

Radhemohan Memorial hospital (RMH) Case Study



ELIGIBILITY DETERMINATION FORM

IMC Ramkrishna Bajaj National Quality Award

1. Applicant

Official Name: Radhemohan Memorial hospital (RMH)

Other Name: Radhemohan Memorial hospital (RMH)

Headquarters Address: Homeopathic Center, Performance Excellence Building,
Strategy Rd, Agility - 900701, Thane

GSTIN: 275498735585U

2. Highest-Ranking Official

Mr _____ Mrs _____ Ms _____ Dr ☒ _____
Name: Fact Perfect Designation: Director
Address: Same as Above

Telephone: 95934089744
E-mail: rmh@hospitaltouch.com

Mobile: 5479924536

3. Eligibility Contact Point

Mr _____ Mrs _____ Ms _____ Dr ☒ _____
Name: Ethics Cure Designation: Head Clinical Service
Address: Same as Above

Telephone: 95934089744
E-mail: cure@hospitaltouch.com

Mobile: 2568794559

4. Award Category (Check as appropriate)

<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Education
<input type="checkbox"/> Service	<input type="checkbox"/> NGOs
<input type="checkbox"/> Small Business	<input type="checkbox"/> Indian Overseas Business
<input checked="" type="checkbox"/> Health Care	

5. Size and Location of Applicant

- a. Total number of
- Employees (business) _____
 - Faculty/staff (education) _____
 - Staff (health care) 200+
- b. Sales in the preceding fiscal year.
- Check amount: ☒ Rs 0 - Rs 100 Cr ☐ Rs 101 Cr - 1,000 Cr
☐ Rs 1,001 Cr - 10,000 Cr ☐ More than Rs 10,000 Cr
- c. Number of sites: 1
- d. Attach a line and box organization chart for the applicant. In each box, include the name of the unit or division and its head.

If you are unable to respond to any item, please contact

The IMC Quality Cell at (91-22) 2202 5438 / 9892616193 before submitting your form

Website: www.imcrbnqa.com

ELIGIBILITY DETERMINATION FORM

IMC Ramkrishna Bajaj National Quality Award

6. Signature of the Highest-Ranking Official

I state and attest that

- I have reviewed the information provided by my organization in this Eligibility Package.
- To the best of my knowledge.
 - No untrue statement of a material fact is contained in this Eligibility Package and
 - No omission of a material fact has been made in this package.
- I understand that at any time during the Award Process cycle, if the information is found not to support eligibility, my organization will no longer receive consideration for the Award.

Signature of Highest-Ranking Official

30 May
Date dd/mm/yy

Printed Name: Dr Fact Perfect

7. Eligibility Determination Filing Fee

Enclose Rs 50000 (+ 18% GST as applicable) non-refundable fee to cover the cost of the eligibility determination. The cheque or demand draft should be made payable in Mumbai to **IMC Ramkrishna Bajaj National Quality Award Trust**.

By Online Transfer


Bank: Happy Bank of India,
Branch: C. F. Road Branch, Churchgate
Branch Code: 5856952
Account No.: 319502010029895
IFSC: HBIN0599952

Signature of Highest-Ranking Official

30 May
Date dd/mm/yy

Printed Name: Dr Fact Perfect

ELIGIBLE / INELIGIBLE


Maya Desai Director, IMC
RBNQA Trust Award
Administrator
IMC Quality Cell

*If you are unable to respond to any item, please contact
The IMC Quality Cell at (91-22) 2202 5438 / 9892616193 before submitting your form
Website: www.imcrbnqa.com*

APPLICATION FORM

IMC Ramkrishna Bajaj National Quality Award

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Dr. ☒

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Dr ☒

Name: Ethics Cure

Designation: Head Clinical Service

Address:

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E-mail: cure@hospitaltouch.com

4. Award Category (Check as appropriate)

_____ Manufacturing

_____ Education

_____ Service

_____ NGOs

_____ Small Business

_____ Indian Overseas Business

☒ Health Care

3. Criteria Used (check one)

_____ Business Criteria for Performance Excellence

_____ Education Criteria for Performance Excellence

☒ Health Care Criteria for Performance Excellence

_____ Small Business/NGOs Criteria for Performance Excellence

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APPLICATION FORM

IMC Ramkrishna Bajaj National Quality Award

4. Application Components (Check as appropriate.)

☐ Eligibility Determination Form

☐ Application Report

5. Application Fee

Depending on the category applicable to you please enclose Rs.50,000/- (plus 18% GST as applicable) to cover one Application Report processing. The cheque or demand draft should be made payable in Mumbai to **IMC Ramkrishna Bajaj National Quality Award Trust.**

By Online Transfer

Bank: Happy Bank of India,

Branch: C. F. Road Branch, Churchgate

Branch Code: 5856952

Account No.: 319502010029895

IFSC: HBIN0599952

6. Release Statement

We understand that this application will be reviewed by members of the Board of Examiners.

Should our organization be selected for a site visit, we agree to host the site visit and to facilitate an open and unbiased examination. We understand that the organization must pay reasonable costs associated with a site visit.

If our organization is selected to receive an Award, we agree to share information on our successful performance and quality strategies with other Indian organizations.

Authorized Signature: _____

Printed Name: Dr Fact Perfect

Date: 10 August

If you are unable to respond to any item, please contact

The IMC Quality Cell at (91-22) 2202 5438 / 9892616193 before submitting your form

Website: www.imcrbnqa.com

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Abbreviations	
OPD	Out Patient Department
IPD	In Patient Department
CVS	Cardio vascular system
ICU	Intensive Care Unit
SCU	Special Care Unit
NICU	Neonatal Intensive Care Unit
ECG	Electro Cardio Gram
EEG	electroencephalogram
MD (Hom)	Doctor of Medicine in Homoeopathy
MICR	Membership of Institute of Clinical Research
SCR	Standardised Case Record
RMH	Radhemohan Memorial Hospital
USG	Ultra Sonography
STP	Sewage Treatment Plan
AYUSH, GoI,	Ayurved Yoga Unani Siddha Homoeopathy Government of India
MPCB	Maharashtra Pollution Control Board
AERB	Atomic Energy Regulatory Board
PCPNDT	Pre-Conception and Pre-Natal Diagnostic Techniques
MTP	Medical Termination Of Pregnancy
HIMS	Hospital Information System
BMD	Bone Mass Density
IT	Information Technology
BMW	Biomedical Waste
ANC	Anti Natal Care
TPA	Third Party Administrator
CSR	Corporate Social Responsibility
NGO	Non Governmental Organization
AC	Air Condition
LED	Light Emitting Diode
ENT	Ear Nose Throat
CCTV	Closed circuit Television
CUG	Close User Group
SOP	Standard Operating Practice
CCC	Community Care Committee
LMC	Local Managing Committee
TISS	Tata Institute of Social Science
VVIP	Very very Important Person
SWOT	Strength Weakness Opportunities Threats
US	United States
AMC	Annual Maintenance Contract
NC	Non Compliance
COE	Center Of Excellence

CQI	Continuous Quality Improvement
HR	Human Resource
MPJAY	Mahatma Phule jeevandayee Arogyayojna
MIDC	Maharashtra Industrial Development Corporation
MSW	Medical Social worker
OP	Out Patient
IP	In patient
ASHA	Accredited Social Health Activists
ID	Identity
MIS	Medical Information system
TV	Television
YCMOU	Yashwantrao Chawhan Maharashtra open University
FMS	Facility management and Safety
PDCA	Plan-Do-Check-Act

Organisational Profile

P 1 a (1)

Radhemohan Memorial hospital (RMH) was established in 2000 in Thane. It was positioned as an integrated hospital since its inception. Integrated health care for us means where two or more then two consultants from different pathies come together to help in

reducing the suffering of the patient. Integration eventually ends up in providing affordable, desired treatment that is best suited to the health problems of the patient. We have been able to successfully integrate the health care systems of homoeopathy and allopathy. The basket of services we offer is as follows:

Scope of Our Services

(A) HOMOEOPATHIC OPD & IPD SERVICES	
General Homoeopathic OPD	Pediatrics
Psychiatry	Rheumatology
Dermatology	Pulmonology
Endocrinology & Diabetes	Cardiology
Geriatrics	Nephrology
(B) SPECIALITY OPD & IPD SERVICES	
Medicine	Gynecology & Obstetrics
Orthopedics & Joint Replacement	Ophthalmology
Neurology	Pediatrics
Surgery	Cardiology
Dentistry	Dietician
ENT	
(C) HOSPITAL FACILITIES – TOTAL BEDS 100	
General wards: (38 beds) Female & children (19) Male (14) Maternity ward (5)	Special rooms: (10 beds) Semi – special (4) Special (3) Delux (3)
Anukammpa ward: (19 beds) (for psychological disturbed patients)	Intensive care: (21 beds) ICU: (11) NICU & step down: (10)
Casualty: (4 beds)	Dialysis: (8 beds)
Operation theatre services: (4) General Septic Ophthalmology Knee replacement surgery	Ambulance services (2)

(D) CLINICAL INVESTIGATION SERVICES	
Pathology	Digital x-ray with bmd
Special radiology procedures	ECG
Sonography	Color doppler
2D Echo and stress test	EEG
(E) REHABILITATION SERVICES	
Physiotherapy	Neuro physiotherapy
Speech therapy	Occupational therapy

Over the past 5 years we have been able to reach out to atleast 1 lac patients annually. We have formed long lasting relationships with our staff and Consultant's. We attribute this to the staff's satisfaction to serve the hospital and in turn as our success in retaining our people.

We have a defined organogram that lays down and monitors the clinical and administrative functions delivered on the floor. Committees ensure smooth functioning of the set up. We have set up the following committees:

1. Quality Management Committee
2. Infection Control Committee
3. Pharmaco Therapeutics Committee
4. Medical Records and Audit Committee
5. Safety committee

P1 a (2)

Our institute began with the core trinity of care as propounded by our teacher, the late Dr. Radhemohan; care of patient, care of student and care of knowledge; the care of the community was added later by us. Our values adhere to the delivery of these cares.

The stated purpose: The care of patient, care of student and care of knowledge, care of community.

- The vision: Center of excellence in homeopathy offering preventive, promotive and curative integrated health services to the rural community in a cost-effective manner.
- The stated values: Transparency
- Caring
- Excellence
- Safety
- Team Work
- Honesty
- Discipline
- Communication
- Integrity
- Innovation
- Collaboration of services
- Commitment

The stated mission:

To promote positive health of patients and communities by delivering holistic, compassionate, patient and family centered health care; enriched by education and research through dedicated team work and modern technology

P1 a (3)

The work force is diverse. The diversity is reflected as below.

Category	Qualifications	Numbers
Consultants		
Homoeopathic		
Homoeopathic Consultants	MD (Hom) + MICR + Mgmt qualifications	5
Homoeopathic Consultants	MD (Hom)+ MICR*	6
Homoeopathic consultants	MD (Hom) + SCR passed**	4
Homoeopathic Consultants	MD(Hom)	16
Allopathic		
Medicine consultant	MD, DM, DNB	13
Surgical consultants	MS, M Ch, Diploma	3
Nursing staff		
Registered Qualified nurses	GNM, BSc Nursing, ANM	8
Qualified and trained Nurses	Rugnasahayak, Geriatric care givers	30
Administrative	MBAs, Post graduates, Graduates	26

The Key elements which engage our staff with the RMH is the openness of top management to dialogue, opportunity to discharge independent responsibility, culture of excusing an error – as to err is human, dignity in human dealing and transparency in interpersonal and financial dealings, promoting continued learning opportunities for organic growth, and care in case of personal / family difficulties. Many of our supervisors have agreed to join us at 60-70% of their salaries in previous jobs due to the positive organizational culture and environment and satisfaction derived

from participating in genuine service to needy.

The Key workforce benefits are: Adherence to all statutory compliances. To this we add – the health care benefits we offer to staff and their relatives. We ensure all Hospital Infection Control related safety measures for Personal Protective Equipment (PPE) . *During the COVID wave: we ensured that all the staff was insured for term insurance of 5Lacs for any unfortunate eventuality. We ensured we provided a pick and drop facility from door to door. All staff was provided with basic essential PPE and all the hospital working premises was appropriately sanitized to ensure safety of patients and workforce.*

P1 a (4)

We have a reasonably well-equipped hospital services. That can cater to secondary care health care services. We have a OT for knee replacement, dialysis, Pathology equipments, ICU, NICU, X-ray, USC, 2D echo, Server, Generator, Softwares, Ambulances, STP, Solar etc.

Equipment with quantity	Brand name
X – ray – digital (1)	Fuji & Siemens
USG & 2 D Echo (1)	Aloka
Dexa (1)	K.S Biomed
Portable X – ray (1)	Siemens
Dialysis machines (8)	Fresenius Medical Care
Generator (2)	Cummins Indial Ltd
Server	IBM
Software – licensed	Windows, HIMS (in house generated hospital management software)
Ambulance / Mobile vehicles	Maruti Ecco
Sewage Treatment Plant	Cotton Corner
Solar for (120 Kw)*	Is in process of installation on site
Reverse Osmosis plant	Sai Treat
ICU monitors	Nidek
NICU monitors	Nidek / Nasan Medical Electronics
Knee replacement OT	Wipro

P1 a (5)

RMH has received an NABH accreditation. Guide Star is a recognized third party assessment agency that conducts financial transparency and governance assessment of NGOs. The trust has been submitting itself for external assessment to Guide star for past 2 cycles of 3 years each. They have allocated GOLD star for our transparency in governance.

We are recognized as a “Center of Excellence” by Ministry of AYUSH, GoI, N. Delhi

. We are registered under Bombay Nursing home act, we are Maharashtra Pollution Control Board (MPCB) compliant, we are Atomic Energy Regulatory Board (AERB) compliant, PCPNDT, MTP, indigent patient scheme under charity commissioner etc.

P1 b (1)

The trustee board is the legal custodian of all the assets of the trust.

The LOCAL MANAGEMENT COMMITTEE is the executive body comprising of members closely associated with the Hospital and who have contributed to the growth of the trust for not less than 10 years in areas of patient care, student care, knowledge care and community care. This is a policy making body and some are Directors of defined units or functions of the trust.

The Community Care Committee comprises of local well – wishers and donors of the trust / hospital services and trust representatives. They help in assessing the nature of services to be offered based on their local demography’s orientation and also contribute to the development of the hospital facilities and mobilize financial support for poor and needy patients.

There are various hospital service specific committees as well which monitor the hospital services.

P1 b (2)

Most of our patients are tribals, fishermen and farmers or farm labors. Many industrial workers migrating from across India (permanent or contractual) also approach us for treatment. Many come from the segment of yellow (below poverty line) or orange ration card (annual income up to 1.7 lac), which means they come from lower income groups. They come from nearby villages and talukas. The mix is from all age groups. Their primary demand is affordable services that are delivered by people who know their job well. They demand all services be provided under one roof as every journey increases their expense which they can ill afford. Hence, we have created an infrastructure and basket of services which suites their needs at a cost they can afford. Some of our services are unique to the district – Dialysis unit, NICU, ICU, Lab with automated machines, Rehabilitation department, BMD dexa-scan machine, 2 D echo, Neuro – psychiatry ward, geriatric hospice, etc. We are the first hospital in Palghar to have a stretcher lift and STP.

P1 b (3)

We have an open door policy with our vendors. Most of them are well oriented to our charitable status. Only those vendors who are able to sense the need of the community are offered the contracts. Most of our vendors are now our close partners in the service to community: the medical store, oxygen supplier, IT support –

software and hardware, civil contractors, electrical contractors, BMW management, security and housekeeping agencies. All of them are primarily screened in decreasing order for their strong sense of legal compliance, costs, their ability to offer charitable rates and finally, willingness to share with us better practices to reduce recurring liabilities and reduction in costs. At the same time, there is no compromise on the quality of service being offered. We do have innovative practices that were developed based on inputs from vendors – Oxygen supply, dialysis liquid supply, software maintenance, training of in house staff etc.

P 2**P 2 a (1)**

We are the only 100-bedded hospital in the vicinity. We are directly in competition with many small single owner or multispecialty hospitals and government health care services. The small nursing homes developed by individual doctors are specific to their specialty. The government hospital offers free of charge health care service.

There is a likelihood of new Trust hospitals coming up. The flip side is the population is not growing at the expected pace; the bed to population ratio is also one of the best in the country. The population that is growing is from the middle to lower middle- income groups. The need for people is affordable service which we offer as we have now tied up with more than 20 TPAs; we are NABH accredited; we are supported by CSR of many corporate houses and we have tied up with most of the companies in and around the taluka.

P 2 a (2)

The competition to us is mainly from small nursing homes and government health care services, etc. There is a possibility of other NGOs too setting up health care infrastructure in the neighboring area.

The growth of manufacturing industry is steady with a lot of corporates having back end jobs being assigned to small industries in and around Thane. We have ensured that we are now registered with most of the TPAs with whom these industries are tied up. The game changers for us are our accredited status, infrastructure, affordable costs, all services under one roof, team that is stable and ready to serve.

We have ensured that all the technology we will bring on the campus will enhance the environment and not deplete it.

We have installed new ACs which are energy efficient, most of the hospital is LED illuminated, there is a CSR funding due for energy efficient ceiling fans, we have an STP plant which ensures recycling of solid waste and water. We are in the process of installing solar plant and solar water heaters covering 100% of our terraces to meet all our power needs. We are moving to less paper, most of our waste is sent for recycling – the paper more so. We send our used papers and in return the book manufacturer sends us new registers every year. We are moving to zero waste of left – over food. The campus has more than 300 trees that provide – shade, greenery, fruits, etc. All our vehicles are certified by pollution control agencies.

P2 a (3)

As of now the local data of health care industry is based on hearsay and none of the data is published, which can help us to compare our service's effectiveness and efficiency. We do have some comparative data of the government hospital – but that is skewed due to aspect of “free” treatment.

Private players have customer specific packages. We also gather information informally regarding charge structures from some charitable hospitals in and around Thane, Kalyan, Virar. The TPAs offer us packages that are compared with Mumbai region and those too are skewed against our positioning. We do map our clinical and managerial outcomes based on our own past performance.

P 2 b

The key health care services that we provide are secondary health care to all the residents of Thane and its neighboring places. The region is a newly carved out district and a lot infrastructure is being put in place for the first time. We have an early presence advantage amongst the health care service providers of this region. We have been trying to develop services that were definitely needed in the region. For instance, the homoeopathic services in local schools to identify and correct various health, academic and behavioral problems in school going children. Alcoholism is rampant and we are the only established hospital that caters to alcohol abuse and its withdrawal. We have the setup of a closed psychiatry ward and also a group of Alcoholic Anonymous conducts its meetings in our campus. We have established a dialysis center that caters not only to the patients but also takes care of the concerns of the whole family that undergoes emotional, financial and physical stress as well. These 3 services define our sensitivity to societal responsibility at the clinical level. We help a future citizen of India to be better equipped, an addict to become sober and learn to take care of his family, a dialysis patient and family is minimized a lot of anguish and losses of the above mentioned kind as we offer the therapy for only 850/- per cycle- and that too gets subsidized by 50%. We ensure the development of the campus considering the environment – all our initiatives tree plantation, Solar installation, LED illumination, recycling of solid waste, water and paper certainly help the society in the larger context.

We face difficulties in building and maintaining Human resource – a core crucial element for health care services. The major issue is of developing a pool of senior consultants willing to offer their skills and knowledge for the service of the needy. We are on a continuous look out of such well-meaning people and we do find them. We found a large team of homoeopaths, a general medicine, and an orthopedic surgeon who is also a knee replacement surgeon, an intensivist, an ENT, a cardiologist, a nephrologist, a neurologist, a pathologist and a team of dentists.

All of them are truly dedicated to the concept of service. Keeping them as models, we attempt to generate a second in line in each of the specialty. Where we are not able to – we out source. Our lab is out sourced for specialized tests. We have tied up with Wockhardt hospital to offer services of super specialists who can help the primary screening and diagnosis for patients who need their expert advice. A doctor coming here saves a lot of time, energy and money for not only the patient but also the family.

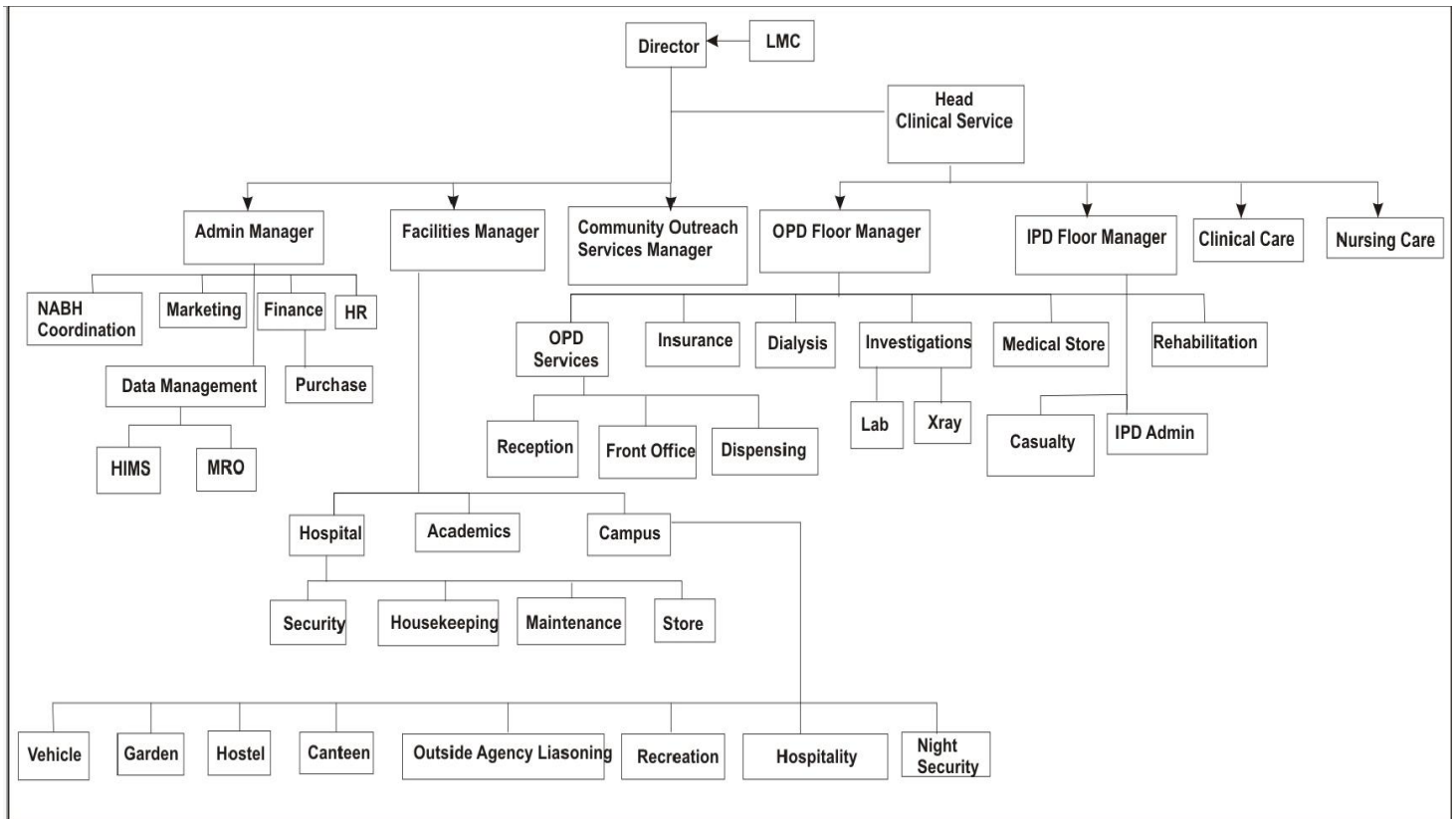
The government health services will make inroads and also increase their presence. So also a potential of new NGOs would like to contribute to serve the community. We try to mitigate these potential threats by becoming more and more professionally organized, improve our quality of service and get ourselves assessed from outside agencies.

We send our team of doctors to learn from the world's best practices like attendance at IMC's "Making quality happen" conferences. We promote additional in-service qualification like our doctors go out and acquire special teaching skills and knowledge during the course of their services. All this helps the organisation to be well oriented to appreciate the future and potential areas of threat and how to overcome them.

P2 c

As an NGO, we have not parked performance based improvement systems so far in our organizational life. But with the growing realization that what is not measured is not improved, since the past 1year we have installed a concept of dashboard management for our supervisory staff. This helps them to organize not only their deliverables but also that of their juniors thus reducing "corrective actions" as "preventive actions" are more focused upon. As a methodology, this has helped the team to appreciate the importance of numerical monitoring of on-floor services leading to a better coordination and better outcome to patient care and safety.

Organization Chart



1. Senior Leadership

1.1 a (1) Vision Mission and Values

Vision

Center of excellence in Homoeopathy offering preventive, promotive and curative integrated health services to the rural community in a cost effective manner

Mission

To promote positive health of patients and communities by delivering holistic, compassionate, patient and family centered health care; enriched by education and research through dedicated team work and modern technology

Values

- Transparency
- Caring
- Excellence
- Safety
- Team Work
- Honesty
- Discipline
- Communication
- Integrity
- Innovation
- Collaboration of services
- Commitment

The vision and values of the organization were evolved thru participation of the entire team responsible for functioning of the hospital. They were communicated by the Director personally in a meeting of all the employees including contractual employees. Every new employee is exposed to vision and values during the induction process. The senior management has over the years tried to

transfer the values to all employees through living them (leading by example) and by invoking them at appropriate junctures (laying down policies, norms, critical decisions and actions). High ethical standards practiced by senior management who function as a team of equals complementing each other and open door policy has fostered a culture which promotes these values.

1.1 a (2) Promoting Legal And Ethical Behavior

There has been zero tolerance for acts of criminal nature or of moral turpitude with immediate termination of service in major cases. In minor cases warnings, counselling or disciplinary actions have been taken. The Organization complies with all statutory requirements. All permissions, registrations, TPA empanelments have been obtained without paying any bribes/speed money. The organization gets its work done by fulfilling all the requirements followed by regular follow up in person and written reminders. Organization is attempting to market its services in an ethical manner without offering any commissions/gifts to referring physicians or company officers. The consultants are advised to admit only indicated cases for the minimum required time within the scope of consultant and hospital. Prolonged hospitalizations are discouraged and no revenue targets are set for consultants. No employee is allowed to accept monetary gifts /tips. No consultant is allowed to get involved in any monetary

transaction with patient/relatives. All payments are to be made at billing counter against receipts. No false certificates are issued for sickness/fitness. Medico Legal Case registration policy and postmortem in case of brought dead patients are scrupulously adhered to.

(b) Communication and Organizational Performance

Communication

- CUG mobile facility and intercom system allows easy communication and coordinated emergency response. RMH information WhatsApp group is the means of prompt communication of any information across the organization. Notices such as announcements of new entrants joining are circulated physically as well as emailed to all departments.
- Senior management has open door policy and employees at any level can directly approach the senior management with their grievances and suggestions. Regular supervisor meetings, annual departmental meetings address to the functioning of various departments and employees. Functions like Independence Day, Republic day, Diwali meet are used to highlight achievements and challenges. The NABH process set off a fresh round of regular meetings of supervisors, departments, training sessions, etc. which enhanced the fellow feeling

amongst all staff and the supervisors and doctors.

Focus on Action

- Senior leadership is focused on providing quality care at affordable cost to all those who seek them. The services initiated by the leadership takes into consideration the areas of strengths and the potential weaknesses it has in delivering the service. The planning process is closely evaluated to check if it addresses the strengths and weak spots. The resource planning too is integral and budget hence becomes senior leadership's core activity. The senior leadership will seek funding from donors. Senior leaders through the help of patient care committee and inputs from patients who have sought services with us, team of employees who contribute to the hospital-all form a part of the ideation process for action to be taken by the senior leadership. The typical tussle we encounter is cost effectiveness for the services to be provided and what should be the quality benchmark. In order to address to this tussle, we typically huddle with the professional who will deliver the service, the team of hospital staff which will contribute to deliver the service and the vendor who will contribute in supplying the equipment, instruments, and recurring material required to deliver the service. Our donor too is updated on the action to be taken and why of it. This ensures that all the stakeholders are on same page when it comes to reflecting values and ethos of service delivery that

the senior leadership holds close to its heart.

1.1 c: 1 & 2

- Creating an empowered team of supervisors who are accountable for performance of their department is the basic strategy for performance improvement. The team of floor supervisors was pooled together and they were asked to list down the list of activities which will ensure preventive action and corrective action – that will if monitored will ensure smooth functioning of their area of functioning and ease cross functioning and enhance communication. The team has been recording their individual dashboards and collectively shared over email once in a week and discuss with senior management representative the issues and findings. Daily/weekly or monthly reports allow monitoring of various parameters. Periodic review meetings allow identification of obstacles in completing tasks at hand so that the necessary support, guidance may be given and issues of interdepartmental coordination addressed. Regular supervisor meetings promote team spirit, improves coordination and innovation.

- Annual review of all departments offers opportunity to all staff members to put forward their suggestions and departmental needs for performance improvement. Performers are promoted while non performers/ employees with indiscipline, lack of punctuality are given warnings and less than indicated increments till improvement in performance is seen. In service training is organized to deal with pressing issues needing improvement as available thru patient feedback. Positive customer experience has been identified as the most important deliverable by each employee. We ensure that the floor supervisors personally meet some of the admitted patients randomly seeking their verbal inputs of quality of care, and we collect written feedback reports from all the patients who are discharged from the hospital.

- All employees are encouraged and supported to obtain relevant higher qualifications. Paid leaves are offered for attending courses or for appearing for exams. Successful employees are recognized by additional increments. In-service training is organized for continual improvement.

- Promising employees are deputed for meetings with governmental agencies, other NGOs and are given responsibility in organizing and conducting public functions of the organization.

- Majority of the supervisors have grown with the organization and have acquired greater responsibilities. The next generation of leaders have been

identified and are being groomed for future roles.

- Implementation of all SOPs evolved in consultation with the consultant of every department improves safety of treatment for all patients. Adequate facility support staff, CCTV cameras, preventive maintenance of all equipments, disaster and fire drills are some of the measures for ensuring physical safety of patients.

1.2 Governance and Societal Responsibilities:

1.2 a Organizational Governance

1.2 a (1) Governance system

The Trust has been manned by professionals who have come together out of loyalty to the principles of the Founder, a desire to excel in the Science and Art of Homoeopathy and an enduring passion to benefit the end user – be it a patient or anyone desirous of learning Homoeopathy. The Founders of the Trust are still active and have guided the affairs through their personal presence and close monitoring to ensure that the highest ethical principles are adhered to in all matters. The principles of promotion are rigorous and demand that the aspiring Directors pass through a rigorous ‘training through fire’ programme to emerge as not only competent professionals but those who have imbibed thoroughly the values and ethos of the organization. This closely knit group has now taken on complex functions of managing a growing organization which has certainly created

pressures of accountability and need of astute resource management and financial regulation. Peer tutelage has been a part of this team work as has been peer evaluation. As mentioned above, dashboard upkeep has been initiated at all levels and is work in progress. Regular meetings of the Local Management Committee and Patient Care Committee help the administration to remain alert and responsive to the needs of the different stakeholders.

Formal disclosure policies have never been instituted by the Board of Trustees since all important decisions are taken jointly. The mutual trust between the functionaries has never needed this step so far.

The Organization has reduced its cash expenses to a bare minimum post demonetization. Computerization of accounts department has enhanced accuracy and transparency. Weekly review of finances is carried out by senior management.

Regular internal auditing by head office and annual external auditing are carried out. There have been no audit objections so far from the auditors.

The organization has obtained Gold star transparency certificate FROM GUIDE STAR, an independent third party NGO assessor. A number of external checks carried out by CSR funding agencies have certified all procedures and accounts. All other statutory compliances are in place.

1.2 a (2) Performance Evaluation

We do not have a formal performance evaluation process for senior leadership. We do not seek any financial gains as a

competitive advantage, and we don't see this as a career to pursue but a "Guru Dakshina" to submit. We collectively discuss the overall financial situation of the trust, and arrive at a suitable remuneration for the senior leadership. The trustees hold the right to define the salaries of the Directors. But

all the other salaries are a collective decision and is openly discussed and policies defined. This is reviewed based on financial situation or if there is a statutory compliance that needs to be addressed to. Only then do we venture into baseline revisions. Annual increment is fixed and is in full awareness of the whole staff top to bottom. We have not identified "neglecting work" syndrome that demonstrates someone is better working than another. But of late with the increasing size of the hospital's operations, a lot of formal processes are materializing.

1.2 b Legal and Ethical Behavior

1.2 b (1) Legal, Regulatory and Accreditation

One of the roles of the Senior leadership is of building a close network with leaders in the community. The elected representatives, opinion makers, bureaucracy of the local government are always taken into confidence whenever we wish to initiate a process that has direct community benefit. We ensure that the media who has been kind enough to appreciate the efforts we are making are well attended to. Senior leadership is keen to develop a culture

of quality that is assessed by third party. Guide Star, NABH and now IMC are the methods we thought appropriate as they look at systems of the organisation holistically. Senior leadership did initiate solid waste management even before it was made mandatory in Palghar. Senior leadership with the active help from the vendors was able to provide Oxygen from 100 km away at a cost lesser by 50% than what is available locally. Senior leadership has found electricity as a major cost in managing the hospital services and they initiated the process under CSR for acquiring solar electrification. We have commitment from AKER Solutions and TATA CAPITAL to make us 100% self-sufficient in power requirements now as well as of our future needs. We are very conscious of the fact that health care is professionally driven, infrastructure and equipments can be created or acquired but trained motivated manpower is the crux of the delivery of health care. We have created a second in line chain right from senior leadership to the professionals who serve the community. This ensures that there is no breakdown in service there can be slow down in system.

1.2 b (2) Ethical Behavior

Being a health care teaching organization, ethical behavior for us begins with the ethics that we are expected to follow as defined by the council. Beyond those that are declared, we have found the following need to be demonstrated:

- a. Financial transaction
- b. Liaising with Government and statutory monitoring bodies

- c. Negotiation with vendors
- d. Negotiation with patients
- e. By passing norms or SOP

Financial transaction:

Top down no one is entertained for cash dealings without appropriate supporting document. The cash transactions are limited as per the statutory norms and auditors observations. All transactions are through net banking or cheque. All the vendors come with 3 quotations whenever we enter any new purchase not in our list. A team of 3 people accept the best quality at the most acceptable rate – one of the members is the Director. The HO accounts team comes once in a week to monitor the entries and compares with budgetary expenditure and documents are created for opinion and action of senior leadership.

Liaising with Government and statutory monitoring bodies:

We are very upfront in refusing any gratification; we accept delay in action from them – a tactic that they can deploy. We are thorough in our documentation and comply to the last 't' of their documentary demands. We have till date been very steadfast in this attitude and the staff below upwards is fully aware of this. They are the representatives who carry this torch of virtuous behavior.

Negotiation with Vendors:

The vendor is chosen based not only at the lowest cost, but parameters of

quality of product and ability to keep the rates down or lead time to minimum. This too is open for discussion between team of supervisors and senior leadership; choice of vendor follows a standard operating procedure. Hence transparency is transferred to the vendor upfront in the dealing. Any new purchase decision involves a team of concerned department, assistant manager in charge of purchase and at least 2 directors.

Negotiation with patients:

We don't encourage this habit at all. Written Budget is given to the patient before admission and all queries related to cost of service are settled before the service is offered. This does not leave any scope of dealings with the patient by the professionals who are offering the service. Concessions however are offered on production of relevant documents even on the day of discharge.

By passing of norms:

Norms of delivery of service are well-defined and are documented in the SOPs created. The floor supervisor is responsible for adherence to the same. Any correction desired in the SOPs is always welcome. If there is a change in equipment more qualified manpower, etc. Termination of service in major cases is done if major issues are identified of financial misappropriation or serious lapse in patient care. In minor cases warnings, counselling or disciplinary actions have been taken.

1.2.c Societal Contribution:

Societal well being and community support –

The hospital offers its services at charitable rate. The dialysis unit see many patients who are giving subsidy of significant amount. The Hospital is empaneled under various Government health schemes hence offers free of cost treatment to all eligible patients who walk in. We ensure we conduct camps to orient the community of preventive aspects of health. the senior leadership collaborate with all state and district level health care authorities to reach the masses. The hospital has initiated a lot of green initiatives such as nearly 100% solar electrification of the campus, LED lights instead of conventional, STP plant which ensure the water is recycled for plant and gardening purposes, we have planted more then 300 full grown trees in the campus.

1. Strategy

1.1 a Strategy Development

2.1 a (1 & 2) Strategic Planning Process & Innovation

This hospital was started as charitable hospital in 2000. It was created with the concept of integrated health care with concern for health care needs of the community. Hence the process of planning and decision making is always dependent on (i) perception of the needs of community and (ii) gathering donor support for the development of the infrastructure and recurring expenses to provide subsidy to the deserving patient. Thus follows the planned tapping of the CSR Funds of the Corporates and the search for qualified persons to manage the services to be offered.

We first identify the service needed in the community and then verify that there is no one providing it in the vicinity which prevents duplication of service. The Local Management Committee (LMC) is involved where the details e.g. planning of the project with costs involved, manpower requirements and essential infrastructure changes are shared. The LMC examines whether the cost of providing service is affordable to the community and if the revenue generation projected is reasonable or sponsorship has to be sought. The profit here is considered as revenue generated enough to sustain and maintain the service. This data is then communicated to trustees who either seek further details or consent to the starting of the project approval, a donor or multiple donors or CSR funding proposal is drafted and the financial support is sought. The service as a project is initiated only after we have either in principle approval for donor or corporate or actual release of funds.

Some examples of such initiatives are as follows:

1. Dialysis unit: It is a well-defined need for the Palghar taluka and 3 talukas around. Various efforts to start a dialysis center at Palghar had not succeeded for over 2 decades. Trust decided to start the center on recommendation of CCC. Visits by directors to various charitable dialysis centers in Mumbai to understand the perspectives of various stakeholders (trustees, nephrologists, technicians, patients and family members) allowed development of a model of operations for dialysis centre including capital and operating costs. Trust earmarked space for dialysis centre in its new wing with the financial support of its Community care committee members. The Rotary club took up the responsibility of providing instruments and equipment. The trust succeeded in mobilising additional funds from its well-wishers in Mumbai to meet the capital demand.

Well-wishers members committed individual donations subsidizing the cost of dialysis for 1 year and beyond. The hospital took responsibility of recruiting staff and choosing the appropriate instruments and equipment, providing infrastructure support. These were finalised as per recommendations of the nephrologist who had agreed to join. All the systems were laid down as per specifications of the nephrologist. This ensured that quality of services was maintained. The vendor agreed to supply machines at the lowest price with price capped for 1 year for additional purchases.

The medical store owner defined his landing cost for reagents needed in dialysis as the cost to the hospital (i.e. at 0 profit). Homoeopathic services were offered free. Hence, it was a team effort which saw the creation of the service

2. NICU: It was again a well-defined need of the area. This was given priority over dialysis center as it was consistent with mother and child care focus of the trust. Saving lives of hundreds of new- borns who would be future of the nation was much more important from the perspective of community than keeping a few senior citizens alive without much chance of complete cure. The trust has to take such tough calls while working with limited resources in an underdeveloped area.

The infrastructure setup got created due to support of a leading software company. The patient care committee oversees the financial support to the needy patients and hospital has taken the responsibility of instruments, equipment, manpower and round the clock offering of services. Liasoning with charitable trust in Mumbai has allowed us to mobilise funds for subsidising the treatment when the neonate requires prolonged admission pushing up the costs.

3. Laminar airflow O.T. for joint replacement: This was a felt need as one of the orthopaedic consultants acquired skills of Knee joint replacement at Switzerland and was ready to offer his services for the benefit of the community. The hospital was able to identify a donor who supported the creation of a unique Operation theatre in the district. Benchmarking with other charitable hospitals offering joint replacement was done. It was decided that only imported

joints will be used to maintain quality of service and cost service and cost would be lowest in Mumbai region. Another donor supported the subsidy, lowering the cost of the operation by half for needy patients. This became a unique offering to the community which had otherwise to travel long distances to avail of this service.

5.Geriatric Services (upcoming): This is a service in creationThe support is being sought from a donor to help create a hospice for geriatric care. Our readiness to respond stemmed from the fact that we have today all the relevant offerings that a geriatric care population may need. We had taken up training of geriatric care givers in association with the TISS and this is fully sponsored by a corporate under their CSR. We have always started services with donor support. Thus we are able to provide services at a rate at which no other hospital can. We don't have surplus funding generated from in house services. Hence we are totally dependent on donors to initiate a service which needs substantial financial support. Searching for a donor who will own the project is our perpetual task. our core competency is setting up and managing an integrated hospital with homoeopathy and allopathy services under one roof. This is a very unique offering and setting it up was itself a strategic challenge. This model was never tested and hence was never seen / known to be successful. The challenge was pooling first and foremost like- minded persons who were competent in their own faculty with a sound professional attitude. They should be willing to associate for long periods. Since this service was not provided in nearby areas, they were well received by the community. We have challenges of maintaining the supply chain because of the distance from Mumbai and getting qualified workforce which is open to serve the rural population. We have always hired people who are willing to work with us and

invested in their educational upgradation which has always benefitted us.

We have strategic advantage of our geographical area. We are the only hospital which is 100 bedded with best equipment, infrastructure and qualified workforce, nature of services which are unique (Some of them are 1st in the district e.g.: NICU, Dialysis, Occupational therapy, Dexascan machine, Knee replacement OT, 2D echo, Digital Xray machine). Central or state government agencies rely on us for providing quality service, data supply, providing stand by emergency services when any Govt VVIP comes in our area. Our short term goals are self- sustainability of services. Sustainability for us is to provide affordable service to a volume of patients who will spread the cost of service. We seek to cover the gap with CSR support or individual donors or organisations who adopt the service.

We offer services at a cost which is within the reach of the common man, but the revenue thus generated does not necessarily sustain the ever rising costs of manpower and upkeep of infrastructure and upgradation of equipments and instruments. Hence we are always on the lookout for funding to serve the community. When we think of starting any service after planning of upcoming project and budgeting comes the identification of potential supporters of the project or tap the CSR funding of the nearby organisations or those situated in and around Mumbai. This does lead to delays in the

implementation of the project as we have to identify the funding agency and also get confirmed commitment from them. Hence, our time horizons are dependent on fund availability from donors.

We monitor data of present services to identify services not doing well in terms of revenue or number of patients. We analyse the cause in our daily morning supervisors meeting and try to find an appropriate resolution to the situation. If the issue is identified as due to external factors (e.g. Government has started a service which till date only we were providing or new hospital has started providing the service), we try to decrease financial fixed outgoings e.g. gyn dept. we have restricted our fixed liability of Professionals on pay to work basis. This leads to substantial savings.

2.1.a.(3 & 4) Strategy Considerations & Work systems

STRENGTH	WEAKNESS
<ul style="list-style-type: none"> • Charitable Hospital with Goodwill • Chain presence • 24*7 operations • Infrastructure • TPA-existing tie ups 	<ul style="list-style-type: none"> • Highly competitive market which is not growing • Perception of being charitable and hence not quality conscious • Staff training and retention

OPPORTUNITIES	THREATS
<ul style="list-style-type: none"> • Sizeable Yellow and orange ration card population • Utilization of infrastructure • Existing market • Rising income level 	<ul style="list-style-type: none"> • New hospitals coming up in the vicinity • Cheaper options for free care in Gujarat • High fixed expenses • Falling revenue in traditional strongholds

We ensure a third party help us look at our own SWOT. We bring in individuals who are specialised in their fields such as HR, finance, Strategic management to orient our senior leadership as well as our floor in-charges. We do actively collaborate with TISS which sends its interns from School of health and hospital management during their summer internships. They and their faculty help us assess some of the floor issues which can have strategic impact for the hospital. Recently, we were able to bring out the shared SWOT of the hospital. This helped us to define our strengths, our weaknesses, our market, the nature of services the market is seeking from us and what we can realistically offer.

We are alert and responsive to the shifts in the regulatory environment. When it comes to technology we buy what is new and updated, but we don't change the equipments or infrastructure just to

accommodate shift in the technology environment. We do make conscious efforts to bring in technology which is environment friendly, as it helps us save costs – e.g. STP, LED lighting, Star rated ACs.

Long terms sustainability is dependent on the “differentiator” we are able to demonstrate to the market. We are aware that with the set of weakness we are saddled with, we have strong areas of strength. We believe that in the long run, the differentiator will be the quality of service we are offering and at the cost at which we are offering will help us to sustain in the long run. Hence, we worked on getting NABH; we are now working on IMCRBNQA; we will continue to work on bringing in more and more quality driven initiatives which will keep us abreast with the market in terms of quality as well as cost of service.

We also have initiated the following initiatives to ensure sustainability of our services:

- 1) Adopting and increasing cashless services
- 2) Increasing our network with corporates for CSR initiatives
- 3) Increasing the offering of basket of services – Geriatric care
- 4) Introducing skill based training programs with the help of corporates to uplift the employability of the local youth (generating goodwill in the future adult population) and at the same ensuring availability of skilled manpower to provide the patient care services.
- 5) Empanelling with Government

schemes like Mahatma Phule jeevandayi Yojana or Ayushman Bharat yojana when it is launched

Our long term planning and project implementation is always dependent on donor support. We approach various companies for CSR funds. We have a good track record of utilization funds in an honest way. We are open to external audits, we submit our utilisation certificates

This ensures our good records which improves our standing in the eyes of the donor who is thus inclined to become a repeat donor. We are true catalysts who utilise funds received to the ultimate benefit of the patient. The senior leadership is fully conscious of their role of custodian to these supports and not the owners of the funds.

2.1 b Strategic Objectives

2.1 b (1) Key Strategic Objectives

Our objectives at present are to become a fully compliant and agile organisation which can adopt and accept changes in the regulatory environment in the next 1 – 3 years.

We have initiated the process of performance based incentives and will make it our implemented policy in 1 – 3 years. We have initiated the process of becoming a flat, lean and efficient organization and in next three years we will operating in a much more systems driven manner.

We have begun our initiative to motivate

and train our staff towards achieving the above mentioned objective. In house pool of talent will be trained and empowered to run the organisation in the time of 3 – 5 years.

We have initiated the process of becoming environment sensitive organisation and we will be self-sufficient in our power needs in the next 1 – 2 years. We would be monitoring reduction of our contribution in carbon foot print.

We will ensure green initiatives for making the campus green by planting double the number of trees – thus reducing the “heat in the campus and make it more in tune with cycle of nature”

We want to become the bench mark organisation in integrated health care delivery model in which two therapeutic systems will function to deliver the best of the both the worlds to the patient. Hopefully, this will reduce their disability, loss on productive man days and increase the economy of the area in the next 5 – 10 years.

2.1 b (2) Strategic Objective Consideration

We are aware of the role technology plays in today's health care world. But it is a means and not the end. We chose the German Dialysis machines for their ruggedness and long life even though it consumed 70% of our project cost. We declined the option of refurbished machines imported from US. Even in the changing world of technology, it will continue to discharge the function it is made for. Similar approach was adopted

when we created the Knee replacement. Operation theatre. Pathology laboratory with fully automated machines is another example.

We are aware that we are dependent on donor support, CSR support to sustain. Hence our focus is on being transparent and open to audit which helps.

We are aware we will not be an attractive organisation for association as we are looked upon as being situated in an upgraded village by medical professionals except those who desire to serve. One has to be prepared for major change of lifestyle if he moves to Palghar from a metropolis. If we do get such professionals, we need to support them with adequate infrastructure and manpower so that they are able to deliver their services.

Our choice of vendors too is limited as our location beyond Mumbai limits our choice. And yet, we have been able to attract the best of quality, be it equipment, medicines, material, workmanship etc.

2.2 Strategy Implementation

2.2 a: Action Plan Development and deployment

2.2 a (1): Action Plan Development

Our action plans are developed based on the expressed needs of community. We trace what kind of patients were referred to our hospital and from our hospital to higher centers etc. Patient feedback forms and its analysis. Any agency giving us proposal of associating

with us (Wokhardt hospital is associated with us in one such win – win service offering, Avinash Phadke Labs too is another association).

There is discussion and detailed report of feasibility as an affordable service, what is the current charge structure prevalent in Mumbai or parallel town e.g. Kalyan. This is then put forth to the LMC by the Director. A search takes place for potential donor support from the existing pool. If not feasible, then we need to approach a new donor. Patient Care Committee too is taken into confidence about the proposed initiative, so are the Vendors who are potential participants to the initiative.

We successfully adopted this modus operandi in areas of Dialysis, various therapy services, Psychiatry ward creation, Laboratory upgradation, dental department, School mental health program, etc.

2.2 a (2): Action Plan Implementation

After identifying the professional who will shoulder the responsibility of delivery of service, We start creating a potential team of manpower requirement and work on systems operations that need to be modified in relation to what is already happening on the floor. When the funding support is ensured from the donor, Director divides responsibilities to each supervisor to deliver and monitor the progress. The vendors are also kept in the loop for monitoring progress, funds are released as per terms and at the end, completion reports are generated by the end user, the vendor and our supervisor. When infrastructure

changes are being implemented, we simultaneously commence training of staff to upskill them, add fresh manpower, seek vendor support and cooperation at not only coordination with our infrastructure creating team but also with the staff whom we have enrolled to deliver the services. This was experienced when we created Dialysis unit, Knee replacement Operation theatre and also at the closure of our NCs of NABH. The Senior leadership also ensures we are able to generate funding support from Government agencies. We got funds for development of 4 departments as we were recognised as **CENTER of EXCELLENCE by Ministry of AYUSH, N. Delhi**. We were able to retrieve a near impossible situation only because of generosity of one of our patrons who pledged his personal funds worth 1.25 crores for 2 years to help us get bank guarantee so that we can received COE grant. The inordinate delays in release of funds from Government can be a big block in the implementation of projects. We still went ahead and planned the time lag with the help of internal resources and donor support to tide over the potential crisis in the making.

2.2 a (3): Resource Allocation

The funding for development is based on Donor support. We generate funds for our ongoing activities. We have CSR support for all the services which need subsidy. The Cashless Mediclaim too helps in generating adequate revenue to sustain the services. The trust keeps

supporting the hospital, but that is need based and not a planned initiative. The time lag in vendor payment is an issue we face if the funds receivable are delayed. But so far we have been able to manage our vendors cash flow by having timely meetings and keeping them fully aware of the financial situation. This ensures that even if our AMCs are lapsed for financial reasons, Vendors are aware that their funds will be paid and they don't stop extending their services and hospital services are always on. The risk of financial over shooting of budget occurs only when the regulatory bodies revise the policies which demand monetary compliance. The trust through its goodwill is able to seek donor support.

2.2 a (4): Work force Plan

Our workforce is basically of two types. medical and non-medical.

Mostly all our staff is local. We have a major female work force. We have experienced that women are more conscientious than male population of this area. The male workforce is employed in areas which need more physical labour effort. We have trained and upskilled most of the staff during the course of their association with us. Many have been moved up to higher responsibilities. Few have been sponsored for higher education as well.

We have ensured that we not only have compliance of various regulations related to employment but also have extended medical support to their direct relatives as well. The salaries, though optimum, are paid on time every time. This action of the Senior

leadership ensures that we are honest in our intentions.

On the only occasion when we were unable to give a pay rise – we called all the staff and senior leadership shared with them directly the financial position of the hospital directly. The staff continued to serve the patients without any disturbance.

We are challenged by non – availability of medical professionals- allopathic staff in some crucial faculties which are the needs of the community. But at the same time we have a large pool of talent from homeopathic physicians who are not only well recognised in the community, but nationally and internationally as well. We have a talent of allopaths who are dedicated to serve the community and they are with us for decades. We have restricted the younger professional lot from joining, we encourage them and many decide to serve the community while they earn less than what the market could have offered them.

2.2 a (5): Performance Measures

Utilisation of services is the mark of our performance. Revenue generation follows but is not a substantial part of the measure of success. Our OPD services – homoeopathy, allopathy, therapy services, dialysis services, and laboratory services are indicators of the fulfilled community needs and a justification of the effort expended to establish them. The support from community – trained, value abiding staff – senior leadership living what is professed ensures that we are able

to deliver actions as planned. Our created HMS and the CQI indicators on which we have to monitor our quality of care, gives us an ongoing feedback as to the nature of service delivery and our performance there off.

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2.2.a (6): Performance Projections

Our clinical indicators: We are in a situation where the benchmark for health care services we offer are either metropolitan based or international. But we will still accept national and international benchmarks to map our clinical services.

Our financial management is a weak area. We have now initiated a process of cost center monitoring for better financial controls. We are now attempting to create a measure of the right mix of funding (Service offering self-generation + CSR + Donor support + Government support) to sustain such units. In course of 3 – 5 years, we will be able to arrive at this matrix.

Our HR performance mapping is again an area under development which will be in place in the next 3 – 5 years.

We have started marketing of our services only recently on realising that we need to create awareness of scope of our services in Palghar and surrounding Talukas. We are attempting to develop a model of ethical marketing with relatively low budget.

Our contribution to the body of knowledge of health care is something we wish to monitor ourselves. Paper presentations, conference presentations, publishing of reports, etc. is mapped and we are proud to share that

some of our professionals are members of national committees and institutions.

Competition can come from any source and in any form. We have to compete with government – which we cannot. We have to compete with other NGOs who too may come up offering of a similar basket of services. As the development of Palghar occurs, corporate health care culture will seep in. We will have the leader's advantage and we will have to generate leadership in various areas of health care. We will not forgo our values and dedication to system-driven quality management. Since our staff has also imbibed these values, we are sure lures of any kind will not entice them. The dignity of work and humaneness in approach of leadership which is built over a period of time will ensure enhanced performance at all levels.

2.2 b: Action Plan Modification

Development plans are always in a semi fluid form. Our infrastructure has been so created, that it can be easily modified to suit the needs of the changing circumstances. Our merging of two buildings, setting up services when we are in the process of change. Modification of Solar installation keeping in mind changing solar technology. We have created systems which can accommodate the future needs, RO plant – expansion of dialysis unit are examples of the same. Customer Focus:

3.1. Customer expectations

a (1): Listening to current

patients other customers

Our Organization strives to conduct and manage its services morally and ethically with a team of qualified healthcare professionals willing to provide dependable and dedicated services. Customer satisfaction is determined by building quality in patient care. The hospital management is committed to continuous improvement to demonstrate high levels of customer satisfaction in all areas of medical care. Our hospital is responsive to the needs of all patients we serve. We gather information through industrial visits, feedback from patients, customer surveys, camps, local community. Feedbacks from the senior leadership of the industrial sectors are taken in English, from indoor patients in local (Marathi / Hindi) and we also seek feedback in Hindi, English, Marathi languages in camps. As a community based Trust Hospital we believe that relationship is the key to our success. Community care committee consisting of donors and well-wishers from Palghar plays important role in this and makes us aware of the shortcomings in services as well as felt needs of the community. Our website shows our community work. It also shares updated information about our hospital services. We have not initiated an interactive website as today our customers are more local than global. RMH uses multiple methods for obtaining feedback – face to face interaction, written feedback form, suggestion box, etc. We are using different mediums of communication depending upon the target customer. When we visit industry we use power point presentations, for schools we communicate directly with

parents and student in the local language, in camps we use the local language. We present all this feedback for discussion and considerations in front of our LMC..

3.1 a (2) : Listening to potential patients and other customers

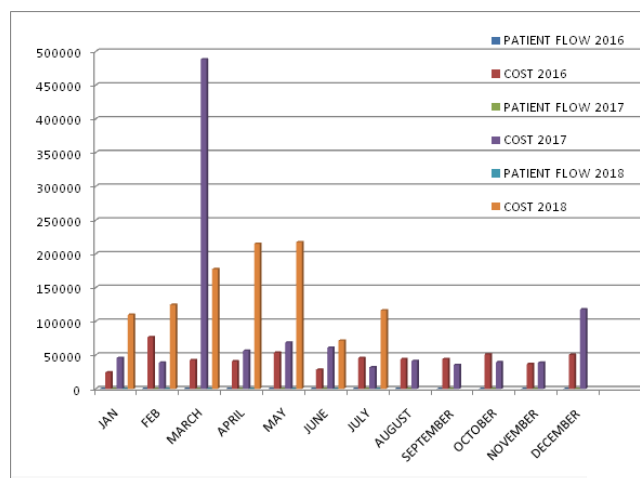
We are always focusing on potential customers like MIDC mediclaim segment. We did a survey to find out if there is enrollment of cashless Mediclaim, and if these employees avail of cashless facility. There are around 30 companies in the local MIDC with almost 23000 employees are provided with cashless facility. We then approached the HR Managers of these companies who helped us in providing the various TPAs with whom they are empanelled for cashless mediclaim service. These HR managers have a network with TPAs so that the claims of their employees are processed within a fair time. This relationship helped us to interact with the TPAs and become an empanelled hospital. In the whole process, we were able to get empanelment with more than 20 TPAs thus covering all of those who serve this area. After the relationship is formed with the company, we continue to interact with the HR of these companies updating them with our list of TPAs and any additional service we have initiated. They are welcome to visit RMH any time that is mutually convenient.

We conduct health awareness sessions for industry on topics such as Nutrition diet, Stress management and Healthy heart. All these sessions give us valuable and face to face feedback about our facility and services.

We do entertain the requests of discount or no deposit from patients when the HR manager of the company seeks this obligation from us. It helps building relationships. In our visits to the Local General Physician, we share the introduction of recently added new services like ENT and extended evening time of physiotherapy department. One to one communication helps in developing relationships and eliminates/minimizes misunderstandings. We also encourage local General Physicians to come and use our academic setup for sharing or updating their knowledge. Surveys of patients who have experienced the medical services are done on regular basis. All IPD patients are requested to submit their feedback forms before they are discharged. We call them post discharge too to assess any difficulty post hospitalization.

This can be a telephone call or a home visit as well. We determine customer satisfaction through our feedbacks and customer survey. We take in-house feedback from employees for continuous improvement and for providing a safe and a healthy work environment. Our staff, students, workers of nearby Industries and relatives of Dialysis patients help us in our blood donation camps as they readily volunteer for donating blood. We provide information on nutritious diet to our diabetic club patients as well as awareness of oral care (Dental care) and eye related diseases, homoeopathic treatment, physiotherapy etc. We analyze the feedbacks to determine which department perform well or which need improvement. We organize stress management sessions, nutrition diet sessions, healthy heart sessions for industry and colleges.

We also conduct awareness sessions in school regarding academic and behavioural difficulties in children. We have created a TPAs DOs and DON'Ts, which we share with all the cashless patients in person. This reduces rejection of claims.



Dental department decreasing in year 2016 and 2017, December 2017 end it will rapidly growing with patient flow as well as cost from last six months analysis displaying consistent performance.

We receive dissatisfaction from customers in various ways - one to one feedback, during industrial awareness sessions, during camps, during trade exhibitions and even through emails. It is also very helpful for gathering information about our current performance and areas which need to be improved. We reconfigured our original feedback form as we felt we were not capturing adequate negative feedbacks. We share all this valuable information in our daily meetings in front of our senior leadership. This helps us to improve in areas we should focus on new emerging trends in healthcare segment. With changing lifestyles, customers are more aware about health and hospitality service.

They expect hassle free and good quality treatment, in neat, clean and good looking luxurious ambience and pleasant staff providing round the clock service. To address to these demands, we provide soft skill training, computer training – as this enables our staff to be updated to online status through our HIMS. This enables our team members to cope with changing trends and help patient experience delightful service. We also show updated hospital service videos and power point presentation to team members so that they too are aware of the current basket of services offered and we take this opportunity to share the vision, mission and objective of our hospital and help them

3.1.b.(1): Patient and Stakeholder Segmentation

We with the help of third party such as TATA PRO Engage we seek to understand our market segments and these keep on evolving. This association helps us be updated to the markets and their needs. We through this engagement realized that 80% of the population we serve is under Below poverty line, most of them spend a fortune to seek medical help and many get into debt trap. We also realized that to seek super specialty consultation they are clueless whom to approach, we tied up with a tertiary care hospital and now the consultants from this hospital are available at our hospital for these patients. We realized the need for dialysis center in one such study. We were able to seek help of a nephrologist who dedicatedly comes to manage these patients, for him cost is not material. He does it as service to match our support offered to the patients, we offer dialysis nearly free to more than 80% of these patients. Alcoholism is a big social menace, we created the Anukampa ward and now we can Us. .

stabilize a significant chunk of families who otherwise would have been destroyed by the addict in the house.

3.1.b (2): Health Care Service Offerings

Our hospital is the only charitable hospital in the area that is really doing charity. Our hospital's top of the line charge structure is 25-30% lesser than other private hospitals in Palghar. We offer free treatment to the indigent section of the patient. Hospital is maintaining this policy since its establishment. It has created a positive image of the hospital in entire Palghar district. Majority of our local donors seek our help in the hour of need and pay for it too! They are genuinely happy with our service and continue to donate to We identify markets with the help of local General Physicians who suggested that local people need evening time Physiotherapy facility was a need and we started it. Industry HR Manager also gave us feedback that they wanted heart care centre and emergency trauma unit. We started the ICU and basic trauma care facility

Our hospital gives 50% to 100% discount to poor patients. We go beyond our capacity to help patients by way of arranging for giving free implants for surgery (ophthalmic or knee replacement as well) or creating a funding support from other NGOs for needy babies admitted in NICU. Hospital tries to connect with active donors who help poor patients to receive treatment at reduced cost. Community care committee is responsible to advise the hospital to provide discount beyond policy laid down on case to case basis. The members of the Community Care Committee make good this discount from their personal pockets!

Our hospital pharmacy has given 10% flat charitable discount on all prescriptions from IPD. We give beds, oxygen saturator, and crutches etc. for home use for patients on nominal deposit.

Many times we give ambulance free or at charitable rate to needy patients. All these activities have helped us to engage patients on a long-term basis with us. We have patients coming to us from the date of its establishment and share a good bond with hospital. Leaders or social groups always required help from our hospital when they want to hold health camps. We definitely send out team of doctors for these occasions. We are in-process of empanelment with **Mahatma Phule jeevandayee Arogya yojna (MPJAY)** which would be beneficial for poor people and a win – win for the hospital.

We address the needs of the Industry and colleges as they are potential mediclaim segments. In the school we address to the difficulties learning and behavioural disorders and dental health.

We also arrange awareness of organ donation sessions and we got a very good response from dialysis patient's relative and diabetic groups. We also conducted sessions for diabetic patients' dental care and nutrition diet. Neuropathy detection camp. Orientation about mental health in old age. Our medical student performed a skit regarding alcohol de-addiction when invited by the local government administration. We call patients who in the past had availed of our reimbursement services and inform them that we have been empanelled by his TPA for cashless service.

3.2 a (1): Relationship Management

The hospital has its presence for more than 20 years, we being the first of its kind secondary care center, we had an early starters advantage. But over a period of time with competition developing we have now planned initiatives to reach out to our market segments. We have health camps in various villages around our hospital in which we offer free health checkups and investigation facilities of some routine tests. We approach the nearby schools to orient the students, staff and parents of various school mental health issues and share information and also solutions to address to these issues if they are identified. We approach to various companies to have industrial health checkups and also tie up these organisations to offer subsidized health offerings at our hospital. We reach out to the local health care providers by inviting them to continued medical educational activities and at the same time orient them to the services we offer.

3.1a (2) Patient and Other CUSTOMER Access and Support:

We have various outreach activities that ensure the customers are brought to the awareness of our various initiatives. In these initiatives we share with them the process we adopt and they would follow to ensure a happy experience. We identify one person from our hospital who is accountable to each of these customer segments. This helps the segments to build bond with our assigned person and thus our hospital. We use Whatsapp as an active communication media, we are in a remotely located place the internet services are evolving. We do have our hospital website, which is updated time to time, it helps those who can access the service details, consultant details and their schedules etc. patients on dialysis and geriatric care are offered special care and access to the premises. The administrative systems related to these services are offered at a single window for them. The social worker department is active in not only creating network but also assessing and resolving issues of patients related to schemes applicable to them, financial assistance, poor patient fund offering etc. We give beds, oxygen saturator, and crutches to home use for patients on nominal deposit. We also provide Mediclaim guideline pamphlet to the patient for awareness of mediclaim process. This document explains what all is involved in creating a mediclaim work, what type of documents are required for hospitalization, what is the reimbursement process, why we seek deposit from these patients though they are for cashless treatment.

Our hospital gives free and 50% to 100% discount to poor patients. We go beyond our capacity to help patients either by giving free implants for surgery (eye and knee replacement) or creating a funding support from other NGOs for needy babies admitted in NICU. Hospital tries to connect with active donors who help poor patient by offering financial support.

3.2 a (3): Complaint management -

We have a drop box facility and every day we collect complaints from it. Our hospital admin manager is accountable for complaints and redressal. We share all complaints in daily meetings with respective departmental heads for redressal and institute improvement process. Each departmental head is accountable for his departmental complaint. He should take preventive actions. We also handle complaints through email and revert back within a day.

3.2 b (1 & 2): Customer satisfaction and engagement

We arrange preventive health awareness sessions for industry people. Compared to other hospital cashless mediclaim facility, we do not take deposit from employees from some companies. We maintain transparency in billing procedures. We personally meet the admitted patient and ask about his health and our service. We have no queries of claims after documentation is sent – this ensures proper documentation and smooth delivery of service to the patient, the end beneficiary and generates good rapport for us.

Our medical store provides 10% discount for all IPD patients. Patients from poor category approach the MSW department who personally helps them and their relatives to try and get the entire possible discount in the services they are seeking. Year 2014-15- 765 poor patients have received help of Rs 29,44,855/- from our hospital. 2015- 2016 altogether 792 poor patients have received help of Rs.38, 42,609 from our hospital.

3.2.c: Use of voice of the customer and market data .The hospital ensure it collects the feedback form from all the patients who are being discharged. The hospital social worker contacts the patients in person during the stay to seek any help or changes they seek in the service being offered. The issues which need communication by higher authorities the input is passed on to the floor supervisors who directly interact with the patient or his relatives and attend to the issues. If the floor supervisor identifies issues which need policy level clearances then, the matter raised to the Director who in turn places it before Local management committee of the hospital.

This process helps to ensure the voice of the patient is attended to. The corrective actions when taken are informed to the patient who initiated the idea for change or suggestion. Measurement, Analysis and Knowledge Management

Measurement, Analysis and Improvement of Organization performances.

4.1 a (1) Performance Measures Hospital performance is tracked through data collected daily and compiled and shared month for review. Data is compared with last year's performance and this year's projection. Performance of some department (low performing) are tracked on monthly basis. Results are used to build future strategies for improvement of performance of the department to bring it to breakeven. Review of Hospital performance is taken through following steps:

Daily Supervisory meet for 30 minutes to share current and pending issues of each area. This helps the team to become aware of any issues or problems going on in the hospital as a whole and line of action can be planned.

8. Monthly Departmental review meetings with the Director to take an overview of the department, and plan for next month.

9. Quarterly quality committee meetings – to review patients / relatives / staff feedbacks, suggestions and to take necessary actions.

Quarterly Hospital infection control committee meetings – to discuss infection trends in the hospital, antibiotic usage, action to be taken in case of an outbreak and otherwise, and all issues

concerning control of hospital acquired infections.

1. Monthly patient's / relative's feedback analysis – all patients / relatives grievances, feedbacks are analyzed and necessary corrective actions are taken.

2. Average length of stay monthly data – as an indicator of imparting appropriate line of treatment and patient care.

3. Bed occupancy monthly data - Indicates overall hospital performance and gears up for contingencies.

4. Patient volume department wise (OP / IP / Investigative depts./Day care) monthly data – Indicates departmental and overall hospital performance.

5. Departmental performance indicators and quality parameters (half yearly). To ascertain the departmental performance.

6. Stake holder's monthly data – Indicates smooth functioning and pending issues.

7. The data set chosen is related to patient care and administration related. This helps us ensure the holistic assessment of the hospital. We have an ongoing month on month data set to assess the changes in trends. If we assess any deviation in the trend that is projected, we are alert to design and implement a corrective strategy. Oxygen cylinder supply system is one such active example that we can demonstrate.

4.1 a (2): Patient Stakeholder Data

Patient and stakeholder data: the feedback collected from various sources

– patients, companies, during camps, during industrial stalls we pool all the data and in particular we analyse the patient feedback data to update ourselves with regards to the area of improvement and demands from patients to have a satisfying experience with us during their stay.

4.1 a (3): Measurement Agility

Our Dialysis department is a highly subsidized no profit unit wherein service to the needy patients is the only motto satisfied with joint efforts of the community and our facility. The community supports by gathering donations for giving subsidized treatment, the pharmacist supplies medicine at purchase cost to this department, it's our responsibility to see that the costs are maintained to the minimum while maintaining the quality of work. Detailed monthly costing of this department is maintained to ensure that all efforts are utilized to the maximum with minimum wastage. Effects of price variation of consumables and other changes are tracked and strategies of adding a shift or adding extra machine for feasibility of costing are decided. We keep a close monitoring with help of all stakeholders such as Donors suppliers, patient relatives and community representatives regarding the specific needs of department, patient satisfaction as well as donor satisfaction on one hand whereas maintaining

quality care with financial feasibility. We had started our department with 4 machines and 1 shift which was not financially feasible so first we extended the shift timings to accommodate more patients, then we added 1 machine, in the next year, but to maintain the subsidized cost with inflation was difficult so again we added 2 machines and one shift, which stabilized the department.

The daily monitoring of the hospital occupancy data helps the organization to respond rapidly the change in utilization pattern. The multiple level of feedback collection and analysis also helps in focused response.

4.1 b: Performance analysis and review:

Senior leaders review organizational performance on a regular basis with help of renowned agencies like TISS and Tata Pro-engage team. Their review reports give an insight and suggestions for areas and strategies of improvement. Surveys are conducted with the help of local students of St. John Institute of Management.

4.1c (1): Future Performance

There are multiple levels at which patient feedback / complaints are tackled – at the floor level by the Floor Managers immediately at occurrence wherever possible, at management level when it require some major change in the system or incurring major cost. For e.g. We have a (SCR) Standard Case record system at OPD level wherein this

record contains detailed patient information, and has to be physically retrieved each time a patient comes for follow up. There was a repeated complaint (average 10 to 15 records daily were misplaced out of average 150 patients) from patients and Consultants that many a times the record was not traceable when the patient comes for follow up. We analyzed the problem and found out that there were issues at the infrastructure level and staff level. These issues were addressed to immediately and system checks were introduced and staff motivated to bring down the complaints. In a time span of 4 months we narrowed the misplace to average 3 per week and in next 3 months we narrowed it down to average 2 to 3 per month. Now it is maintained with average 1 or 2 in a month and we can trace its location. Cleaning of hospital in zone based manner ensures we use minimum staff but get maximum cleanliness. Keeping the room ready as soon as the patient leaves helps us to reduce the admission time to the patient to the ward. Dispensing of a certain type of homoeopathic medicines (diskettes) not only reduces time for preparing medicines by the dispenser but it also is ease for consumption by patient.

- Supervisors have weekly meetings with senior leadership. They share the issues and through discussion the solutions are decided. These solutions are then implemented and in the next meeting the review is done.

This process is carried on every week, if senior leadership is not on campus still the meetings are conducted and reviews done. The target setting is done in these meetings, mostly targets are related to raising foot falls in the campus and cost reduction methods and techniques or process changes which will help in sustainability of the hospital.

Key comparative data especially of the same period of the previous year's helps to understand the pattern. Based on the pattern manpower utilization is done. Yearly charting of the patient statistics helps in projecting the growth and taking key decisions. The impact of the newly launched government scheme is studied and accordingly the performance of the concern department is projected. E.g. Government has started scheme of free deliveries including caesarian section in government hospital and started giving handsome incentive to all involved members i.e. ASHA, gynecologist, anesthetist, pediatrician. These lead to low patient turn out to RMH. After studying the impact RMH is making efforts to enroll hospital to Mahatma Phule health scheme. Thus patients will get quality care and good service. TPA rejections are monitored, NABH accreditation will ensure better rates from TPAs. This too will help ensure a better bottom line sustainability.

4.1 c (3): Continuous Improvement and Innovation

The hospital has at best process innovations that are instituted. The SCR tracking system, diskette dispensing

system, zone wise cleaning system, oxygen supply system, transformation to re – cycling of solid waste, canteen waste reduction, reduction in cost of power by use of solar with help of CSR. All these are practices that demonstrate hospitals alertness to improve quality of care and reduction in cost of service. Bringing NABH has itself brought in a lot of changes in the systems of approach to patient care. We are now on the verge of becoming Entry level NABH for allopathic services too, thus becoming the 1st hospital in India to have accreditation of both the faculties under one roof. Moving to cost centered financial monitoring is a new need we have identified to be more meticulous in monitoring of the cost of service we offer and cost of sustainability.

4.2 Information and Knowledge Management:

4.2 a: Data and Information

4.2 a (1 & 3): Quality and Security

All users have been provided login and Passwords and the users are educated on the need to secure the login and password information and not to share the same. They can change the password on their own. A dedicated IT team secures IT environment at RMH by implementing the following measures.

- Hardware: Hardware is functioning properly is checked monthly by IT technician. In case of breakdown of any

hardware the replacement is given for short time till the issue is sorted out. There is one spare complete set of hardware kept ready for such replacement. All the hardware is maintained under AMC. AMC is given to local engineer who visits everyday to the hospital and solves any issue if are there.

Software: HIMS software is under AMC. Online help is available during office working hours.

- Licenses software and Antivirus are used to protect the electronic data. Hospital uses Windows license versions and Ubuntu operating system. Ubuntu is open operating system. Windows paper licenses are bought from the authorized dealer. Microsoft office licenses are also bought. The system where Ubuntu operating is used there open office software is used.
- All software and Licenses will be renewed before expiry.
- HIMS data backup i.e. mirroring is done on 4 hard disk simultaneously in the server. Apart from that weekly back up on separate hard disk is taken and kept in a secure place.
- All other data backup will be as defined by the department schedule.
- Fire safety precautions is followed strictly in the server room.
- Entry to the server room is restricted to authorized people only.
- Retrieval of data from HIMS is done by authorized persons only.
- Each user uses his login and password protection; hence the data retrieval gets monitored.

The Hospital has established a variety of approaches and methods to ensure the quality of its data, information, and knowledge, including their accuracy, integrity, reliability, timeliness, security, and confidentiality by implementing above mentioned measures.

4.2a (2): Availability

- HIMS system is available to all supervisors through their unique ID. In a system there is report section. Reports are generated as per the needs of the supervisors. They can directly access the information that is available anytime. System security ensures that supervisor gets access only to their work related reports.
- Additional information that is not part of the report can be made available by MIS department on request.
- Being a teaching hospital if medical students need any information then they can get that information from MIS department.
- Patient gets information about the hospital through the notice boards and the TV display that we have installed in the waiting area.

4.2 b (1): Knowledge Management

HIMS has facility of producing reports. We can analyze the department wise work share. It also helps in monitoring the time taken for patient movement from registration to billing to dispensing medicine. Supervisor keeps the track of the time and if any exceptional delay is

occurring in one of the station then additional manpower is employed so that patient care is taken properly.

Being a teaching hospital HIMS has provision to mark academically important cases and experiences. Those later can be shared in an appropriate teaching program. The use of this data is made to publish papers in reputed journals, thus ensuring wide spread sharing of practices. All data is captured and stored in the departmental computers and there is an academic hard disc that pools all the data and is securely kept for use for any future reference. All dissertations are stored in a catalogued manner for use of future generation. Dissertation from outside universities received by the faculty too forms this body of knowledge. Medical Record Department processes is one such innovation that we have developed, we can trace any SCR in the racks in less than 5 minutes, we have more than 10000 such SCRs in our custody. This indeed is a best practice that has to be experienced on site. Homoeopathic medicine storing is one such unique best practice – we have potencies which are now colour coded – since all homoeopathic medicines look alike and some of them sound alike as well! No dispensing without HIMS entry ensures compliance of HIMS and also ensure time tracking of the patient, this too is one of the best practices we follow. After we become the 1st NABH hospital in western India we are open to help all the other homoeopathic hospitals on how to go about the

process, this we believe is a best practice of knowledge sharing with the world.

4.2 b: Organizational Knowledge

4.3 b (1): Knowledge management:

The workforce shares their updates information on a daily basis during the morning meetings of all the floor supervisors. This ensures that all the senior people are on the same page. The data is captured through the process of hospital MIS and also dashboards created for each supervisor and their department which ensures that the collection of data and transfer occurs in a uniform manner. The sharing of these ideas helps the hospital to define areas which can be incorporated for changes in the systems and processes of the hospital. The respective supervisors then ensure that all the changes or improvements are transferred to the staff down the line, patients and their relatives and vendors as the case may be. The director who attends to most of these daily briefings captures inputs that can be shaped up into a strategic plan that he shares with the local management committee for further directions and actions.

4.2.b.2: Best Practices:

The trust has initiated a process of daily briefing across its hospitals. These unit heads then define a set of practices which have when implemented ensured a positive change in staff, patient, patient relatives and to the management. There is a annual visit to the

centers program in which each unit hosts the others for a day. On this day the senior management and it the visiting staff attend to the sharing of the practices with their impact is shared by the respective unit staff. These practices are then documented for future reference.

4.2.b.3: Organizational learning:

The organization has a process of capturing the individual and collective experiences which are shared in small group of the unit. This unit sharing is documented so that in short term or long term these lessons are brought to use and is also shared across the units. the organization also seeks outside consultants who come in and seek interaction with our staff and help us to understand the knowledge that can be captured for future reference and corrections in practices which need to be changed.

5. Workforce

5.1 Work force Environment.

5.1 a (1): Workforce Capability and Capacity:

In the initial stages staff requirement was fulfilled with basic requirements and were trained as per job requirements and skills detected in the individual. The skill set available with the manpower which seeks employment with us has no background of hospital services, as there are no hospitals of this size around. The senior leadership has divided the overall service basket into Outpatient services (OPD), Indoor Patient services (IPD), clinical investigation services, rehabilitation services, and finally support services. The capacity and capability for clinical staff and nursing staff was determined based on the nature of services we wanted to provide to the community. We have different levels and grades for clinical and nursing staff, which has well defined capability and capacity requirements. The availability of post generated with development of the services of the hospital, senior leadership ascertains if there are any members from the staff who are willing to take up the responsibility, have reasonable capability and capacity to fit the demands of service. We are aware of the training requirements but still we tend to promote in house talent before we seek outside to fill the vacancy.

5.1a (2): New workforce Members: Our fresh recruitment is carried out from existing database of applicants available in the hospital. In case of non-availability of suitable candidates, then outside references are used. The selection process is defined for each category. We seek a written application along with all the relevant documents we have laid down as essential in our HR manual. This is followed by an interview conducted in presence of the department supervisor and a team of senior floor supervisors in which we ascertain the basic background, current skill set available, work experience that has some relevance to the job vacancy we intend to fill. This is followed by on floor demonstration of skill – if admin then admin related tasks are sought to be demonstrated, if clinical then on floor demonstration of skills is sought and assessed, no candidate is rejected till the observations infer gross errors of practices or skills. If the candidate is found to be fit, then the senior leadership is involved in the process of finalizing the job description and specification based on candidate's skills and knowledge. This involvement is also essential for ascertaining the remuneration package and perks. The new member undergoes a process of induction and orientation during which the immediate superior is responsible for helping the new joiner to become familiar with the hospital and people he must know other than those who belong to his department. An email is sent to all

in the hospital group once the process is completed. We do induct staff who has fair amount of knowledge of Marathi and relatively weak in English, but that is not the deterrent. We have people from various places in India working with us. The female to male ratio is favoring female population. we do have as defined system of how a request for new employee has to be generated and also well-defined interview processes as stated hence forth.

A need for staff is declared by the department with their respective Supervisors / in – charge and this request is passed on to the unit head or Director to give his final opinion. The administrative position below the level of Manager is Director's prerogative, but Local Management committee's (LMC) approval is needed for senior positions like Manager/Matron/ Medical and beyond. The appointment of staff below the level of Manager or Matron:

The staff is chosen based on the skill set he or she possesses for the job. A written application along with the statutory documents is mandatory to seek an employment with the organization. This appointment will be assumed to be confirmed post interview of the Supervisor / Manager in the presence of the Director. The terms and conditions of appointment will be discussed across the table and documented for all future reference. The Supervisor / Manager will orient the new employee on the date of joining and complete the induction formalities. The appointment of Manager / Matron and beyond.

The appointment of administrative staff of this category will be based on the knowledge – skill – attitude – years of gainful experience – qualifications which are beyond post-graduation or

years of experience beyond 7 years in the job profile on offer. A written application along with the statutory documents is mandatory to seek an employment with organization. This appointment will be assumed to be confirmed only post interview with the Director and in presence of at least one

(1) Local Management committee representative. The terms and conditions of appointment will be discussed across the table and documented for all future references. The Director will orient the new employee on the date of joining and other formalities will be oriented by the at par senior already employed.

The appointment of Medical staff of this category (which includes – RMOs, MOs, Junior Consultants, Consultants) will be based on the knowledge & skill attitude – years of gainful experience – qualifications. that are beyond post-graduation or years of experience beyond 7 years in the job profile on offer. A written application along with the statutory documents is mandatory to seek an employment with organization. This appointment will be assumed to be confirmed post interview with the Director and or in presence of the Local Management committee representative. The terms and conditions of appointment will be discussed across the table and documented for all future references. The Director will orient the new employee on date of joining and other formalities will be oriented by the at par senior already employed.

The appointment of Out Source agencies:

Non – core activities of the unit can be out sourced by the Director at his own discretion and if he desires he can seek consent on terms and conditions of appointment from the Local Management Committee and its clearance

obtained. He has to seek at least 2 contractor's quotations before finalizing the awarding of contract. He can, at his discretion, in consultation with the LMC identify and choose one contractor without seeking competitive quote/s. The appointment will be based not necessarily on the lowest quote but on reference check – non criminal record – licenses / registration / approvals of all statutory authority requirements. He should demonstrate his ability to provide the service demanded. He will have to provide reference checks. He will have to give an undertaking absolving the Trustees / Director of all liabilities arising out of the agreement or contract. The appointment will be considered only after the applicant submits a written application with the statutory documents.

All the categories will receive a letter of appointment stating the terms and conditions of appointment through a letter signed by the unit Director. Only then will the appointment be considered as offered to the employee/outsourced agency. The inductee is put through an induction programme where he is sensitized to the organizational culture and values and then sent to the department for on the job training. The individual is on probation usually for a period of six months. The workforce is a mixture of local people and from nearby areas. Key personnel especially those involved in emergency care are also provided with residence in campus.

5.1.a.(3) Work force change management

Frequent and continuous training whether it is soft or technical skills ensures that the staff is functioning optimally. Workforce attrition has been addressed to an extent by empowering Floor Managers and

Supervisors to have open discussions on floor or in cabin, with individuals or group, they are empowered to listen, discuss and come to senior leadership if they want to act in a particular manner which needs confirmation, or else they can act keeping in mind safety of employee and genuineness of the issue. The senior leadership accepts the responsibility of action taken by the supervisor, in case of emergency even financial expense is permitted within reasonable limit individually and if senior leadership is not contactable a team of supervisors is permitted to expend funds that the senior leadership will approve later on. This has ensured a climate of faith, honesty and integrity and ownership of the hospital in the employees on the campus. Over a long term, shortage of trained nurses is being met by starting YCMOU patient assistant course. Critical areas like Operation theaters and ICU have their quality objectives and monitoring parameters, On the job trainings in these areas is continuous, so that there is never any shortage in these areas. Front office staff is rotated through various departments so that they can be deployed everywhere. The organization is process driven. All SOP's are available to everybody; thus the functioning of the department will never suffer.

5.1a (4): Work Accomplishment -

The workforce is organized into various departments directly providing medical care or in support of the ones providing medical care. There is considerable multitasking so that individuals are capable of taking on each other's responsibility. We have an inbuilt system of more than one person knowing more than one work, that too diverse. Each department is allotted a supervisor who grooms the team and is accountable to accomplish the work as per laid down standard of practices. The stress on quality with laid down SOP with objectives and quality indicators being

monitored regularly ensures that the staff is continuously striving for improvement. This results in better patient satisfaction and understanding loopholes, if any, at the early stage. The existence of an open door policy and values such as transparency, honesty and dedication helps to increase workforce motivation and performance. Senior leadership has an open door policy as this permits anyone desirous to share which he or she thinks senior leadership should know, they walk in.

5.1 (b): Workforce Climate

5.1 b (1): Workplace Environment

The entire workforce is covered under Hospital concession policy. The hospital staff gets free treatment

including surgeries in the hospital for self and a subsidized treatment for his dependent family members. All individuals in the patient care areas and those exposed to blood and blood products are suitably vaccinated. The hospital Infection control nurse plays a stellar role in staff training in carrying out safe procedures and in prevention of hospital acquired infections. The safety committee carries out quarterly rounds and issues of safety to staff and patients are addressed in this committee. There is a stringent incident reporting process which ensures tracking of safety related matters also, amongst other issues. Periodic fire mock drills are carried out, to ensure readiness for any mishap.

There are processes laid down for each of the above which is periodically monitored and any deviation corrected.

the above which is periodically monitored and any deviation corrected.

5.1 b (2): Workforce benefits and policies

The workforce is well supported by existing policies regarding leave and medical benefit in form of concession. As female workforce is higher in number Crèche (Babysitting) facility in campus is provided for dependent children of workforce. Lactating mothers are given work hour breaks for feeding the child. Staff cafeteria serves quality food at subsidized rates to staff members. There are existing policies regarding infection control, biomedical waste management and radiation safety. All norms regarding patient and staff safety are strictly followed. These policies are equitably applied across all workforce groups and segments.

Workforce Engagement.

5.2 a Assessment of Workforce engagement

5.2 a (1 & 2): Drivers of Engagement

The hospital has sought to understand the key factors of workforce engagement and their relationship to organizational performance. Set up in year 2000, workforce stability grew with the organizational growth. Today the work force covers wide strata of society ranging from highly qualified Consultants to the employees of the outsourced agencies taking care of housekeeping, catering.

Formal and informal employee's feedback is obtained across all regular employees and data collected is analyzed to arrive at various conclusions. Different segments of employees have varied motivational drives ranging from job satisfaction; stability in work, good working environment, need to develop professionally amongst the full time consultants, to purely economic incentives as best in the local area. The senior leadership does not demonstrate partiality in offerings to staff, what is true to that segment is true to everyone in that segment of employee cadre. Across the board all employees were motivated by acquiring new skill sets and capabilities.

5.2 b Organizational Culture

Since inception the organization is determined to inculcate certain values amongst all employees. This is repeated amongst all segments at appropriate frequency and forums.

There is a standardization of processes and procedures across the various departments. As computerization came in later years the entire hospital is now LAN connected. As a result, a large segment of employees had to be provided basic computer skills, so trainings were arranged and the employee skills were upgraded. Their anxieties of retrenchment were eliminated with due care and concern. No employee was removed due to slowness in learning a process or skill, but worked upon all the more.

Now there is an induction programme for all new employees joining the organization. This familiarizes the individual to the organizations values, culture and processes. Only after this does the individual join the department where depending upon the skill sets, further on the job training is carried out.

Training is periodically repeated as per training calendar at all levels and there is a constant training and retraining of all individuals. In service training of nursing staff is a well designed and a continuous activity carried out on floor.

All employees learn how to use computers, and become friendly with our specially designed HIMS system.

There is an official WhatsApp and email group for information sharing. There is defined periodicity of the use of these communication modes, which is adhered to. Connectivity is ensured by allotting Close User Group (CUG) mobile connections to all key members, which is fully paid up by the hospital.

Supervisors are constantly present at work place ensuring a constant process of communication and skill sharing at this level. Middle level Managers make rounds at least twice a day and usually more frequently and interact with all level of staff. Senior and top management also take a weekly round. There are suggestion boxes which can be utilized by all employees.

The organization nurtures a culture of motivating employees at all levels to perform well as a team and as individuals. Annual picnics, women's Day celebration with some short programmes, annual day, Ganapati, Haldi Kumkum etc are celebrated across various segments of employees. In addition to the above the Director meets twice a week with the core management group to discuss issues and receive feedbacks. Monthly departmental review is taken with department supervisors to take a direct feedback and understand their issues. Team spirit is also nurtured in the organization. Organizational cohesiveness and spirit comes to the peak during the annual sports week and the cultural events associated with the Institute's annual day, where the cultural diversity of the staff really blooms and forms one united group of people from various backgrounds performing and having fun together.

Team spirit is also nurtured in the organization. Organizational cohesiveness and spirit comes to the peak during the annual sports week and the cultural events associated with the Institute's annual day, where the cultural diversity of the staff really blooms and forms one united group of people from various backgrounds performing and having fun together.

5.1 C: Performance Management & Development

5.2.c.1 & 2 Performance management And Development

The organization had an informal appraisal system till few years back, where Annual increments were given on grade basis, and grades were determined as per qualification and experience. Since, last year a formal basic appraisal system has been started for all non-clinical employees. The process is carried out annually, this is a dual system open in nature where in the employee does his self-appraisal and rates himself on the given key areas, and the supervisor gives his ratings after discussing with the employee if he finds any discrepancy in his rating and employee rating. Employee is informed by the Senior leadership about performance and any area requiring attention or improvement. It is a transparent system and at management level, key result area for the next year are discussed and set at this time. Based on performance appraisal, the individual may be promoted or given additional responsibilities. The annual increment is also finalized after taking into consideration the performance appraisal for the year. started employee satisfaction survey.

Key factors for appraisal are Discipline, Communication skills knowledge, dependability and initiative to Learn. Workforce engagement is assessed by both formal and informal methods. Since last year the organization has. The negligible attrition rate in all areas, except few is a clear indicator of workforce satisfaction. Majority of the staff has been engaged with the organization since inception. There is a laid down grievance redressal system which all employees are aware of and their supervisors proactively address to observations before they become an issue which helps to avoid grievances. Open door policy of the organization has created faith in the employee, he can approach senior leadership at any given time.

Senior leadership shows keen interest in solving genuine issues faced by the staff with quick response. For eg. as many of our employees were females, the major issue for indiscipline or resignation was the issue of baby care after maternity leave. Management addressed this issue by starting a subsidized crèche facility for all employees in campus. Employees have access to emails and WhatsApp also which can be used to reach any and every level of management. The infrequency of these occurrences is another positive indicator. There is a safety committee that carries out safety norms at least once a quarter assessing safety to patients, employee and facility. Incident report forms are used, which track the occurrence of incidents like needle stick injury amongst staff. The quality assurance program with objectives and indicators is another method used to check workforce engagement indirectly. The workforce attrition rate shows a decreasing trend, this reduces cost of recruitment of new personnel, training them. Year by year expansion of scope of services of the hospital could be achieved.

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5.2 C (3) Learning development effectiveness

The entire organization is process driven. There are SOPs for all activities carried out in the organization. On joining the organization, the individual is put through a well-designed induction program.

This is followed by on the job training. There is continuous retraining as and when identified. When the organization went in for National Accreditation of Board of Hospitals (NABH) the entire workplace at all levels was involved. Though many don't understand English, nor do they understand the concepts of quality management, but the senior leadership related with them in the local language, helped them to understand their role and our collective responsibility in achieving this. This resulted in the creation of a feeling of belonging within the organization, a felt need to improve, follow systems, the necessity of continuous improvement for patient delight.

The staff at all levels is aware that good performance is rewarded, they are further motivated when they learn that almost all supervisors and floor managers have been promoted from within the workforce. The equipment available in the hospital is reasonably up to date in terms of technology that can be serviced and most of the newly joining staff need to be trained to handle them. Further requirement of soft skills, English speaking or computer skills are also assessed and the individuals are trained as necessary. There is a regular in- service training schedule for all nursing and even some of the outsourced staff. All departments carry on their own in- house on the job training program. The organization has a competency matrix where the essential qualifications and desirable skill sets are laid down. All departments have a quality assurance programme with laid down quality indicators which are tracked and quality objectives measured. Thus any change in the process flow result in amendment of SOP. Thus even when a person leaves the knowledge and learning stays as the exit interview is a norm and learnings documented. Within the department there is a lot of multitasking so that the workforce is able to take on each other's responsibility. The floor management team meets daily for 30 minutes which helps staff remain updated within the organization. The core competency of the organization is that it is a patient friendly, process driven hospital which practices preventive, promotive and curative integrated health services to the rural community in a cost effective manner. Being a Charitable organization which provides best treatment and facilities in cost effective manner the major challenge is to develop financial viability so that the hospital is self-sustaining. The fulfillment of this deficit is a major challenge, for which reducing indirect cost such as power through solar energy, creation of solid waste recycling thus increasing the reuse of waste water, having a lean multitasked workforce etc. are in the pipeline or are in various stages of implementation.

Another strategic challenge was the high attrition rate in Nursing staff, as most of the qualified local nurses are keen to take up government jobs, hence the opening of that opportunity puts strain on our services which we have now been able to compensate after starting a YCMOU affiliated Patient Assistant course of one year wherein they acquire basic knowledge of nursing care then they are trained on floor for one year as a trainee patient assistant, then they are absorbed as a junior rughnasahayak for one year, and after proper evaluation of skills and systems are taken in the regular nursing team as a junior staff. These students are provided with free accommodation, uniform and food in their learning and training period hence they remain loyal and continue to work with us. The organization has created a cadre of Unit in charges and Nurse Supervisors who have actually been empowered to make the decision at unit level and ensure adherence to policies and procedures. The pay scales have also been revised and now are at par with the same category employed in other individually owned hospitals. Thus the organization rewards performance not only by providing incentives, but by providing opportunities for growth and development. The organization is proud of and depends on the skill and knowledge of its floor managers and supervisory staff, almost all of them are from different backgrounds (Armed forces, Corporates, in house trained and promoted) but have worked their way up. Encouragement is also provided to increase their technical qualifications, education leave and reimbursement of fees is provided on certain terms and conditions. The organization is proud to state that it has encouraged majority of the workforce to upgrade themselves academically and technically. The effectiveness is evaluated by how well the departments are meeting and surpassing their quality objectives as also the increasing level of customer satisfaction which is continuously assessed.

5.2c (4) Career Development -

As mentioned earlier most of the floor managers and supervisory level staff have been promoted from within the workforce. Within each department, absence of the head can be temporarily looked after by the next senior most whom are fully aware of the systems within the department. Absence in the senior floor supervisors and management group is looked after by others from the team as they are all well versed of all that is happening within the organization as well as aware of the policies and daily routines. Thus this is a flat organization where nobody works within closed walls even at the senior floor management level and individuals can take on each other's responsibilities.

6. Operations Work Processes

6.1 a: Service and Process Design

6.1 a (1): Determination of service and process Requirements

The hospital work systems consist of multiple parallel processes running simultaneously and interacting with each other, so all of them need to work hand in hand and in coordination with each other. For achieving this coordination and ease of operations, the systems functions are divided floor wise. Each floor supervisor along with their other senior colleagues is responsible to manage all day-to-day activities of the floor. They supervise all functions occurring on the floor and also have to be agile while handling the internal issues like inadequate workforce, functional deviations, non-availability of resources, if any, and manage smooth functioning. They also take the inputs in the form of feedbacks from patients, their relatives, subordinate colleagues, suppliers and root cause analysis of these feedbacks is done to resolve the issues at their level and then report to senior leadership if any other action needs to be taken. Supervisors are constantly

present at work place ensuring a constant process of communication and skill sharing at this level. Middle level managers make rounds at least twice a day and usually more frequently and interact with all level of staff. Senior and top management also take a weekly round.

6.1 a (2) Key Work Process

As stated above, our key work processes are divided in three major categories that are OPD, IPD and emergency services, which are further again subdivided into processes which includes direct patient care and others which includes indirect patient care in all above three main categories. Direct work processes are those that demand giving health care by direct patient contact. That are - Consultations with Medical Professionals, Nursing care, Pathology lab and Radiology services, Rehabilitative services, Medical Social worker (MSW) services etc.

Indirect work processes include those that are needed to support direct care which include Medical Records Department and IT Department, Pharmacy, Facility management services like equipment and infrastructural maintenance, Store and purchases, Housekeeping, Laundry, Security, etc.

6.1 a (3): Design Concept

Our core competency is "Providing Integrated therapy options of Homoeopathic and Allopathic services under one roof" it is a unique service offering with core value of 'societal responsibility'. All the work systems, whether new or existing, has been designed to meet this value. While designing any new system following basic criteria are considered-

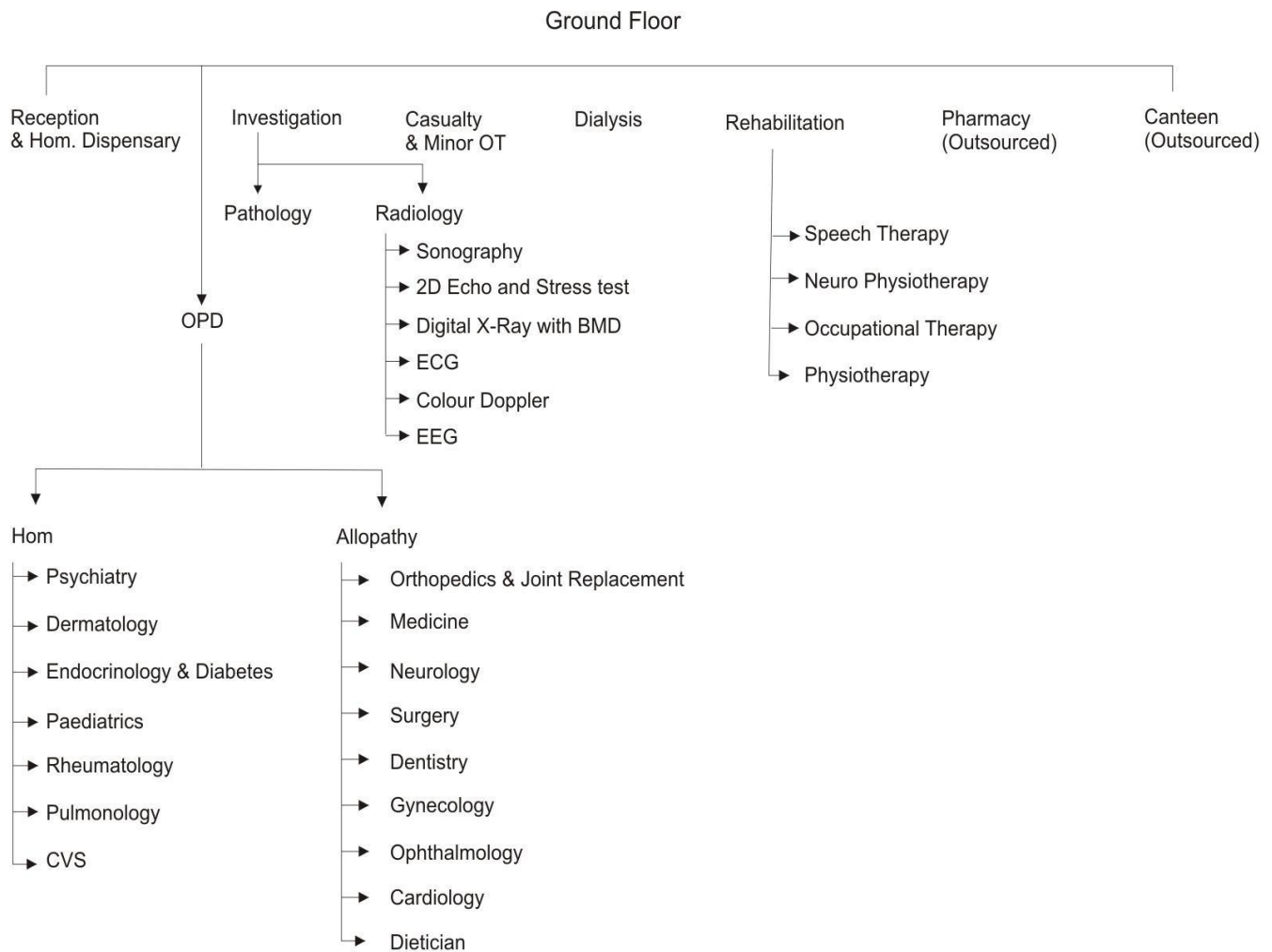
- Need of the community.
- Services that are not available in the vicinity.
- Affordability of service to patient that too with no compromise on quality. While making a decision, apart from above criteria, availability of infrastructure, competency of workforce, logistical support, and availability from suppliers, patients, collaborators and finally sustainability of that system in future are also taken into consideration.

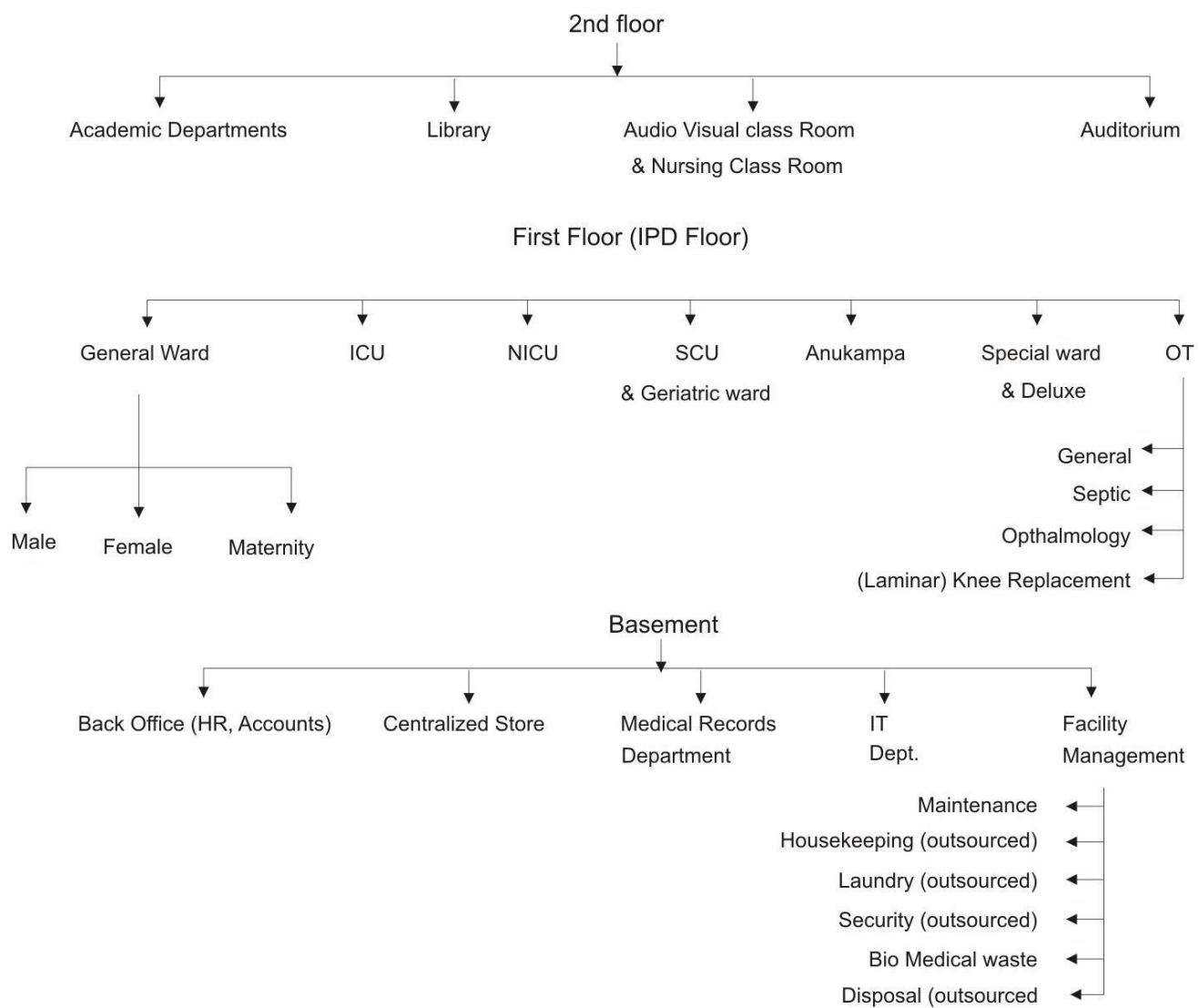
Decision, whether the system will be in house to our organization or will be outsourced is done by the Local Management Committee along with the suggestions from other floor supervisors by considering all above criteria.

6.1 b: Process management and improvement

6.1 b (1): Process Implementation

The hospital work systems are divided floor wise as shared in the tree diagram. This type of planning is also helpful for the ease of operations and continuity of care.





6.1 . b (2): Process Improvement

As it is said-what is not measured is not improved; we have now installed a concept of dashboard management. We believe in Plan-Do-Check-Act (PDCA) methodology. We have our SOPs in our hand, and based on these we have made indicators and deliverables checklist for the supervisory staff. This helps them to not only organize their deliverables but also that of their juniors and thus reducing “corrective actions” as “preventive actions” are more focused upon. These indicators are mapped immediately as per the defined time lines and dashboards are informed on weekly basis. This has helped the team for better coordination and better outcomes to patient care and safety.

We have in-house training and assessment system for various training programs we undertake this also helps us to improve our health care services.

6.1 b (3): Patient expectation and Preferences

We address and consider each patient's expectations by taking proper feedback of the services that they have used. Grievance, if any, is noted. If the grievance is uniformly distributed to all over the work processes, then it is reported to the senior leadership and immediate corrective actions are taken. If the grievance is limited to individual case level, then it is tried to be resolved on one on one basis.

Patients and family rights and responsibilities are well defined and signage is displayed and is explained to all patients followed by seeking their signatures during admissions in IPD. We treat all patient with dignity, keeping privacy and confidentiality during examination, taking informed consent of patient and relatives for the procedures wherever needed and also explaining to

them about risks, benefits, and alternatives. For this bilingual consent forms are designed and staff is trained to seek consent.

Approximate Budget is given to patients and relatives, accommodation areas are shown, and procedures are briefly explained which eventually help them in decision making.

6.1.b.(4) Support Processes :

Hospital has one central store with 23 sub stores. Typically, we maintain stock of items which are essential, and/or which takes time to deliver at our place (that is away from a major town) and/or which are not available with our local vendors. User department will send monthly indent requisition that is entered through HIMS, and / or Hard copy of Indent is sent to the store. Material is received in central store and issued in sub stores as per their requirement. Store department will check if the material required for that department is available in the store and accordingly make a purchase order and give it to the purchase department / supplier for further requirement from mail or Telephone. Purchase order is placed on monthly basis. Expensive medicine and surgical items are ordered as per Request by user department. The details of the same are entered in the system and a cross verification of usage of the same is done with co-ordination of the user department.

We have a defined vendor list made on the basis of our relationship with the vendor since starting of this hospital. Only those vendors who are able to sense the need of the community are offered the contracts. Most of our vendors are now our close partners in the service to community, the medical store, oxygen supplier, IT support – software and hardware, civil contractors, electrical contractors, BMW management, security and housekeeping agencies. Apart from this we also select our vendor who is

quality conscious, is aware of our values and our nonprofit organization nature. All of them are primarily screened for their strong sense of legal compliance, then for their costs, then for their ability to offer charitable costs and then finally share with us better practices to reduce recurring liabilities and reduction in costs but at the same time not compromising on quality of service being offered.

If any of our existing suppliers is found to be non-performing, we first try to know the exact difficulties he is facing in his deliverables and convey our dissatisfaction. If the supplier is reasonably able to justify his action and takes corrective steps, then we continue our negotiations with him. If repeatedly same mistakes occur, then we remove him from our vendor list.

6.1.c Supply network management

The hospital being in the rural tribal region it is very crucial that we choose the material, equipment and service providers who are ready to go the extra mile for offering their support. The choice is dependent on the presence of the vendor being a certified supplier with some similar other unit in or about 20kms radius. This also is important for us that the equipment per se is of very high quality, we tend to buy higher cost equipment from vendors who quote highest but offer an equipment which is hassle free. The vendors who are offering a good credit time limit, accept part payments, accept only payment through banks are associated with us. Vendors who stand by us at odd hours when we declare SOS are those with whom we have the longest standing relationship. We don't have a formal process of vendor performance evaluation. But we have a simple parameters such as timely deliver, right material, right cost, right quantity are the parameters we ensure and support our vendors and suppliers to abide by.

6.1.d: Innovation management

The hospital work system consists of

multiple parallel work processes running simultaneously and interacting with each other. To streamline these processes all standard operating procedures are documented and implemented with regular monitoring is done on day-to-day basis. As stated earlier in criteria 6.1, the systems functions are divided floor wise. Each floor supervisor along with the senior colleague is given the responsibility to manage all day to day activities of the floor. They supervise all functions occurring at the floor and also they have to be agile while handling the internal issues. All these processes are documented and monitored. Our floor-wise supervisor checklists are ready and data is captured on daily basis and reported to senior leadership through weekly dashboards. Quality indicators are also captured and are further again reflected on the dashboards of all supervisory staffs. Training needs are identified. Regular trainings and again monitoring is done to achieve control and improvement of our work processes.

6.2.a: Process efficiency and effectiveness:

The core competency of the organization is that it is patient friendly, process driven hospital which practices preventive, promotive and curative integrated health services to the rural community in a cost effective manner. Being a Charitable organization that provides best treatment and facilities in cost effective manner it is a major challenge to develop a financial vibrancy so that the hospital is self-sustaining. The fulfillment of this deficit is a major challenge, for which cost cutting measures such as solar energy, reuse of waste water, having a lean multitasked workforce etc. are in the pipeline or are in various stages of implementation.

5.2 C 1 & 2: Safety and Business continuity:

Facility management and Safety (FMS) Standards ensure safe and secure environment for patients, their families, staff and visitors. The hospital complies with all the relevant rules and regulations, laws and requisite facility inspection requirements. To achieve this there is a documented standards operational procedure of NABH that guides. Details of fire exit plans are ready. Staff is trained for their role in case of fire and non-fire emergencies. Mock drills are held at defined periods. The hospital has plans for handling community emergencies, epidemics and other disasters. There exists a documented disaster management plan. Provision is made for availability of medical supplies, equipment and materials during such emergencies. The hospital has a safety committee to identify the potential safety and security risks. Facility inspection rounds to ensure safety are conducted twice a year in patient care areas and in one in a year in the non-patient care areas. Inspection reports are documented and corrective and preventive actions are taken. In case of breakdown of any hardware the replacement is given for short time till the issue is sorted out. There is one spare complete set of hardware kept ready for such replacement. All the hardware is maintained under AMC. AMC is given to local person who visits every day to the hospital and solves any issue if are there.

Software: HIMS software is under AMC. Online help is available during office working hours. Data backup is adhered too, in case of total failure we will lose data of not more than few minutes that too when there is switch over time lag. We run down mock drills to check working of power back up, data backup, time taken to retrieve the data and making the system up and running. Data security is ensured

when data is kept securely at geographically distance of 100 kms at our head office in Dahisar.

6. Results

6.1 Health Care and Process Outcomes

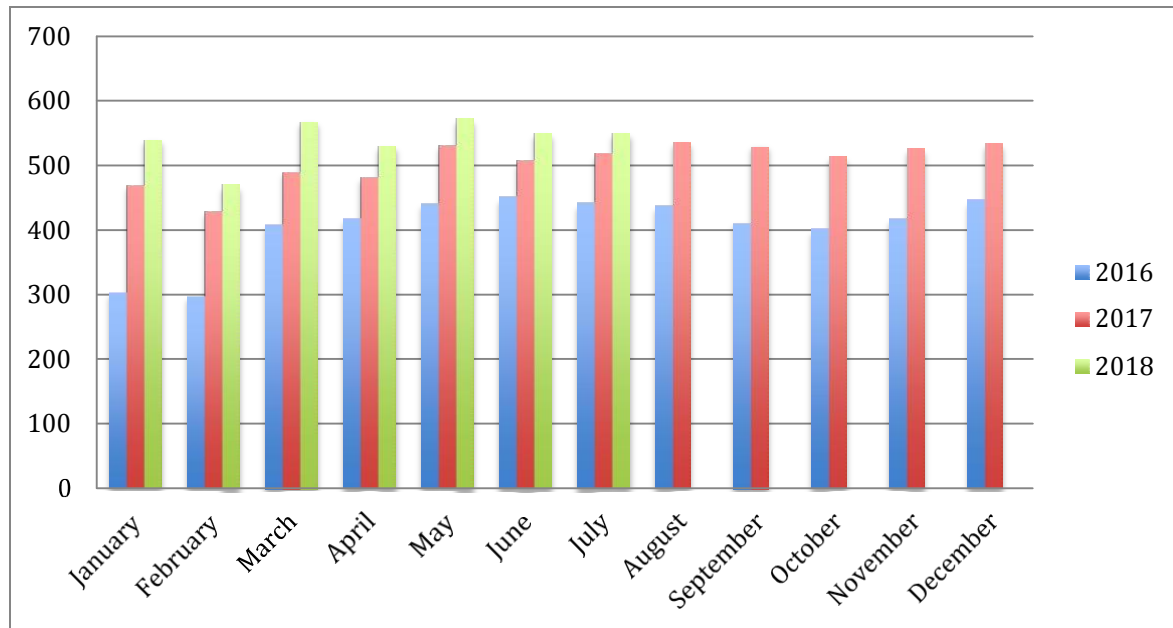
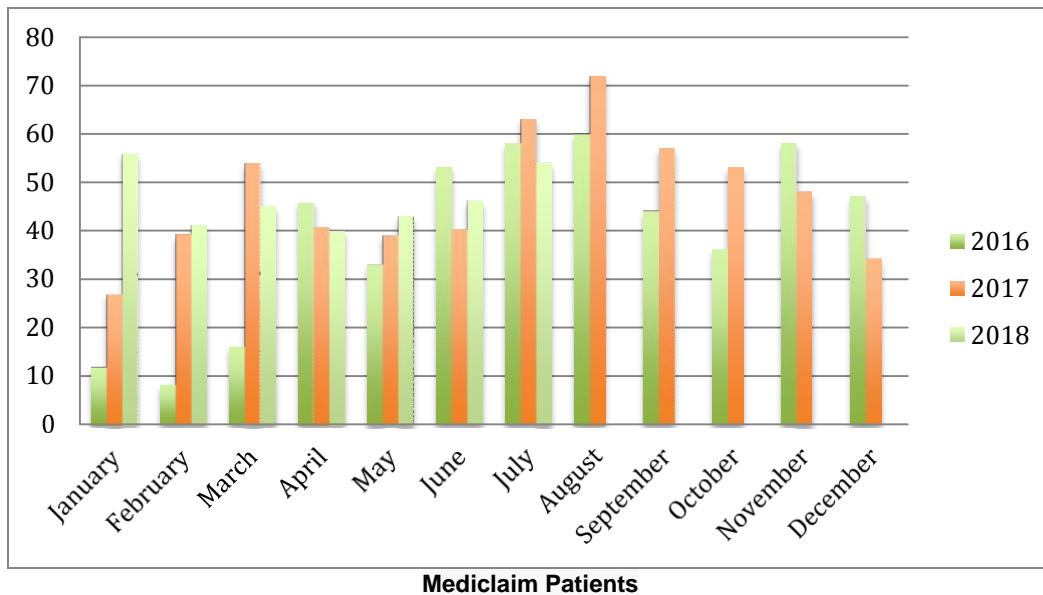


Figure I Dialysis department – number of patients per month

Dialysis department – number of patients per month

There is a progressive increase on year on year basis of utilization of the dialysis services at the hospital.

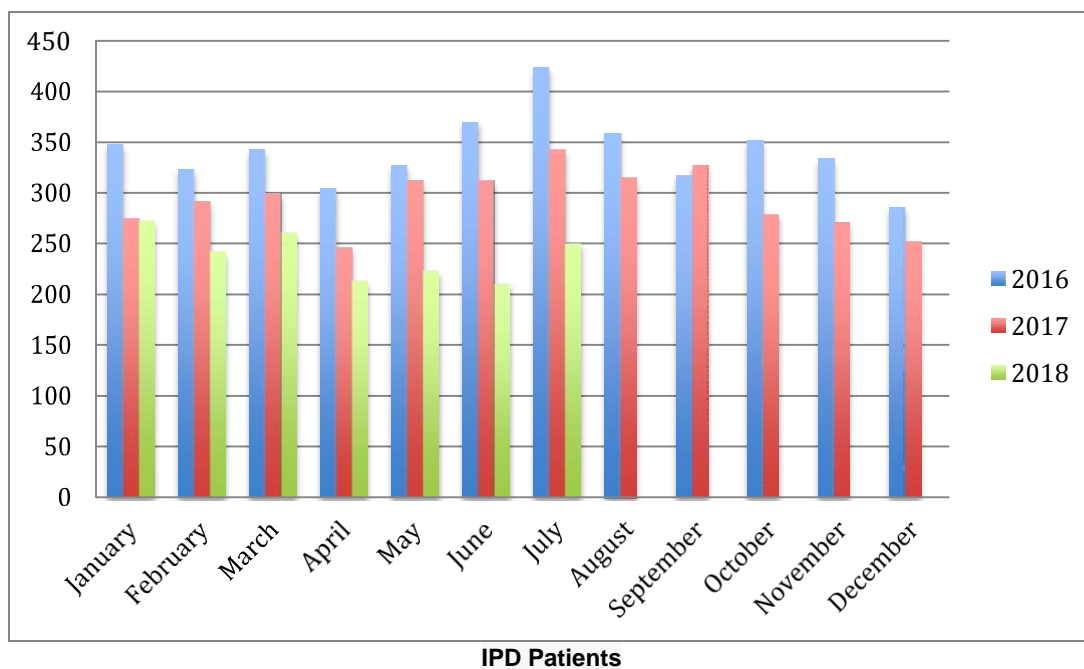
This serves a major gap in service demand for the area. This increase can be attributed to increase in number of machines and also increase in cycles per machine.



Mediclaim patients – cashless

The overall increase in cashless services for us means penetration of the

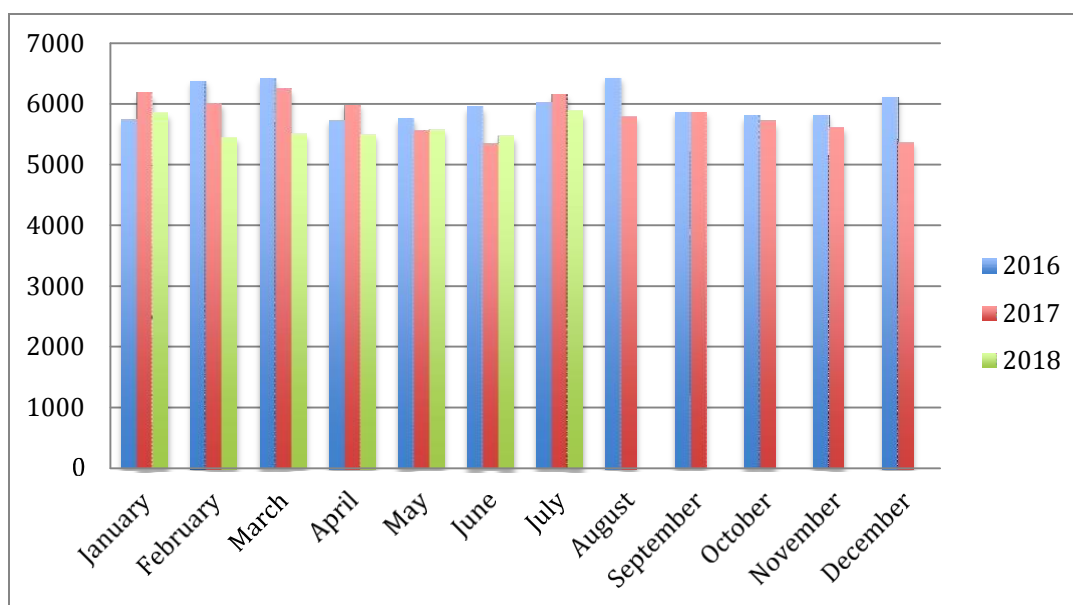
services in the companies that are empaneled by the TPAs.



IPD patients

The fluctuation in the indoor admission is identified as a major area to address during the coming year, The reduction in

admissions is majorly attributed by us to the picking up of government health care infrastructure and services.



OPD patient data – per month

OPD patient data – per month

The OPD patient data on year of year basis has remained more or less static. We are addressing to increasing the footfalls through initiatives which will be launched in the course of this year.

We have been actively monitoring some of our parameters from last year i.e. January 2017. Some we started mapping from September 2017. We have a list of parameters that we monitor, as shared below.

	2017	2018
TIME FOR INITIAL ASSESSMENT – IPD	✓	✓
MORTALITY RATE	✓	✓
BED OCCUPANCY	✓	✓
AVERAGE LENGTH OF STAY	✓	✓
MEDICAL RECORDS NOT HAVING DISCHARGE SUMMARY	✓	✓
% OF MISSING SCRS	✓	✓
% OF RECORDS WITH INCOMPLETE CONSENT	✓	✓
% OF MISSING IPD RECORDS	✓	✓
% OF INCOMPLETE IPD RECORDS	✓	✓
% OF DAMA	✓	✓
% OF DEATH IN PLANNED SURGERY	✓	✓
% OF DEATH IN EMERGENCY SURGERY	✓	✓
% OF DEATH IN ICU BEFORE DISCHARGE	✓	✓
% OF ELECTIVE SURGERIES REQUIRING BT	✓	✓

% OF CANCELLED / POSTPONED ELECTIVE SURGERIES	✓	✓
POST OPERATIVE COMPLICATION RATE	✓	✓
% BED TURN OVER RATE	✓	✓
% OF ANESTHESIA RELATED MORTALITY	✓	✓
% ADVERSE ANESTHESIA EVENTS	✓	✓
% OF OT UTILISATION	✓	✓
% OF ICU UTILISATION	✓	✓
% OF UNPLANNED RETURN TO OT	✓	✓
% OF UNPLANNED VENTILATION	✓	✓
% OF STAFF ABSENTISM	✓	✓
% OF STAFF ATTRITION	✓	✓
% OF RESCHEDULED SURGERY	✓	✓
% OF RE-EXPLORATION RATE	✓	✓
% OF ERROR IN PATIENT IDENTIFICATION	✓	✓
% OF VENTILATOR ASSOCIATED PNEUMONIA	✓	✓
% OF CATHETER ASSOCIATED INFECTION	✓	✓
% OF BED SORE	✓	✓
% OF SURGICAL SITE INFECTION	✓	✓
% OF REINTUBATION RATE	✓	✓
% OF RETURN TO ICU IN 48 HOURS	✓	✓
% OF ADVERSE DRUG REACTION	✓	✓
% OF MEDICATION ERROR	✓	✓
% OF WRONG PATIENT, WRONG SITE, WRONG SURGERY	✓	✓
% OF REDOS IN LAB TEST	✓	✓
% OF PATIENT SATISFACTION	✓	✓
NUMBER OF TRAINING	✓	✓
% OF PROPHYLAXIS TO EMPLOYEES	✓	✓
INCIDENCE REPORTING	✓	✓

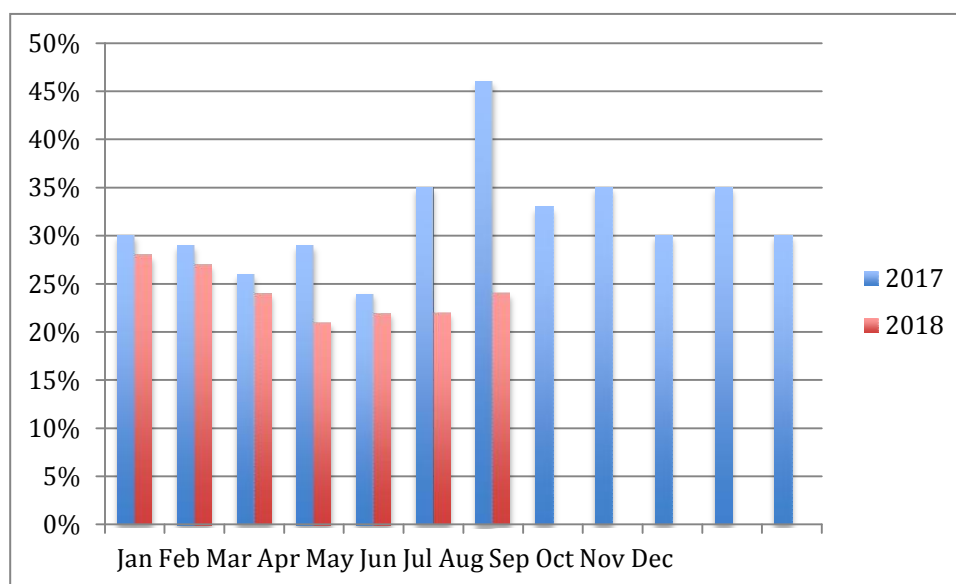
Hence, we don't have comparative data of all the parameters, We are sharing some of them with comparison, though not available on year on year basis. This helps us to monitor our operational effectiveness

Month	No of patients operated	% of unplanned return to OT	Month	No of patients operated	% of unplanned return to OT
Jan-17	38	0%	Jan-18	39	0%
Feb-17	53	0%	Feb-18	28	0%
Mar-17	50	0%	Mar-18	38	0%
Apr-17	41	0%	Apr-18	32	0%
May-17	45	0%	May-18	20	0%
Jun-17	43	0%	Jun-18	42	0%
Jul-17	40	0%	Jul-18	33	0%
Aug-17	42	0%			
Sep-17	44	0%			
Oct-17	22	0%			
Nov-17	44	0%			
Dec-17	31	0%			

% of unplanned return to Operation theatre

Month	No of bed utilized days	Bed days available	ICU bed utilization rate in %	Month	No of bed utilized days	ICU bed utilization rate in %
Apr-17	135	210	64	Jan-18	211	97
May-17	192	217	88	Feb-18	165	84
Jun-17	167	210	80	Mar-18	156	72
Jul-17	217	217	100	Apr-18	135	64
Aug-17	184	217	85	May-18	152	70
Sep-17	198	210	94	June'18	114	54
Oct-17	151	217	70	July'18	193	89
Nov-17	190	210	90			
Dec-17	171	217	79			

ICU bed occupancy rate in %



Bed occupancy of the hospital

7.1b (2) Emergency preparedness:

The Hospital is well prepared for emergencies and conducts drills periodically to check its response to such occurrences. We have a disaster management plan which is known to all who are handling emergencies.

We also have emergency signals in form of hard ringing bell.

Emergency preparedness drill.

Sr	Emergency Drill	Periodicity	Post event Action
1	Fire Mock drill	Every 6 months	Feedback and drill Analysis
2	Electrical Failure	DG Test run Load Test	Records maintained
3	Equipment failure prevention	Periodic maintenance and calibration of all equipments	Periodic maintenance and calibration schedule maintained. Sticker with date done and date due used
4.	Mercury / Blood spill	SOP and training	

7.1 c : Strategy Implementation Results.

Cost Control:

A penny served is a penny earned. Energy conservation, Tree plantation, Vendor analysis, control on stock, special measures of storing, etc. has resulted in savings to organization and help in subsidizing cost to patient.

1. We have controlled oxygen cost by negotiating and purchasing Jumbo oxygen cylinders by which we could save on transport cost as one full truck load of oxygen could be brought.

2. Special space was created for Solutions required for dialysis as purchasing a small quantity would bear high transportation cost, hence one tempo load is purchased by the pharmacist and stocked to reduce the final cost. (As per our center requirement stock of 50 cans was required, we made space available for 300 cans)

3. Telephone bills (CUG) – a detailed study of requirement was done and appropriate plan selection was done which brought down bills by 8000 to 10000/- per month.

4. Use of vehicles was changed from 4 wheeler(Jeep) to Rickshaw and two wheeler scooters for local purchasing and community reach

activities. Fuel and driver expenses were reduced considerably. Vehicles were brought from CSR or donation in kind funds, leading to elimination of capital costs from the balance sheet.

5. Use of LED lights all over the campus and solar panels are likely to further reduce our electricity bills.

6. Best buy back bargains for Lab equipments and adjustments of AMC with purchase of company reagents from company appointed dealers gave savings and quality products.

7. A detailed study of vendors was done and lowest cost with good quality is finalized.

8. Control on issue of material with ROL system was implemented to achieve saving in costs.

9. Sewage Treatment Plant will help in reusing water and the residue will be used as fertilizers.

7.2 customer focus to be added

Voice of the customer

LISTENING TO CURRENT CUSTOMERS

Our current customers are versatile in nature. Ways of communication, perceptions, and ways of understanding, medical requirement, and service expectations are different at various levels.

We gather information through industrial visit, feedback from patients, customer surveys, camps, local community, from industrial sector we have taken in English language, indoor patients feedback we have taken in local (Marathi) language

customer surveys we are using Hindi, English, Marathi languages in camps we have taken face to face feedback.

10. Industrial sector-

Our website displays our work for community, Admission process and achievements,

We are using different medium of communication depend upon the targeted people. For industry we are using power point presentation, for school we have communicated directly with parents and student in local language, camps we are using local language and distribution of pamphlets in understandable language.

We present all this feedback in our meeting for discussion and considerations in front of our directors.

LISTENING TO POTENTIAL CUSTOMERS

We are always focusing on potential customers like MIDC mediclaim segment we did survey and avail cashless facility to maximum company employees. Around 30 companies having 23000 employees we are providing a cashless facility

MIDC Companies HR Manager also providing a help to empanel with his TPA for cashless mediclaim service. For staff they are insisting through mail to concern TPA'S for faster cashless empanelment process. We are always were sending a letter to HR Managers regarding updating of TPA'S list and newly launched services. We are conducting health awareness sessions for industry like Nutrition diet, Stress management and Healthy heart sessions. All this sessions gives us valuable and face to face feedback about our facility and services.

Some companies HR Manager approached us to avoid deposit amount from his employees.

Local General Physician visit is also helpful for introducing new services like ENT and Extend evening time of physio dept. Potential customers-Joint knee replacments, Geriatrics,alcohol De-

addiction

Satisfaction and Engagement-

We determine customer satisfaction through our feedbacks and customer survey

We are taking in-house feedback from employees for continuous improvement and healthy work environment.

Dialysis patients relatives help us for blood donation camp they are donating blood voluntarily, We are providing nutrition diet, Awareness of oral care (Dental care) and EYE Related disease for diabetic patient group.

We analyze feedback and evaluate which department performance is good or which department performance is declining.

We also organize stress management sessions, Nutrition diet sessions healthy heart sessions for industry and colleges, also conduct awareness sessions in school regarding children learning disorder.

We analyze feedback and evaluate which department performance is better or poor or if one department performance is poor we arrange camps for particular department.E.g Gynecology dept.Dental dept. We analyze issues in departmental functions which leads to customer dissatisfaction and try to derive an solution.

2) Satisfaction relative to competitors-

In Today's competitive world customer satisfaction plays a very crucial role. If we want to maintain patient flow we should provide a delightful and different service than our competitors. We have arranged health awareness sessions for industry people. Compare to other hospital cashless mediclaim facility we are not taking deposit from some companies employees. We maintain transparency in billing procedure. We personally meet the admit patient and asked about his health and our service.

Our medical store is providing 10 percent discount for IPD patients. If patient from

poor category we have a MSW department is working under the Maharashtra charity commission. Year 2014-15- 765 poor patients have received help of Rs 29, 44,855/- from our hospital.2015-2016 all together 792 poor patients have received help of Rs.38, 42,609 from our hospital.

3) Dissatisfaction- We measure dissatisfaction from customer complaints, feedbacks, emails, industrial awareness sessions and camps also give us face to face feedback, 1) communication gap 2) delay discharge procedure 3) low quality of customer service 4) inflexible attitude of staff. These are the four measure point we found increase dissatisfaction we realized all this are the behavior problems and we started training sessions for staff. Trade exhibitions It is also very helpful for gathering information about our current performance is better or poor, our service is better than others or not. We share all this valuable information in our daily meetings in front of our directors for scope of improvement and areas we should focus on new emerging trends in healthcare segment. People changing lifestyle, now people are more aware about health and hospitality service. People expecting hassle free and good quality treatment, not only treatment but in luxury ambience and pleasant staff with a round a clock service. We provide soft skill training, computer training to team members to cope up with changing trends and delightful service. We also showing hospital videos and power point presentation to team members what is vision, mission and objective of our hospital.

Customer Engagement-

Our hospital is known for the only charitable hospital in the area that is really doing charity. Our hospital's entire charge structure is 40% less than other all hospitals. Hospital is maintaining this policy since its establishment. It has created a positive image of hospital in entire community. Majority of patients are our donors. They are genuinely happy with our service and continue to donate us.

Our hospital gives free and 50% to 10% discount to poor patients. We go beyond our capacity to help patients either by giving free implants for surgery or creating a funding support from other NGOs for needy babies admitted in NICU. Hospital tries to connect with active donors who helps poor patient with the cost.

Our hospital pharmacy has given 10% flat charitable discount on all prescriptions from IPD unlike other pharmacies from the vicinity. We give beds, oxygen saturator, and crutches to home use for patients on nominal deposit. Many times we give free ambulance to needy patients.

These all activities have helped us to engage patients on long term basis with us. We have patients coming to us from its establishment and share a good bond with hospital.

We identify market with the help of local G.P they suggest local people need evening time Physiotherapy facility it's a need. Industry HR Manager also gives us feedback they want heart care centre and emergency trauma unit. Local political leaders always require help from our hospital when they want to held health camps. We also in-process empanel with Rajiv Gandhi jeevandayee Arogya yojna (RGJAY) it would be beneficial for poor people.

We analyze all data to launch new services and facility as per requirement of the community. We conduct health awareness sessions in industry (Stress management, Healthy heart tips, Nutrition diet). We are not taking deposit from companies patient who has help us for Tie-up with his TPA'S Industry and colleges we target mediclaim segments and school we target kids for learning disorder. We also arrange awareness of organ donation sessions and we get a very good response from dialysis patient's relative and diabetic groups. We also conduct sessions for diabetic patients' dental care and nutrition diet. Neuropathy detection camp. Orientation about mental health. Our medical student performed a skit regarding alcohol de-addiction.

We called previous reimbursement patient when we empanel his TPA for cashless service.

2) **Customer support**-for cashless mediclaim patient we have a separate department to handle cashless patient queries. For industry orientation we appointed a one relation executive to solve industrial patient queries and provide hassle free service. Maintain cordial relation with industrial sector. We had started a telecalling especially to the industrial mediclaim patients for feedback. Also we drafted a mediclaim patient guide for patient and industry awareness.

3) **Customer Data Use**-with the help of data analysis we came to know scope of services, we adopt customer centric approach; build a new marketing strategy for Vikramgad and dahanu taluka. We plan to visit there for promotion of our services. We extended our physio dept evening time; we launched ENT and laparoscopic services. Customer data is also useful for forecasting new healthcare trends.

Building customer relationships-We maintain relations with local donors, local leaders, industry professionals and Sarpanch they always contact us for needy patients, and with the help of Sarpanch we organized a camp in a village. We arranged health awareness sessions. for industry employees, We also promote executive health checkups coupons for industry professionals.

Complaint management-

We have a drop box facility every day we collect complaints from drop box our hospital admin manager is accountable for complaints and redressal. we share all complaints in daily meetings with respective departmental heads for redressal and improvement process. Each departmental head is accountable for his department complaint. He should take preventive actions. We also handle complaints through email and revert back within day.

Customer focused outcomes:

Customer satisfaction-

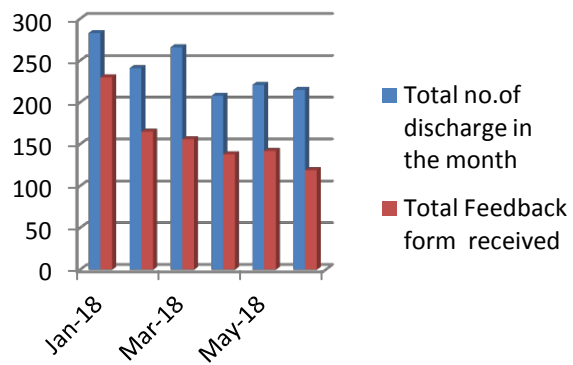
We measure customer satisfaction and dissatisfaction from feedback parameters now we have 10 parameters and Grading system.(5 TO 1)
1) Very good, 2) Good
3) O.K 4) POOR 5) Very Poor. When we

analyze feedback 70% TO 80% Patient gives us 1 to 3 rating that means they are satisfied from our service and remaining 20% to 30% patient suggest scope of improvement and showing dissatisfaction areas. As compare to other competitors we providing lot of facilities under one roof with a reasonable cost.

Customer Engagement;

Cashless mediclaim segment we maintain a patient flow around 60 patients we treated every month. Many patients came from boisar midc area there two/three hospital situated with cashless facility but patient prefer our hospital cause of service, we maintain patient flow from last three years. We have been maintaining transparent business model. Mediclaim companies and midc companies HR Manager appreciate our transparent work culture. Many companies HR insist us we shown to his employees our facility and services power point presentation and our community work. Our hospital pharmacy has given 10% flat charitable discount on all prescriptions from IPD unlike other pharmacies from the vicinity. We give beds, oxygen concentrator, and crutches to home use for patients on nominal deposit. Many times we give free ambulance to needy patients. These all activities have helped us to engage patients on long term basis with us. We have patients coming to us from its establishment and share a good bond with hospital. We build goodwill and trust with helping poor Feedback received Data

Month	Total no. of discharge in the month	Total Feedback form received
Jan-18	283	230
Feb-18	241	165
Mar-18	266	156
Apr-18	208	138
May-18	221	142
Jun-18	215	119

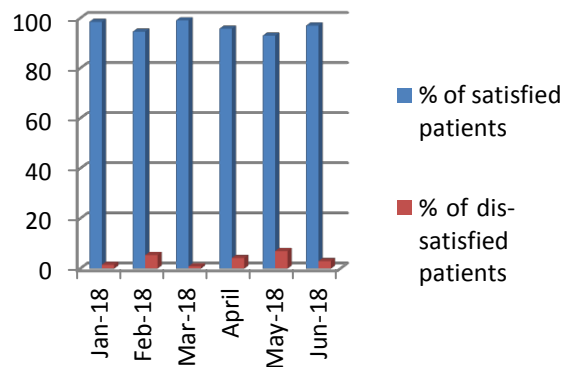
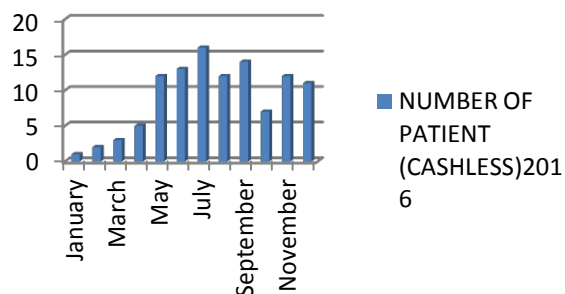


January	1
february	2
March	3
April	5
May	12
June	13
July	16
August	12
September	14
October	7
November	12
December	11

Percentage of Satisfied and dissatisfied patient

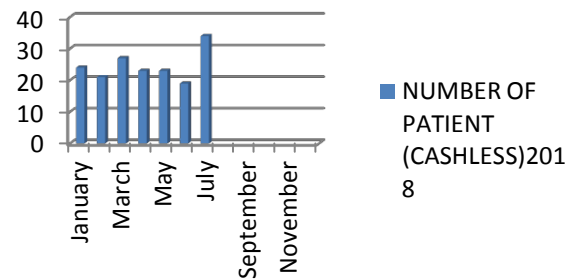
Month	% of satisfied patients	% of dis-satisfied patients
Jan-18	98.5	1.5
Feb-18	94.6	5.4
Mar-18	99.1	0.9
April18	95.77	4.23
May18	93	7
Jun-18	97	3

NUMBER OF PATIENT (CASHLESS)2016

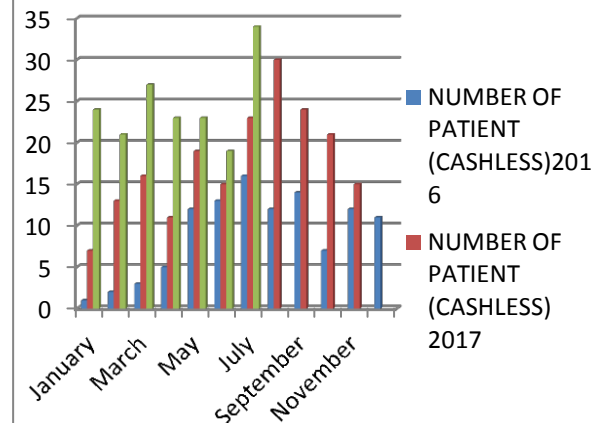
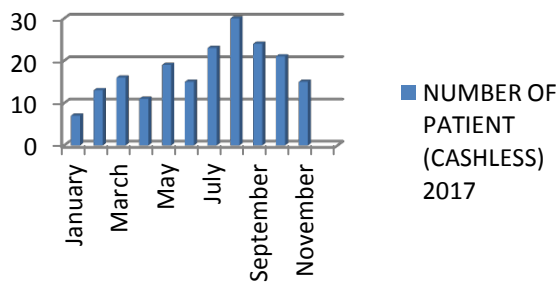


MONTH	NUMBER OF PATIENT (CASHLESS)2016
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NUMBER OF PATIENT (CASHLESS)2018

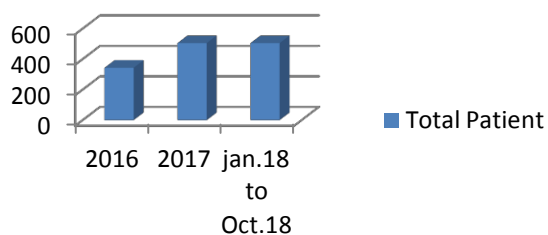


NUMBER OF PATIENT (CASHLESS) 2017



NOTE-Cashless patient data showing growth means we build trust,Maintain relation and providing hassle free treatment to the patient

Total Patient



7.3 (1): Workforce – focused outcomes

The organization recognizes workforce as its backbone and hence a key factor on which success is dependant.

Our staff segmentation is as follows

Segments	2016	2017	2018
Consultants	45	46	51
RMO /MO	22	18	15
Resident Doctors /	76	82	84

Post Graduate Students			
Nursing Staff	52	44	36
Administrative Staff	43	45	45
Technicians	8	9	9
Housekeeping & Gardening	46	49	46
Security	19	20	12
Total	311	313	298

The number of staff, which has been identified as mobile staff, is that of Nurses and RMOs. We have now decided to give attractive payment structure for both these categories that

has resulted in halting of mobility and longevity of the relationship. We reduced security to reduce our costing. We have as such retained most of our team over the past few years.

7.3 (2): Workforce Climate

The organization gives numerous benefits to its employees to safeguard their health and family issues:

1. All statutory saving schemes are applied from day one such as provident fund, Gratuity to safe guard future financial needs of employees.
2. Well defined leave policy of staff and consultants
3. LOSS OF PRACTICE ALLOWANCE (LOPA) for clinicians
4. Enhancement of Knowledge facility to deserving (those who have completed at least 5 years in house service and in addition have shown aptitude to improve upon their skill sets which the institute is looking forward to) such employees are offered privileges are given : This policy has been extended to all the staff of the institute -

clinical / research / community / administrative

5. Concession in medical facility for employees and dependents
6. Hostel accommodation as per requirement
7. Vaccination against hepatitis for those handling Blood products and those involved in patient care.
8. Comfortable and safe working environment.
9. Subsidized Crèche facility in Campus
10. Discount in pharmacy bills

7.3 (3): Workforce Engagement

Since last year we have created parameters for performance assessment of staff of various categories. The parameters and method of assessment can be shared on site.

7.3 (4) Workforce Development

The organization rewards performance not only by providing increments and promotions but by providing opportunities for growth and development. The organization is proud to state that the administrative staff working with the organization since inception is still with the organization, the organization has provided opportunities to improve the skills detected in the staff. The compassionate staff and family centered approach of the organization has helped to retain and upgrade the staff. Encouragement is also provided to increase their technical qualifications, education leave and reimbursement of fees is provided as per requirement. The organization has understood and motivated its staff, there are many employees who had left the organization due to some family or personal issues but have gracefully rejoined after resolving their family problems, this itself shows the bonding between the organization and the employees.

7.4 Leadership and Governance Outcomes:

7.4.a (1) Leadership:

As stated earlier the senior leadership has various means of communication with our employees, the effectiveness of this we mark it with respect to continuity of service by majority of our staff who joined us. The continuation of the majority of our vendors and service

providers who have been with us all through. The workforce demonstrated the ability to achieve the NABH for the hospital and learn and deliver systems based management, even though they have not had formal education in these areas, but faith in the senior leadership has permitted them to extend themselves in collectively achieving the goal.

7.4 a (2) Governance:

The trustees serve the trust at no cost. The financial audits are done by external auditors who have till date not passed any adverse remark in the reports that they have filed with the Income tax authorities.

7.4 a (3) Law, Regulation and Accreditation

RMH is the 1st homoeopathic hospital in Western India to be accredited by NABH and one of the first 3 in India. We have adhered to all the statutory regulations and have complied with all the relevant requirements as on today.

7.4 a (4) Ethics

The Managing Trustees and the Management are committed to ethical behavior of the entire staff. It is applicable to full time employees, Consultants to the outsourced staff.

7.4 b Handling of Misdemeanor

Misdemeanor	Concern ed staff	Action by the organizati on
Indiscipline & non cooperation	Lab technicia ns	Issued written warning and explanatio n asked for.
Misappropriat ion of Money from patient	MSW	Immediate separation from the organizatio n.
Unprofession al Behavior Minor	Consulta nt	cussion face to face and cautionary note to Consultant
Misuse of Hospital material	Technicia ns	arning ,observatio n and separation from the organizatio n
Mistakes in billing	Billing clerks	Follow up with patient and correct the mistake or reimburse from pocket.
Organization related (Purchase of material	Consulta nt	Discussion and relieved for non

without proper study)		profession al work.
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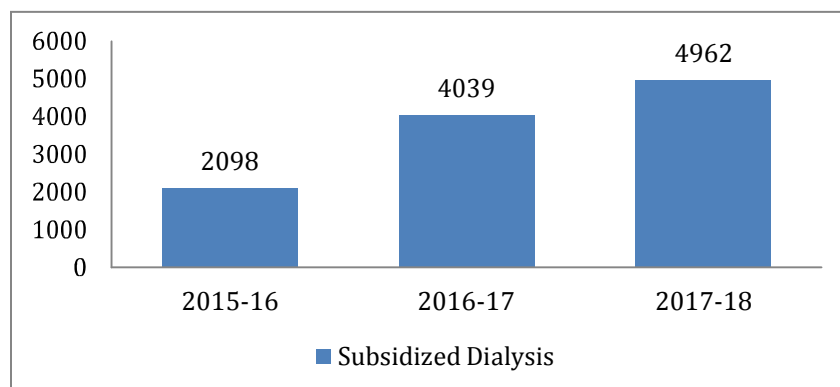
The HR files will be shown to demonstrate the process of action and why of the action taken, during site visit.

7.4 a (5) Societal Responsibility

Ever since the inauguration we have been serving the Palghar and Vikramgad region. We have always tried to reach out to more and more of the poor and needy of this backward region through a network of health centers. Most of our patients are farmers, tribals, fishermen and industrial workers, who find it difficult even to pay the charitable charges of our hospital services. We do not turn away a single patient for financial problems, the need of these patients has to be met, which we try to meet through a poor patient fund managed by our community care committee.

Free Camp / Awareness program	2016	2017	2018
Pediatric Camp	2		
General Camp	4	2	1
Gynecology Camp	2	1	
Senior citizen () Camp	2	3	
Pulmonology Camp	1		
Blood Donation Camp		1	1
CBC & Blood Group	1		
Session on Parents Orientation	1	2	
Session on Grandparent's day about their health problems		1	
Organ donation awareness skit.		1	
Organ donation awareness session		1	1
Session on Stress Management		1	
Session on BMD Awareness	1		
Session on "Challenges before today's elderly "	1		
Mental health awareness session	2		
Orientation about Mental Health & Hygiene	1		
Orientation about Mental Health & Bone Mass Density	1		
Young Adult Mental health Checkup	1		
De-addiction orientation session	1		
Joint Replacement Surgery orientation session	1	3	
Antenatal Care	1		
Gynecology oration session		1	
Heart & Kidney with Diabetes	2	2	

Diabetes & Leg-eye care	2	2	
Diabetes & diet	2	2	
Diabetes & Yoga	2	2	1
Importance of Dental Healthcare in Diabetic Patients	2	2	
Diabetes & Stress Management	2	2	
Tree plantation Day	1	1	1
Social Justice Day	1	1	1
International Yoga Day	1	1	1
Alcoholic Anonyms meeting (every Sunday)	48	48	48
Community care meeting.	4	4	4

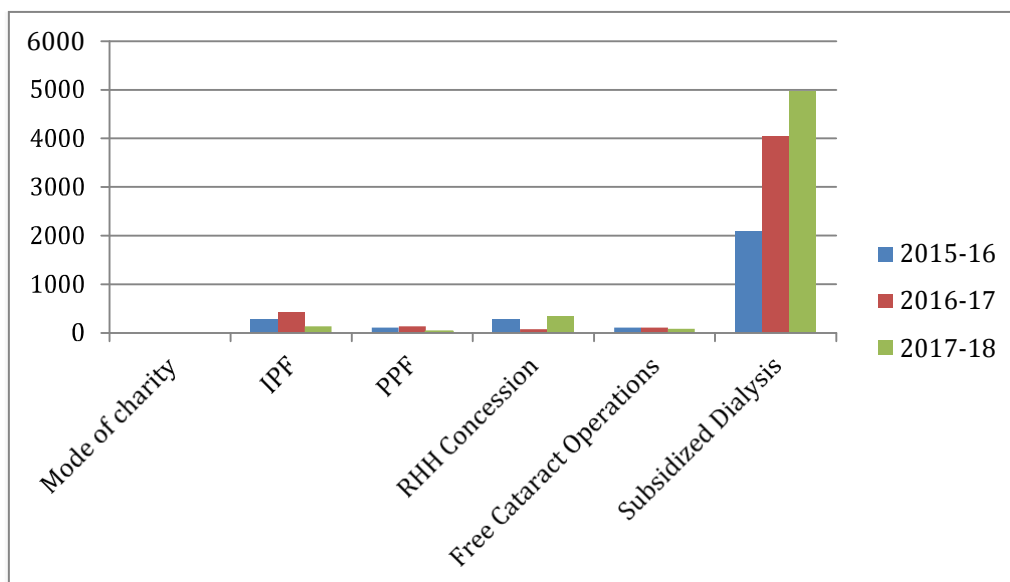


Number of patients of Dialysis offered concession

	2015-16	2016-17	2017-18
Subsidized Dialysis	2098	4039	4962

The number of patients offered dialysis service has increased due to increase in

machines and increase in the number of cycles per machine per day. This has huge effect on reduction in cost to the family as a whole.

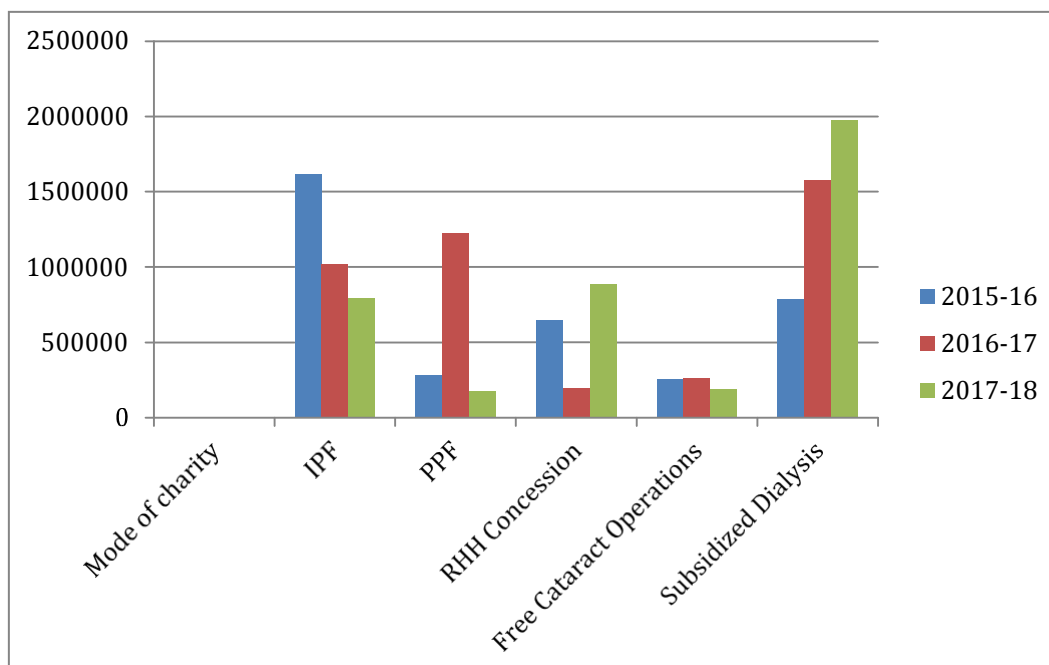


Number of Patients offered concessions through various internal schemes of RMH

Mode of charity	No of patients		
	2015-16	2016-17	2017-18
IPF	290	425	128
PPF	103	132	42
RMH Concession	266	72	343
Free Cataract Operations	103	104	76
Subsidized Dialysis	2098	4039	4962

The total number of patients who received charity too has increased over the period of years. This is the primary reason of our existence.

Financial subsidy offered to patients under various internal schemes.



	Total Concession		
Mode of charity	2015-16	2016-17	2017-18
IPF	1617711	1017289	796272
PPF	280340	1225599	175479
RMH Concession	649458	193885	888415
Free Cataract Operations	260075	262600	191900
Subsidized Dialysis	786750	1578800	1979200

This is the in-house subsidy we offered to our patients in rupees term, which is

way beyond what is the statutory demand of 2% of gross income of the trust hospital.

7.5 Financial and Market Outcomes:

Over a period, the direct revenue from in house services is increasing but so also the direct expenses. In order to cover up the difference, the trust parts with some additional support. The support from trust that is seen to have increased in 2017 – 18 is for specific purpose of support for Dialysis and knee replacement implants. There is also an added reimbursement that was incurred as expense by the hospital under the Center of Excellence support from Ministry of AYUSH. There is a direct donation for support for expenses of

Hospital. This indicates to us – though the hospital is just managing to sustain without much surplus, to have a back up. It with the good will of its donors and approaching various government schemes we think we will be able to sustain in the long run. At the same time reducing the indirect cost such as power that today takes away nearly 7-8% of our gross income by way of installing solar – we envisage that we will add net additional income of at least 5% on year on year basis.

