

# WAKE-UP CALL

QUARTERLY ISSUE 3



**Glance of Hoskote mission Hospital**



**Focus on Biomedical waste during Pandemic**



**Flexibility and Accountability in Healing Ministry**



**Inventory Control**



**Talent Management**

**Building a Just and Healthy Society**

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**Paul's letter to the Church in Colossae provides some advice for times of strife, "Therefore, as God's chosen people, holy and dearly loved, clothe yourselves with compassion, kindness, humility, gentleness and patience." (Colossians 3:12).**

Dear Members,

We are grateful for all of you and the renewal we find in our Quarterly connection. This is our third quarter connecting us to the History of one of our Mission Hospital witnessing Gods providence. Many lessons were learned during the planning and response to the pandemic and here we are to help you with a short write up on Bio Medical Waste Storage, Flexibility and Accounting in Healing Ministry, Inventory control and Talent Management. We can hope that the COVID-19 epidemic is limited, but even if it is, these planning efforts will not have been wasted as they will leave staff, organizations, and systems better prepared to address the next threat .

We look forward to your comments and suggestions. We are happy to evolve to meet the needs to our beloved readers. Take care!!!

Editorial Team

**DO YOU HAVE ANY INTERESTING CONTENT TO BE PUBLISHED? Write to Elsy John, [ejohn@cmai.org](mailto:ejohn@cmai.org)**

# HOSKOTE MISSION & MEDICAL CENTRE AT GLANCE



**Rev. Bijoy Daniel**  
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At the same time, an urge arose in Mr. A. C. Zachariah of Kuriannoor, a teacher at the CMS College High School, Kottayam, and Mr. M.T. Joseph, an Anchal Master at Kozhenchery to leave their work and launch out into full-time evangelistic ministry. After a meeting with Mr. Zachariah, both Joseph and his wife resigned their Gov't jobs. Thus the pioneering team for Hoskote Mission was formed.

Mr. Zachariah who had learned homeopathy through a correspondence course rented a room in the town and opened the 'Rural Welfare Homeopathic Dispensary'. More people started to get treatment from this Dispensary. Since then there arose a desire in the minds of the people to start a hospital in Hoskote. The Missionaries as well as the members of the Bangalore Mar Thoma Church earnestly prayed to provide a base for the Mission in the town and the land for the Mission was bought in 1951 and 1952.

## Hospital

Later Mar Thoma Evangelistic Association assumed direct management of the Hoskote Mission and renamed it as Hoskote Mission & Medical Centre. Rev. E. J. George was appointed as the Missionary in charge of the Mission and Dr. (Mrs.) Sophy George as its Medical Superintendent and the then Health Minister of Karnataka State inaugurated the Hospital on 11th of July 1965 at a function presided over by the Most Rev. Yuhanon Mar Thoma Metropolitan. The camp shed on the campus was converted into a dispensary after making necessary modifications.

The Hospital which started in a camp shed has grown to a full-fledged hospital with a bed capacity of 150 in patients with units like Surgery, Medicine, Gynecology, Pediatrics, Geriatrics, Leprosy, Ortho, Dental, ENT, Physiotherapy, and Dialysis Unit, investigations such as Scanning, X-ray, Pharmacy, etc. We were the only Hospital in Hoskote Taluk at that time. Back then, nearly 400 villages were depending on our services for Medical, Surgical, and Maternal & Child Health. Even though many hospitals have come up in Hoskote, people still come to our hospital because of the love and care they get from our hospital. Also, we give concession and free treatment to needy people.

## Dialysis Unit

The Dialysis Unit was started in 2013 with two machines has now 5 machines. We do Dialysis on a concessional rate and free treatment for deserving people.

## JMI Counselling Centre

JMI Counselling Centre was started in October 2007. Initially, we focussed on awareness programs among schools, colleges, Stree Shakthi groups, youth groups, and for villagers. Due to awareness programs more HIV affected people have started going for treatment in Hospitals. We conduct pre and post-test counseling and treat minor illness in the OPD and admit those who have a serious illness. Health Workers take patients to Bowring Hospitals, Victoria Hospital, etc. for CD4 Count, ART, and higher treatment.

## Work among Leprosy Patients

Mission's work among Leprosy patients started in 1970 with few leprosy patients to provide holistic care to meet the physical, mental and spiritual needs of leprosy sufferers and to assist in their rehabilitation, irrespective of caste, creed, or religion. The fieldwork (SET Programme) started in 1980 with two qualified leprosy staff. They covered 240 villages in and around Hoskote with a population of around one lakh. Ever since the introduction of M.D.T. in the eradication of leprosy worldwide, there was a steep fall in the prevalence and incidence of leprosy in the population. The worldwide decline in the incident of leprosy is also reflected its situation in India too. Though the incidence and prevalence are very low, the old patients continue to attend OPD for ulcer care and other general complaints and illness and some of them need to be admitted. We give them free treatment and food. We have rehabilitated two cured patients in the campus itself.

## HOSKOTE MISSION & MEDICAL CENTRE AT GLANCE

### Beginning

In the 1940s, under the leadership of Rev. Philip Oommen (later Mar Chrysostom Mar Thoma Valiya Metropolitan) and Rev. M.G. Chandy (later Alexander Mar Thoma Valiya Metropolitan), successive vicars of the Mar Thoma Church in Bangalore, and some of the Bangalore Marthomites used to assemble in Cubbon Park for prayer and fellowship. There arose a growing conviction that they should open an outreach ministry of the city congregation in one of the rural neighborhoods of Bangalore. They felt that Hoskote was the right place where God was directing them.

Bishop Abraham Mar Thoma, the then Metropolitan of the Mar Thoma Church, in 1946 had great zeal for the evangelization of India, He worked on the possibilities of opening Mission work at Hoskote.

In the first week of January 1947, Bishop Abraham was taken to Hoskote by friends in Bangalore. Visiting Miss. Bagshaw - an Anglican Church member who came to Hoskote and started an Orphanage, long before Mar Thoma Church even thought of Mission work in Hoskote- he gathered more details of the place and its people and was greatly impressed by the way God was opening a way for mission work, claiming the fulfillment of God's promise in Joshua 1:3 he prayed to God for the land they had trodden upon and beseeched Him to give the nation for the church's inheritance.



## Hoskote Mission Institute of Nursing:

Hoskote Mission Institute of Nursing (HMIN) was started in the year 1996 with an intake of 40 students with the recognition of the Karnataka Nursing Council and Indian Nursing Council. Hoskote Mission moved to the reality of medical education in November 1996 when the first batch of 26 students was enrolled for a three-year course of General Nursing and Midwifery. The students are trained for character development and spiritual life along with their studies. Nursing Institute which started with 18 students in 1996 offering a three year Diploma course in General Nursing without any building has now a three-story hostel building and a separate Academic Block. The Institute now offers 4 year Basic B. Sc. Nursing Course and 2 year M. Sc. Nursing Course.

## Educational Care Projects

Hoskote Mission has 2 Educational Care projects; one in Hoskote Campus and one in Dandupalaya, wherein 300 (150 each) most deserving children are supported. We provide regular tuition and one time meal for these children. Also, we give tuition fees for these children and during June we give them school bags and stationery items. We also have a tuition center at Ummilu is a project wherein we give tuition for 140 economically backward students from Ummilu Village. They are also given an evening meal every day and school bags and stationery during June.



## Shanthi Mandiram

Shanthi Mandiram a home for the destitute was established in 1981 for those abandoned by their family members and society. The completely helpless, almost crippled person living under a tree, whose existence depended on the mercy of the passers-by and abandoned to death had inspired the then Missionary to start a home for the poor destitute people. Thus a temporary building was put up at Hoskote Campus in 1981. A good Samaritan in the form of an auto driver brought a mentally ill Mary to the Mission. Initially, there were only two members and as the year passed the number of applicants increased a new building was constructed in 1995.

## Eason Mar Timotheos Memorial Evangelists Training Centre

Realizing the need for training prospective evangelists in the context of the Mission field itself Easow Mar Timotheos Memorial Evangelists' Training Institute was started in 1991 as a joint venture of Mar Thoma Church and Mar Thoma Evangelistic Association. The Institute offers a Three Year Diploma Course in Evangelism in the Kannada medium.

## Tailoring Training Centre

We have a Tailoring Training Centre functioning in our Campus for the socio-economic development of the financially weak families in Hoskote. In a year four batches are trained for 6 months duration. More than 2000 students have completed their training from here and most of them have obtained jobs in garment factories and some of them start working from their own homes.

## Conclusion:

Since 1947, Hoskote Mission has been doing a blessed ministry in and around Hoskote Taluk and we can see qualitative changes in the lives of the people. Hoskote Town what it is today is partly because of our ministry. We pray and hope to continue to be an agent of transformation through our activities and be a lighthouse for those who live in darkness.

**Rev. Bijoy Daniel**  
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# Biomedical Waste Storage and Handling Requirements During COVID Times



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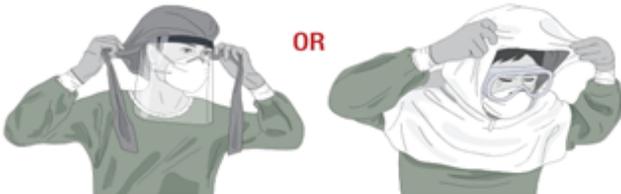
In light of the current pandemic sweeping across the world in the form of COVID-19 many waste producers will have concerns around the handling of potentially infected items; but let's be clear, nobody quite knows what this looks like or, more importantly, how to prevent the spread through waste. The precautions start with the removal of Personal Protection Equipment (PPE). World Health Organisation(WHO) has given clear guidelines in this regard. Please refer to the figure shown below.

## Steps to take off personal protective equipment (PPE) including gown

**1** Always remove PPE under the **guidance and supervision of a trained observer (colleague)**. Ensure that infectious waste containers are available in the doffing area for safe disposal of PPE. Separate containers should be available for reusable items.

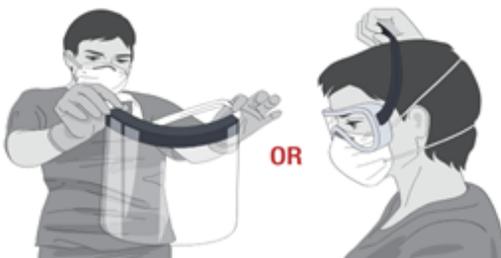
**2** Perform **hand hygiene** on gloved hands.<sup>1</sup>

**7** Remove **head and neck covering** taking care to avoid contaminating your face by starting from the bottom of the hood in the back and rolling from back to front and from inside to outside, and dispose of it safely.



**8** Perform **hand hygiene** on gloved hands.

**11** Remove **eye protection** by pulling the string from behind the head and dispose of it safely.



**12** Perform **hand hygiene** on gloved hands.

**15** Remove **rubber boots** without touching them (or overshoes if wearing shoes). If the same boots are to be used outside of the high-risk zone, keep them on but clean and decontaminate appropriately before leaving the doffing area.<sup>2</sup>

**16** Perform **hand hygiene** on gloved hands.

**3** Remove **apron** leaning forward and taking care to avoid contaminating your hands. When removing disposable apron, tear it off at the neck and roll it down without touching the front area. Then untie the back and roll the apron forward.



**4** Perform **hand hygiene** on gloved hands.

**5** Remove **outer pair of gloves** and dispose of them safely. Use the technique shown in Step 17

**6** Perform **hand hygiene** on gloved hands.

**9** Remove the **gown** by untying the knot first, then pulling from back to front rolling it from inside to outside and dispose of it safely.



**10** Perform **hand hygiene** on gloved hands.

**13** Remove the **mask** from behind the head by first untying the bottom string above the head and leaving it hanging in front; and then the top string next from behind head and dispose of it safely.



**14** Perform **hand hygiene** on gloved hands.

**17** Remove **gloves** carefully with appropriate technique and dispose of them safely.



**18** Perform **hand hygiene**.

<sup>1</sup> While working in the patient care area, outer gloves should be changed between patients and prior to exiting (change after seeing the last patient)  
<sup>2</sup> Appropriate decontamination of boots includes stepping into a footbath with 0.5% chlorine solution (and removing dirt with toilet brush if heavily soiled with mud and/or organic materials) and then wiping all sides with 0.5% chlorine solution. At least once a day boots should be disinfected by soaking in a 0.5% chlorine solution for 30 min, then rinsed and dried.

## Disposing of PPE Waste Correctly & Safely

Personal protection equipment, or PPE, is an important part of the overall safety program of any medical facility. There are many different types of PPE out there ranging from gloves to full-body hazmat suits. In a lot of cases, PPE can be reused multiple times without any issues. In other situations, however, it will be just a one-time use item. No matter what type it is, all PPE will eventually need to be disposed of, and it is important to ensure that it is done properly.

PPEs are used to protect health care workers while performing specific tasks that might involve them encountering blood or body fluids that may contain some infectious agents (germs). What we can do is follow standard protocols to ensure that we are disposing of potentially contaminated waste correctly.

## Recommendation for the handling of Biomedical Waste

- First and foremost, follow the training provided on how to safely handling of materials on your premises. You must adhere to the Biomedical Waste Handling Rules for these procedures. . You must wear protective gloves when handling waste. Do not touch anything other than the infectious waste once you have put them on, and make sure you remove and dispose of them hygienically once you're done. Dispose of them like you would any other infectious waste unless told otherwise.
- Minimize contact, i.e. handle materials as little as possible and transfer them via routes that minimize exposure to others.
- Discard materials into a suitable container or bag. It must conform to the required standards. Chlorinated plastic bags should not be used for storing and transporting of bio-medical waste and the occupier or operator of a common bio-medical waste treatment facility should not dispose of such plastics by incineration. The bags used for storing and transporting biomedical waste shall comply with the Bureau of Indian Standards.
- Transfer non-disposable infectious materials safely to the sterilization department for decontamination.

## Always use puncture-resistant containers sharps, as they will not leak.

Use pierce-proof waste containers and close them in between use for safety. Never fill a bag or container for more than  $\frac{3}{4}$  full.

## Never overfill waste receptacles.

The collection of waste should be done only by an agency that possesses a valid authorization from the State Pollution Control Board.

Whatever waste you are handling, you must follow the procedures instructed of you and minimize direct contact. This ensures you break a link in the chain of infection and stop the spread of infectious diseases.

Untreated human anatomical waste, animal anatomical waste, soiled waste and, biotechnology waste should not be stored beyond a period of forty-eight hours: Provided that in the case for any reason it becomes necessary to store such waste beyond such a period, the occupier shall take appropriate measures to ensure that the waste does not adversely affect human health and the environment and inform the prescribed authority along with the reasons for doing so.

All hospitals are required to have a separate room or location where biomedical waste is stored before being disposed of. Often the question arises as to what are the recommendations for such a storage facility. World Health Organization(WHO) has recommended the essential requirements of a biomedical storage facility. A storage location for biomedical waste should be designated inside the health-care establishment or research facility. The waste, in bags or containers, should be stored in a separate area, room, or building of a size appropriate to the quantities of waste produced and the frequency of collection. The recommended minimum area is 120 Sq.ft

## Recommendations for storage facilities for biomedical waste

- The storage area should have an impermeable, hard-standing floor with good drainage; it should be easy to clean and disinfect.
- A floor-mounted digital weighing scale of capacity based on the maximum quantity handled should be installed.
- A hardbound register should be placed on a stand/table adjacent to the weighing scale for recording the weights of each bag handled. This is a mandatory requirement of the Central/State Pollution Control Board
- There should be a water supply as well as a drainage point for cleaning purposes.
- The storage area should afford easy access for staff in charge of handling the waste.
- It should be possible to lock the store to prevent access by unauthorized persons.
- Easy access to waste-collection vehicles is essential.
- There should be protected from the sun and rain.
- The storage area should be inaccessible for animals, insects, and birds.
- There should be good lighting and at least passive ventilation.
- The storage area should not be situated in the proximity of fresh food stores or food preparation areas.
- A supply of cleaning equipment, protective clothing, and waste bags & containers should be located conveniently close to the storage area.

## Sources:

[https://www.who.int/docs/default-source/searo/bangladesh/2019-ncov/2-steps-to-take-off-ppe-and-gown-en.pdf?sfvrsn=cf0c30c4\\_2](https://www.who.int/docs/default-source/searo/bangladesh/2019-ncov/2-steps-to-take-off-ppe-and-gown-en.pdf?sfvrsn=cf0c30c4_2)  
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# Flexibility and Accountability in Healing Ministry



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## **Flexibility and Accountability in Healing Ministry.**

Flexibility is not a new concept and it has been seen as a valuable one in many contexts. Flexibility is also seen as a personality trait when it is visible in behaviours and patterns in life. Can anyone hold us responsible when flexibility is a norm in work and life? Flexibility has reached a very high level during 2020 due to COVID 19.

Amidst restrictions and lockdowns, flexibility is visible in different dimensions of life including work.

As an advanced human society and as part of a faith community, we understand that accountability is an important dimension of life and witness. This is seen as one's responsibility to one's fellow beings, as a sign of social consciousness. The question is how to hold flexibility and accountability together in the healing ministry. Accountability is also answerability. One is obligated to let another know of his/her action. This becomes vague in the context of flexibility. I would like to discuss few areas where Christian healthcare professionals could be aware and alert at this interface.

### **1. Flexibility and accountability relating to time:**

Ordinarily, people are questioned regarding the way they spend time, they account time. In other words, there is an expectation regarding the way we understand and use time. This is particularly true in the working context. There is a pyramid of responsibility in any system. CEOs, Deputies, Heads of departments, In-charges, etc are examples in a system to uphold this concept in place.

Pandemic has brought so much flexibility in systems and functions. There is a possibility to hide behind this wonderful opportunity of creative flexibility and be unaccountable. We have witnessed so many innovative methods, approaches and services emerging due to this flexibility. There are instances where many do not want to be accountable with regards to their working time. There are instances where in-charges find it difficult to get answers from the staff/workers.

### **2. Flexibility and Accountability relating to values:**

The domain of values is another area where this dynamic interface between flexibility and accountability plays a major role. For generations, we have considered moral and ethical values as important ones in the society. From the faith perspective, we have understood them as demanded and required by God. Is it possible to talk about flexibility in values at all in Christian mission work? Our immediate answer will be in negative. We are not called to compromise in a world which is changing. However, this scenario of pandemic has brought in some situations where accountability and transparency are not practiced. Some of us even would argue that it is not warranted. Some who argue from a psychological point of view would say that this is a symptom of coping in the midst of severe stress. The intensity and the way in which we justify the 'compromise' are varied. Visiting friends or loved ones at the time of adversity is an important value our society has been holding for long. Today, the regulations from medical advice and national/regional administration make restrictions in that area due to transmission of pandemic. While it is important to follow this guideline, there are situations where we hide behind these guidelines to justify our lack of care. This is very subtle and the drawing of line is very difficult. There is a possibility of deteriorating value. There is a conflict between flexibility and accountability (responsibility here).

### **3. Flexibility and Accountability relating to programs and processes:**

When protocols are not followed in the way they used to be followed, there is conflict. In our institutions and organizations over time we have developed different practices – programs and processes which are very useful, time-tested and transparent.

Due to the flexibility we have experienced during the pandemic, many such practices have changed or modified. Ordinarily speaking, it brings lot of pain particularly to the boss/in-charge if they are properly communicated. Deviation from the protocol could be misconstrued as disobedience or disregard.

Are we able to nurture one another in the midst of this flexibility? Could I take a special effort to communicate to my colleagues regarding what is happening or what has changed.

Flexibility is needed and useful in times like this. While enjoying the benefits of flexibility as responsible fellow workers, how do we keep or bring about accountability in the system is the question. Definitely, modified communication methods in the new scenario will help us face the challenge. Ability to live with vagueness is a challenge. In the midst of vagueness how we still show our care for one another by our willingness to be responsible/accountable is a Christian approach.



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# Inventory Control

## Introduction

Every hospital requires materials in order to accomplish its primary function of providing healthcare services to patients and the community. Materials thus are either equipment, apparatus or other types of supplies that are procured, stocked and utilized by the organization and can also include consumables, tools, spare parts and other specialized items. Using the materials, the sub-functions (or departments) of the hospital are able to operate and fulfill their purpose in providing healthcare.

From this perspective, every hospital procures a variety of materials needed for its sub-functions from various suppliers or manufacturers across the country; this is done on a logical basis keeping in mind immediate and short term materials requirements of the sub-functions. All the material thus entering into the hospital forms the inventory of the hospital.

## Costs of Inventory

All materials have monetary value; all inventories can be understood as money locked up in tangible materials. The value of the investment in inventory is only realized when the inventoried materials are used by the respective departments. Since all materials have a limited life span i.e. they cannot retain their functional and structural integrity forever and will lose this over time; such material can no longer be used leading to negligible or zero returns on investment. Additionally, various costs are associated with inventory, as below-

**Opportunity cost-** the cost that is sacrificed to get inventory; this cost could have been used in other operations to sustain hospital functions

**Hidden cost-** the costs involved in holding the inventory in the stores

**Procurement cost-** the cost of ordering the material, transporting and inspection and all procedural costs involved in this process

**Stock out cost-** the revenue lost when operations are halted due to materials running out of supply  
In view of the importance of materials in the hospital and the costs thus entailed, it is necessary to have a measure of control over the inventory. Such a measure (or measures) can help prevent wastage of investment and material, reduce overstocking, prevent stock outs and help in optimizing the usage and storage of materials in the hospital.

**Inventory control thus has the following objectives-**

To minimize the total cost of procurement, storage, handling and distribution of material and other related costs

To keep an optimum inventory level to meet the user needs

To ensure uninterrupted supply of material for uninterrupted services

Inventory control can be done through various methods. For the purpose of accountability and tracking as well as overcoming the shortfalls of basic inventory system, it is more prudent that a selective inventory control system must be followed.

**Basic inventory control systems that can be used are-**

**Two bin system-** two bins are used; when the first empties, order is placed so that both bins are refilled by the time the second bin empties

**Maximum minimum system-** maximum and minimum levels are marked for each material; when minimum level reaches, order is placed to refill the levels to maximum.

**Periodic review system-** the inventory is periodically reviewed to determine the movement of materials and the order levels are changed accordingly.

**Fixed order quantity system-** the order quantity for each material is pre-determined and fixed for selected materials only since all materials do not move in a predictable manner.

**Selective inventory control system-** the selective inventory control systems have underlying logical principles. Some of the most commonly used selective inventory control systems with analysis are-

System	Logical principle
ABC	Annual inventory value to annual consumption value
HML	Unit price of material
VED	Criticality of material
SDE	Procurement efforts
GOLF	Source of material
SOS	Seasonality of material
FSN	Issue patterns
XYZ	Total Inventory value of individual items stocked in store:

**SDE system-** This system is based on the procurement efforts of the material.

**Scarce-** the material is available in very low quantities only and very difficult to procure (N95 masks)

**Difficult-** the material is available in low quantities and is difficult to procure (Surgical masks)

**Easy-** the material is available in plenty and is easy to procure (Non sterile gloves)

As per this system, it is prudent to stock up on S and D materials and have very low inventory of E items.

**GOLF system-** This system is based on the source of the material.

**Government-** the material is produced by government owned units in limited quantities (Chemicals)

**Ordinary-** the material is produced by suppliers across the state and nation (Gloves)

**Local-** the material is produced by suppliers in the same town/city as the hospital (Brooms)

**Foreign-** the material is produced only by foreign suppliers and should be imported (MRI machine)

As per this system, it is prudent to have minimum inventory from local suppliers as material will be provided quickly. It is also prudent to not source extensively from government supply as there will be greater competition for limited supply. Ordinary and Foreign supplies can be ordered as per need.

**FSN system-** This system is based on the movement of the material.

**Fast-** moves very quickly from inventory and should be stocked very close to the issuing area (Electrical switches)

**Slow-** moves slowly from the inventory and should be stocked at the rear of the store (Molding material for prosthetics)

**Non-moving-** has not moved from inventory over a long period of time (Obsolete/damaged materials)

As per this system, it is necessary to have more inventories of F type items, lesser inventory of S type items and to eliminate N type items from the inventory; N type items can be determined through periodic assessment and audits of the inventory. Additionally, medium moving items may also be a part of this system and are termed as M type. They are slotted between F and S type items and are usually stocked in the middle of the store in optimal quantities.

**HML system-** This system is based on the unit cost of the material.

**High-** unit cost of item is high (MRI machine)

**Medium-** unit cost of item is neither high nor low (Surgical sutures)

**Low-** unit cost of item is low (Disinfectant)

As per this system, it is prudent to have less inventory of H type items and optimal levels of M and L type items.

**SOS system-** This system is based on the seasonality of the items.

**Seasonal-** material is produced only at a particular time of the year and is less expensive during its production season.

**Off-Seasonal-** material is produced only at a particular time of the year and is more expensive during the seasons when it is not in production.

As per this system, it is prudent to procure and stock the material as per requirement during its production season, as opposed to purchasing during off season.

**XYZ system-** This system is based on the total inventory value of the material; this helps identify the extensiveness of stocking of materials. This estimation is usually done on a monthly basis.

**X-** maximum inventory value (Blood bags)

**Y-** medium inventory value (Fistula needle)

**Z-** least inventory value (Syringes)

As per this system, it is prudent to stock lesser quantity of X type items, optimal quantity of Y type and Z type items.

**VED system-** This system is based on the criticality of the material to the functioning of the hospital.

**Vital-** the material is absolutely essential to the functioning of the hospital without which the hospital cannot function and must always be in stock (Morphine)

**Essential-** the material which is needed for the normal functioning of the hospital and can be managed without for a few days i.e. normal functioning will be affected if not restocked within those few days (Antibiotics)

**Desirable-** the material which would be of useful to the functioning of the hospital and can be managed without for extended periods of time i.e. does not adversely affect function even if not available (Experimental drugs)

As per this system, it is essential to always have a stock of V type items and prudent to have optimal stocks of E type items and lowest stocks for D type items.

**ABC system-** This system is based on the cost to consumption value in the inventory. In this system, the inventory is divided into three categories based on the overall cost of each material and its annual consumption value.

**A-** materials making up the smallest proportion of overall inventory consumption but having the highest annual cost among all inventory items (C-arm machine)

**B-** materials making up a slightly greater proportion of overall inventory consumption than A Type items and having significantly lesser annual costs than A Type items (blood pressure machines)

**C-** materials making up the maximum annual inventory proportion, more than A and B Types combined but also having the least overall cost among all inventory items (Thermometers)

This basis for this segregation is based on Pareto analysis of the inventory; Pareto principle states that only a small proportion of materials/factors lead to significant costs of inventory. As per this system, it is essential to apply greater control to A Type items as compared to B and C Type items.

This is done through frequent review of the inventory and controlling orders on A Type items in order to ensure that the investment in these items is kept as low as possible while satisfying user demand for these items

Type of Item	Annual Inventory Value	Proportion of Items
A	75%	10%
B	15%	20%
C	10%	70%

A graph representing this distribution is included below for easier understanding of the correlation between A, B and C types. This graph can be derived through Pareto analysis of the inventory through its annual inventory value. Pareto analysis can be done using the following steps-

Arrange all the inventory items in descending order of annual inventory value

Calculate the cumulative frequency (CF) for the entire distribution  
On graph, plot each item as bars using the left Y axis as annual inventory value and X axis for the items.

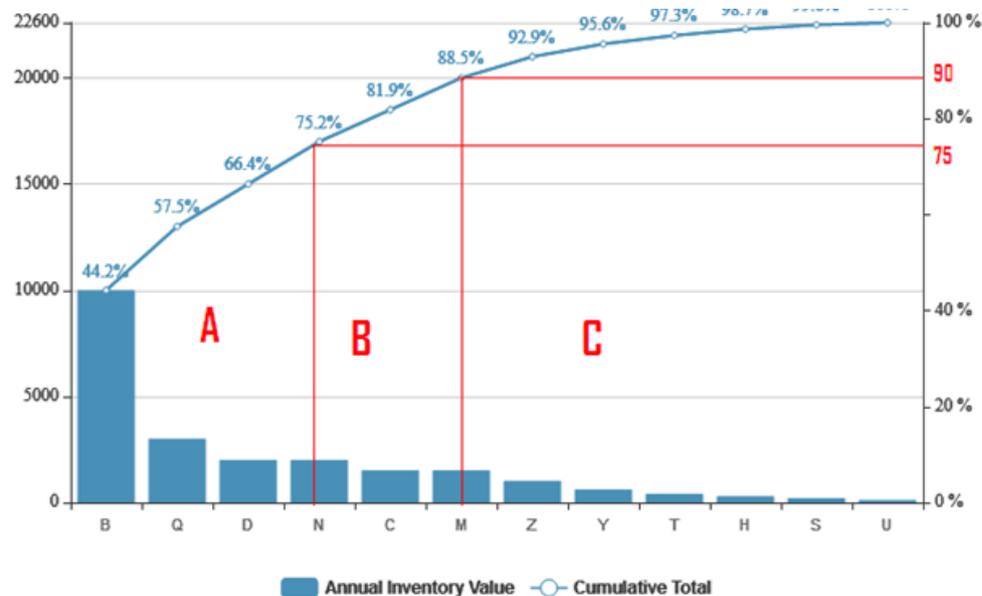
On same graph, plot the CF curve corresponding to each item using the right Y axis as CF value

Using the 75 and 90 % values of total cumulative frequency, draw lines from the CF axis to the CF curve and where it intersects, extend it downwards to the X axis.

The items within the areas sectioned by these lines will determine which are the A, B and C type items.

It must be also understood that among all these systems, no one system is sufficient to have efficient inventory control. Thus, good inventory control involves a combination of appropriate selective and basic inventory control systems as per the type of material and its use. ABC, VED and HML have often been combined to this effect, as below-

V	E	D
Defibrillator	X-ray machine	Air curtains
Ventilator	Electro cautery machine	Blood pressure machine
Oxygen regulators	Patient trolley	Digital thermometer



### Conclusion:

It is necessary for the hospital to exercise inventory control in order to maximize its investment in materials and optimize the flow of materials in, through and out of the hospital. Thus, using a combination of appropriate inventory control systems will help achieve this objective successfully. Most hospitals will benefit from the use of selective inventory control with a combination of inventory systems appropriate to their system with emphasis on FSN, HML, VED and ABC to optimize and streamline its inventory for best returns.

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# Talent Management



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## Introduction

Recently, the Human Resource (HR) field of various industrial sectors have been focusing on 'talent management'. A variety of factors have influenced this recent focus; these are-

- 1.The lack of appropriately skilled, efficient workers
- 2.The rising competition for talented workers
- 3.The changing STEEPLE factors (social, technological, economical, ethical, political, legal and environmental)
- 4.Qualified younger generations becoming scarce across the world All organizations depend on the 5M's (man, money, materials, machine and methods) to run sustainably; Although money, materials and machines and methods play key roles, without talented, effective and efficient employees, it is not possible to achieve the expected outcomes. Thus, HR today has placed greater emphasis on talent management by keeping the above factors in mind.

## What is talent management?

Talent management is defined as the methodically organized, strategic process of getting the right talent on board and helping them grow to their optimal capacities, keeping organizational objectives in mind.

Thus, it involves planning for activities in such a way that the talent gaps are assessed, analyzed and filled by the right talent i.e the right candidate for the right job at the right place who has a greater level of technical and situational handling skills (or) by motivating and training existing employees by identifying their strengths or talents and positioning them accordingly.

It is essential for an organization to recruit and position the employee in such a way that the employee's objectives or goals synchronize with the organization's vision and mission, thereby accomplishing the goals of the organization and also satisfying the employee.

## Talent management process

**Planning:** Talent management involves planning for subsequent activities through an understanding of the organization's need for talented individuals, the vacant areas for job roles or creation of appropriate job roles based on the organization's dynamic and evolving goals. Understanding of the job roles and associated requirements is essential for framing the job specification.

**Attracting:** Once the needs have been planned and analyzed, people should be attracted to apply for the job role advertised by the organization. The organization should be proactive in identifying the talent pools in order to recruit them. The applicants can be attracted via job portals, social media and other platforms. Advertising should be done in a way that delivers the job specification in a creative yet clear manner.

**Selecting:** This process involves using a string of tests and checks to find the right match for the job – the ideal person-organization fit. Written tests, interviews, group discussions and psychometric testing along with an in-depth analysis of all available information on the candidate on public access platforms will help in getting an all-round picture of the person. Today there are software and AI-enabled solutions that recruiters can use to skim through a large numbers of resumes in order to focus on the most suitable options and to find the ideal match.

**Developing:** Certain organizations today hire employees on the basis of attitude and later train them for their intended skill set; this method hires persons, not resumes. Enhancing an employee's creativity and also molding them as a skillful and efficient person would encourage and improve employee engagement and loyalty towards the organization resulting in accomplishment of organization goals. Development can be done through training , mentoring, on boarding activities and job rotation schemes.

**Retaining:** Sustaining the employees plays a crucial role after attracting and selecting them as in this competitive world, it is easy for an employee to switch organizations. Talented individuals who are both skilled and efficient find this even easier as organizations are ready to provide for their needs in addition to offering various benefits to achieve their goals through these persons. Thus, it is essential for an organization to maintain a platform where the employees feel complete and comfortable to work to their level best. This can be done through an effective on boarding program, enabling growth through counseling, training and job rotation schemes and providing opportunities for them to showcase and enhance their creativity and talents.

**Transitioning:** Talent management is a continuous process like any other management function and it needs to be done in a phased and controlled manner in order to successfully transition and develop according to the changing needs of the for sustainable operation.

### Conclusion:

Change is inevitable and this drives organizations and people to do new things in order to sustain themselves during the change, Social, technological, ethical, environmental, political, and economical factors are evolving and making organizations to change accordingly; however, competition constantly influences an organization to do things differently, talent management being one of them. It should be kept in mind that managing talent needs to be done in context of the future that the organization has envisioned for itself. Thus, employees need to be equipped with the right tools to maximize their potential. For the continuous improvement of the organization, there needs to be scope and opportunities provided for the continuous development of its employees. Moreover, this ensures that the cumulative skills within the organization are updated, upgraded and scaled up.

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### Upcoming Events

**17th NATIONAL CONFERENCE , FOR ADMINISTRATORS (VIRTUAL) , 5 - 7 November 2020.**

Talent management involves strategically planning career paths that make sense for every employee. We all tend to work better when we know where we are headed and what bides for us next in our careers. This does not entail making empty promises of promotions but rather providing and creating a career map in discussion with the employee, making sure that they relate to it and feel that it is realistic while also providing them with all the necessary tools to make this map a reality. Having a map to follow also improves retention since employees then know what they have to look forward to and work towards and can collaborate effectively to achieve it.



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Leading people requires a very different skill set than those needed for managing the work of others. A leader is someone who brings people together and guides them toward a common goal. They set the target, the pace and the culture within an organization. "The only definition of a leader is someone who has followers."

**Peter Drucker**



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