nurse Verbally confirms with the team</b></p> <input type="checkbox"/> The name of the Procedure recorded <input type="checkbox"/> That instrument sponge and needle counts are correct (or not applicable) <input type="checkbox"/> How the specimen is labelled including Patient Name? <input type="checkbox"/> Whether there are any equipment problems to be addressed? <input type="checkbox"/> Surgeon, anaesthesia professional and nurse review the key concern for recovery and management of this patient.
Signature of the Receiving Nurse :	Signature of the Anaesthetist & Assistant	Signature of Nurse :



# EQUIPMENT - QUALITY ASSURANCE?

- Calibration of the equipment to be done every year
- Labeling of the calibrated date and next due date
- External quality assurance by the authorized company.

# EQUIPMENT MAINTAINANCE ?

“If you didn’t Schedule time for maintenance, your equipment will schedule it for you...!”

- Equipment Master to be create with Asset Number
- History card / Log
- Periodical & Preventive Maintenance
- AMC & CMC

# EQUIPMENT - ASSET LIST

[EQUIPMENT - ASSET LIST](#)

# EQUIPMENT HISTORY CARD



**GURU HOSPITAL**  
4/120-F, Pandikovil Ringroad, Madurai -625107

## EQUIPMENT HISTORY CARD

DEPARTMENT OF BIOMEDICAL ENGINEERING

Name of the Equipment :		Installed On :	
Asset No :		Make & Model :	
Location :		Sr. No :	

Service Contact with :

Contract From \_\_\_\_\_ To \_\_\_\_\_

Contact Person : \_\_\_\_\_ Mobile : \_\_\_\_\_

Sr. No	Details of Repairs / Service/ Calibration	Service Called On	Equipment attended on	Serviced By	Remarks



# EQUIPMENT PREVENTIVE MAINTANANCE



**GURU HOSPITAL**  
4/120-F, Pandikovil Ringroad, Madurai -625107

**DEPARTMENT OF BIOMEDICAL ENGINEERING**

## **P**REVENTIVE **M**AINTANANCE **S**ERVICE REPORT (**PMS**)

**PMS Date :** \_\_\_\_\_ **Next Due:** \_\_\_\_\_  
**Periodical :**  3 Month  6 Month  12 Month  
**PMS Type :**  In-house  Vendor  
**Asset Number :** \_\_\_\_\_ **Location :** \_\_\_\_\_  
**Name of the Equipment :** \_\_\_\_\_  
**Manufacturer :** \_\_\_\_\_  
**Model Number :** \_\_\_\_\_  
**Serial Number :** \_\_\_\_\_  
**Accessories :** \_\_\_\_\_

### **Check Lists**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Cleaning the Probes & Cables | <input type="checkbox"/> Display Working (If Applicable)  |  |
| <input type="checkbox"/> Calibration (If Applicable)  | <input type="checkbox"/> Software Updated (If applicable) |  |
| <input type="checkbox"/> Equipment Grounding          | <input type="checkbox"/> Power Cable                      | <input type="checkbox"/> No Crack / Tent |
| <input type="checkbox"/> Working Condition            | <input type="checkbox"/> No Noise                         | <input type="checkbox"/> UPS Connection  |
| <input type="checkbox"/> Stand / Wheels               | <input type="checkbox"/> Sensors                          |  |

**Remarks :** \_\_\_\_\_



PMS done By : Er. Kailasa Sundhar  
Designation : Biomedical Engineer

# AUTOMATISAM- MANIFOLD



MANIFOLD AUTOMATIC CONVERSION

# AUTOMATISAM – NURSING CALLING SYSTEM



# HOSPITAL





# INFECTION CONTROL PRACTICE



INFECTION CONTROL  
COMMITTEE

INFECTION CONTROL  
OFFICER

INFECTION CONTROL  
NURSE

# INFECTION CONTROL PRACTICE



GPS Map Camera

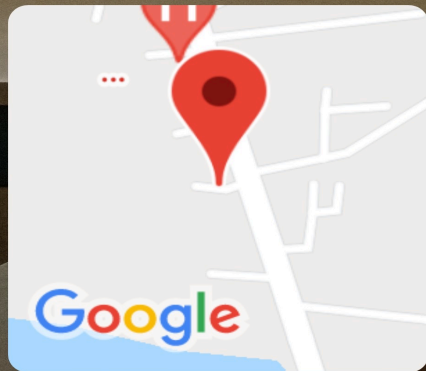
**Uthangudi, Tamil Nadu, India**

Sharmi dream villa Plot no 10, Bank officers enclave, Pandi Kovil Ring Rd,  
Uthangudi, Tamil Nadu 625107, India

Lat 9.941946°

Long 78.165374°

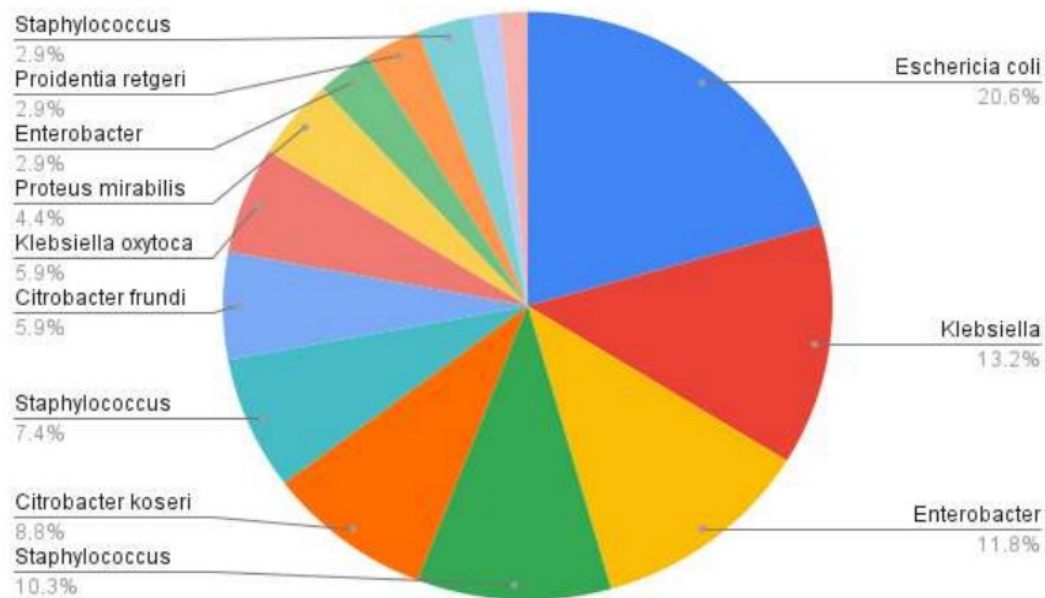
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# ANTI-BIOTIC POLICY

Most common bacteria isolated are

1. *Eschericia coli*
2. *Klebsiella pneumoniae*
3. *Enterobacter aerogens*



They constitute 45 percent of the organisms isolated.

# CAPTURE?

- When there is a deviation  
in Procedure, Process and safety measures

Very few are reported & Analysed .

- Hence the Organisation should have own Capture Mechanism to find out the deviations .
- ANALYSIS -ALL INCIDENTS  
Root cause analysis ,  
Corrective action and  
Preventive Action

# CAPA?

- **ROOT CAUSE ANALYSIS:**

- Root cause analysis (RCA) is a method of problem-solving that tries to identify the root causes of faults or problems that cause operating events

- **CORRECTIVE ACTION :**

Action to eliminate the cause of the incident and to prevent recurrence

- **PREVENTIVE ACTION :**

Action to eliminate the cause of a potential to occur



**ANALYSIS – WHERE YOU ARE ?**

- To know the your asseet
- Compare and improve

# BED STATUS

No. of Sanctioned Beds	100
No. of Operational Beds	100
No. of ICU Beds	20
No. of Operation Theatres	4



# DOCTORS



# AREA OF CONSTRUCTION

Registration Authority	CEA /Government of Tamilnadu
Covered Area of HCO (in Sq. Ft.)	43091
Area per Bed (in Sq. Ft.)	431

# SCOPE OF SERVICES

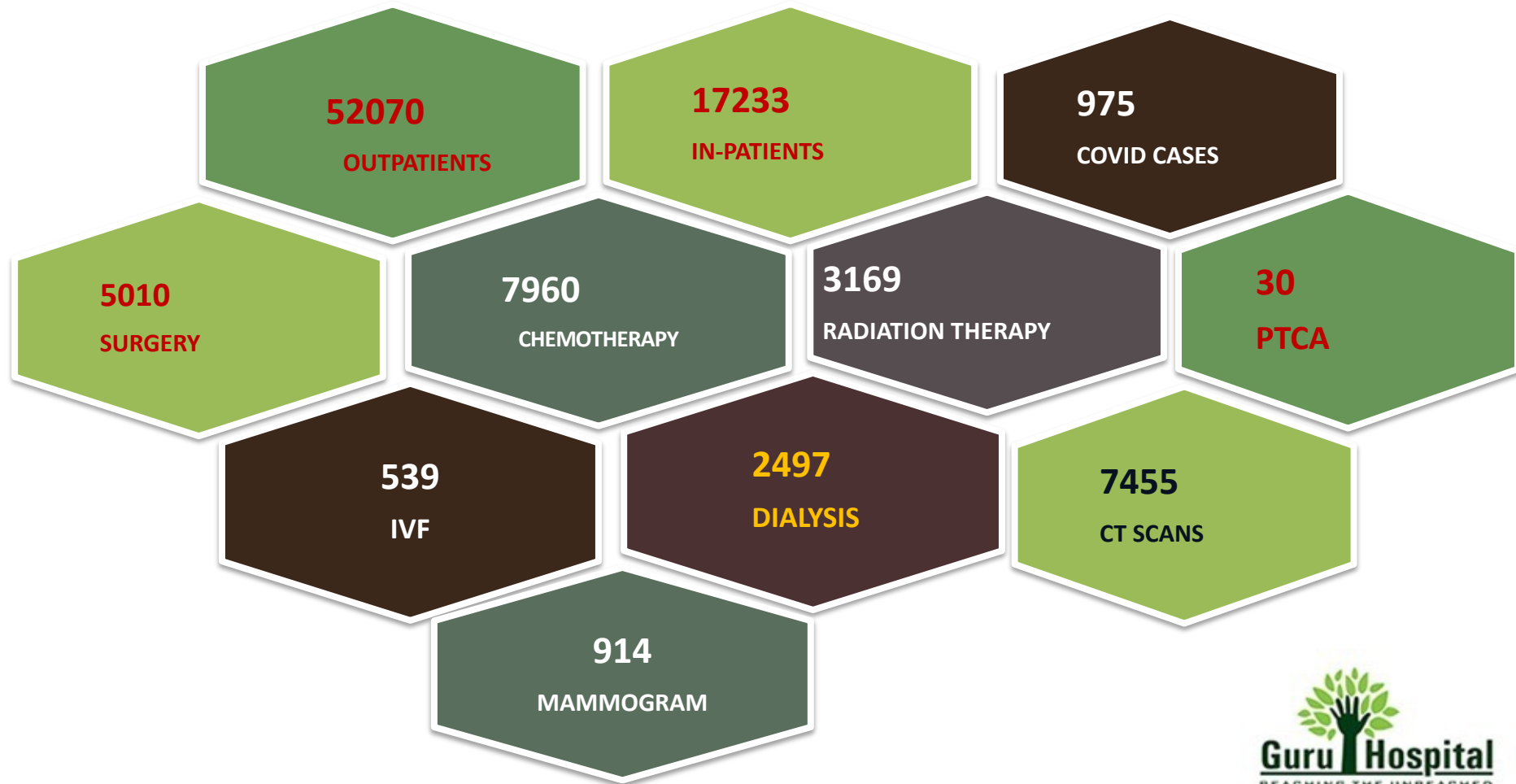
- Anaesthesiology
- Cardiology including Interventional Cardiology
- Cardiothoracic Surgery
- Emergency Medicine
- General Medicine
- General Surgery
- Medical Gastroenterology
- Medical Oncology
- Nephrology
- Neurosurgery
- Obstetrics and Gynaecology including Reproductive Medicine
- Orthopaedic Surgery including Joint Replacement
- Otorhinolaryngology
- Plastic and Reconstructive Surgery
- Radiation Oncology
- Respiratory Medicine
- Surgical Gastroenterology
- Surgical Oncology
- Urology



# COMMONLY PERFORMED SURGERIES

- **LAP low anterior resection**
- **Video-assisted thoracoscopic surgery**
- **Whipple's procedure**
- **Bilateral total knee replacement**
- **Bilateral total hip replacement**
- **Double valve replacement**
- **Glossectomy with modified radical resection**
- **Total thyroidectomy with lymph node dissection**
- **In-Vitro Fertilization**
- **Lobectomy**
- **Pneumonectomy**
- **Radical Hystectomy**
- **Radical D2 gastrectomy**
- **Radical prostatectomy**
- **Radical cystectomy Urethral reconstruction with buccal mucosa graft**
- **Penile implant**
- **Pelvic floor reconstruction-female**
- **Augmentation cystoplasty**
- **Percutaneous trans hepatic biliary drainage with metal stenting**
- **Peripheral arterial disease stenting**
- **Percutaneous nephrostomy**

# NO. OF PATIENTS TREATED



# National Accreditation Board for Hospitals & Healthcare Providers

(Constituent Board of Quality Council of India)

## CERTIFICATE OF ACCREDITATION

**Guru Hospital**

4/120 F, Pandikovil Ring Road, Mattuthavani  
Madurai - 625107, Tamil Nadu

- NABH ACCREDITATION - 2022

# FELLOWSHIP PROGRAMME

- Fellowship in Minimal Access Surgery - 2
- Fellowship in Endo Gynecology – 2

**Affiliated to Dr.M.G.R Medical University.**



# B. Sc COURSES

- **B.Sc Physician Assistant**
- **B.Sc OT Technician & Anesthesia Technology**

**Affiliated to Dr.M.G.R Medical University.**







# ANALYSIS – FUNCTIONAL ASSESSMENT

There are no traffic jams  
along the extra mile



~Ron Wild

# FUNCTIONAL ASSESSMENT

The word "LOOKING" is written in a large, bold, black sans-serif font. The two 'O's are replaced by stylized cartoon eyes. Each eye is a large black circle with a smaller white circle inside, and a black pupil. Above each eye is a small black arc representing a brow. The word "BACK..." is written below "LOOKING" in the same bold, black sans-serif font, with three dots at the end.  
**LOOKING  
BACK...**

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

# REPORT BY SMS

<b>VEHICLE</b>	
	No of Km = (Starting KM - Closeing KM)
	next service km
	Cleaning time
	Complaints
	Driver leave status-tmw
<b>NIGHT MANAGER</b>	
	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



# MONTHLY REPORT

## MONTHLY REPORT

# QUALITY INDICATORS - What it is?

- A quantifiable measure used to evaluate the success of an organization.

**Quality Indicators:**

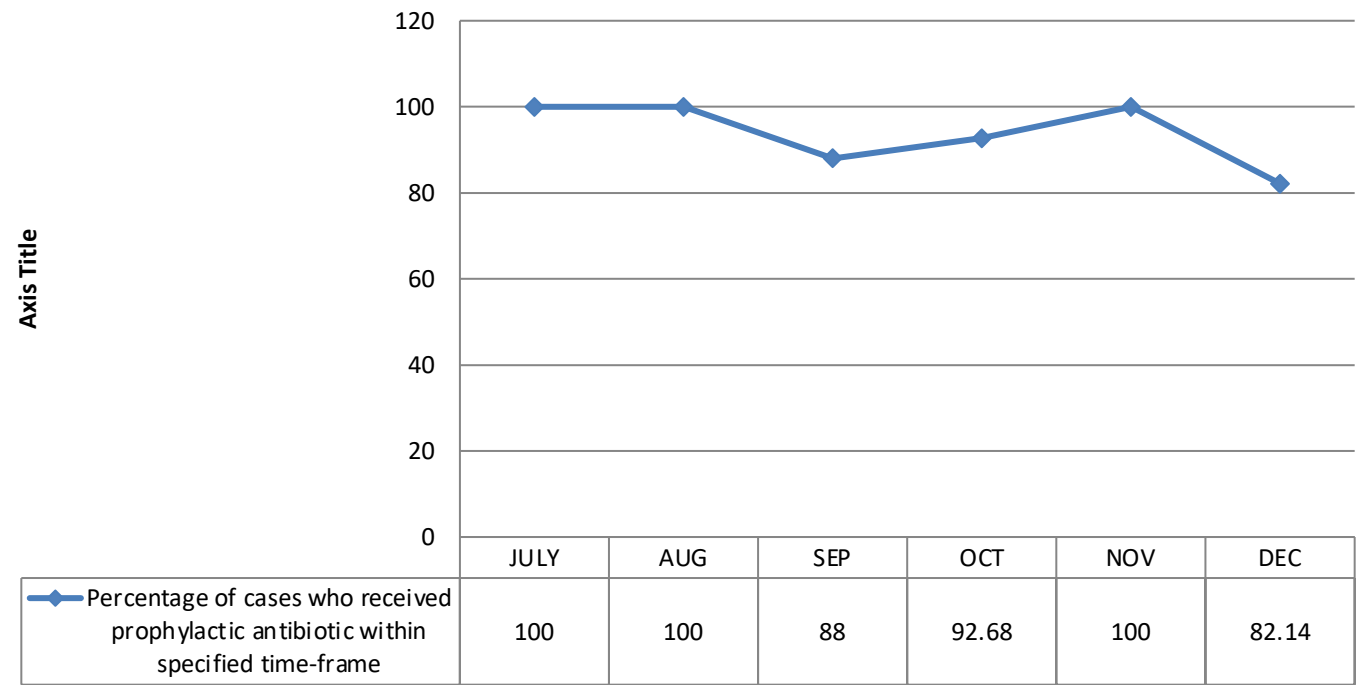


**Sample Size**  
Total number of major surgeries per month

**Benchmark –**

**Special Remarks**

### Percentage of cases who received prophylactic antibiotic within specified time-frame



**Root Cause Analysis:**

Patients who went for smaller procures such as biopsy were also included in the total number of cases- prophylactic antibiotic is not necessary in case of smaller procedures such a cervical biopsy.

**CAPA**



# HOSPITAL CALENDER

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)

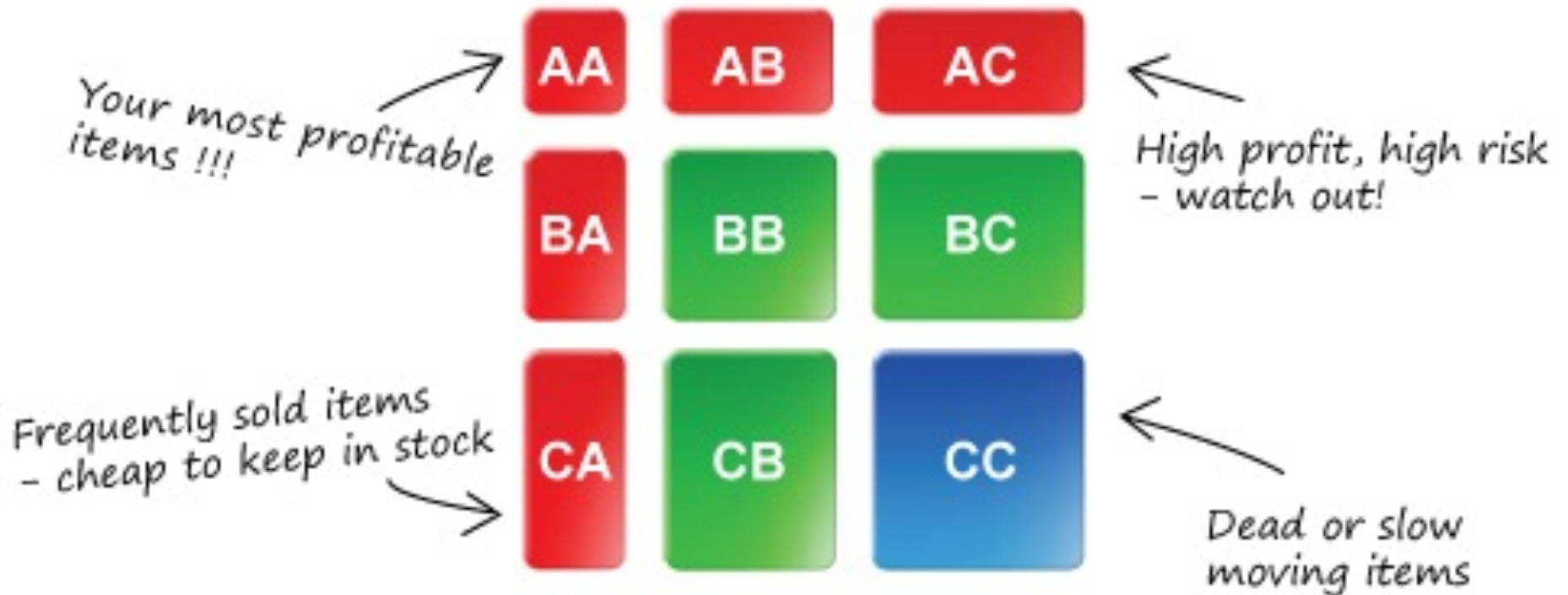
# CLINICAL, OPERATING, AND FINANCIAL METRICS

- **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

# ABC ANALYSIS

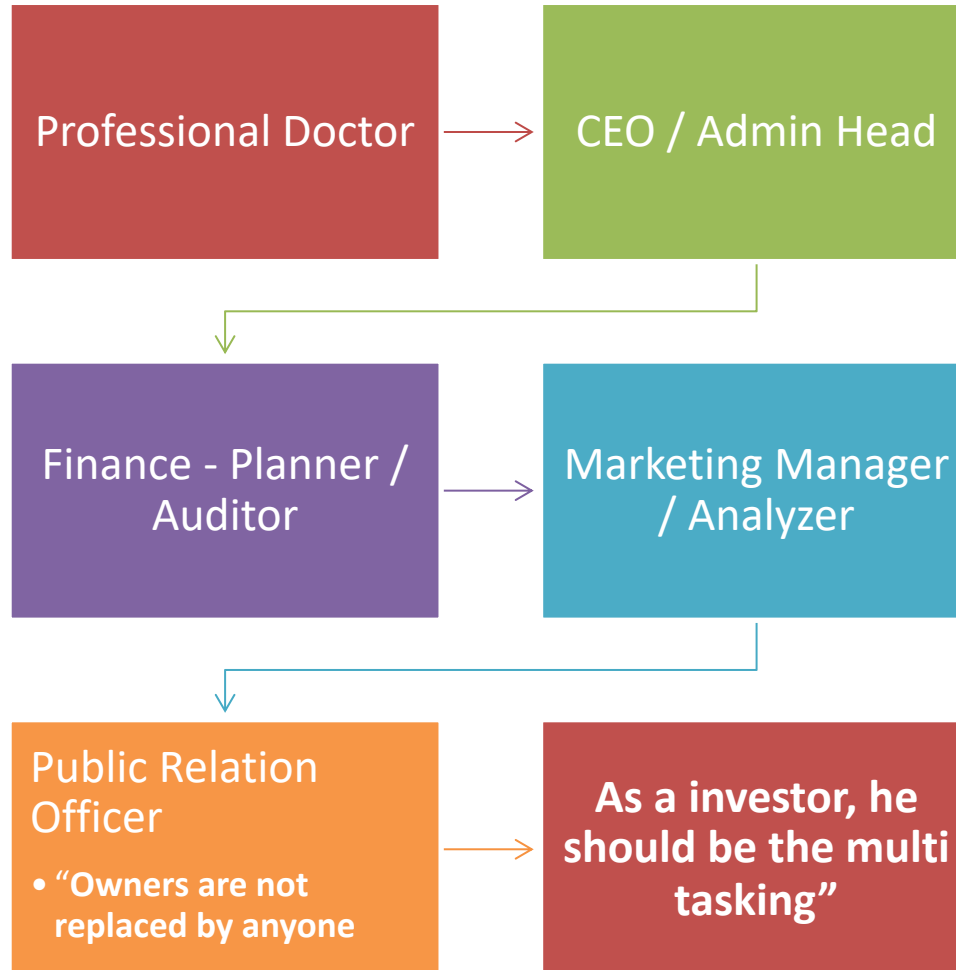
Debtors List 2010					
Name of Debtor	Number	Turnover	Percentage	Sum of %	
Name K	5432	\$7.885.443,00	49,75%	78,34%	A
Name I	7654	\$4.532.342,00	28,59%		
Name A	1234	\$982.347,00	6,20%	19,39%	B
Name E	5678	\$869.495,00	5,49%		
Name J	6543	\$654.335,00	4,13%		
Name L	4321	\$567.832,00	3,58%		
Name C	3456	\$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





**HOW THE HOSPITAL OWNER  
SHOULD BE**





# BUSY vs FREE

# OWNERS ATTITUDE

*Don't be busy.  
Be productive.*

# TIME MANAGEMENT

Don't mix

**CLINICAL WORK**

**WITH**

**ADMIN WORK**



# CAN BE REPLACE WITH SOMEONE

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

# REPLACE SELECTIVELY

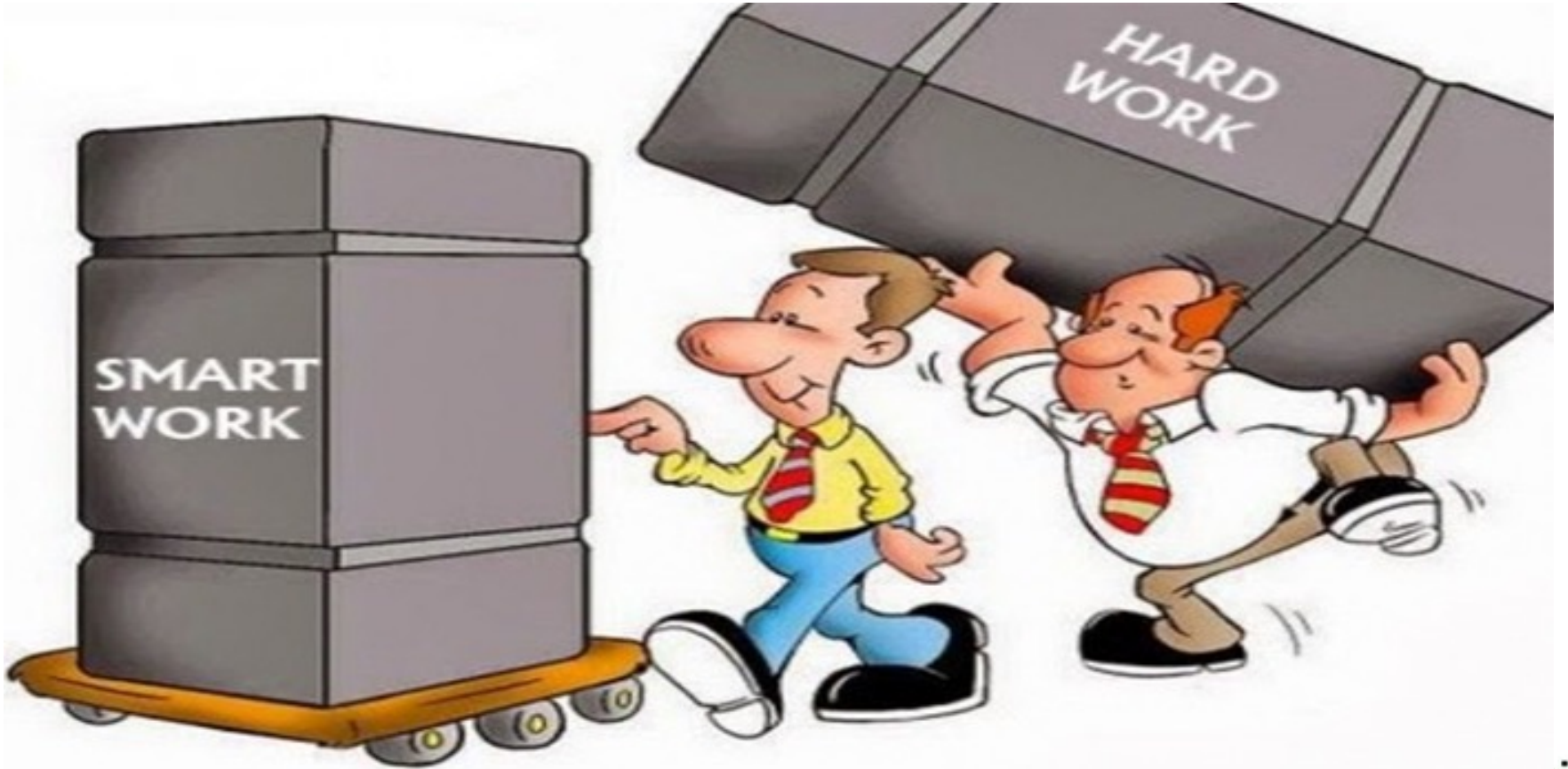
OP consultation	<b>10 %</b>
Surgery / Procedure	<b>80 %</b>
Ward Rounds	<b>60 %</b>

•TO EXPOSE YOURSELF

•TO AWARE THE PEOPLE WHAT YOU 'RE DOING



# SMART WORK





**FIGHT AGAINST  
CHALLENGES**

**FULL FORCE**

**GET READY FOLKS  
01 10 10**



# UPDATE YOURSELF



# ALWAYS FEEL FREE TO APPROACH



# Your “I can” is more important than your IQ

Robin Sharma



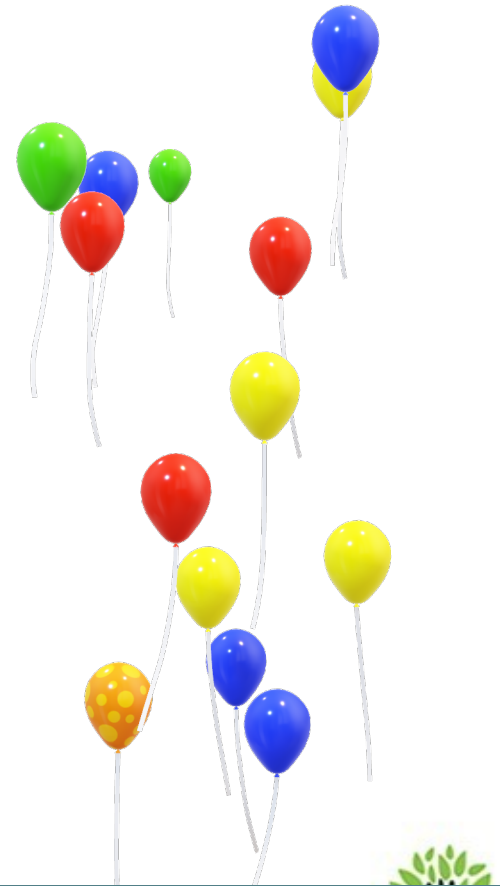
# **FAMILY FIRST. WORK NEXT.**

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



நிறைய நேரம் வீணாகி விட்டது..  
இனியும் தாமதிக்க கூடாது..

# MY WISHES TO ALL



THANK YOU...