



ISSUE 1 | JANUARY - FEBRUARY - MARCH 2020

ADMINISTRATOR'S SECTION E-MAGAZINE

WAKE-UP CALL

QUARTERLY ISSUE



ACCREDITATION

**CMAI STUDENT'S CORNER -
LET'S LEARN MANAGEMENT**



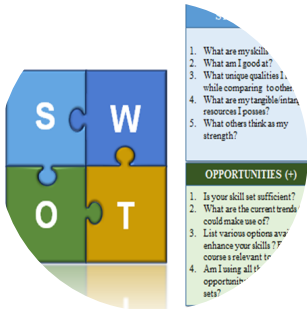
**ROLE OF LEADERSHIP IN ESTABLISHING MISSION
HOSPITALS AS THE COMMUNITY'S PREFERRED
HOSPITAL**

**10 COMMANDMENTS FOR
ADMINISTRATION**



Building a Just and Healthy Society

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Dear Members,

This newsletter is being released as a mark of the Administrators Section celebrating the 50th Golden Jubilee. We hope you will like this new e-format of news sharing with its design and content. Every Quarter you'll receive informative articles about the section and its activities, news from our member institutions and members, updates on current programs, contents and staff-related news.

In this issue, The news letter focuses on the role of leadership in establishing mission hospitals as the community's preferred hospital, Accreditation standards, Student corner and Devotion - significant at this time of year. We hope that our Administrators and Health professionals will benefit from the information in our e-newsletter - please share with others !

Each newsletter will also be posted on our website and Facebook page. Please be sure to follow us on at www.cmai.org for even more informative articles. We kindly request you to be involved and contribute your ideas to this newsletter. We always welcome your feedback as we strive to be your integrated team of choice!

Sincerely,

Elsy John

Secretary Administrator's section.

CMAI Student's Corner – Let's learn management

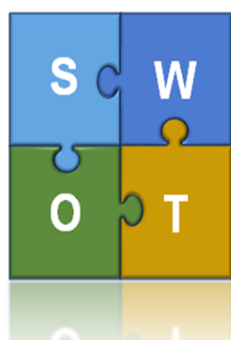


Dear Students,

This section of the e-magazine is primarily for students especially management/administration students for enhancing their knowledge of management concepts. In this newsletter, we will learn about SWOT analysis. SWOT analysis is a simple and powerful and simple strategic management tool used to

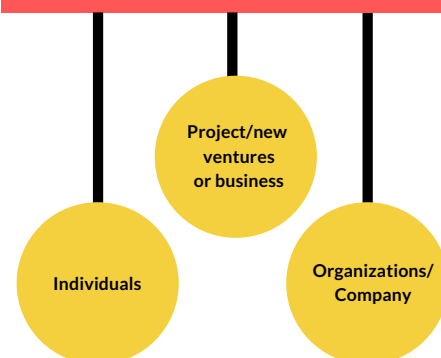
identify and assess the organization's internal factors (strength and weaknesses) and external factors (opportunities and threats). The analysis of internal factors helps identify the organization's core competencies, resources, positive tangibles intangible attributes and also its limitations. The analysis of external factors helps in forecasting/predicting those external factors that could either prosper or trouble the organization.

Have you done your personal SWOT analysis before? if not, kindly take a piece of paper and do your SWOT analysis based on the information provided above and answer the following questions asked in each quadrant below. While doing your SWOT analysis, be honest and realistic. It is a self-assessment tool to help us to understand ourselves better.



STRENGTHS (+)	WEAKNESSES (-)
1. What are my skills sets? 2. What am I good at? 3. What unique qualities I have while comparing to others? 4. What are my tangible/intangible resources I possess? 5. What others think as my strength?	1. What are the skills/qualification I lack? 2. What are my bad habits? 3. List the traits you could improve to be more efficient? Ex: poor time management 4. What others think as my weakness? (It is fine even if you don't fully agree with it) 5. What are the reasons for my failure?
OPPORTUNITIES (+)	THREATS (-)
1. Is your skill set sufficient? 2. What are the current trends that I could make use of? 3. List various options available to enhance your skills? Ex: Online course relevant to your field? 4. Am I using all the potential opportunity to enhance my skill sets?	1. List all the obstacles you face? 2. List the difficulties faced by you where you don't have much control? 3. Is the changing environment affect my prospective position? 4. Who are my competitors 5. List your personal traits that is stopping my growth?

Having said this, is it applicable only for organization?
The answer is No.
Who needs SWOT Analysis?



If you need assistance you can seek help from your mentor or faculty or any one who can give you productive feedback.

In conclusion, after doing your personal SWOT analysis, work on your strengths to master it further and improve your weaknesses to convert it to your strengths. Grasp and utilize the opportunity to enhance your strengths and to overcome your threats especially if it is related to self (i.e.) negative personality traits.

We hope that this article has been useful to you. You can send your queries and feedback through e-mail to stafftraining@cmcvellore.ac.in.

By

Ms. Sonia Valas,
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SWOT

Have you heard about the term SWOT? The full form of SWOT is Strength, Weakness, Opportunities and Threats.

ROLE OF LEADERSHIP IN ESTABLISHING MISSION HOSPITALS AS THE COMMUNITY'S PREFERRED HOSPITAL



by, Sunny Kuruvilla,
Associate Director, Bangalore Baptist
Hospital

There was a time when patients would rally around healthcare systems for their health needs. In some parts of the country patients used to reach mission hospitals the previous evening and wait for their treatment the next day. Things are different today.

Aside from extreme rural areas, there is an abundance of healthcare providers both in private and public sectors, including alternative healthcare practitioners and even 'quacks'. Patients today have many choices. As long as healthcare organisations are dependent on them we need to have some strategies to attract and retain them.

According Mahatma Gandhi "a customer is the most important visitor on our premises. He is not dependent on us. We are dependent on him... We are not doing him a favour by serving him. He is doing us a favour by giving us an opportunity to do so". Many of our hospitals have to compete for sustainability. This is not an easy job for mission hospitals across the nation.

Whether it is a for-profit hospital or not-for-profit hospital, we need to create resources to sustain the organisation. Number of outpatients, occupancy rates, number of surgeries and deliveries are important indicators for any hospital's operational growth. Leaders are expected to play a vital role in improving these key indicators for operational effectiveness. Maintaining a loyal clientele base and expanding the base is crucial for a hospital. The cost of maintaining and enlarging the patient base is an investment. Hospital leaders have to prioritize this responsibility because operational sustainability greatly depends on patient numbers. These numbers are directly related to how the hospitals establish their link with the community.

The Stronger the link with the community around, the greater the loyalty of the community.

A hospital may strengthen its relations with the following three groups of communities.

1. Employees

In his bestselling book *Employees First, Customers Second*, Vineet Nayar, the CEO of HCL technologies says if employees come first, you can actually deliver your promise of customers first. If you do not put the employee first there is no way you can get the customer first. Employees are a highly influential community as far as patient opinion formulation is concerned. Patients and relatives get an overall idea about facilities and culture from the employees. Employee opinion has both advantages and disadvantages. At every encounter between staff and patient in the hospital, a lot of information sharing and opinion building happens. It is the responsibility of the leadership to prepare employees to be the ambassadors of the institution and build clientele. The Leadership must update the employees about the changes taking place in the organisation. Employees must be empowered as co-owners of the hospital so that they will be responsible spokespersons.

A system of continuous interaction with employees can be established through formal and informal meetings. Feedback from employees is an important factor in shaping the institution according to the patient's perspective.

2. Neighbourhood

When there is a disaster or a mishap, how do leaders gather the support of the neighbourhood? Getting the confidence of the local community is essential for ensuring their loyalty. This loyalty will reflect in their choice of healthcare providers. The credibility of the hospital in the local community is earned over several years. However, continuous efforts are required to keep the momentum.

The involvement of the hospital in community issues is an opportunity to align the organisation with the community. Meeting influential community leaders, providing healthcare support to the community, joining in the social issues of the area are to be looked into. Preventive healthcare, environment protection and education have the potential to connect with the community. Initiatives to bring healthy people to the hospital premises for volunteering, training and fitness programmes can help build interaction opportunities with the neighbourhood.

3. Segmentation

Throwing the net into the ocean where everyone is fishing is traditional strategy. Creating an uncontested market space by reconstructing market boundaries with a focus on a big picture is the blue ocean strategy according to W.Chan Kim and Renée Mauborgne. Healthcare leaders must find new ways of attracting and retaining patients. This is possible only when they innovatively offer new services facilities and value additions. There are many segments in the community. Segments are people with commonalities. Groups like policemen, taxi drivers, government servants, senior citizen are some examples. Reaching out to them with attractive healthcare proposals, both preventive and curative, will ensure their commitment to the hospital. The more the number of segments tied-up with hospitals, more demand is guaranteed. As mission hospitals, it is essential to develop a guaranteed population demanding our services. While commercial competitive strategies or insurance coverage may not fit always into mission hospitals, we should not leave any stone unturned to create segmented communities.

Conclusion

Attempting to create innovative strategies towards attracting and retaining patients is a major responsibility of hospital leadership. As long as we are dependent on patient numbers for operational effectiveness, we are bound to invest in promotional strategies by focussing on crucial people groups and communities.

ACCREDITATION

Dr. Lallu Joseph,
Quality Manager & Accreditation Co-ordinator,
CMC Vellore,
Secretary General, CAHO
Principal Assessor, Faculty, NABH



There is huge rise in the demand from patients for quality of healthcare delivery and patient safety in the country. Patients today are educated, have expectations and are media savvy. In recent times the demand for quality in healthcare services has also risen due market forces such as insurance, medical tourism, growth of corporates and competition.

Litigations are on the rise, healthcare expenditure is increasing and the violence against healthcare professionals are becoming a daily affair. Patient safety is paramount whether it is a rural primary health centre or tertiary care facility. The Healthcare industry was totally unregulated in the last decade and the cry for accountability of hospitals from the patients has led to stringent regulations and led to the introduction of national and international accreditation bodies to monitor quality of services and as a quality assurance mechanism.

Accreditation by definition is the public recognition of the achievement of established standards by the hospital, demonstrated through an independent external peer assessment process. Accreditation globally is over hundred years old with the Joint Commission in US being the oldest accreditation body. In India, the formalized process of hospital accreditation started with NABH in 2006. NABH stands for National Accreditation for Hospitals and Healthcare Providers. The full accreditation standards of NABH are comprehensive and covers all areas and processes of the hospital from biomedical waste to clinical audit and research and includes all personnel from the doorman to the chairman. After 8 years of inception, hardly 500 plus hospitals were fully accredited in the country.

It was realized that the smaller hospitals in small towns and cities had difficulty in achieving the expectations of full accreditation particularly because of infrastructural requirements, manpower and the statutory compliances expected. Supported by World Bank, the entry level standards were developed in 2014 to cater to these hospitals, to allow them to approach quality in a phased manner, rather than setting high expectations which are difficult for these hospitals to achieve.

Though there were many criticisms of dilution of standards, The intent of patient safety was not compromised as all the standards pertaining to patient safety were retained in entry level certification. Now with the influx of many hospitals applying for this certification, Quality Council of India along with NABH has developed the HOPE program, which stands Healthcare Organisation Platform for Entry Level certification. This has simplified the process of entry level certification as the assessment is partly desk-top followed by on-site verification with defined checklists.

Accreditation is not quality by itself. It is only a tool to assess the quality management in an organization and continuously improve upon it. The standards set by accreditation agencies are minimal, optimal and achievable. Standards remind us what has already been taught to the healthcare professionals in their medical, nursing and allied health schools but have been forgotten or ignored. They are not prescriptive. The assessment is not based on written guidelines of the accreditation body but by the

standard operating procedures set by the hospital for the management of its own processes. Accreditation standards in my opinion is like a simple tool kit for the owners, management and doctors for ensuring patient safety.

It has to be implemented with the right intent. In my experience of auditing hospitals, many do not understand the intent of the standards and implement them for the sake of requirement. We need to ask many “why” questions to understand the standard better and then if implemented with the right intent, it will reduce mistakes and errors in the hospital.

There is enough literature to substantiate that accreditation benefits patients as it results in high quality care and safe care from credentialed medical staff.

The rights of the patients are respected in accredited hospitals. The staff in accredited hospitals are more satisfied as there is stress on continuous learning, good work environment, team work and multidisciplinary approach. It has been proven that the ownership and accountability of processes is better in accredited hospitals. Accreditation also raises the community confidence in the services of the hospital.

We need to realize that change is the only constant. We need to adapt changing consumer behaviour and expectations. “People who don’t change will perish. People who change after the change, will struggle. People who change with the change, will survive. People who are the cause of change, will lead”.source unknown.

REVISITING 'THE VISION': LOOKING BEYOND THE VISIBLE...

Background

The public healthcare system comprises limited secondary and tertiary care institutions in key cities and focuses on providing basic healthcare facilities in the form of primary healthcare centers (PHCs) in rural areas in PPP format. The private sector provides the majority of secondary, tertiary and quaternary care institutions with a major concentration in metros, tier I and tier-II cities.

This leaves a large space for voluntary hospitals to cover 33 tier III, 5000 tier IV towns and more than 638,000 villages in the country. Most of the not-for-profit healthcare institutions are pre-located in some of these locations.

Approach

Challenges in operating costs

India is also cost-competitive compared to its peers in Asia and Western countries. The cost of surgery in India is about one-tenth of that in the US or Western Europe. India ranks 14th among 195 countries in terms of quality and accessibility of healthcare. Again, voluntary sectors are often known for their being low-cost, which has created a disabling environment for them to grow as compared to profit-making sectors. This aspect needs to be worked out consciously.

Moving beyond the Survival Curve

The healthcare market can increase three-fold to Rs.8.6 trillion (US\$ 133.44 billion) by 2022. Indian medical tourism market is growing at the rate of 18 percent year on year and is expected to reach US\$ 9 billion by 2020. There is significant scope for enhancing healthcare services considering that healthcare spending as a percentage of Gross Domestic Product (GDP) is rising. The government's expenditure on the health sector has grown to 1.4 percent in FY18E from 1.2 percent in FY14. Health insurance is gaining momentum in India. Gross direct premium income underwritten by health insurance grew 18.2 percent year on year (y-o-y) to Rs.24,864.01 crore (US\$ 3.56 billion) in FY20. This must prompt an investor or hospital CEO from the not-for-profit sector, to proactively re-organize its strategy-making necessary moves to capture a suitable space, with well-calculated fresh investments (RoI).

Scope for voluntary hospitals

A lone doctor, uncleaned hospitals, insensitive staff catering to hundreds of patients, poor diagnosis and wrong treatment are the realities of the Indian healthcare sector. They are mostly seen in the public-funded health facilities, though another sector is not completely free of these malaises. Healthcare is so scarce in India that over the years barely any attention has been given to quality care. What now comes as a shock is a new analysis published in The Lancet: every year nearly 16 lakh Indians die due to poor quality care. That's about 4300 deaths every day due to poor treatment. Out of 86 lakh deaths globally from conditions treatable by health care, poor quality care is responsible for an estimated 50 lakh deaths while the remaining 36 lakhs death is due to poor access to health care, says the world's first assessment of the quality of care. Half of the households in the country report bypassing their nearby public facility, with 80% citing at least one quality concern.



Thirteen years ago, India began its Janani Suraksha Yojna to encourage institutional delivery by providing cash incentives to pregnant women to deliver in healthcare facilities. No doubt it increased the coverage of facility births to 50 million women, but it did not lead to a drop in the maternal and neonatal death rates – due to the lack of quality care. Many of the births occurred in primary care centers that did not have sufficiently skilled staff to address maternal and newborn complications.

NITI Aayog unveils plan on the takeover of district government hospitals by private players.” This was one of the many headlines that dropped into the news cycle.

The report said that NITI Aayog has released a document on a “Scheme to link new and/or existing private medical colleges with functional district hospitals through PPP” for stakeholder feedback. The idea seems to be that private entities would run these hospitals – with a certain number of beds (a proposed 50%) to be branded ‘market beds’ for which the operator will charge market rates, with the justification that this will subsidize the remaining ‘regulated beds’. Several statements mentioned in the reports raise concern.

Many voluntary hospitals are shutting down while others resorting strategies to ‘merge’ for its survival. It is real and going to get worse, with the increasingly challenging environment and competitiveness. This situation compels voluntary hospitals to somehow manage the ‘survival curve’ and deviate from the original commitment to ‘serve’, and move toward ‘survive’ mode. And this cannot take them too far with just infrastructural (building, advanced equipment, etc.) development alone. An organization's Survival Curve (SC) warns its operating trend pointing from where it negates further investment. This means the health of a hospital in question is deteriorating, need immediate corrective measures, maybe to the point of over-hauling the strategic directions. The health of a hospital does not depend on blanket investment on buildings and medical infrastructure alone, but over-hauling of strategy for a wiser mix of ‘charitable for-profit’ entity model.

Visiting the rarely visited!

James 1: 27

History of any voluntary institutions established by Christian missionaries nearly a century ago, be it an educational or healthcare, brought a revolutionary transformation in the country. The core of their common vision was 'compassionate care', be it caring for the sick & dying, people with dreadful diseases such as leprosy, tuberculosis, etc. or humanitarian aid.

They began visiting the least visited and brought hope to millions with low or no hope!

It is time to revisit the vision with fresh vigor, commitment, and efforts. There is a need to move for caring for those lost 'hope'. Victims of various dreadful diseases and their families face a sudden devastating end. All dreams and hopes just crash down forever in a moment, some with stigma, some with an unimaginable higher cost of treatment, some with the unrecoverable state, loss of livelihood and living with trauma every moment.

They and their family need to be visited. Visit with a strategy to assist them to come out of the state of destitute. A strategy to enable such life move on and see 'faith in action'. James 2: 15, 16 & 17. With the worsening situation in the face of growing perilous events, we as followers of Christ, need to take a call and not to 'bury our head in the sand'!

Region to focus

The region most neglected in all aspects

The North-east region houses approximately 3.8% of the total Indian population as of 2018. Taking into consideration the international norms of health are professional available as per population, WHO norms state the requirement of 1 doctor per 1000 population and 2 nurses per 1000 population. NER has a supply gap of 36009 registered doctors of which taking an attrition percentage of 20%, a total number of 28007 doctors can be considered available. To meet the WHO requirement of 1 doctor per 1000 population, North-east required additional 22,958 doctors. The Northeast region once was a hub of a medical mission with a larger acceptance of Christian medical mission and education. However, the situation has changed radically by now and this needs to be reversed with the current scenario and opportunity.

Way forward

Every hospital has its potential to grow with the growing pace in the country's healthcare scenario. However, the challenges for many old mission hospitals could be ranging from dilapidated infrastructure, higher operating costs, traditional approach, lack of committed professionals and lack of dynamic leadership thinking. The challenging scenario often deviated the focus from 'serving' to 'survival'. Therefore, broadly, the following measures need to be undertaken to help the voluntary hospitals revitalize for a sustainable growth effectively moving beyond their survival curve fulfilling its original vision – Identify & evaluate hospitals of their potentials to grow. Revisit the original vision and mission and develop strategic directions re-aligning with the new scenario. Invest adequately with a clear action plan and timeline.



Vision

Revitalized voluntary hospitals repositioned with sustainable growth and stability.

Mission

Voluntary sectors or not-for-profit healthcare institutions revitalized overcoming obstacles with the appropriate strategy and repositioned itself as an inevitable prominent catalyst, moving effectively beyond a survival curve, by building a culture of continuous improvements, developing authentic/undisputable partnerships and wiser investment inputs. Healthcare has become one of India's largest sectors, both in terms of revenue and employment. Corporate hospitals are occupying their space in large cities with larger investments reaching out to affluent communities, while voluntary and not-for-profit hospitals are struggling to survive. The public-funded healthcare system has constantly lost its credentials leaving a larger space for effective consolidation by voluntary sectors. This needs to be done by re-visiting the vision with the firm approach.

Humbly submitted,

Peniel Malakar |

Former Hospital Administrator, EHA



10 COMMANDMENTS FOR ADMINISTRATION (DEUTERONOMY 17: 15 – 20)



Rev. Noel Prabhuraj
Ordained Minister, Bengal Regional Conference,
Methodist Church in India

When we look at the last instructions given by Moses to a new generation more than 3000 years ago, it is still penetrating, accurate and prophetic for us! So sit parallel with Deuteronomy 17 and examine the observations:

1. Not to accumulate or be status-driven (v 16a). The horse & the chariot in the ancient world was state-of-the-art. In today's world this has been substituted by a mania for gadgets, vehicles, mobiles, and any flashy import product. Do you accumulate the latest gizmos to stoke your ego?

2. Not to create a consumer-driven society (v 16b). "...make his people return to Egypt" means not to be instrumental in marketing capitalism & consumerism to the detriment of local economy.

3. Not to make people practical-atheists (v 16c). "you are not to go back that way again" is a reference indirectly to that obnoxious golden calf, and their demand for meat instead of manna. Practical atheism is the lip-service of religion, coupled with spiritual jargon and devoid of genuine spirituality. It is what Paul describes as "having a form of godliness but denying its power."

4. Not to engage in extra-marital relationships (v 17a). Here is clearly a call for high moral standards, but King Solomon violates this command (I Kings 11: 1-6).

5. Not to let proximal relationships influence administration (v 17b). In many institutions people fear the wife more than the Pastor, Principal or Director. This is a common disease in most Christian institutions or organizations. Sometimes, and eventually, these structures become into dynastic ministries!

6. Not to hoard large amounts of liquid cash (v 17c). One Christian leader, never moves around anywhere without having two lakhs cash in his pocket. What about you?

7. Keep a copy of this law (v 18). This involves the role of a priest in mentoring leadership. Leaders are lonely people. All of us need a mentoring friend. Is there pastoral mentoring at the Admin level in your institution?

8. Read it all his life -- as a benchmark for obedience (v 19a). This is the principle of the plumb line. Every day we must weigh and measure our actions against this backdrop.

9. Not airing superiority, but engaging in servant-leadership (v 20a). No comments. Self-explanatory. But then how much grief is caused because of ego!

10. Precision-obedience to scripture (v 20b). Not to turn left or right from the Law. Absolute dependence on scripture. It just means that, even if everything is explicit, we must seek HIS confirmation for all decisions. Its obedience with precision.

I am very sure, that if we follow this ancient mosaic wisdom our institutions will be a little healthier.

Rev. Noel Prabhuraj

HEALING MINISTRY WEEK
9th-16th February, 2020

HEALING MINISTRY SUNDAY
9th February, 2020

CMAI DAY OF PRAYER
12th February, 2020

"Let us Consider..."
Hebrews 10:24-25

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WELCOME

DR. GIFTY IMMANUEL

**MEDICAL SUPERINTENDENT OF CSI
HOSPITAL BANGALORE,**

Dr. Gifty Immanuel -physician/scientist involved in infectious diseases and human virology has been appointed medical superintendent of CSI Hospital, Bangalore a 126-year-old 300 bedded institution. He has also graduated in theology from University of Cambridge and in Infectious Diseases from Harvard University. Prior to his appointment, he worked as a physician in the same hospital for five years. He is an elected Fellow of several academies of sciences and royal colleges of medicine. His areas of focus include global health, tropical medicine and emerging infections. He is involved in medical missions and a regular speaker at forums on medical ethics. He is also into creative writing and keyboard playing. His wife Dr Zarine Immanuel is a psychologist and daughters Sangeetha and Sadhana are in class 9 and 7.



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Aristotle rightly said, "We are what we repeatedly do. Excellence, then, is not an act, but a habit." We see events that surprise us & talk about crisis that is ahead of us, But Excellent challenging Leaders calculate these as opportunities to lead their organisations to a successful path. The health care industry has gone through vast changes & leadership at multiple levels of the industry and within the organization is critical. Leaders must become efficient, effective, in leading people and managing resources. Competencies for today's health leader must be continually improved and mastered to propel health organizations to greater and greater levels of value. The Leader must excel in Emotional Intelligence, Technological Management , Adaptive and Quick Decision-making Relationship Development, Powerful Communication.



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