A STUDY ON IDENTIFY STRATEGIES FOR REPOSITIONING OF CHARTABLE HOSPITAL

Dissertation Submitted to

The IIHMR University, Jaipur

for the partial fulfilment for the award of the degree of

Master of Business Administration (MBA)

in

Hospital and Health Management

By

Suneet Mukherjee

Under the Supervision and Guidance of

Dr Seema Mehta

2024

ACKNOWLEDGEMENT

I would like to express my sincere gratitude to the following individuals and institutions for their invaluable support throughout this internship project and the development of this dissertation report:

Prem Niketan Hospital: I am deeply grateful to the management and staff of Prem Niketan Hospital for providing me with the opportunity to intern and gain firsthand experience in healthcare operations. Their guidance and cooperation were instrumental in completing this project. My sincere gratitude to Dr. Manisha Gupta for their constant support, motivation, and precious suggestions during this internship and while writing this paper. They were most useful in the context of their specific sector of the healthcare industry in defining this project.

I would like to pay my gratitude to the staff of Prem Niketan Hospital for the cooperation they extended during my internment here. Such willingness coming from them to pass their information and knowledge to other people was highly valued.

A big ‘thank you’ to all of you whom I had the privilege to work with during this project. Opinions and discussion with them were beneficial in the development of perspectives.

It is my pleasure to thank my family and friends for their encouraging and believing in me all the time throughout this study process which pay off.

I carry great appreciation to all the scholars and practitioners in the fields of reproductive medicine as well as patients’ satisfaction. The data presented in the published papers, papers delivered and discussions in the context of conferences has acted as the backbone of this paper, influencing my way of thinking and structuring of this paper.

It is important to recognize that this project would not have been possible without the support of such individuals and institutions. I am extremely grateful for it.

Sincerely,

Suneet Mukherjee

ॐ श्री हरिशरणम्

PREM NIKETAN HOSPITAL

PREM NIKETAN HOSPITAL & RESEARCH CENTRE

(MANAV SEWA SANGH)

Opp. E.P., Ashram Marg, Durgapura, JAIPUR-302018

Phone : 2550744
2549019

Reg. No.

IIHMR UNIVERSITY

IIHMR University, Jaipur

Dated : _____

Performance Evaluation for Dissertation and Internship

1. Name of the Organization: Prem Niketan Hospital, Jawahar circle
2. Name of the Trainee student(s): Mr. Suneet
3. Date of Joining the Internship/Dissertation: 01/4/2024 (1st April'24)
4. Date of Completing the Internship/Dissertation: 15/6/2024
5. Please grade the students by putting √ against each of the following indicators:

Indicators	Your assessment		
	Highly satisfactory	Satisfactory	Not satisfactory
Regular attendance	✓		
Punctuality	✓		
Learning interest	✓		
Sense of discipline	✓		
Commitment to work	✓		
Behavior and conduct	✓		
Leadership skills	✓		
Communication skills	✓		
Ability to work with others	✓		
Performance in assigned task/project	✓		

6. Any specific contribution made by the student during the training: Helped in maintaining the records & inventory for different departments. Helped in training the staff for documentation & BMW management.
7. Comments on the strengths of the student: Has good interpersonal relation skills.
8. Comments on the weaknesses of the student:

Your Name: Meena garg
Designation:

Date and Signature

सचिव
मानव सेवा संघ
प्रेम निकेतन आश्रम
आश्रम मार्ग, दुर्गापुरा, जयपुर–302018

DECLARATION BY STUDENT

I hereby declare that this dissertation titled is the **"A study on identify strategies for repositioning of chartable hospital"** bonafide record of my original research work. I declare that it has not been submitted to any other university or institution for the award of any degree or diploma. Information derived from the published or unpublished work of others has been duly acknowledged in the text.

(Signature) Sumeet

Name of Student: Sumeet Mukherjee

Date 05/07/2024

IIHMR UNIVERSITY

CERTIFICATE

This is to certify that dissertation title **A study on identify strategies for repositioning of chartable hospital** is a record of the research work undertaken by **Mr. Suneet Mukherjee** in partial fulfillment of the requirements for the award of the degree of MBA (Hospital and Health Management) from the IIHMR University, Jaipur under my guidance and supervision and his approach to the research study has been sincere, scientific, and analytical.

Dr. Seema Mehta
IIHMR University, Jaipur

Date:

Dr. Sanjay Gupta
IIHMR University, Jaipur

Date: 05/07/2024.

Table of Content

List of Figures

List of Tables

ABOUT ORGANISATION:

Prem Niketan Hospital is a 50 bedded multi-specialty hospital was set up in the year 2003 with the aim to provide multispecialty healthcare services at affordable cost ethically. The services offered in our hospital include the following specialties Orthopaedic, Gynaecologic, General surgery, Urology, Paediatrics, dental, physiotherapy/ rehabilitation Outpatient Department (OPD). For inpatients, the hospital has general and private male, and female wards; Deluxe and super deluxe for better accommodation. Whenever a surgical case is required, the hospital has minor and major operating theatres to deal with such cases.

Apart from the traditional curative aspect of it, Prem Niketan emphasizes a comprehensive approach to a patient's health. Some of the features of the system include implementations of Ayurveda, yoga, as well as that of naturopathy, which work towards combating diseases before they occur, utilizing natural products, and observing a healthy diet and regimen. Also, there are Garbh Sanskar prenatal care services for the pregnant women as a form of health enhancement services.

This extends to as far as ensuring we feed the patients' quality food and pure cow milk sourced from our in-house goshala. The hospital has features of a healing space with lots of greenery, which adds to the patient-centric theme.

The nursing staff is composed of professional and caring people who provide the best medical attention and patient treatment.

The objective of providing medical attention on time is confirmed through the availability of the 24-hour free ambulance services provided at Prem Niketan.

MISSION: To enable human beings to the state of health for the self, world, and divinity promoting harmony unity, appropriate utilization of resources and advancement of human beings.

VISION: The mission is to establish a multi-specialty hospital to provide services that address the core needs of the patient while catering to the patient's medical and health requirements. Manav Seva Sangh will serve all its clients, although it will mostly target dependent clients, which include the elderly, mothers, and children.

VALUES:

Ethical Practice: As for the main values of Prem Niketan, an accent on ethical practice and, therefore, on the concept of goodness conveys the idea of honesty, integrity, and fairness in the interaction with patients.

Affordability: High-quality care at a lower price implies a value for accessibility, and it means that the health care got to be made available to as many patients as possible.

Holistic Wellness: The expectation of including Ayurveda, yoga, naturopathy, Garbh sanskar prenatal care regulates a value that emphasizes the prevention-cum-curative practices combining both the modern and the traditional systems.

Patient-Centered Care: The emphasis placed on the idea of nursing, food, environment, and service implies a significant amount of value placed upon the patient and the patient's experience.

Timely Medical Attention: The factor of having Ambulances as the patients require 24hr constant care shows the responsiveness value to patient care dependency for emergency services.

SERVICES:

- Geriatric care/Rehab/Retreat/Spa
- Old-age diseases
- Rehab: Physiotherapy/Occupational therapy/Audiology and speech therapy.
- Retreat
- Nursing care
- Ayurvedic
- Health check-up (Routine)
- Dental Health
- Obstetrics
- Gynaecology
- Paediatrics
- General Medicine/ Internal Medicine
- Physical Medicine and Rehabilitation (PMR)

- General Surgery
- Orthopedic/spine
- Urology/Nephrology
- Neurology
- Cardiology
- Gastroenterology
- Endocrinology (diabetologist)
- Pulmonology a
- ENT
- Ophthalmology
- Dermatology/Skin (& cosmetic)
- Plastic and reconstructive surgery (& cosmetic)
- Dental (& cosmetic)
- Physiotherapy
- Occupational therapy
- Audiology and speech therapy
- Chronic disease management plans (eg. Hypertension/ diabetes/ pain clinic)
- Counselling services
- Dietetics and nutrition and respiratory care

ABSTRACT

This dissertation explores identity strategies for the repositioning of a charitable hospital, aiming to enhance its operational effectiveness and market presence. Utilizing the Fishbone Analysis method, this study identifies and examines gaps within the organization across key domains: marketing, human resources, operations, management, clinical services, and financials. By assessing the current scenario and available resources, the research uncovers critical issues and potential areas for improvement. The findings provide a comprehensive understanding of the hospital's existing framework, informing strategic recommendations to competitive positioning. This study offers valuable insights for similar institutions seeking to optimize their functions and enhance their overall impact.

Objective is to identify the exiting scenario with respect to marketing, human resources and other functional areas and to propose strategies for repositioning.

The study design involved analysing existing information to understand the current resources and the study is set in a charitable hospital.

The fishbone analysis tool is used and the key findings are the gaps in Management, Finance, Human resource, Marketing, Clinical Services and Operations

Keywords

Healthcare Repositioning, Strategic Initiatives, Multispeciality Hospital, Market Trends, Organizational Behavior, Operational Efficiency

1. INTRODUCTION

The Indian healthcare industry is now in a phase of transition at a rapid rate. Here's a closer look at some key drivers of this change: Here's a closer look at some key drivers of this change:

- Shifting Patient Expectations: Modern-day patients are not just mere recipients of health care services. Consumer is becoming more informed than ever, and they expect the interactions and engagement with the products to be unique and sensitive to their needs. These are characteristics such as availability for specialists, lower waiting time for appointment and follow ups, continuity of communication with the doctor, and concentration on wellness oriented care.
- Intensifying Market Competition: Today's Indian health care market is fast emerging as a multiplayer regime and corporate hospitals medical. This competition is good for business and is also increasing the standard of services being offered to the market. The growth of options has made a patient perform his/her homework before choosing a hospital to attend, hence the pillar of hospitals giving specialized facilities, embracing state of art equipment and court facilities.
- Technological Revolution: Techno cross is a phenomenon that is increasing at a very fast pace across the globe with a drastic impact on the health sector. Such fields as telemedicine, EHRs, AI, and big data analysis are all steadily progressing. They are making it easier to carry out consultations instead of the patient having to visit the physical hospital, better diagnosis, tailor-made treatment and care, and efficient management of healthcare services.

Prem Niketan Hospital is a 50-beds multispecialty hospital situated in the city of Jaipur and it has been officially operating since 2003. With key objectives of practicing ethically and having its patient charges as friendly as is possible, in the OPD, the hospitality of the hospital is evident in the wide scope of services provided by the facility. Diversifications consist of, orthopaedic, gynaecology, general, and urology surgery, paediatric, dentistry, physiotherapy, and rehabilitation.

Cheering to the above patient demographics, it is plausible that Prem Niketan serves a relatively assorted population of patients mainly composed of patients of different demographics who require medical attention and health care services under one roof. The

anticipated designation of ethical care and the reasonableness of set price charges may however mean that the hospital prefers patients who consider these facts in addendum to quality and competent medical care.

The Nature of Repositioning: Based on the previous reasoning the repositioning analysis of Prem Niketan Hospital entails the following aspects: New directions, patient needs and market competition, technology application, ethical practice, well-established prestige, and multiple specialties.

In this way, it would be possible to propose a further development of the adjustment strategy for Prem Niketan Hospital, based on the admission of disadvantages and challenges in the healthcare sector, establishing the key opportunities of this organization to persistently remain significant for patients in the sphere of their needs provision in Jaipur.

The overall goal is to design strategic vision with clear repositioning recommendation that would understand and take into account new trends in India's healthcare market, focus on identifying relevant trends for Jaipur patient base, improve Prem Niketan's positions in Jaipur healthcare market environment utilizing key Strategy Maps' strengths: ethical approach, already established brand and multispecialty services.

Current and potential patients of healthcare facilities in India are also demanding change in their healthcare domain due to multiple factors like rising competition and development of other techniques.

Thus, in such environment the Prem Niketan Hospital needs to be repositioned to keep it in line with the future healthcare trends and customer needs.

The goal is to outline strategic recommendations, which will help to form new positioning of Prem Niketan Hospital, focusing on the organization's advantages in the context of the emerging healthcare shifts.

2. LITERATURE REVIEW

Sr. No.	Author	Title	Study Location	Sample size
1.	1. Namrata Makkar, DNB, 2. Kanika Jain, DNB, 3. Vijaydeep Siddharth, MHA, 4. Siddharth Sarkar, MD	Patient Involvement in Decision-Making: An Important Parameter for Better Patient Experience	India	113
	The intention of the study was to evaluate the patient satisfaction in those, who were admitted for the management of SUD at a tertiary care hospital in India. As such, it is evident that in general, patients with diabetes were satisfied with the kind of treatment they received; however, certain problems were of concern to them. Self-respect and concern of patient's anxiety were evidenced as patients described being treated with patient dignity. But they also mentioned that staff information was inconsistent sometimes and wished to participate more in the decisions made. Furthermore, patients said doctors frequently spoke to others as if the patient was not even present. This research also discovered that patients with an education level higher than 12 years were more unsatisfied with the answers of the nurses and patients with opioid dependence were lesser likely to be explained the signal points of the disease after discharge. The findings of the research suggest the necessity of strengthening cooperation between the healthcare representatives and patients with the focus on the patient-centered approach. The primary purpose of the current research stewardship was to evaluate patient satisfaction among patients admitted for the treatment of substance use disorders admitted in a tertiary care hospital in India. The purpose of the research was to			

<table>
<tr><td></td><td colspan="4">explore the views and the roles of patients who receive care for SUD and to define the weaknesses in the approaches to patient-centeredness.

The key findings of the study regarding patient experiences were:
• The key findings of the study regarding patient experiences were:
• Overall, patients were rather satisfied with the treatment; however, there were several factors that concerned patients.
• The patients were touched by the rude remnant that they received, and their fears were addressed.
• Patients' information source which came from the staff was shown to be contradictory at times and they wanted to be more involved in decision-making.
• Lack of communication with the patient was a common complaint on the part of the patients; the patients complained that doctors addressed them as if they were not there.</td></tr>
<tr><td>Sr. No.</td><td>Author</td><td>Title</td><td>Study Location</td><td>Sample size</td></tr>
<tr><td rowspan="2">2.</td><td>Rashmi Ardey, Rajeev Ardey</td><td>Patient Perceptions and Expectations From Primary Health-care Providers in India</td><td>India</td><td>-</td></tr>
<tr><td colspan="4">This outlines a patient satisfaction assessment assessment carried out among patients of a private primary care clinic located in a region within New Delhi, which can be categorized as semi-urban. The survey adopted a self-completion cross-sectional postal questionnaire that sought to determine the patients' views and antecedents towards the family physician services.
The survey focused mainly on different aspects of the healthcare delivery situation such as the quality of treatment, the ease of access to healthcare service, and interpersonal factors involved in these processes. The results of the cross-sectional survey revealed that the perceived treatment efficacy, the physician's information sharing on the treatment plan and the medications being prescribed, as well as the global level of satisfaction, defines the exceedingly high level of patient satisfaction.</td></tr>
</table>

	Of the two research questions, the availability and accessibility of the clinic remained as suggestions for improvement. In focusing on patient surveys as methods of assessing the utility and quality of health care services, the study stresses the need to involve patients when judging health care services particularly concerning the private primary care providers. Therefore, the primary goal of the patient satisfaction survey carried out on a sample of patients who attended a private based clinic in New Delhi was to establish the patients' perceived and expected services delivery in the Family Physicians Sector. It involved understanding the patients' perception of the doctor patient relationship, ascertaining which aspects of primary health care delivery contributed most to patient satisfaction, determining the estimates of the patient satisfaction with reference to the people who have availed the services, and outlining measures for enhancing these services with a view of influencing patients' compliance and consequently, their outcomes. The key factors that contributed to the high level of patient satisfaction at the clinic included the effectiveness of the treatment, the physician's explanations about the treatment plan and medications, and the overall satisfaction level. These factors were identified as crucial in influencing patient satisfaction and their likelihood of recommending the clinic to others. The main areas identified as needing improvement in the healthcare services provided by the clinic were:1. Accessibility and availability:- The survey revealed that while most patients were satisfied with the accessibility, availability remained a sore point for most patients, with a large percentage (46%) being dissatisfied with the timings at the clinic. - It is physically almost impossible for a single physician to be available to suit the convenience of all patients, especially the target group from the lower socioeconomic strata who cannot afford to lose work days. Thus, the reports from patients are invaluable when it comes to assessing and enhancing the quality of health care services for a number of reasons. Thus, the patients' reported experiences can identify weaknesses in the healthcare delivery system that may be invisible to the providers. Patients are able to use the ser vices and thus can point of areas they think should be changed. Patient satisfaction has numerous associations including improvement

	of patient compliances, constant care delivery, superior clinical results and more service provision. Knowledge of patient's attitudes and its tendencies can assist healthcare organizations with improving the service delivery so that it aligns with the patients' expectations. There is another factor that is very critical to private primary care providers and this is the patient feedback. Sometimes these providers have longstanding patient relationships and have detailed knowledge of the patient's medical and social history. This enables such providers to meet the patient's needs while at the same time corresponding to his or her desires. Smaller private primary care clinics may not have large health systems and appropriate level of supervision. Consequently these providers get feedback directly from patients in an effective way that can aid them in the identification of his or her weaknesses. Consequently, the views and opinions of patients are helpful for the private primary care providers to determine the quality of services they deliver, and meet the needs of patients and improve the quality of services delivered with the aim of increasing the rate of positive clinical implications. Understanding patients' need is essential for these specialists to effectively provide quality and patients' oriented health care.		
Sr. No.	**Publisher**	**Title**	**Applicable for**
3.	NABH	Operational Guidelines for Operation Theatre Complex	Indian Healthcare Facility
	The NABH Operational Guidelines for Operation Theatre Complex (OT Complex) refers to an authoritative practice checklist implemented with an aim of providing accreditation based on safety, quality, and technicality of operations undertaken in India's healthcare facilities. Here's a breakdown of their key objectives: Here's a breakdown of their key objectives: 1. Maintaining Aseptic Conditions: • Sterilization is also an important feature adhered to in the guidelines focused on practice in the OT complex as well as the environment. These protocols include the use of HEPA filters and controlling air pressure in places such as operating rooms, sterilization steps for equipment and instruments, the attire to be worn by staff and washing of hands. 2. Optimizing Patient Safety:		

	• The document provides guidelines on steps that should be taken to safeguard patients' lives when before, during, and after a surgery exercise. This may include pre-, intra-, and postoperative checklists such as preoperative surgical checklists, safe practice checklists during anaesthesia administration, medication management checklists and postoperative monitoring checklists among others. 3. Standardizing Processes: • According to the NABH standards there must be policy standards that are uniform across all the departments in the OT complex. This could entail guidelines and measures on matters such as equipment management, biomedical waste getting rid of, as well as an infection control package. 4. Ensuring Infrastructure and Equipment Suitability: • In solidation, the document sets the bars that define the environment for set infrastructure such as temperature and humidity, lighting among other factors as well as the availability of basic equipment. 5. Promoting Effective Communication: • The guidelines also embrace comprehension and effective communication amongst personnel of a healthcare facility that is involved in surgical operations. These may include a set of guidelines regarding how briefings and handovers are to be done or how documentation is to be done to avoid ambiguity. • Thus, the NABH Operational Guidelines for OT Complex are an essential step-by-step guide for the hospitals to attain a high level of quality in surgical care. Thus, by following these guidelines, hospitals will be able to create an appropriate patient safety environment, reduce postsurgery complications, and protect the image of the medical institution as the provider of high-quality services.		
Sr. No.	**Publisher**	**Title**	**Applicable for**
4.	NABH	Guidelines for Management of Healthcare Waste as per Biomedical Waste Management Rules, 2016	Indian Healthcare Facilities
	The Care and Handling of Healthcare Waste issued by the NABH as a follow-up to the BMW Rules framed by the CPCB of India focuses on creating rational measures		

	that would enable the proper disposal of health care waste in hospitals. Here's a breakdown of their key objectives: Here's a breakdown of their key objectives: 1. Segregation and Categorization: • At the source of production the guidelines provide important information about the segregation of health care waste. This entails sorting waste depending on its risk factors as well as the colour of the receptacles (Infectious waste, non-infectious waste, sharps and so on). 2. Storage and Transportation: • The coordination of waste separation and disposal is also addressed in the NABH guidelines through safe storage and transportation of segregated waste. This may include specific zones for storage with proper air flows and stencils, as well as proper containers for transferring to the treatment centers. 3. Treatment and Disposal: • The NABH guidelines recommends treatment of biomedical waste using method listed herein; Incineration, autoclaving, or chemical disinfection based on the biomedical waste type. Yet, legal disposal procedures for treated as well as non-treatable waste are also in line with CPCB guidelines laid down. 4. Documentation and Recordkeeping: • Keeping record of the total waste produced, its processing and final disposal is another necessity to be fulfilled. This aids in the observance of the accountability as well as tracers within he waste management chain. 5. Staff Training and Awareness: • The NABH guidelines have also emphasized that it is required to train up the healthcare staff about the management disposes of wastes appropriately. This helps to put an understanding in the staff members concerning their roles in the safe and proper handling of healthcare waste. • Benefits of Adhering to NABH Guidelines: Benefits of Adhering to NABH Guidelines: • Reduced Risk of Infections: Due to the segregation and handling of infectious waste, there will be a reduction in healthcare associated infections among patients and the staff.

	• Environmental Protection: Disposal of biomedical waste is to protect the environment as well as to encourage the proper disposal of waste. • Compliance with Regulations: The use of appendix 1 shows that the hospital that is NABH compliant is in adherence to the CPCB BMW Rules hence no possibility of penalties and legal challenges. • Improved Public Image: Conflict: Applicable to all wastes Knowing how to dispose of health care wastes, not only show the concern of the hospital, but also improves the image of the hospital as a responsible health care giver. **Relevance to Prem Niketan Hospital Repositioning:** By implementing and demonstrating compliance with NABH guidelines for healthcare waste management, Prem Niketan can: • Strengthen its commitment to patient and staff safety. • Showcase its environmental responsibility. • Contribute to achieving NABH accreditation (if applicable) for overall quality improvement.

PURPOSE OF WORK

The purpose of the study is to identify the existing scenario of the resources in the organisation and finding it's optimum utilization.

Research question – how the optimization of the available resources can help repositioning the charitable hospital?

Objectives –

- To identify the existing scenario with respect to Marketing, human resource, operations, management, clinical services and financials
- To assess the currently available resources.
- To implement the findings of the fishbone analysis.

Fishbone Analysis

A Fishbone Analysis diagram has been used as a visual tool to investigate potential barriers to Prem Niketan Hospital's growth. This diagram has assisted in identifying and categorizing aspects contributing to the primary problem - low patient volume despite having good resources.

The analysis is divided into a primary branch that shows the key reason, and important categories of contributing aspects (such as Market, Operations, Finance, and Services) branch out like fish bones. Each category has been subdivided into particular plausible reasons based on the findings of document analysis, literature review, and maybe interviews (where applicable).

This visual representation has assisted in identifying the several elements that impacting Prem Niketan's patient volume to some level and has inspired the development of particular efforts for repositioning the hospital within the Jaipur healthcare market.

The analysis have following functional areas:

1. Management
2. Finance
3. Human resource
4. Marketing
5. Services

6. Operations

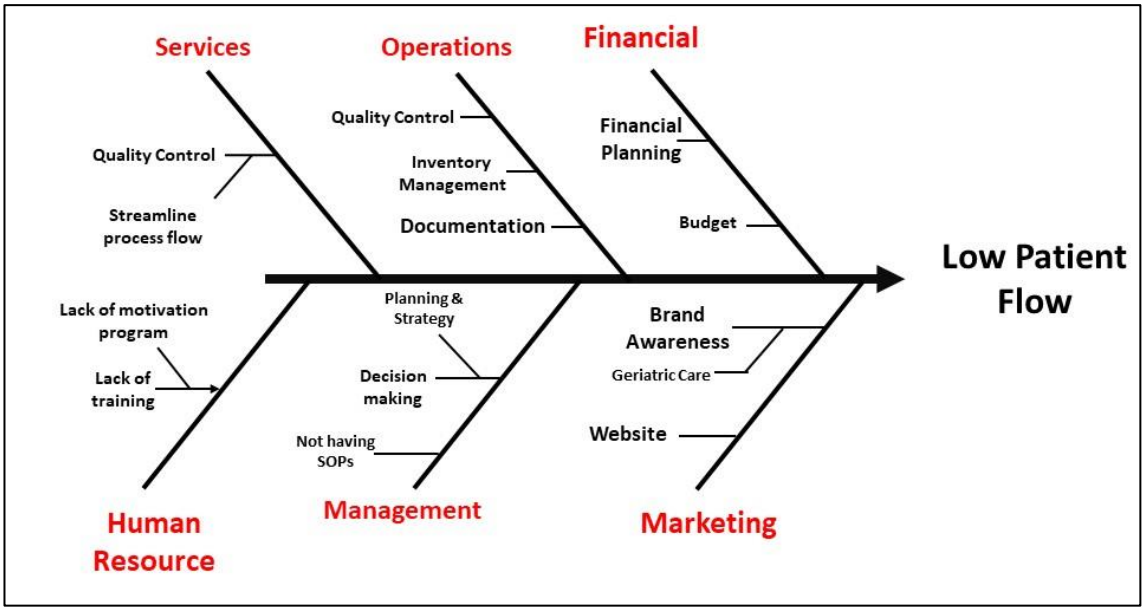
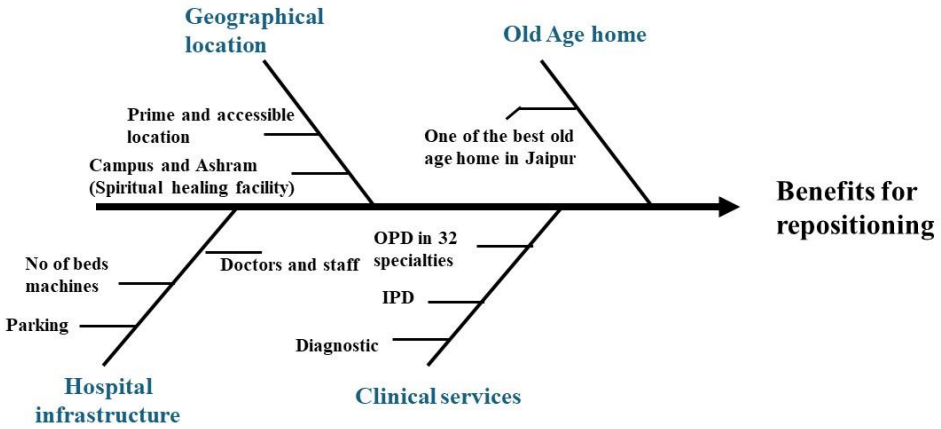


Figure 1: Fishbone Analysis to identify issues in Prem Niketan Hospital

Mapping of Existing resources



Key Benefits for repositioning of the hospital:

- Prime Location in Jaipur.
- Well managed hospital Campus.
- Geriatric care and old age home are USP

- Efficiently working OPD, IPD, and diagnostic service.
- 50 bedded
- Almost 26 specialties treatment option
- Well structured wellness setup.

3. METHODOLOGY

Study design: A observational study design was employed. This approach involved analysing existing information to understand the current situation and developed a strategic plan for improvement.

Study Tool: Fishbone Analysis

Study Setting: The study is set in a charitable hospital.

This is a Observational study which primarily focused on the steps taken to improve the internal functional areas of the hospital.

This involves:

- Staff training
- Roles and Responsibilities of Staff
- Operation theatre guidelines and standards
- Pre- operation, post- operation and during operation activities
- SOP for flow of activities of OPD
- Hospital planning
- Set-up of emergency ICU and casualty service

Prem Niketan Hospital, despite possessing a valuable combination of resources – geriatric care, a nursing home facility, and a central location in Jaipur – faced a critical challenge of low patient volume. This project aims to reposition Prem Niketan within the Jaipur healthcare market by utilizing its current resources and focusing on its departmental growth.

The low patient volume at Prem Niketan suggests a disconnect between its capabilities and patient needs. This was found to be due to several factors including:

- **Limited awareness** of Prem Niketan's services, particularly geriatric care and the nursing home facility.
- **Inefficient processes** leading to lack of trust in particular segment of patients and a poor experience.
- **Lack of focus on patient needs** in specific demographics, like the elderly population.

4. RESULT

A Fishbone Analysis was conducted in order to get a deeper understanding of the causes preventing the expansion of Prem Niketan Hospital, namely the low patient traffic despite the hospital's having important resources such as geriatric care facilities. With the use of this tool, it was easier to investigate possible causes that fell under several categories that affected how well the hospital performed.

Key Findings:

1. Human Resources
    - Lack of Motivation to take leadership: The analysis shows a potential lack of motivation and staff morale to take lead for the responsibility, potentially due to not facing any opportunities to address as professional and causing limitations in development or career advancement.

      The decision of upper management to keeping the staff because of their sentimental emotions and attachment to the Manav Seva Sangh is somehow leading to limitations of the hospital services.
    - Training Gaps: The findings highlight potential weaknesses in staff training, particularly regarding nursing staff best practices and effective communication with general patients.
2. Marketing:
    - Brand Awareness: The analysis revealed a limited public awareness of the geriatric care services of Prem Niketan Hospital and the expertise of hospital in caring for the dependent population.
    - Despite having the one of the best locations in Jaipur, Prem niketan is not having any attention of the public because of no public display or presentation of the services they are providing
3. Services:
    - Geriatric Care Services: The main services specifically geriatric care is the USP of the Prem Niketan. Limited exposure was identified as a potential barrier to attracting patients.
    - Streamlining Processes: The analysis suggests inefficiencies in processes that impacting patient flow and patient experience, potentially leading to patient dissatisfaction.

4. Operations:

Documentation: Inconsistent or incomplete documentation practices were taking place, hindering quality control and smooth patient care coordination. But this issue was resolved by implementing addition of one specific type of document which is "Transfer and hand over checklist".

TRANSFER & HANDOVER CHECKLIST
(Operation Procedure)

Patient Name: _____
Patent MRN: _____ Age: _____ Gender: _____

Affix patient label here

Pre op verification – To be filled by Ward/ICU Nurse

Operation: | Diagnosis:

1.	NPO Status					
2.	Premedication Drug	Dose	Route	Date & Time	Given By	Checked By
3.	BLOOD GROUP		Height:		Weight:	

4. Blood Ordered — Qty

Whole Blood	
Packed cells	
FFP	
Platelets	

SEROLOGY-

Hb — Urea
TLC — DLC
FBS/RBS — Platelets

		Ward to OT	OT to Ward	Remarks
1.	Consent for Surgery	Y/N	Y/N	
2.	Consent for Anaesthesia	Y/N	Y/N	
3.	Finance Clearance/ Finance Counselling	Y/N	Y/N	
4.	Prosthesis	Y/N	Y/N	
5.	Allergies	Y/N	Y/N	
6.	Infections	Y/N	Y/N	
7.	Pressure Areas	Y/N	Y/N	
8.	Surgical Site Marked	Y/N	Y/N	
9.	Dentures & Crowns	Y/N	Y/N	
10.	Jewellery removed; Make-up & Nail Polish removed	Y/N	Y/N	
11.	Case Notes/ Clinician Prescription	Y/N	Y/N	
12.	Admission order	Y/N	Y/N	
13.	X-Ray & Investigation	Y/N	Y/N	
14.	ECHO report/ECG/CT/MRI/Angio / USG/ Fitness	Y/N	Y/N	
15.	All Vital charts	Y/N	Y/N	
16.	Medicine card	Y/N	Y/N	
17.	Anaesthesia documents/ PAC	Y/N	Y/N	

Care of lines: ☐ IV ☐ Urine catheter ☐ Ryles

	Name	Signature	Date & Time
Transferring nurse (Ward)			
Receiving Nurse (OT)			

Figure 2: Transfer and Handover Checklist

5. Financial Management:
    - One of the biggest limitations for the hospital is finances.
    - Prem Niketan Hospital is charity based hospital and there is always question about the funds allocation.
    - Due to limited funds, the management needed to focus only on important variables like medical devices, patient care, consumables, surgical items, etc.
    - Due to this the spending on infrastructure is nearly zero.

5. CONCLUSION

This dissertation has explored the challenges hindering Prem Niketan Hospital's growth, particularly the low patient volume despite possessing valuable resources like very good geographical location and geriatric care facilities. The research, including the Fishbone Analysis, revealed number of key factors impacting patient number in hospital.

These include lack of awareness of nursing practices noted in an investigation done on 40 staff, low aware ness of the public about the services offered by Prem Niketan in geriatric care, and improperly optimized patient flow processes with an overall negative impact on service.

Solving the mentioned issues from the aspect of interdepartmental relationships is critical to the improvement of Prem Niketan’s position in the Jaipur healthcare market. As a result, adopting all the indicated measures can help to expand the circle of patients and improve the result in terms of sources of financing the hospital’s activity. These strategies include:

Staff Development: Including; Geriatric medicine training, dementia care training, and effective communication training with patients.

Marketing: It is crucial to start new campaigns that would appeal to the target consumers raising awareness about the geriatric care facilities in Prem Niketan; Social media platforms used by the audiences.

Service Improvements: Time tracking and revising communication processes to minimize waiting time, enhancing quality of being in the operation of the hospital, management and technological advancement that will help in the provision of care to geriatric patients.

The findings of this study are useful nevertheless there is need for further study. prospects for further research it is possible to examine the impact of various types of advertisements or social media presence of the clinic for geriatric patients. Further, research could investigate the effects of staff training programmes on patients’ perceived service quality and patients’ satisfaction levels as advanced in this paper.

To paving way to the subsequent posts about the ideas on how to manage the identified challenges and make Prem Niketan Hospital a market leader in providing geriatric care services to the community of Jaipur. Particularly, this study is useful in developing a roadmap for Prem Niketan’s endeavor and enhancing the understanding of the factors

affecting patient acuity in hospitals devoted to the elderly population. The successful implementation of these recommendations would be as follows; The changes could have long-term positive effects, positively changing patients and their outcomes, improving the reputation of Prem Niketan in the community, as well as setting a pace for change for other similar hospitals.

6. RECOMMENDATIONS

After using the fishbone analysis tool the secondary data had been reviewed from the NABH guidelines.

The organisation needs to implement following standards:

Table 1

Sr. No.	Doctors	Sub-District hospital (31-50 beds	
		Essential	Desirable
1.	Hospital superintendent	1	
2.	Medicine specialist	1	+1
3.	Surgery Specialist	1	
4.	O&G specialist	1	+1
5.	Dermatologist/Venereologist		1
6.	Pediatrician	1	
7.	Anesthetist (Regular/trained)	1	
8.	ENT surgeon	1	
9.	Ophthalmologist	1	
10.	Orthopedician	1	
11.	Radiologist	1	
12.	Casualty Doctors/General Duty Doctors	7 (3 lady MOs)	
13.	Dental surgeon	1	
14.	Public Health Manager[1]	1	
15.	Forensic expert		
16.	AYUSH Physician[2]	1	
17.	Pathologist with DCP/MD (Micro)/MD (Path)/MD (Biochemistry)		
18.	Psychiatrist	-	
19.	**Total**	**20**	**23**

1. May be a Public Health Specialist or management specialist trained in public health.

2. Provided there is no AYUSH hospital/dispensary in the district headquarter.

Table 2

Sr. No	Para medical Staff	Sub-District hospital (31-50 beds)	
		Essential	Desirable
1.	Staff Nurse*	18	+2
2.	Sister Incharge	-	-
3.	General Duty Attendant/hospital workers (including Cold Handler**) Chain	6	
4.	Ophthalmic Assistant/Refractionist	1	
5.	ECG Technician	1	
6.	Audiometrician	1	
7.	Laboratory Technician (Lab + Blood storage)	4	
8.	Laboratory Attendant (Hospital Worker)	2	
9.	Radiographer	1	
10.	Pharmacist	3#	
11.	Dietician		1
12.	Dental Assistant/Dental Technician/ Dental Hygienist	1	
13.	Physiotherapist/occupational therapist/ rehabilitation therapist	1	
14.	Counselor	-	-
15.	Multi Rehabilitation worker	1	
16.	Statistical Assistant	1	
17.	Medical Records Officer/Technician	1	
18.	Electrician	1	
19.	Plumber	1	
20.	Cold Chain & Vaccine Logistics Assistant	1	
	TOTAL	**45**	**48**

* Additional number of Staff Nurse equal to number of ICU beds in the hospital is recommended

** One may be identified (& trained) from the existing staff for assisting cold chain and vaccine logistic assistant.

One from AYUSH Safai Karamchari, Security Staff and other Group D services are to be outsourced

Table 3

Sr. No	Administrative Staff	Sub-District hospital (31-50 beds)
1.	Junior Administrative Officer/Office Superintendent	1
2.	Accountant	2
3.	Computer Operator	6
4.	Driver	2
5.	Peon	2
6.	Security Staff*	2
	TOTAL	**15**

Table 4

Sr. No	Operation Thatre Staff	Sub-District hospital (31-50 beds)
1.	Staff Nurse	2
2.	OT Assistant	2
3.	Safai Karamchari	1
	TOTAL	**5**

Table 5. Duties and Responsibilities of Receptionist

1. Collaboration and Communication: Works effectively with different healthcare professionals to ensure smooth transitions in patient care.
2. Building Relationships: Uses strong interpersonal skills to establish positive connections with colleagues, patients, and families.
3. Patient Flow Management: Efficiently coordinates the movement of patients through the department by greeting them, scheduling appointments, updating information, and answering phone inquiries.
4. Insurance and Authorization: Handles tasks related to insurance authorizations and pre-certifications.
5. Professional Communication: Uses clear and tactful communication to represent the department positively.
6. Prioritizing Needs: Works with clinical staff to assess situations and determine priority care needs.

7. Recordkeeping and Scheduling: Maintains patient schedules, medical records, and appointments by scheduling visits, confirming times, handling insurance pre-certifications, and managing records.
8. Document Routing: Follows established guidelines for routing reports and correspondence to the appropriate individuals for approval and signatures.
9. Equipment Maintenance: Ensures equipment functionality by identifying problems and coordinating repairs.
10. Administrative Tasks: Performs various office duties such as filing and retrieving medical records, creating reports, and handling secretarial tasks.

Table 6 Duties of Assistant Nursing Superintendent

Supervising Patient Care: Overseeing the quality of nursing care delivered to patients throughout the unit.
Ensuring a Safe and Organized Environment: Maintaining cleanliness and order within the department and patient care areas.
Regular Unit Inspections: Conducting regular rounds in the unit, including outpatient clinics, and overseeing night rounds.
Continuity of Care: Receiving reports from night staff to ensure smooth handover and continuation of patient care.
Resource Allocation: Analyzing patient needs and tailoring the level of nursing care provided accordingly.
Efficient Staffing: Rotating nursing staff within the department to optimize skillsets and ensure effective care delivery.
Staff Development: Holding meetings with departmental staff to discuss performance, address concerns, and provide ongoing education.
Collaborative Planning: Working with unit nurses to develop effective plans for patient care and departmental administration.
Mentorship: Guiding and orienting new or inexperienced nurses in applying good management principles to their daily work.
Inventory Management: Collaborating with nurses to ensure adequate supplies and equipment are available, and monitoring their proper use and maintenance.
Patient Advocacy: Acting as a liaison for the unit, addressing any concerns of patients or their attendants, particularly those related to support services.

Table 7. Duties Nursing staff

	General Duties	Technical Duties
1.	Admission and discharge of patient.	Administration of medicine & injections.
2.	Assistance and instructions to patient and their relations.	Assistance in administration of I/u injection.
3.	Bathing patients including daily care of mouth, nails and pressure points.	Preparation of injections and clearing up.
4.	Four hourly, or more frequent attention to pressure points.	Talaing and charling I.P.R.
5.	Giving and removing of bed pans and urine pots.	Urine testing. Collecting labeling and dispatching of specimens.
6.	Giving and removing of hot water bottle.	Escorting patients to and from departments. Giving and receiving reports.
7.	Bed making.	Rounds with doctor
8.	Feeding of patients.	Pre and postoperative care.
9.	Distribution of diets, milk etc.	Technical procedure e.g. enema catheterization, dressings irrigations O2 therapy, preparing for and clearing up after procedure.
10.	Preparation of special feeds, eggs, milk etc.	Recording of medicines & injection given.

Ward Staff Duties

Nursing care of patient	• Patient admission and release. • Effective nursing care that includes patient comfort, medication administration, treatment, monitoring, and documentation. • The diet of the patient.

	• Supporting medical personnel during patient examinations and treatments. • Walks with medical personnel. • Pre-operative and post-operative care, as well as assistance with or supervision of clinical studies. • Keeping track of patient information. • Taking care of the patient's personal belongings in compliance with hospital policies.Adhering to the guidelines in the event of a patient accident or death. • Reporting and getting reported. • Information shared with friends and family. • Reporting any unique emergencies in the ward to the matron or Ng Supd.
Teaching of nursing students	• Intended and unplanned instruction. • Oversight of students' assignments. • Consulting and working together to set up the demonstration with the sister tutor. • Talking with pupils on developing positive attitudes, finishing the "record of practical work," and appraising private reports.
Ward staff	• Assigning tasks and setting up responsibilities by accepting rot-calls from domestic and nursing workers. • Organizing and supporting the activities of other employees, such as volunteer workers, social workers, dieticians, and occupational therapists. • On-the-job instruction. • Induction of new employees. • Keeping positive working connections with patients and their families as well as with all staff types. • Housekeeping and nursing staff discipline. reporting on worker absences. • Personal data sheets.
Ward management	• The wards, as well as its environs, are clean. • Maintenance and maintenance of ward and linen equipment. • Possession of illicit substances. Documents pertaining to their management. • Dietary supplements, medications, surgical supplies, and retailers. • Upkeep of inventories and stock registries. • How hospital policies and procedures are interpreted and put into practice. • Looking into grievances.

Reference

1. Makkar N, Jain K, Siddharth V, Sarkar S. Patient Involvement in Decision-Making: An Important Parameter for Better Patient Experience J Patient Exp. 2019 Sep;6(3):231-237. doi: 10.1177/2374373518790043. Epub 2018 Aug 2. PMID: 31535012; PMCID: PMC6739683.
2. Ardey R, Ardey R. Patient Perceptions and Expectations From Primary Health-care Providers in India. J Family Med Prim Care. 2015 Jan-Mar;4(1):53-63. doi: 10.4103/2249-4863.152254. PMID: 25810990; PMCID: PMC4367007.
3. Rajkumar E, Gopi A, Joshi A, Thomas AE, Arunima NM, Ramya GS, Kulkarni P, Rahul P, George AJ, Romate J, Abraham J. Applications, benefits and challenges of telehealth in India during COVID-19 pandemic and beyond: a systematic review. BMC Health Serv Res. 2023 Jan 4;23(1):7. doi: 10.1186/s12913-022-08970-8. PMID: 36597088; PMCID: PMC9810518.
4. Gillespie BM, Walker RM, Latimer SL, Thalib L, Whitty JA, McInnes E, Chaboyer WP. Repositioning for pressure injury prevention in adults. Cochrane Database Syst Rev. 2020 Jun 2;6(6):CD009958. doi: 10.1002/14651858.CD009958.pub3. PMID: 32484259; PMCID: PMC7265629.
5. "Operational Guidelines for Operation Theatre Complex" By NABH, March 2022 edition.
6. "Guidelines for Management of Healthcare Waste as per Biomedical Waste Management Rules" by NABH, 2016 edition.