



# CAHO SAKCON 2023

(CAHO - STUDENT ANNUAL KNOWLEDGE SHARING CONFERENCE)

ALL INDIA STUDENT CONFERENCE

*"Operational Excellence in Healthcare"*



**15th & 16th**  
**September 2023**

**ORGANISED BY:**

**CAHO-SEC**

in association with

**IIHMR, Bangalore**

<https://www.caho.in/sakon2023/>

ILLUMINAIRE



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Rajiv Gandhi University of Health Sciences, Karnataka, Bengaluru

*Dr. M.K. Ramesh*  
M.S., FRCS.  
VICE CHANCELLOR

### Message

I am happy to learn that the Consortium of Accredited Healthcare Organization (CAHO) is a not-for-profit body that represents a range of healthcare organisations that include institutions, diagnostic centres and quality professionals across the country. With an overarching aim to promote patient safety in all its dimensions, CAHO prioritises capacity-building healthcare professionals, and infusing quality into the healthcare organisations

I understand that CAHO SAKCON is an annual knowledge sharing conference dedicated to the integration of hospital and technology for better healthcare outcomes. In its previous edition, the conference has attempted to confluence healthcare professionals, researchers, policymakers, and students to explore the latest advancements and best practices in the field.


Ever since its inception, CAHO SAKCON has been at the forefront of promoting innovation and technological transformation in healthcare, to be recognised as a leading platform for sharing knowledge, fostering collaborations, and driving positive change in the healthcare industry.

This year's Student Annual Knowledge-Sharing Conference (SAKCON) proposes to cover a wide range of topics such as digital health, artificial intelligence, telemedicine, and more, and aims to expand professional networks and implement innovative technologies and practices in the healthcare organizations across the country.

The second edition of this conference has preconference workshops at multiple locations in Bengaluru, and the main conference with the themes – Leadership & Strategic Management, Service Delivery Excellence & Risk Management, and Technology-Driven Change Adoption. It also proposes to approve the Global Patient Safety Action Plan 2021-2023 towards elimination avoidable harm in healthcare.

With a galaxy of resource persons who can be counted among the best in the world, I am sure that this conference will serve its intended objectives of carrying forward the message and commitment for institutionalising quality in the healthcare organisations. I wish the conference a grand success.

Bangalore  
Dated: 21.08.2023

  
Dr. M.K. Ramesh  
Vice Chancellor

## MESSAGE



**Dr Vijay Agarwal**  
President, CAHO

As President of the Consortium of Accredited Healthcare Organizations (CAHO), I am delighted to welcome you all to the 2nd edition of SAKCON, an annual conference that promises to be a forum for learning, discussion, and networking for healthcare management students.

Organized meticulously by our dedicated Students Engagement Committee, this conference provides a platform for the leaders of tomorrow to delve deeper into the operational dynamics of healthcare institutions. This year, our theme, "Operational Excellence in Healthcare," signifies our unwavering commitment to driving innovation and efficiency in healthcare delivery models.

At the core of operational excellence lies the idea that progress in healthcare isn't solely about ground-breaking discoveries, but also about how we utilize existing resources, technologies, and care models to their maximum potential. It revolves around the continuous improvement of systems and processes to enhance patient experience and outcomes while ensuring cost-effectiveness.

This conference is set to attract more than 500 students and academicians from across the country, engaging them with enlightening talks, platform presentations, and poster presentations. These sessions will act as an avenue for the exchange of ideas, findings, and innovative strategies that are shaping the future of healthcare.

I urge all participants to make the most of this enriching environment, to learn, share, and grow in their understanding of healthcare management. Interact with your peers, engage with our speakers, and broaden your horizons with the diversity of thought that SAKCON 2023 offers.

Lastly, my heartfelt thanks go to our sponsors for their generous support, the organizing committee for their tireless efforts, and to all of you, our future leaders, for showing the enthusiasm to learn and adapt in the rapidly evolving landscape of healthcare.

May SAKCON 2023 inspire us all to continually strive for excellence in our operations and in our delivery of healthcare.

*Warm Regards,*

**Dr Vijay Agarwal**

## MESSAGE

**Sameer Mehta**

Vice President - CAHO  
Vice Chairman - Dr Mehta's Hospitals  
Chief Investment Officer - the Atlas Family Office  
Chairman - the Institute of Future Science and Technology  
Board Member - IITM RTBI, Villgrow Foundation, Proklean Technologies,  
Twixor Technologies, Health Sensei



*Dear Delegate, Faculty & Supporter,*

I hope you take the time to enjoy the program and make life long friends across institutions and functional interest areas. CAHO is a family of like-minded people and institutions who believe in making tomorrow better than yesterday. We believe and strive for quality, patient safety and sustainability. Many of you represent the future leaders of India. You are our future. For us collectively to succeed - we all need to play our part. Take this opportunity to learn and develop the skills of the future. This world is changing very fast, with the emergence of Artificial Intelligence, Internet of Everything with a more Connected Healthcare World. Today with personalised medicine and precision medicine, we expect leading world outcomes with low cost and high value ecosystem. This will prove challenging and provide many different opportunities.

Please maximise the opportunities through CAHO, through the weekly webinars, with the monthly programs, with the paid training programs, through student led research and through our annual events like CAHOCon, CAHOTech, SAKCON, LABCon, et al to make new friends and the world a smaller place.

I also am the Vice Chairman of Dr Mehta's Hospitals, one of the oldest and most experienced hospital systems in India and across the planet. Our learnings from CAHO have helped us achieve top quartile clinical benchmarks. We look forward to working with students and faculty from any institution to make this world healthier and safer. We look to innovation (pay special attention to the CAHOTech program) and new ideas to change the world for the better. Students and Faculty can join CAHO in the Governing Council or as Faculty for our own programs or lead Research Projects. Be Boundaryless, Be CAHO.

*Regards*

**Sameer Mehta**

## MESSAGE



**DR. LALLU JOSEPH**  
Secretary General CAHO

CAHOSAKCON has taken a leap forward and stepping into its 2nd edition of its conference on Operational Excellence in Healthcare. The theme refers to the systematic approach of improving the efficiency, quality, and overall performance of healthcare organizations. It involves the implementation of best practices, process improvements, and continuous learning to optimize the delivery of healthcare services, enhance patient outcomes, and minimize costs. Operational Excellence in Healthcare requires strong leadership commitment, collaboration among multidisciplinary teams, and a willingness to embrace change. By fostering a culture of continuous improvement and aligning processes with patient needs, healthcare organizations can provide higher-quality care, improve patient outcomes, and operate more efficiently.

I welcome all future healthcare leaders to have the opportunity to transform and develop into talented individuals with the necessary skills and attributes to support a data-driven organization and a culture that prioritizes innovation.

Kudos to the brilliant organising committee for the excellent sessions, competitions and the job fair. We are very proud of the CAHO student engagement committee and their commitment to building the future leaders of the healthcare industry.

I also would like to extend my thanks to the sponsors for their very generous contributions and support.

Kudos to CAHO Student Engagement Committee for this initiative and best wishes for leading it to a greater heights in future.

**DR. LALLU JOSEPH**

## MESSAGE



**Dr. Amitha P. Marla** MBBS, MHA, MD (HA)  
CAHO-SEC Executive Committee

I am privileged to welcome you all brilliant minds and industry leaders and express my gratitude for your presence and participation in this event of CAHO SAKON 2023. Your commitment to knowledge sharing and professional growth truly reflects your dedication to pushing the boundaries of innovation and progress in our field.

Over the course of these upcoming days, CAHOSEC Committee members have meticulously curated a program that aims to provide you with valuable insights, thought-provoking discussions, and networking opportunities. Our esteemed speakers, each an expert in their respective domains, will offer their unique perspectives on the latest trends, challenges, and solutions within our industry and educational domains.

Moreover, I encourage you to actively engage in the various interactive sessions, workshops, and panel discussions we have organized for students and faculty. This conference serves as a platform for open dialogue, collaboration, exchange of ideas and only student conference in the country. I'm confident that your active participation will foster a deeper understanding and lead to fruitful connections that will benefit you and your organizations.

Let us strive for excellence and innovation, as we collectively shape the future of our industry.

Wish all the organizers and CAHO all the best and May it be a very successful Conference.

*Best regards,*

**Dr. Amitha P. Marla**

## MESSAGE



**Dr. Usha Manjunath**  
Director, IIHMR Bangalore

We are very pleased to invite you all to the second edition of CAHO SAKCON 2023: Operational Excellence in Healthcare.

Service operations, specifically healthcare, are quite complex. Practitioners and intellectuals have tried to decode the processes and operations to achieve high quality patient care outcomes, safety, cost effectiveness and efficiencies. Finally, costs and profits need to be prioritized by healthcare managers. The theme of the Conference is rightly positioned to provide a good learning and innovative environment for healthcare management scholars for presenting their research, understand latest operational strategies. Supply chain management, financial operations, technology driven strategies and automation are some of the critical areas that the young management scholars need to focus on.

Pre-conference workshops aptly address key issues of financial operations, clinical efficiency, and digital technology adoptions for facility management. The main conference provides multiple expert panel discussions, keynote presentations, Q & A, paper presentations, quiz and exhibitions to highlight how hospitals and healthcare organizations can expedite transitions of cohesive and sustainable strategies for achieving operational excellence. Leadership is at the heart of operational excellence, industry leaders, academicians, practitioners will share their experience. Participants can immerse themselves in novel learning approaches, innovations and engage in an exciting academic environment.

The organizing team at Bangalore and partners along with a learned team of CAHO SAKCON Advisory Committee have worked very hard for more than six months to put the conference together. IIHMR Bangalore is privileged to play a key role in organizing the conference. We are very grateful to all the partners, sponsors, expert speakers, hospitals and CAHO SAKCON Advisory team and all committee members who are committed to making this conference a big success.

Debate, discuss and deliberate – there will be something special for every participant!

*Join us to wish CAHO SAKCON a great success and many more editions to come.....*

**Dr. Usha Manjunath**



## MESSAGE



**Dr. Anuja Singh**  
Principal  
Shankara Netralya Academy, Chennai

I am immensely proud of the way the second edition of the CAHOSAKCON to be held in Bengaluru on the 15th and 16th of September 2023 has shaped up. The conference has been curated by the CAHOSEC committee consisting of members from various participating colleges offering Hospital management and Hospital administration courses across India. This is primarily a student conference for knowledge sharing and to promote networking among the students who will be the architects of tomorrow's healthcare service industry. The aim of the conference is to sensitize and make the budding professionals aware of the real world challenges and to provide solutions in healthcare with the help of state of the art technology and innovations. IIHMR, Bangalore in association with M S Ramaiah College and Prasanna School of public health have put in a lot of efforts with months of planning for the conference to see the light of the day. I welcome all the student delegates, faculty members, professionals and sponsors to the conference.

**Dr. Anuja Singh**

## MESSAGE



**Dr. Kirti Udayai**

Organising Co- Chair, CAHO SACKON 2023  
Associate Professor and Associate Dean Academics and Student Affairs,  
IIHMR Bangalore

It is with immense pleasure and honour that I welcome you all to the National Students Conference, a remarkable collaboration between the Consortium of Accredited Healthcare Organizations (CAHO) and the Institute of Health Management Research (IIHMR), Bangalore. As the Co-Chair of the Organizing Committee, I am delighted to extend my heartfelt gratitude for your presence and participation in this momentous event.

The National Students Conference stands as a testament to our collective dedication to advancing healthcare education and research in India. Our shared vision is to foster an environment where students, scholars, and professionals can engage in dynamic discussions, knowledge exchange, and networking that will undoubtedly shape the future of healthcare in our nation.

Under the theme of “Operational Excellence in Healthcare,” this conference aspires to ignite innovative thinking and inspire actionable solutions that address the evolving challenges within the healthcare sector. In our pursuit of excellence, we have curated a diverse program that encompasses a rich tapestry of keynote speeches, panel discussions, pre conferences, and paper presentations. These offerings are meticulously designed to provide you with insights into cutting-edge research, trends, and best practices, encouraging you to think critically and contribute meaningfully to the field.

The IIHMR, Bangalore, renowned for its academic excellence and commitment to healthcare management and research, serves as an ideal backdrop for this gathering. With state-of-the-art facilities and a conducive environment for learning and dialogue, this institution empowers us to delve into the intricate nuances of healthcare challenges and opportunities.

As Co-Chair of the Organizing Committee, I assure you that every aspect of this conference has been meticulously crafted to offer you a seamless and enriching experience. The expert speakers, esteemed panellists, and distinguished guests have been carefully selected to provide you with insights that will inspire your intellectual curiosity and drive for innovation. Moreover, the networking opportunities embedded within the conference will allow you to connect with like-minded peers, mentors, and professionals, expanding your horizons and fostering lasting relationships.

In conclusion, I extend my deepest gratitude to our sponsors, partners, volunteers, and every individual who has contributed to making this conference a reality. Your unwavering support fuels our determination to create a transformative event that leaves an indelible mark on the landscape of healthcare education and research.

*Warm Regards,*

**Dr. Kirti Udayai**

## MESSAGE

### **Dr. Usha Rani**

Co-Organizing Chair, CAHO-SACKON Conference  
Associate Professor & Coordinator Manipal Health Literacy Unit  
Prasanna School of Public Health  
Manipal Academy of Higher Education, Manipal



#### *Dear Esteemed Colleagues and Future Leaders in Healthcare Administration,*

It is with great pleasure and anticipation that I extend my warmest welcome to each one of you to the prestigious CAHO-SACKON Conference, hosted this year in the vibrant city of Bangalore. As the Co-Chairman of this remarkable event, I am thrilled to witness the convergence of the brightest minds in the realm of Hospital Administration, united by a shared commitment to transforming healthcare delivery and management.

Our conference's theme, "Operational Excellence in Healthcare" resonates deeply with the challenges and opportunities that lie ahead in the rapidly evolving healthcare landscape. As aspiring Masters in Hospital Administration, you are poised to play a pivotal role in shaping the future of healthcare, and this conference serves as a significant stepping stone in that journey.

This conference will expose you to a rich tapestry of insights, experiences, and innovations from distinguished experts and thought leaders hailing from diverse corners of the healthcare spectrum. From exploring ground breaking strategies in patient-centred care to delving into the intricate nuances of healthcare technology adoption, our meticulously curated sessions will empower you with the knowledge and tools necessary to navigate the intricacies of modern hospital administration.

Beyond the educational component, this conference provides a unique platform for networking and collaboration. The connections you forge here have the potential to transcend geographical boundaries and catalyse future partnerships that redefine the healthcare landscape. Engage in lively discussions, share your experiences, and seize this opportunity to learn from your peers.

As we gather in the heart of Bangalore, a city known for its innovation and progressive spirit, I encourage you to also immerse yourselves in its rich cultural tapestry. The blend of tradition and modernity mirrors the challenges we face in healthcare administration - honouring the time-tested principles while embracing innovation with open arms.

I also extend my heartfelt gratitude to our esteemed sponsors, dedicated organizing committee, and the illustrious speakers who have graciously contributed to the conference's success. Your presence and active participation are what make events like these transformative experiences.

Let us embark on this journey together, united by a shared vision of excellence in healthcare administration. As you absorb knowledge, share insights, and make lasting connections, remember that you are not just attending a conference - you are becoming a part of a dynamic community committed to elevating healthcare standards.

I look forward to engaging with each of you throughout the conference and witnessing the collective impact our future healthcare leaders will undoubtedly achieve.

*Wishing you an enriching and unforgettable CAHO-SACKON Conference experience.*

*Warm regards,*

**Dr. Usha Rani**

## MESSAGE



**Aileen J**

Organizing Secretary-SAKCON 2023

### *Respected Guests and Attendees,*

I am delighted to extend a warm welcome to all attendees of the 2nd Edition CAHO-SAKCON 2023, taking place in Bengaluru, commonly referred to as the Silicon Valley of India. In my capacity as the Organising Secretary, I am delighted to bear witness to this assembly of intellectually astute individuals and prospective leaders within the realm of healthcare administration.

The Organising Committee and CAHO veterans worked hard to make the conference a success. We spent numerous hours preparing and working to make the experience memorable and enriching. This gathering will create new relationships and motivate and empower participants to succeed in their fields. I want to express my heartfelt gratitude to our esteemed speakers and presenters, who have graciously agreed to share their knowledge and expertise with us.

This event features a variety of programmes, workshops, and sessions for different interests among students. We want to build a platform for learning, networking, and personal improvement. Each session has been designed to equip you with practical insights, theoretical knowledge, and the skills necessary to excel in the dynamic world of hospital administration.

In addition to the edifying Scientific Conference, the delegates can visit Bengaluru's historic places like the Vidhana Soudha, Nanda Hills, the Bengaluru fort, Lalbagh Botanical Garden, etc. The city's history extends back to antiquity, but it has rapidly transformed into a modern metropolis renowned for its IT industry, educational institutions, green spaces, and diverse culture. Numerous entrepreneurs and investors have chosen Bengaluru as their home base, transforming the city into a hub for start-ups and innovation. Numerous prestigious institutions and universities are located in the city.

As we come together to explore the frontiers of healthcare administration, let us remember our shared responsibility to improve patient care, operational efficiency, and overall healthcare delivery.

Thank you again for participating in this wonderful gathering. Let us embark together on this voyage of development, enlightenment, and celebration.

*Best wishes for an enriching and unforgettable experience!*

*Warm regards,*

**Aileen J**



## OUR INSTITUTIONAL & KNOWLEDGE PARTNERS



**St. John's**  
National Academy of Health Sciences





## WHO WE ARE

A not-for-profit body representing healthcare institutions, diagnostic centres and quality professionals with an overarching aim to promote patient safety through fire safety training for hospital staff, quality through communication skills for the healthcare professional and accreditation in healthcare ecosystem

We believe that accreditation is the beginning of a quality journey. Our aim is to systematically infuse & spread the message of quality in healthcare at the grassroots level so as to develop a culture of safety in healthcare organizations. We as an association of healthcare institutions, diagnostics centres and individuals pool our resources for achieving the common goals of promoting quality, patient safety and accreditation. We are the engine to drive continuous quality improvement and to pursue the journey beyond accreditation in collaboration with all stakeholders.

### Vision

To be an admired global leader transforming healthcare quality and safety

### Purpose

Working together for safer healthcare and add value to all stakeholders

### Our Logo

Signifies our three verticals, represented by petals coming together with constantly updated knowledge, represented by the drop of water, to bloom into better, safer healthcare represented by the flower silhouette.



## CAHO Objectives

### COMMUNICATION FORUMS

- To maintain a database of all members and ensure communication forums are established for interaction and feedback on a regular basis. Also, to collaborate with any agency and/or organization engaged in work of a similar nature.
- To create an ecosystem of sharing anonymized information and also to create consensus documents and white papers.

### QUALITY MOVEMENT

- To promote nationwide quality movement in healthcare, aimed at creating awareness among citizens and empowering them to demand quality accreditation in healthcare services.
- To establish systems of evaluating & credentialing healthcare institutions & professionals in the field of quality & patient safety.
- To promote adoption of technology solutions to promote quality, efficiency and patient safety.

### CAPACITY BUILDING

- To undertake capacity building initiatives in the area of healthcare quality & safety through education and skill building programs.
- To create training programs to enhance skills especially in the field of quality and to create an army of quality implementers.
- To provide mentorship to non- accredited healthcare institutions & diagnostic centres in India.

### RESEARCH & ACADEMIC ACTIVITIES

- To promote and undertake research activities and establish benchmarks in the area of healthcare quality.
- To create training programs to enhance skills especially in the field of quality and to create an army of quality implementers. To establish a repository of best international/national practices and guidelines including clinical indicators.
- To create a "Resource Centre"



# ST. JOHN'S NATIONAL ACADEMY OF HEALTH SCIENCES



St. John's National Academy of Health Sciences (SJNAHS) is a not for profit, private minority Institution. St. John's Medical College, Bengaluru established in 1963 by the CBCI with the aim of training healthcare personnel committed to serving the poor in the margins. The college started Allied Health Sciences (AHS) in 1974, with approval from Rajiv Gandhi University of health sciences. AHS courses have evolved rapidly in St. Johns in response to the growing need for a healthcare force with the capability to deliver specialized health services in a range of settings They fulfill necessary roles in healthcare system in diagnostics, dialysis units, assisting surgeries, physiotherapy & much more.

## UG Programs

### **BACHELOR OF SCIENCE**

- B.Sc. Medical laboratory
- B.Sc. Medical Imaging technology
- B.Sc. Renal dialysis technology
- B.Sc. Cardiac perfusion technology
- B.Sc. Radiotherapy technology
- B.Sc. Anaesthesia operation theatre technology

### **BPT**

Bachelor of Physiotherapy

## Contact us

Academic Admissions Office St. John's National Academy of Health Sciences Sarjapur Road, Bangalore - 560034

**India Ph: +91 80 4946 6030; +91 80 4946 6031**

**Email: [sjmc.admission@stjohns.in](mailto:sjmc.admission@stjohns.in)**

## PG Programs

### **MASTERS in MLT**

- Msc Clinical Biochemistry
- Msc Microbiology & Immunology
- Msc Haematology & Blood transfusion

### **MPT**

- MPT Musculoskeletal Sciences
- MPT Neurological Sciences
- MPT Paediatrics
- MPT Cardiovascular & Pulmonary sciences
- MPT Community Health

### **HOSPITAL ADMINISTRATION –**

- MHA – Masters in Hospital Administration
- DHA – Diploma in Hospital Administration







M S Ramaiah University of Applied Sciences (RUAS) was created under the University Act of 2013 with approval from the Government of Karnataka. The creation of RUAS brought together several well-established educational institutions of the Ramaiah Group, all under one umbrella while reorienting them to a changing present to shape the minds of tomorrow. Since its inception, RUAS has served as a platform that bridges the existing gaps between academia, industry and society. With every program it offers, the University charts its own unique path, creating students who comfortably adopt multidisciplinary thinking and are driven by a strong desire to build to a better tomorrow

Today, RUAS is proud to offer more than 90+ programs across 13 faculties

Faculty of Engineering and Technology  
Faculty of Art and Design  
Faculty of Mathematical and Physical Sciences  
Faculty of Dental Sciences  
Faculty of Pharmacy  
Faculty of Hospitality Management and Catering Technology  
Faculty of Life and Allied Health Sciences  
Faculty of Management and Commerce  
School of Social Sciences  
School of Law  
Ramaiah Medical College  
Ramaiah College of Physiotherapy  
Ramaiah Institute of Nursing Education & Research

**Faculty of Life and Allied Health Sciences**  
Programmes offered under  
Department of Allied Health Sciences

#### UG Programs

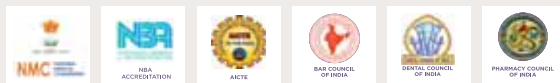
B.Sc. (Hons.) Optometry  
B.Sc. (Hons.) Cardiac Care Technology  
B.Sc. (Hons.) Medical Radiology & Imaging Technology  
B.Sc. (Hons.) Dialysis Therapy Technology  
B.Sc. (Hons.) Anesthesia & Operation Theater Technology

#### PG Programs

Master of Hospital Administration  
Master of Public Health

#### Doctoral Program

Doctor of Philosophy in Allied Health Sciences  
Doctor of Philosophy in Public Health  
Doctor of Philosophy in Hospital Administration



Ranked As...  
ACCREDITED **A+** RAMAIAH MEDICAL COLLEGE  
nirf ALL INDIA RANKING 2023 **43<sup>rd</sup>** RAMAIAH MEDICAL COLLEGE  
**14<sup>th</sup>** FACULTY OF DENTAL SCIENCES  
**65<sup>th</sup>** FACULTY OF PHARMACY  
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Gnanagangothri Campus (GGC):  
University House, New BEL Road,  
MSR Nagar, Bengaluru - 560 054.

Ramaiah Technology Campus (RTC),  
Peenya : #470-P, Peenya Industrial Area,  
Peenya 4<sup>th</sup> Phase, Bengaluru - 560 058.

✉ admissions23@msruas.ac.in  
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**A.J. INSTITUTE OF  
HOSPITAL MANAGEMENT**



**A.J. Hospital & Research Centre**



A UNIT OF

LAXMI MEMORIAL EDUCATION TRUST



## About us

**A.J Institute of Hospital Management**, unit of Laxmi Memorial Educational Trust, was established in 2007 within the premises of A.J Hospital and Research Centre.

AJIHM, heading towards pursuit of Academic Excellence concentrates on the holistic formation of students in all aspects with an undeterred zeal to offer its students the best education, integrating class room knowledge with practical experience at A.J Hospital and Research Centre.

A.J Hospital and Research Centre is a NABH accredited 450 bedded super speciality hospital in Mangalore. Since its establishment, A.J Hospital and Research Centre has ensured world class medical facilities to cater varied requirements of the patients both in and out of Mangalore.

At AJIHM, we develop outstanding Bachelor's and Master's degree students in Hospital Administration by providing them with the best exposure to practical aspects of hospital administration, which would open up the best career opportunities in hospital administration. We prepare the students to develop individual competencies such as communication, data driven decision making and explore the healthcare domain as an opportunity for entrepreneurship.

A.J Institute of Hospital Management students occupy positions of leadership across a wide spectrum of healthcare industry including Hospitals, Information Technology, Insurance and Management Consultancy etc. The students from AJIHM continue to prove their mettle in competitions, academics, and placements – thereby strengthening the brand of the college in the corporate world.

## Vision

To be a premier academic institution, recognized for its contribution to health care sector and community through excellence in teaching, learning, research, and leadership.

## Mission

- 1 To impart quality education to aspiring younger generation through the best of teaching and learning opportunities.
- 2 To discover, nurture and enhance creativity and innovation in scientific, technical and managerial competencies.
- 3 To prepare graduates to be lifelong learners with strong analytical and leadership skills.
- 4 To encourage critical thinking and continuous improvement.



## Contact us:



0824-6613246



www.ajihm.in



ajihm.mha@gmail.com

COMMITTED TO EDUCATION  
FOR OVER TWO DECADES

## OUR CAMPUSES

Yenepoya (Deemed to be University) Campus, Deralakatte, Mangalore

Yenepoya (Deemed to be University) Campus, Bhartiya City, Bangalore

## OUR CONSTITTUENT UNITS

**MEDICINE | DENTISTRY | NURSING | PHYSIOTHERAPY | ALLIED HEALTHCARE  
FACULTY OF SCIENCE | PHARMACY | AYURVEDA | HOMOEOPATHY | NATUROPATHY  
& YOGIC SCIENCES | ARTS & SOCIAL SCIENCES | COMMERCE & MANAGEMENT**

## HIGHLIGHTS



scan QR code



University Road, Deralakatte, Mangalore-575018.  
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reachus@yenepoya.edu.in | www.yenepoya.edu.in





## About CAHO-SEC

CAHO has built enriched consortium of accredited healthcare organization - student engagement committee (CAHO-SEC), which is an initiative of CAHO for better engagement of students for their contentment especially on conducting conferences, scholarship etc. which has scoped out with forming committees with scholars of various MHA college heads, from all over India, that enabled engaging students in various activities to enhance their skills in refining the quality and safety of healthcare services delivered, as they are envisioned future of this organization.

### **About Caho Student Annual Knowledge Sharing Conference (SAKCON)**

**The objective of SAKCON** is to prepare students to gain mastery and professional expertise from bench to bedside, to share knowledge, technological advance, innovation and best practices in health care sector, and to conduct workshop under the guidance of multi-disciplinary experts to provide students with practical training

SAKCON is a two-day conference focused on sensitising healthcare management students on topics that will make healthcare efficient, effective, affordable and accessible.

The talks and paper presentations will give a comprehensive overview of the contemporary concepts of current trends in health care that intellectualises audience to work actively to promote patient safety.

The first edition of SAKCON focused on fast evolving technologies with demographic and economic changes, and the second edition of SAKCON focuses on "operational excellence in healthcare". The chosen theme aims to highlight methods and strategies that empower and encourage healthcare organizations to deliver high quality and efficient care through the evolution of care models and adoption of innovative technologies.

Overall the conference will bring in awareness concerning Hospital management with the theme operational excellence which comprises leadership & strategic management, service delivery excellence & risk management, technology-driven change adoption and global patient safety action plan 2021-2023 towards elimination of avoidable harm in healthcare.

## CAHOSEC Executive Committee



**Dr Amitha Marla**

Director-Medical Administration  
A. J. Hospital & Research Centre  
Mangalore, Karnataka

**Dr Usha Manjunath**

Professor-Director  
Institute of Health Management Research  
Bangalore, Karnataka



**Dr Anuja R Singh**

Principal  
The Sankara Nethralaya  
Chennai, Tamilnadu

## CAHOSEC Committee Members

**Dr Keerti Bhushan Pradhan**

Professor-Advisor  
Healthcare Management  
Chandigarh



**Dr Naveen Kumar P**

Professor-HOD  
Department of Hospital Administration  
Manipal, Karnataka

**Dr Kirti Udayai**

Associate Professor and Associate Dean  
Academic Students Affairs, IIHMR  
Bangalore, Karnataka



**Dr Mamtha H K**

Associate Professor and Head of the Dept. of  
Health Management-Studies  
JSS Academy of Higher Education & Research  
Mysore, Karnataka



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Professor & HOD (Hospital Administration)  
Dean, Yenepoya Allied & Healthcare Professions  
Yenepoya (Deemed to be University), Mangalore,  
Karnataka



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Principal and Professor  
Apollo Institute of Hospital Administration  
Hyderabad



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Associate Professor & Coordinator,  
Manipal Health Literacy Unit  
Prasanna School of Public Health  
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**Mrs Vijaya P**

Principal and Professor  
A J Institute of Hospital Management  
Mangalore, Karnataka



**Ms Aileen J**

Assistant Professor Faculty of Life &  
Allied Health Sciences  
M S Ramaiah University of Applied Sciences  
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**Rev. Fr. John Thekkekara**

Associate Director Hospitals and Professor  
St. John's Medical College Hospital  
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Health Care Global Enterprises Limited, Bangalore

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Professor & HOD (Hospital Administration)  
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*Best Wishes for a successful 2<sup>nd</sup> Edition of  
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# PRE-CONFERENCE WORKSHOP

## CAHO SAKCON 2023

### Financial Operations in a Hospital

15 SEPTEMBER 2023 Venue : IIHMR- Bangalore

TIMINGS: 9:30AM- 5PM

CAHO SAKCON 2023 invites students for an onsite workshop on **Financial Operations in a Hospital**

#### Key Highlights

- Industry Insight from key leaders in hospital
- Professional Development
- Financial Reporting and Analysis
- Revenue Enhancement Strategies
- Technology Integration
- Field Visit to Kauvery Hospital

#### Speakers Details



**MR. PIYUSH KUMAR**

Associate Professor and Associate Dean Training  
IIHMR Bangalore



**MR. SAURABH GUPTA**

Regional Chief Operating Officer  
KIIMS Hospitals, Hyderabad

# PRE-CONFERENCE WORKSHOP



## CLINICAL EFFICIENCY AND EXCELLENCE

**Venue:** 1st Floor-Advanced Learning Centre, University House, Ramaiah University of Applied Sciences, BEL Road, Bangalore

**15 SEPTEMBER 2023**

**Timings:** 9:30am- 5pm

CAHO SAKCON 2023 invites students for an **onsite workshop on Clinical efficiency and excellence**

### Key Highlights

- ▶ Visit to Ramaiah Advance Learning Centre- The Cadaveric Research and Training unit
- ▶ Visit Ramaiah Hospital (Clinical and non-clinical departments)
- ▶ Clinical excellence framework
- ▶ Clinical governance to achieve clinical efficiency
- ▶ Challenges in achieving clinical excellence
- ▶ Case scenarios- clinical operations and quality
- ▶ Way forward as administrators in clinical excellence
- ▶ Practical Lessons from key leaders in Hospital

### Speakers Details



**DR MURALI CHAKRAVARTHY**

Director, Clinical Affairs, Senior Director,  
Department of Anesthesia,  
Fortis Hospitals, Bangalore



**DR. MEDHA RAO**

Dean Academics, MS  
Ramaiah University of  
Applied Sciences



# PRE-CONFERENCE WORKSHOP



## DIGITAL SYSTEMS FOR FACILITY MANAGEMENT IN HOSPITALS

15 SEPTEMBER 2023

TIMINGS: 9:30AM- 5PM

Venue : St. John's Medical College & Hospital, Bengaluru

CAHO SAKCON 2023 invites students for an onsite workshop  
**Digital Systems for Facility Management in Hospitals**

### Key Highlights

- ✔ Visit St John's National Academy of Health Sciences-Go green campus in the city's heart.
- ✔ Visit St John's Hospital (Clinical and non-clinical department)
- ✔ To understand and know about the Cutting –edge Technology
- ✔ To know the integration of technologies, people and processes to enhance the management of a building's facilities.
- ✔ Challenges in Technology-driven Facility Management in Hospital

### Speakers Details



#### S. SESHADRI NARAYANAN

Head Engineering & Maintenance (Southern Region)  
 Apollo Hospitals Enterprise Limited.



#### U. K. ANANTHAPADMANABHAN

Founder & CEO,  
 Tenxhealth Technologies,Coimbatore  
 & Low Code and No Code Evangelist

## CAHO SAKCON 2023

Date: 16-Sept-2023 | Venue: NIMHANS Convention Centre (Audi I)

### Program Schedule

8:30 AM - 9:30 AM	Registration	
9:30 AM - 9:40 AM	Lamp Lighting and Ganesh Vandana	
9:40 AM - 9:50 AM	Welcome Address	<b>Dr. Usha Manjunath</b> Organizing Chairperson, CAHO SAKCON 2023 & Director, IIHMR Bangalore
9:50 AM - 10:00 AM	Chief Guest Address	<b>Dr. C N Manjunath</b> Director, Sri Jayadeva Institute of Cardiovascular Sciences and Research, Bangalore
10:00 AM - 10:10 AM	Guest of Honor Address	<b>Dr. M K Ramesh</b> Vice Chancellor, Rajiv Gandhi University of Health Sciences, Bangalore
10:10 AM - 10:15 AM	CAHO SAKCON 2023 - Souvenir Release	
10:15 AM - 10:20 AM	Special Address	<b>Dr. Vijay Agarwal</b> President, CAHO
10:20 AM - 10:25 AM	Special Address	<b>Dr. Lallu Joseph</b> Secretary General CAHO, Associate G S Quality Manager, CMC, Vellore
10:25 AM - 10:30 AM	Vote of Thanks	<b>Dr. Kirti Udayai</b> Organizing Co-Chairperson, CAHO SAKCON 2023, Associate Dean Academics & Student Affairs, IIHMR Bangalore

### 10:30 AM - 11:10 AM **Session 01 - Leadership & Strategic Management**

Chairperson: **Dr. Nagendra Swamy**, Founder Chairman, Medisync Health Management Service Private Limited

Co-Chairperson: **Dr. Usha Manjunath**, Organizing Chairperson CAHO SAKCON 2023 & Director, IIHMR Bangalore

10:30 AM - 10:45 AM	Keynote Speaker Address	<b>Dr. Vijay Agarwal</b> President, CAHO
10:45 AM - 11:10 AM	Panel Discussion	<b>Mr. Saurabh Gupta</b> Regional COO, KIMS Sunshine Hospital, Hyderabad
10:45 AM - 11:10 AM	Panel Discussion	<b>Mr. U K Ananthapadmanabhan</b> Director & CEO, Tenxhealth Technologies Pvt Ltd
10:45 AM - 11:10 AM	Panel Discussion	<b>Mr. Srikrishna Seshadri</b> Lead Digital Health, TATA MD

11:10 AM - 11:20 AM Sponsors Brief - Littlemore Innovation

11:20 AM - 11:30 AM Sponsors Brief - Dozee

11:30 AM - 11:45 AM Tea Break

**11:45 AM- 12:25 PM Session 02 - Service Delivery Excellence & Risk Management**

Chairperson: Dr. Uma Nambiar, Executive Director, Gimcare Hospital & Chairperson - DHIA (DHIndia Association)

Co-Chairperson: Dr. Anuja R Singh, Principal, The Sankara Nethralaya Academy, Chennai

11:45 AM - 12:00 PM Keynote Speaker Address

**Mr. Sameer Mehta**

Vice President, CAHO & Vice Chairman  
 Dr. Mehta's Hospitals, Chennai

12:00 PM - 12:30 PM Panel Discussion

**Mr. Harry Prashant Miranda**

Managing Director,  
 Sushant Resource Consulting

12:00 PM - 12:30 PM Panel Discussion

**Dr. S Prakash**

Formerly Managing Director, Star Health  
 and Allied Insurance Co. Ltd

12:00 PM - 12:30 PM Panel Discussion

**Dr. Sunita Saldanha**

Professor & HOD (Hospital Administration)  
 Dean, Yenepoya Allied & Healthcare  
 Professions, Yenepoya (Deemed to be  
 University)

12:00 PM - 12:30 PM Panel Discussion

**Dr. (Wgcdr) A Nagasubramaniam**

Facility Director,  
 Fortis Hospital, Rajaji Nagar

12:30 PM - 12:40 PM Sponsors Brief – Aldun

12:40 PM - 1:45 PM Lunch Break

**1:45 PM – 2:45 PM Session 03 – Paper Presentation**

**2:45 PM - 3:15 PM Session 04 - Technology Driven Change Adoption**

Chairperson: Dr. P. Naveen Kumar, Professor & Head of Department of Hospital Administration, Kasturba Medical College, Manipal

Co-Chairperson: Ms. Sara Mathew, Professor & Head, Department of Hospital Administration, St John's Medical College, Bangalore

2:45 PM - 3:00 PM Keynote Speaker Address

**Dr. Satish Prasad Rath**

Co-Founder, Chief Medical Officer, SKIDS

3:00 PM - 3:15 PM Panel Discussion

**Dr. Adith Chinnaswami**

Co-Founder & COO, MEDISIM VR

3:00 PM - 3:15 PM Panel Discussion

**Dr. Anjali Kulkarni**

Vice President, Clinical Informatics,  
 Karkinos Healthcare, Bangalore

3:00 PM - 3:15 PM Panel Discussion

**Mr. Harsh Tongia**

Business Development Specialist for  
 Hospital sales (SAAS - Ed-tech),  
 Medlern Pvt Ltd, Bangalore

3:15 PM - 3:30 PM	Tea Break	
3:30 PM - 4:15 PM	<b>Session 05 - Global Patient Safety Action Plan 2021-2030- Towards Eliminating Avoidable Harm in Healthcare</b>	
3:30 PM - 4:15 PM	Session Moderator	<b>Dr. Amitha P Marla</b> Director, Medical Administration, A.J Hospital & Research Centre, Mangalore
3:30 PM - 4:15 PM	Panel Discussion	<b>Dr. Lallu Joseph</b> Secretary General CAHO, Associate G S Quality Manager, CMC, Vellore
3:30 PM - 4:15 PM	Panel Discussion	<b>Dr. Shweta Prabhakar</b> Head Quality & Patient safety, Academics & JCI Accreditation Coordinator, Fortis Hospital
3:30 PM - 4:15 PM	Panel Discussion	<b>Ms. Nadira Chaturvedi</b> Co-Chairperson, Patients for Patient Safety Foundation (PPSF)
3:30 PM - 4:15 PM	Panel Discussion	<b>Dr. Anuradha Pichumani</b> Executive Director, Sree Renga Hospital, Chengalpattu
4:15 PM - 5:00 PM	<b>Award Ceremony &amp; Valedictory Session</b>	
4:15 PM - 4:25 PM	Address by Chief Guest	<b>Fr. John Varghese</b> Associate Director, St. John's Medical College Hospital, Bangalore
4:25 PM - 4:40 PM	<b>Award Ceremony for Paper &amp; Poster Presentation</b>	
4:40 PM - 4:55 PM	<b>Honouring Committee Members</b>	
4:55 PM - 5:00 PM	Vote of Thanks	<b>Ms. Aileen J</b> Secretary, CAHO SAKCON 2023, Faculty, M S Ramaiah University of Applied Sciences, Bangalore



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## KEYNOTE ADDRESS

### The Significance of Strategic Leadership in Healthcare Administration



**Dr Vijay Agarwal**  
President, CAHO

In the ever-evolving landscape of healthcare, effective leadership plays a pivotal role in steering organizations towards success. Strategic leadership, in particular, holds immense importance, enabling healthcare administrators to navigate industry complexities, adapt to changes, and drive improvements that ultimately lead to enhanced patient outcomes, operational efficiency, and organizational growth.

Strategic leadership in healthcare administration surpasses day-to-day management tasks. It involves envisioning a clear and compelling future for the organization, formulating well-defined goals, and devising comprehensive plans to achieve them. This approach necessitates an in-depth understanding of the healthcare ecosystem, encompassing clinical, financial, regulatory, and technological aspects. Indeed, strategic leadership is imperative at all levels, including departmental and functional heads. The coordination between these leaders is integral to delivering optimal results and augmenting patient satisfaction.

#### Key Points on the Importance of Strategic Leadership:

1. **Adapting to Change:** The healthcare industry undergoes constant change, whether in the form of medical technology advancements, shifts in patient demographics, or changes in regulatory policies.
2. **Maximizing Resources:** In a resource-constrained environment, strategic leaders optimize resource allocation by prioritizing initiatives aligned with the organization's long-term goals.

3. **Driving Innovation:** Strategic leaders foster a culture of innovation within healthcare organizations. By encouraging experimentation and embracing novel technologies and practices, they position their institutions at the vanguard of healthcare advancements, leading to improved patient care and outcomes.
4. **Enhancing Patient-Centric Care:** Patient-centered care is a cornerstone of healthcare administration. Strategic leaders not only prioritize patient feedback but actively seek their input to refine hospital functioning.
5. **Risk Management:** Operating within a heavily regulated and litigious landscape, healthcare organizations require strategic leaders to implement risk mitigation strategies, ensuring compliance with regulations, minimizing legal liabilities, and upholding patient safety.
6. **Collaboration and Communication:** Effective strategic leaders foster collaboration among multidisciplinary teams. They articulate a clear vision, encourage open dialogue, and cultivate an environment where diverse perspectives contribute to informed decision-making.
7. **Long-Term Sustainability:** Strategic leaders emphasize long-term sustainability over short-term gains. By crafting strategic plans that address current challenges and future opportunities, they guarantee the organization's viability and long-term success.

As healthcare administrators, embracing and comprehending strategic leadership principles empowers us to navigate uncertainties, drive innovation, and contribute to enhancing patient care and advancing the broader healthcare ecosystem. Integrating strategic thinking into healthcare administration education equips future leaders to make informed decisions that will shape the future of healthcare delivery.

## KEYNOTE ADDRESS

### Delivery Excellence

**Sameer Mehta**

Vice President - CAHO

Vice Chairman - Dr Mehta's Hospitals

Chief Investment Officer - the Atlas Family Office

Chairman - the Institute of Future Science and Technology

Board Member - IITM RTBI, Villgrew Foundation, Proklean Technologies,

Twixor Technologies, Health Sensei

Delivery excellence is a very critical part of any health care system. As many of us understand and fully appreciate, health care is a set of services in a highly complex environment. And being able to deliver it to save people's lives needs an exceptionally high amount of precision that is typically not found in most other quality systems because for every mistake we make, it could be at the risk of a person's life. So delivery excellence encompasses a number of different components of the service model, ranging all the way from the customer experience system to the systems that underpin all the way the flow of people across the hospital to successfully making sure that the tomorrow of a customer is much better than the yesterday of that same customer. I think the first component that we need to understand is it's because it's a highly service-oriented industry, the quality of the talent on the ground in front of the customer rules and sets the framework for success, and therefore talent management and the systems that you use to manage that talent become extremely critical. The other component is, of course, having a very strong focus and systems approach to any organization as well as set of services. And from that key performance indicator, setting the right ones helps define that. If you add the complexity of culture, having a key role with key performance indicators. For example, if a clinician is asked to focus on revenue, perhaps more importantly than clinical outcomes, then some of the experiences a customer may have are likely to be extremely different. The other component is, of course, having a very strong focus and systems approach to any organization as well as set of services. And from that key performance indicator, setting the right ones helps define that. If you add the complexity of culture, having a key role

with key performance indicators. For example, if a clinician is asked to focus on revenue, perhaps more importantly than clinical outcomes, then some of the experiences a customer may have are likely to be extremely different. If operations manager is more focused on efficiency of a system versus the effectiveness of the system, and these are different, the likelihood that sometimes a customer who might have come for something in not knowing what the real problem is may have a completely different outcome and quality of life versus somebody who comes in and is focused more on a more effectively effective quality of life. Because sometimes the right answer for a customer is actually not to do what they think is the right answer, but to do what is the right answer for them by putting options on the table and helping educated customers take simple decisions. And not so educated customers also take simple decisions, but without perhaps the overburden of that data, because some of the complexity of it is, of course, by giving somebody too much data, we're actually reducing the likely delivery excellence of our hospital or health care model. Finally, risk management is critical. And in this world, as we see risk increasing, whether it's ranging from climate change, which then impacts health or government regulation or overregulation, like we recently saw with some of the policies around the pharmaceutical generic drugs versus branded drugs, that sometimes you have to take a very long term view on risk management. And managing these risks effectively is the difference between success and failure. There are typically four different options on any risk model, and that is you can treat the risk, you can take the risk, means you carry it and hold on to it. The third is you can transfer the risk to somebody else,

somebody who perhaps knows it better or transfer it through contracts to the service provider or a clinician or a third party. Or four, which is terminate the risk, meaning that that's something that you opt not to do. For example, Dr. Mehtha's hospitals has been in the service industry for over 90 years. And there are some clinical specialties we not do because we do not have the confidence that we will deliver outstanding outcomes like all the other patients in all remaining 89, super, and subspecialties. An example of that risk management is we've effectively terminated that service model. In this case, eye care beyond basic checkups and beyond neonatal checkups, to somebody who is much more effective at it, which in our case we've terminated by saying we don't offer the service, but you could technically also transfer that risk to, for example, an Arvind eye hospital or a Shankar Netralya or a Dr. Agarwal's eye hospital, depending on what the customer's preference needs and their capacity to travel entails. I think the last point I'd like to bring forward is health insurance is going to be a much more important

part of all our collective decision making is going forward. Today, less than 40 % of people across India have any form of health insurance. We, of course, have the Ayashman, Bhart program, but that is at the moment not so deep across the health care ecosystem and it will continue to grow. So just like the Ayashnan, Bhart will someday encompass a good 50 plus % of our population, so will the other forms of health insurance going up to 80 %. So I think health insurance will play another key role and we hope that you will get to understand this over the next few days. But overall, we hope that your participation in Kahu makes sure that your organization, as well as you as an individual, has a better tomorrow than yesterday. And I think that is our preference for you. And please focus on quality and patient safety. Sometimes the right answer is no, and sometimes the right answer is how can I help you? And let's make it work. So with that, welcome to SAKCON. And we hope this program that has been outstandingly designed is an excellent experience. And with our wonderful hosts, we hope that you have an outstanding experience. Thank you



# Factors contributing to Patient-to-staff Violence and Staff Preparedness to manage aggressive patients in A Selected Tertiary Care Hospital

Krithika Rai, Mrs. Averil Rinita Rebello

Department of Hospital Administration, Yenepoya (Deemed to be University)

## Introduction

The occurrence of patient and visitor violence against healthcare staffs is a significant problem in hospitals and is been increasing worldwide. There is lack of studies describing the factors influencing aggressive behaviour of patients and their families. These violent events can prove to be a threat to the hospital and its staff. Workplace violence(WPV) encompasses incidents or expressions of physical violence, harassment, intimidation, or aggressive conduct that take place in a professional setting. Healthcare professionals worldwide face a significant threat of violence, with a prevalence ranging from 8% to 38% experiencing physical violence during their careers. The occurrence of violence has escalated significantly since the onset of the COVID-19 pandemic. Violence in hospitals are not adequately addressed and the reason for violent incidents go unanswered. To provide a safe working environment for healthcare staff, it is important to address the factors causing violence and strengthen the redressal systems.

## Methodology:

**STUDY SETTING** A Tertiary care hospital in Mangalore  
**STUDY DESIGN** Cross Sectional Study  
**STUDY PARTICIPANTS** Clinical Staff, Clerical staff, Administrative staff, Supportive staff and Security staff  
**SAMPLE SIZE** The complete enumeration of all the staff from the high-risk areas of the hospital. Total : 123 staff  
**INCLUSION CRITERIA** High risk areas (Psychiatry department, Emergency department, Front office, ICU, LT). Inclusion criteria was developed after reviewing the following articles. i,§ Jenny Jakobsson, Karin Ormon et al. made a qualitative study in 2022 to study the work place violence perpetrated by patients or visitors and it revealed how ward managers have a leadership role in handling incidents related to workplace violence especially in the emergency department, psychiatry and labour theatre. Based on this study Administrative staffs were chosen as participants for the present study. Studies

conducted by Rosangela and Tommaso focused on violence faced by physicians working in the Emergency and Psychiatry department. i,§ The study conducted by Henok Legesse and a study by Hossien, both identified Emergency department, psychiatry department and Intensive care units as the violence prone areas in the hospital. **EXCLUSION CRITERIA** Staff who were on long leave were excluded from the study. **MATERIALS AND METHODS** The data was collected through questionnaire method in which selfadministered questionnaire was given to Clinical, Clerical, Administrative, Supportive and Security staff working in the high risk areas **STUDY TOOL** A selfdesigned questionnaire developed after reviewing the OSHA guidelines on risk factors and prevention of workplace violence was used. **STATISTICAL ANALYSIS** Data were analyzed to assess the factors contributing to patient-to-staff violence and staff preparedness to manage aggressive patients in a selected tertiary care hospital. The statistical software (JAMOVI 2.3.26) was used to analyze the data.

## Results:

**RESULTS** Out of 123 questionnaires distributed, 117 responses were received, out of which 115 were completed and 2 were partially completed. Thus 115 responses were considered. The most common factors for violence as reported by the staff were significantly due to patient-centered factors i.e. drug/alcohol abuse 82.6% and psychological conditions 79.1%. followed by organizational factors - overcrowding accounted to 82.2%, inappropriate knowledge about the disease 79.4% and Then the most reported factor in this sequence was long waiting time accounting to 77.7%, unavailability of medicines and delay in dispensing drugs 76.8%, inadequate security arrangements 76.1%, delay in diagnostic reports of emergency cases 75.6%, high expectation of medical care by patients 75.3%, lack of communication and guidance given to patients 74.6%, poor quality of treatment 73.7%, inadequate action from hospital authorities on receiving complaints 73.2% ,

financial constraints 72.8%, lack of appropriate redressal system 70.4%. The findings showed two most significant managerial issues i.e. overcrowding 82.2% and educating the patients about their health condition 79.4%, that has to be addressed. While assessing the preparedness, the response of the staff showed that training provided to staff for recognizing and managing hostile and assaultive behaviors was least 69.5% followed by defensive training to protect against violence 70.8% which indicates that more attention has to be given for training regarding these skills.

### **Discussion:**

This study outlines the prevalence of workplace violence in healthcare indicating that there is discernible occurrence of violence. Often the factors that perpetrate violence is ignored and only measures are taken to solve issues only after the incidence has occurred. So, in this study, an attempt was made to assess the factors that perpetrate violence and possible recommendations are provided to prevent violence. From this study it was evident that the occurrence of verbal abuse was 64.5%, followed by frequency of bad remarks received from patients/bystanders 62.3% and physical violence experienced by the staff was 31.3%. It was evident that there was a significant occurrence of verbal violence as well as a risk of physical violence. Though the physical violence was minimal, it can be inferred that it was not nil thus providing a threat to the smooth functioning of the hospital. In a study done by Saleema Arif ,Lubna Ansari, et al Baig ,the findings were parallel to the findings of this study. Verbal violence was more prevalent compared to physical violence. Out of the 1622 subjects, verbal violence

had been experienced by 396 (24.4%) subjects, while 228(14.1%) had witnessed it. Among these, 524(32.3%) felt frustrated ,503(31%) were disturbed and 272(16.8%) subjects were planning to quit the profession. The findings of this study showed two most significant managerial issues i.e. overcrowding (82.2%) and educating the patients about their health condition (79.4%), that has to be addressed. This study also revealed that inadequate action from hospital authorities on receiving complaints (73.2%) ,lack of appropriate redressal system (70.4%), are also managerial issues leading to violence. A study done by Cara Spencer , Jamie Sitarz et al similarly identified nursing, management, and organizational factors that lead to underreporting of patient and visitor perpetrated workplace violence. Common factors that lead to underreporting were due to lack of action taken after receiving the complaints, lack of policies, procedures and training given to staffs, as well as lack of a user friendly reporting system.

### **Conclusion:**

It is imperative to address workplace violence in hospital settings to safeguard the safety and well-being of healthcare professionals. The inherent risks associated with workplace violence, including physical and psychological harm, necessitate the implementation of comprehensive measures and policies. By introducing strategies for early recognition and de-escalation, promoting situational awareness, and employing crisis prevention techniques, hospitals can establish a safer environment for their staff. These proactive measures not only protect the healthcare workforce but also enhance the quality of patient care and fortify the healthcare system as a whole.

# A COST ANALYSIS STUDY OF MRI AND CT SERVICES IN THE RADIOLOGY DEPARTMENT OF A TERTIARY CARE TEACHING HOSPITAL

*Author: Rekha Gigi, Dr. Nagaraj Shet*

Department of Hospital Administration, Yenepoya (Deemed to be University)

## Introduction:

The healthcare system all over the world is facing huge pressure to improve the quality of service while reducing the rate of cost increases. Cost analysis is to improve the performance efficiency of the entire radiology department, not to reduce the quality or quantity of services offered to patients. Healthcare administrations are looking for new tools to control costs without compromising the quality of patient care. Economic constraints remain one of the biggest constraints on the quality of healthcare, even in developed countries. Detailed statistics play an extremely important role in Costing of services and fixing of schedule of charges. Advanced imaging technologies like CT and MRI demand attention to cost and quality for patient care.

## Methodology:

A descriptive study was conducted in the department of radiology at a tertiary care teaching hospital. A retrospective method have been followed to collect the data regarding fixed cost and variable cost of MRI and CT radiology services. Data collection form is the tool used to collect secondary data including information about the capital cost, expenditure, maintenance cost has been collected from records maintained in Radiology department, Purchase and Stores department, Accounts department, Maintenance department, Biomedical department. Sample size was the total number of MRI and CT scan performed for 3 consecutive months from October, November and December in 2022 before the commencement of the study.

## Results:

The study result shows that the actual cost incurred by the hospital to provide MRI scan service was Rs.3,586/- and the actual cost incurred by the hospital to provide CT scan service was 1703.41/-. But the hospital charges Rs.5000/- for MRI scan and Rs. 2200/- for CT. The Break

Even Point (BEP) 4094 was that the number of scans required for MRI to get profit. The breakeven point was calculated to be 4094 units for MRI and 6507 for CT. This means that in order to make profit out of MRI and CT facility, the hospital needs an average utilization of approximately 11 scans for MRI and 18 scans for CT per day. However, during the study period total MRI scans done were 1450 meaning average of 15 scans per day and total CT scans done were 2122 meaning average of 23 scans per day.

## Discussion:

In a similar study done by Khurshid Rehana et al. (2013) on the unit cost of CT and MRI scans, the hospital really spent Rupees 581.4 (US \$10.89), 2339.20 (US \$43.83), 4447.30 (US \$83.34), and Rupees 581.4 (US \$10.89), respectively, to offer CT head, CT abdomen, CT chest, and MRI scans. In the hospital, patients are billed Rs.900/- (US \$16.86) for a CT scan of the head, Rs.1200/- (US\$22.48) for a CT scan of the abdomen, Rs.1200/- (US \$22.48) for a CT scan of the chest, and Rs.2500/- (US \$46.85) for an MRI scan. Additionally, a similar study conducted by Abas Khan et al. (2022) revealed that the actual cost incurred by the hospital to provide MRI was Rupees 7432.7/- while as cost charged to the patient is Rupees 2500/-. Dr. C. Narender Kumar (2018) found that the variable cost was the highest cost. The overall variable cost was INR 12359984 (US\$ 231633.88), while the variable cost per scan was INR 1551.40 (US\$29.07). There were INR 7428202 (or US\$13909.34) in total for Fixed Cost. In order for an MRI to be profitable, BEP 7830.7 patients were needed. The MRI scan unit achieved the highest degree of financial efficiency throughout the year, which saw a total of 7967 MRI scans completed. A similar study conducted by Khurshid and Tabish et al. (2014). According to their study, they discovered that the predetermined cost amounted to INR 4025.90 (approximately USD 75.44) per scan, the fluctuating cost amounted to INR 420.28 (around USD

7.87) per scan, and the break-even point (BEP) was 2481.4 units. Their hospital required an average of 413.35 MRI scans per month to be profitable, but only 213.4 scans were actually performed there each month.

### Conclusion:

Radiological services constitute an integral role in tertiary care settings. Despite incurring considerable expenditure both for setting up and running these services, they provide timely support in clinical decision making for optimal patient care. Appropriate cost managerial tools

and techniques are essential in optimizing the utilization of these cost intensive services, hence an administrator has to finely balance cost incurred and pricing of these services to ensure both profitability and at the same time affordability to the end user. The study shows that certain cost centres are at present contributing quite substantially to the total costs of providing services in hospitals. There is need for generating cost awareness and initiate measures to reduce costs wherever feasible by adopting modern management technique. This will help in optimizing use of budgetary allocation.

## A study on possible failure modes and causes in blood bank

Sonali Assumpta Rodrigues, Dr. Sweta D’Cunha, Father Muller College of Allied Health Sciences

### Introduction:

Failure Modes and Effects Analysis (FMEA) is a systematic, proactive method for evaluating a process to identify where and how it might fail and to assess the relative impact of different failures, in order to identify the parts of the process that are most in need of change. It is a useful tool to aid multidisciplinary groups in understanding a process of care and identifying errors that may occur. It is a process used to identify potential failures and their causes before future services are provided. It can also provide opportunities to improve current services. Patient safety is ultimately the goal of the FMEA in healthcare process. FMEA has been used to improve the safety of the blood transfusion process. It improves the quality, reliability and safety of the process. Documents and tracks risk reduction activities. It is important to evaluate processes for possible failures and to prevent them by correcting the processes rather than reacting to adverse effects after failures have occurred. This emphasizes on prevention may reduce risk of harm to both patients and staff.

### Methodology:

The descriptive study was conducted at a selected hospital. The process of the department was observed.

List of possible failures were made with the help of Blood Bank Officer and Blood Bank Incharge on the basis of Severity (S), Occurrence (O) and Detection (D). The reasons for each failed step of the process were identified by observation, checking or records and with the help of Blood Bank Incharge. The Risk Priority Number (RPN) was determined, and appropriate risk avoidance or risk reduction measures were provided.

### Results:

Highest failures observed were in incomplete issue of requisition form. Most of the issue forms observed were missing with clinical diagnosis. Wrong blood group was often mentioned in the forms that were sent to Blood Bank from wards.

### Discussion: NA

### Conclusion:

A detailed study of Blood Bank processes helped to identify certain possible failure modes in each step of the process. This will help to reduce the risk involved in the processes and improves safety to the the donor and the patient.

# A study to evaluate relationship between Leader-Member Exchange (LMX) and Employee Engagement among healthcare professionals in a tertiary care Hospital

Pallavi Kishore, Ms. Aileen J., M. S. Ramaiah University of Applied Sciences

## Introduction:

In the Healthcare industry, where diverse employees operate within a single organisation, employee engagement is crucial for retention. As critical factors impacting employee performance and well-being have been identified, the importance of the concept of employee engagement has increased. This study aims to establish a conceptual foundation upon which future research evidence can be developed. Due to the specific challenges and requirements of the healthcare industry, the relationship between Leader-Member Exchange (LMX) and employee engagement is crucial in healthcare settings. Several studies have investigated this relationship within healthcare organisations, and the findings indicate that LMX considerably influences employee engagement. The purpose of the study is to quantify and examine the impact of leader-member exchange, employee engagement, and their relationships with one another.

## Methodology:

It is a descriptive, cross-sectional study conducted in a tertiary care Hospital. Purposive sample of 370 healthcare professionals participated in the study. Questionnaire was developed using Spreitzer's psychological empowerment tool, the multidimensional measure of leader-member exchange (LMX-MDM), and the Individuals Work Performance Scale, the Utrecht Work Engagement Scale (UWES). Data analysis using IBM SPSS 29, Validated structured questionnaires, Descriptive analytics, Cronbach's Alpha for reliability and validity, EFA - KMO and Bartlett's test. Using Smart PLS 4, SEM -Measurement model analysis with construct reliability and validity, Discriminant validity Structural model analysis with coefficient of determination, Collinearity and Redundancy analysis (VIF, path coefficients and

SRMR value) for model fit, level of significance (p value). Employee engagement strategies were recommended to the HR manager and management.

## Results:

A pilot study was conducted to check the reliability of the questionnaire using Cronbach's alpha (SPSS Version 29), Cronbach's alpha was found to be 0.76, which is acceptable. Kaiser-Meyer-Olkin Measure of Sampling Adequacy - 0.87, Bartlett's Test of Sphericity (sig.) - <.001 and Total Variance - 60.368 and 14 Items deleted after EFA. Assessment of questionnaire made us come to the result that more than half of the employees (56%) are engaged and 14 % are highly engaged with 30% being less engaged in the hospital. 52.37% of the employees have been working in the hospital for more than five years which shows that they have been retained well in the organization and that most of the employees belonged to middle level (42.20%). Engagement scores are classified as less engaged (<3.5), engaged (3.5-4.5), highly engaged (>4.5). There was a significant relationship between the key factors and the employee engagement which was less than 0.05(p value) for all. The null hypothesis rejected and alternate hypothesis was accepted and concluded that the key factors played an important role in engagement of employees in a tertiary care hospital. The SRMR value being 0.05 and the VIF (inner model) less than 3 suggested the SEM model to be a good fit and that collinearity existed between constructs. Although the coefficient of determination between the key factors and employee engagement stood up to be less than 0.5(R<sup>2</sup>) which suggested that they had low degree of correlation we cannot deny the fact that psychological empowerment, leader-member exchange and Individual work performance all impact employee engagement and have relationship among themselves.

## Discussion:

Comparing our findings to others. Gallup's 2020 healthcare study revealed 36% engaged, 45% not engaged, and 15% disengaged. (Singh et al, 2022) The American Medical Association concluded that 54.4% of healthcare providers burned out owing to hospital disengagement. (Firdinata R et al, 2019) Most healthcare research did not analyse engagement drivers and hospital outcomes. (Firdinata R et al, 2019) Sun L et al. (2019) examined employee engagement at the individual level. Employee engagement improves patient safety, according to Harvard School of Public Health. Gurkovã; et al. (2020) evaluated LMX, work satisfaction, and involvement in Slovakian healthcare professionals. LMX strongly linked with job satisfaction and employee engagement, highlighting the importance of good leader-follower interactions in healthcare. Tertiary hospital staff engagement. Mache et al. (2014) demonstrated that high-quality LMX connections improved employee engagement and reduced burnout in hospital physicians.

## Conclusion:

Overall, Leader-Member Exchange quality has a substantial effect on employee engagement in

healthcare. Building positive and supportive relationships between leaders and their team members is crucial for fostering a motivated, committed, and engaged healthcare workforce, resulting in improved patient care and organisational performance. Depending on organisational culture, leadership personalities, and other contextual factors, the influence of LMX on employee engagement can vary. Additionally, it is essential to consider the dynamic nature of the healthcare industry, where patient requirements and demands may impact employee engagement. Employee engagement is a significant objective of any tertiary care hospital, which is essential to accomplishing its organisational objectives and outcomes, as a highly engaged workforce is essential to a well-functioning organisation, as well as improved quality of care and patient satisfaction. This is especially important in the context of Indian healthcare, where few studies have been conducted. The statistical gap between employee engagement, leader-member exchange, psychological empowerment, and individual work performance is significantly larger.

# Study to Increase Adoption of EHR Usage Among Clinicians

Dr. Ragini Sharma, Dr Pallab Roy, Dr Kirti Udayai and Mr Piyush Kumar, IIMR Bangalore

## Introduction:

The healthcare sector is rapidly pivoting towards digitalization and patient-centric care. One of the main implications of this change is the rapid adoption of EHR systems in hospitals. This provides seamless integration and robust data management, and it can be customized to better fit the process of an organization. However, many hospitals face the issue of change management when their staff is either not willing to adapt or the EHR is not customized to fit their process. A study was conducted, with the objective to understand the existing gaps in making and implementing the EHR system and to increase the usage of EHR among doctors in the OPD.

## Methodology:

The study was conducted at a neuro specialty hospital in the Lalbagh area from 24th April to 24th June 2023. A team of 20 doctors was selected and interviewed personally to identify the specific requirements that were lacking in the existing EHR system. To identify the gaps a checklist was made. The same checklist was used to develop performas and check for improvement and satisfaction post-adoption. The methodology was divided into 4 steps: 1. Mapping of the specific requirements of the clinicians' department wise 2. Customization of the EHR system by developing specific performas 3. Training the clinicians to operate the EHR system 4. Implementation of EHR system.

**Results:**

1. EHR was personalized to match the process of the OPD in the Hospital. 2. The introduction of a centralized billing system, where billing is performed at a single location after the consultation, resulted in increased sales from the pharmacy. 3. the EHR system saw an increase in usage by 80%, making the OPD completely digitalized and also increasing the satisfaction among doctors in using the digital platform. 4. EHR adoption also led to a reduction of waiting time in the OPD by 25 minutes. This notable decrease in waiting time has positively impacted patient satisfaction and overall operational efficiency.

**Discussion:**

The EHR is a very helpful tool to optimize

operations within a healthcare facility. However, due to the lack of customization and training the doctors are not able to completely adapt to the digital platform. Another commonly observed issue is the lack of motivation. However, when the doctors are involved as stakeholders from the beginning of the process they are more inclined to adopt to digital platform. The same was observed when the study was conducted and the results were measured.

**Conclusion:**

In conclusion, over the course of 8 weeks, these improvements collectively highlight the positive impact that digitalization can have in improving the patient satisfaction rate and also help in streamlining the process of the organization.

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## PROACTIVE RISK ASSESSMENT OF DISCHARGE PROCESS USING PFMEA TOOL IN A MULTISPECIALITY HOSPITAL IN SOUTH INDIA

Dr Shalini, Assistant Professor, Dr. Kanakavalli K Kundury,  
Centre for Distance & Online Education, JSS Academy of Higher Education and Research.

**Introduction:**

Proactive Failure Modes and Effects Analysis (PFMEA) is a systematic, proactive quality tool for evaluating risk. The significance of PFMEA tool is that it aids in examining the process and identifies the possible failures, its severity, occurrence and detectability. Thus, streamlines the process with no lacunae. Patient discharge in hospital is a significant process as, by nature, it involves patient and team of individuals from various disciplines working in a coordinated fashion, which could make the system prone to possible failures. Thus, the current study was undertaken on identifying the risks involved in the discharge process using PFMEA tool.

**Methodology:**

The study was conducted in 3 phases in a multispecialty hospital. Phase1: Preparation & Rationale-The existing discharge process was studied in detail. A multidisciplinary team was constituted with representatives from each activity of the discharge process. Phase 2: Study

Commencement- Brainstorming sessions were conducted with multidisciplinary team, to identify possible failures, its causes and effects. Basing on the severity, occurrence and detectability, failures were ranked on a scale of 1 to 10. Phase3: Result analysis & Recommendations: PFMEA chart was analysed, Risk Priority Number (RPN) was calculated; and risks categorized as high, moderate, and low based on RPN.

**Results:**

A total of 23 potential failure modes identified from various activities of the discharge process. Broadly can be identified under the headings Verbal advice for discharge from consultant, Nursing staff raising the discharge on HIS, Discharge summary to get finalized by medical officer / consultant in charge, Clearance from nursing in HIS, Clearance from pharmacy and medical supplies, Clearance from Laboratory & Radiology departments, Bill settlements, Clearance from Insurance claims, Post discharge and bed clearance. RPN was identified as 320 (highest) and 60 (lowest). PFMEA chart represented

potential failures, their cause, effect and detectability with actions recommended.

### **Discussion:**

Because of the nature of work in discharge process, failures such as time delays, inadequate communication, improper follow-up instructions and few such other lacune can hamper the quality of patient care. Research shows that application of PFMEA tool in patient discharge process helps in identifying the potential risks, possible failures thereby eliminating or minimizing the same. Often PFMEA tool also helps in re-engineering the work process leading to standardization of practices. Research conducted in patient care processes have focused on rehospitalisation, delay in discharge and TAT of discharge process; rather the novelty in the study is to apply PFMEA tool to study the patient discharge process. According to Teresa A Pollack et al, the study conducted on risk assessment of the hospital discharge process of high-risk patients with diabetes, few high risks identified with RPN ranging from 140 till 700; which are similar to the current study results. However, the current study had focused on discharge process of all patients rather being specific to a particular type of discharge. Another Study conducted by Gijs Hesselink et al, on improving patient discharge and reducing hospital readmissions by using Intervention Mapping has focused to improve the discharge process using intervention mapping to

reduce readmission in hospital discharge. Failures such as inadequate communication between care providers, delay in bill clearance from various departments and increased patient wait times were reported similar to the current study. Another Study conducted by Majeed et al, on delay in discharge and its impact on unnecessary hospital bed occupancy has identified in efficient discharge process leading to prolonged length of stay of patients and high rates of bed turnover intervals. These results were also found in line with the current study, thus demonstrating the significance of applying quality tools in studying the existing patient care processes.

### **Conclusion:**

Quality of healthcare is the degree to which health services of the population and community yield better outcomes. Quality is a continuous process, which identifies and addresses the gaps in a systematic manner; setting up benchmarking practices. The current study has identified potential failures in a patient discharge process using PFMEA tool and suggested actions required. Further studies can be planned in similar areas deploying quality tools such as Lean and Six Sigma to identify the value and nonvalue- added activities and simplify the process with minimum errors. They help in process re-engineering, thus enhances the quality of patient care, benefitting both the provider and patient.



# A study on patient safety practices in tertiary care teaching hospital with special focus on International patient safety goals.

Ms Shilpashree C R PhD. Scholar, Dr Mamtha H K, Dr Chetak K B, Dr Amit Chaudhary, JSSAHER.

## Introduction:

Patient safety is the prevention of harm to patients during the delivery of healthcare. It is a critical issue, as one in ten patients is harmed while receiving hospital care. Up to 80% of this harm is preventable. International patient safety goals (IPSGs) are a set of six patient safety goals developed by the Joint Commission International (JCI). The IPSGs are designed to help healthcare organizations prevent patient harm by addressing some of the most common areas of risk. The IPSGs are important because they can help to prevent patient harm. By following the IPSGs, healthcare organizations can improve communication, reduce medication errors, and prevent surgical complications. This can lead to better patient outcomes and a safer healthcare system.

## Methodology:

A cross-sectional study, Prospective study with stratified sampling method was used where the healthcare providers who are directly associated with patients in patient care area were sub-grouped into doctors and nurses. A structured questionnaire consisted of 27 questions covering all the 6 goals. Sample size 422. The data is analysed using MS Excel and R-4.3.0 software. All the tests of significance are carried out at 5% level of significance.

## Results:

The Overall knowledge score about all the six goals of International patient safety goals, only 51.18% have excellent knowledge and only 33.41% have good knowledge. Within the study population, GNM with 2-5 years of experience possess significantly good knowledge with  $94.42 \pm 15.26$  mean and standard deviation respectively. The p-value is significant as it is within the range with Qualification: Experience is  $<0.0001$ .

## Discussion:

B.Sc/M.Sc qualification with experience of  $< 2$  years is  $74.77 \pm 27.18$ , with 2-5 years of experience  $84.94 \pm 14.39$ , with 5-10 years of experience  $87.58 \pm 12.72$ , and with  $>10$  years of experience its  $83.86 \pm 21.04$  mean and standard deviation respectively. GNM qualification with experience of  $< 2$  years is  $66.13 \pm 18.64$ , with 2 - 5 years of experience  $94.42 \pm 15.26$ , with 5 - 10 years of experience  $81.39 \pm 12.11$ , and with  $>10$  years of experience its  $69.72 \pm 23.89$  mean and standard deviation respectively. MMBS qualification with experience of  $< 2$  years is  $69.72 \pm 23.89$ , with 2 - 5 years of experience  $55.60 \pm 25.93$ , with 5 - 10 years of experience  $52.80 \pm 22.38$ , and with  $>10$  years of experience its  $86.00 \pm NA$  mean and standard deviation respectively. MBBS - MD/MS qualification with experience of  $< 2$  years is  $74.52 \pm 17.36$ , with 2 - 5 years of experience  $65.79 \pm 19.44$ , with 5 - 10 years of experience  $80.62 \pm 6.91$ , and with  $>10$  years of experience its  $78.18 \pm 13.98$  mean and standard deviation respectively. With two way ANOVA test, the p-value of the qualification is  $<0.0001$ , experience is  $0.0174$  and the p-value of Qualification : Experience is  $<0.0001$  which indicates that the p-value analysed is within the limit range and is significant.

## Conclusion:

On an average only 51.18% of the study population possess excellent knowledge about the international patient safety goals. As Nurses have continuous training on the particular topic, based on the observations it is recommended to provide regular training for all the healthcare workers on the importance and significance of International patient safety goals.

## A study on effective use of 'See My Machine App' in interdepartmental patient transfer.

Srimathi S, Dr. Swathi Rai, Ranjitha, Thejakshi, Dr. Amitha P Marla, A. J. Institute of Hospital Management

### Introduction:

Patient transfer plays a crucial role in ensuring the efficient and timely delivery of healthcare services within a hospital setting. It involves the movement of patients from one department or unit to another, such as from the emergency department to an inpatient ward or from the operating room to the intensive care unit. The See My Machine app is designed to facilitate real-time tracking and communication during patient transfers. It allows healthcare providers to monitor the progress of the transfer, receive notifications, and communicate with each other through a secure and user-friendly interface.

### Methodology:

The study conducted is a prospective study with quantitative and descriptive analysis, was carried out for a period of 3 months. The purposive sampling technique was used and secondary data was collected. Statistical analysis was done and Ishikawa diagram was used for the descriptive analysis. Improvement points for process improvement were suggested. ¶ Inclusion criteria: Patient transfer and Empty trolley transfer that were completed or cancelled ¶ Exclusion criteria: Patient transfer and Empty trolley transfer that was partially completed or booked

### Results:

It was observed that 89% of the transfer requests were completed and 11% transfer requests were cancelled. Out of which nearly 50 % of the cases were

cancelled after the transfer is accepted and 20% of the cases the cancellation occurred in shifting bay which lead to excess waiting time of other patients. 10.5% of transfers take time of more than 30 minutes. Based on the results obtained, various process improvement was suggested and undertaken for the betterment of the operational flow in the patient shifting process

### Discussion:

Suggestions to reduce the waiting time in shifting process ¶ To provide training to staff on double verification of patient details at the time of transfer request sent, to educate and inform patients to have bystanders at the time of transfer. A separate shifting staff can assigned for Empty trolley transfer and 2nd OPD ( 2nd OPD to other user departments in AJHRC ) in order to improve timely shifting. In the App the name of the staff who is raising the transfer request can be mentioned to have better communication at the pickup point. ¶ In order to reduce patient shifting incidence barcode facility can be utilized. Education can be given to staff related to efficient usage of app.

### Conclusion:

A safe and timely patient transfer impacts on the health, safety and satisfaction of the patients. The use of technology in patient shifting helps in workflow optimization and have effective tracking and monitoring of shifting process.

# Comparing Service Quality and Quality of Care with special focus on the importance of Information Adequacy for patients

Dr Kasturi Shukla, Associate Professor, Anirudh Ghosh, Dr Avadhut Patwardhan  
Symbiosis Institute of Health Sciences, Symbiosis International (Deemed University).

## Introduction:

The Indian hospital industry is projected to increase significantly between FY 2022 - 2027, with an exceptional Compound Annual Growth Rate of 18.60%. Understanding the factors that influence patient satisfaction is essential for enhancing service quality in hospitals. Addressing patient issues is crucial which necessitates integrating Patient Reported Outcome Measures (PROM) into regular practices.

This study aims to understand patient expectations from healthcare services. The objectives of the study were to identify the service quality dimensions that are important to patients; and to compare the models of Service Quality and Quality of Care of hospital services.

## Methodology:

This was a cross-sectional study on patients from a tertiary care hospital. Beyond demographic variables, Kuppaswamy scale was used for assessing socioeconomic status. SERVQUAL scale and a recently validated Quality of Care scale (Shukla & Patwardhan, 2023) was administered. SERVQUAL scale has 5 dimensions namely, tangibility, reliability, responsiveness, assurance and empathy. Further, QoC scale had 4 dimensions namely, Information Adequacy, Patient Participation Informed consent was obtained for data collection, and standardized questionnaires were distributed. Descriptive and inferential statistics were used to analyze the data, providing insights into patient satisfaction and the potential for service quality improvement.

## Results:

For SERVQUAL, 200 participants were included and 60.5% were males. The sample covered various classes namely, Upper (41, 32.8 %), Upper middle (53, 42.4 %), Lower middle (14, 11.2 %), Upper lower (16, 12.8%) and Lower (1, 0.8%).

## Discussion:

In SERVQUAL, for the Tangibility factor revealed a minor gap, but there was a major reliability gap. A minor gap was observed in responsiveness which suggests a need better customer engagement. A minor gap was seen in assurance, as well as empathy factor which calls for individualized care. For QoC scale, data was collected from 125 sample, and on the scale of 1 to 4, for all dimensions score was between moderate to high range. Comparing the SERVQUAL results in light of the 'Quality of Care', a recent study highlights the importance of dimensions like 'Information Adequacy'<sup>TM</sup> and 'Patient Participation' are of critical importance to patients. On the similar lines, in our study we found that Quality of Care was considered to be a better Patient Reported Outcome Measures (PROM) rather than SERVQUAL as parameters like patient participation, information adequacy are not covered in SERVQUAL. Further, through qualitative interviews of patients, 'Information Adequacy' and 'Patient Participation' were reported as the most critical from patient's perspective while assessing quality of services.

## Conclusion:

This is a working paper and we are working on further development of the findings. In order to harmonize client expectations and experiences, gaps in tangibles, dependability, responsiveness, assurance, and empathy can be addressed. We conclude that while assessing quality of services, QoC should be the most preferred PROM rather than the SERVQUAL scale. Occupational diversity and educational achievement indicated high expectations and specialized service demands. The observed service quality gaps in tangibles, reliability, responsiveness, assurance, and empathy underscored the areas needing improvement. It is crucial to focus on further exploration of parameters like 'Information Adequacy' and 'Patient Participation'.

# A STUDY ON PRE ANALYTICAL ERRORS IN RELEVANCE TO DOCUMENTATION IN A CLINICAL BIO CHEMISTRY DEPT.

Dr Shylaja K C, Assistant Professor., Dr. Kanakavalli K. Kundury, Ms. Poorneeka, Dr. Dhakshaini M  
JSS Academy of Higher Education & Research, Mysuru.

## Introduction:

Prenalytical errors in the laboratory refer to mistakes and variations that occur prior to the actual analysis of a sample. These errors can compromise the quality and accuracy of laboratory test results, leading to misdiagnosis, delayed treatments, and increased healthcare costs. Common preanalytical errors include improper sample collection, incorrect patient identification, inadequate sample labeling, improper handling and transportation, and delays in sample processing. Addressing errors is crucial for ensuring the integrity of laboratory data, promoting patient safety, and maintaining the credibility of clinical and research outcomes. Implementation of standardized protocols, quality control measures, and ongoing education are key strategies to minimize these errors.

## Methodology:

The study comprised looking for preanalytical errors of Hospital's biochemistry division's emergency unit. 98,420 samples from various wars were analysed, with pre-analytical processes checked for errors. The study documented 1,098 mistakes from 8,758 samples, including 1,381 PAEs and 1,141 errors. The research was carried out between September 2021 and August 2022.

## Results:

The results of the FMEA revealed that the Y Hospital Biochemistry Laboratory's pre-analytical stage identification procedure for contaminated preanalytical errors and method of sampling for haemolysis preanalytical errors were the highest errors types. Inaccuracies in identification of patient at the preanalytical phase of a medical lab activities are thought to have serious repercussions for the patient. The results of the FMEA revealed that the preanalytical phase of the Biochemistry Laboratory of Y Hospital's most frequent preanalytical error types were unlabelling for process identification and haemolysis for sampling procedure. It is thought that errors in patient identification that occur during the preanalytical stage of a medical laboratory's

operations might have serious repercussions for a patient

## Discussion:

From Sep 2021 to Aug 2022, the X laboratory at Hospital Y received in toto 98,420 request forms and samples. For that time frame, there were 12856 preanalytical errors, or 12.86 percent of the total sample volume received. Here is an explanation of each of the eight preanalytical errors that were discovered: Haemolysed samples accounted to 57.6 percent of overall samples, while 18.3 percent of the request forms were incorrectly filled out, 8.4 percent of the samples lacked enough quantity, 5.5 percent of the overall request document were incorrectly labelled, 4.3 percent of the samples were stored in the wrong vial, 3.9 percent of the samples for clinical request were not labelled, 1.1 percent of the samples were polluted, and 0.9 percent of the samples spilled over upon conveyance to the bio-chemistry laboratory.

## Conclusion:

Human action-related mistakes may always be found and fixed (30). From the time a doctor orders a test until the findings are evaluated, everything that happens in the lab is referred to as the "whole testing procedure". Because pre-analytical errors account for the majority of testing errors, they are the primary focus of current study. Finally, of the 8 PAEs observed, haemolysis (57.60%) and spilt over (0.90%) respectively reported for the highest and fewest quantity of mistakes. The FMEA approach, an interesting quality tool for improving the laboratory's quality system, was employed for this investigation. Haemolysis and contaminated samples (both from sampling procedure) had the highest RPN values respectively of 252 and 210. On the other side, the lowest RPN value, of 48, was recorded by the incorrect vial PAE (sampling method). It can help to reduce the likelihood of errors in the first stage of the TTP and improve laboratory tests. It is expected that incorporating an FMEA method into a lab Quality Management System will reduce the possibility of errors within the preanalytical phase and consequently improve the quality analysis of the lab.

## PLATFORM PAPER PRESENTATIONS - STUDENTS

**A study on effective use of 'See My Machine App' in interdepartmental patient transfer.**

Ms Srimathi S, A.J. Institute of Hospital Management

**Study to Increase Adoption of EHR Usage Among Clinicians**

Dr Ragini Sharma, IIHMR Bangalore

**A study to evaluate relationship between Leader-Member Exchange (LMX) and Employee Engagement among healthcare professionals in a tertiary care Hospital**

Dr Pallavi Kishore, Ramaiah University of Applied Sciences

**A study on possible failure modes and causes in blood bank**

Ms Sonali Assumpta, Rodrigues, Father Muller College of Allied Health Sciences

**A COST ANALYSIS STUDY OF MRI AND CT SERVICES IN THE RADIOLOGY DEPARTMENT OF A TERTIARY CARE TEACHING HOSPITAL**

Ms Rekha Gigi, Yenepoya Medical College Hospital

**Factors contributing to Patient-to-staff Violence and Staff Preparedness to manage aggressive patients in A Selected Tertiary Care Hospital**

Dr Krithika Rai, Yenepoya medical college hospital

## PLATFORM PAPER PRESENTATIONS - FACULTY

**A STUDY ON PRE ANALYTICAL ERRORS IN RELEVANCE TO DOCUMENTATION IN A CLINICAL BIO CHEMISTRY DEPARTMENT**

Dr SHYLAJA K C, ASSISTANT PROFESSOR, JSS ACADEMY OF HIGHER EDUCATION & RESEARCH, MYSURU.

Dr. KANAKAVALLI K. KUNDURY, Ms.POORNEEKA, Dr. DHAKSHAINI M

**Comparing Service Quality and Quality of Care with special focus on the importance of Information Adequacy for patients**

Dr KASTURI SHUKLA, ASSOCIATE PROFESSOR SYMBIOSIS INSTITUTE OF HEALTH SCIENCES, SYMBIOSIS INTERNATIONAL (DEEMED UNIVERSITY). Anirudh Ghosh, Dr Avadhut Patwardhan

**A study on patient safety practices in tertiary care teaching hospital with special focus on International patient safety goals.**

Ms Shilpashree C R PhD. Scholar, JSSAHER. Dr Mamtha H K Dr Chetak K B, Dr Amit Chaudhary

**PROACTIVE RISK ASSESSMENT OF DISCHARGE PROCESS USING PFMEA TOOL IN A MULTI-SPECIALITY HOSPITAL IN SOUTH INDIA**

Dr Shalini, Assistant Professor, Dr. Kanakavalli K Kundury, Centre for Distance & Online Education, JSS Academy of Higher Education and Research.

## E-PAPER / E-POSTER PRESENTATIONS

**Turn Around Time of Biochemistry laboratory investigation**

Ms Deeksha M Shetty, Assistant Professor, Boodeny Urvashi Sharma, Dr. Kanakavalli K. Kundury, Centre for Distance & Online Education, JSS Academy of Higher Education & Research

**THE IMPACT OF HEALTH CARE PROVIDERS' ATTIRE ON PATIENTS' PERCEPTION AND TRUST AT MULTISPECIALITY HOSPITAL**

Ms Namitha T, Assistant Professor, Dr. Tina Kinnoo, Dr. Kanakavalli K. Kundury, JSS Academy of Higher Education & Research

**A Comparative Analysis of Sterilization Techniques at CSSD in a Tertiary Care Hospital**

Mr Magesh Rangasamy, JSS Academy of Higher Education and Research

**Comparing Hospital Acquired Infection Burden with the Hand washing Compliance in the hospital**

Dr Madhu CM, Ms. Pinky Marak, Ms. Aileen J, M S Ramaiah University of Applied Sciences

**Patient awareness of IT tools**

Ms Lameesa Mahmood, Madiha Kulsum, Raju S, Dr. Kannakavalli K., JSS Academy of Higher Education and Research

**Revolutionizing Healthcare Through Health IT Systems: A Synthesis of Clinical and Operational Excellence**

Ms Sameeksha, Ms. Vandana, Dr. Rajeshwari BS, IIHMR, Bangalore

## E-PAPER / E-POSTER PRESENTATIONS

### THE IMPACT OF HEALTH CARE PROVIDERS' ATTIRE ON PATIENTS' PERCEPTION AND TRUST AT MULTISPECIALITY HOSPITAL

Ms Namitha T, JSS Academy of Higher Education & Research

### A Study on Hand Hygiene Knowledge and Compliance among Nursing Staff of a Super Speciality Hospital

Ms Harshitha R, Ms. Logavarshini Sukumaran, Ms. Aileen J  
M S Ramaiah University of Applied Sciences

### A quality improvement project on discharge TAT in a tertiary care Hospital

Ms Monica Movies, Ms. Nishmitha A, Ms. Aileen J, M S Ramaiah University of Applied Sciences

### A Mixed Method study on awareness of cybersecurity and development of training module in a tertiary care hospital

Dr Khusbu Sharma, Dr. Simran Dubey, Ms. Aileen J, M S Ramaiah University of Applied Sciences

### A study to assess delay in transfer from Emergency room using quality control tool in a Tertiary care Hospital

Ms Tejaswini TM, M S Ramaiah University of Applied Sciences

### Study on process and efficiency in new patient registration in a tertiary care hospital

Ms Fathima Mohammed, Department of Hospital Administration, Yenepoya (Deemed to be University)

### A feasibility study for starting a liver transplant program in a tertiary care hospital

Ms Jyoti Ryntathiang Sheeba, Minerva Ramaiah University of Applied Sciences

### To Apply the 5S Methodology as a Lean Improvement Strategy in the Hospital

Ms Jyoti Ryntathiang Sheeba Minerva, Ramaiah University of Applied Sciences

### A Study to Assess the Costs and determine the Profitability of Urological and Gynecological Robot Assisted Surgeries

Ms Vismaya Pranesh, Dr. Mrinalini yadav, Ramaiah University of Applied Sciences

### "Development of SEM model for Patient Activation Level and Patient Engagement in a Tertiary Hospital"

Dr Rushmi Kanna K, Ms. Aileen J, Ramaiah University of Applied Sciences

### A study On Assessing the Patient Complaints Using The Risk Assessment Tool

Ms Niyathi Shetty, Dr. Amitha P Marla, Ms Ranjitha B, A.J. Institute of Hospital Management

### A study on implementation of 5'S technique in housekeeping department at a tertiary care hospital

Ms Sana Shameem, Dr. Amitha P Marla, Mrs. Primrose Vishnu, A.J. Institute of Hospital Management

### A study on knowledge, awareness, effectiveness of childbirth checklist deliberating the execution strategy among nurses in hospital

Mrs Amritha V, A.J. Institute of Hospital Management

### AI DENTASMILE-An Artificial Intelligence based Preventive Dental Wellness Framework

Dr Neha Sagre, Dr. Pankaj Rahi, IHHMR

### Enhancing Hospital Financial Management - Developing 'BillWiseAI' - an AI-Based Tool for Medical Bill Estimation

Ms Subha Rasappan, Dr. Srikar Kolipaka, Mr. Piyush Kumar Institute of Health Management and Research

### An observational study on the Inpatient Discharge process in a tertiary care Hospital.

Ms Navya Mohan C, Fathimathil Eeba, Dr. Reena George, Department of Hospital Administration, Yenepoya (Deemed to be University)

### TURN AROUND TIME OPTIMIZATION OF ULTRASOUND SERVICE IN RADIOLOGY DEPARTMENT- USING FISHBONE DIAGRAM & PROCESS RE-DESIGN

Dr SHALINI, Chaithra C J, Dr. Kanakavalli K Kundury, JSS Academy of Higher Education and Research

### Impact of Micro Changes on Turn-Around-Time Optimization of MRI Services

Ms Nayanashri M, Dr. Kanakavalli K Kundury, JSS Academy of Higher Education & Research, Mysuru

## E-PAPER / E-POSTER PRESENTATIONS

**A study on inpatient healthcare records audit to determine its compliance with NABH standards**  
Ms Aparna VK, Ms. Aysha Affa, Mr Kritharth PK, Department of Hospital Administration, Yenepoya (Deemed to be University)

**“IMPROVEMENT OF PATIENT CARE SERVICES BY USING LEAN SIX SIGMA TECHNIQUE IN EMERGENCY DEPARTMENT OF A MULTISPECIALTY HOSPITAL”**  
Dr HARSHITHA BALASUBRAMANIAN, JSS ACADEMY OF HIGHER EDUCATION AND RESEARCH

**A STUDY ON DYNAMIC QUEUE MANAGEMENT IN PREVENTIVE HEALTH CHECK UP AT MULTISPECIALTY HOSPITAL**  
Ms PAVITHRA V.S, SANKARA NETHRALAYA ACADEMY

**‘A STUDY ON QUALITY OF WORK LIFE AMONG NURSES AT MULTISPECIALTY HOSPITAL’**  
Mr JEEVAN J, THE SANKARA NETHRALAYA ACADEMY

**A study on identification waiting time and causes of delay in radiology OPD.**  
Ms Vigneshwari P, The Sankara Nethralaya Academy

**A study on Occupational stress among nurses at a multispecialty hospital**  
Ms Kaushika S, The Sankara Nethralaya Academy

**Strategy to every day operations management in Outpatient department in a Tertiary care hospital**  
Ms Clerissa B Fernandes, Srinivas Hospital

**A STUDY ON CUSTOMER RELATIONSHIP MANAGEMENT AT MULTISPECIALTY HOSPITALS**  
Mr VASANTH M, The Sankara Nethralaya Academy

**A Study on Awareness About Occupational Hazards among Nurses**  
Ms Nivetha M, The Sankara Nethralaya Academy

**ASSESSMENT OF FOOD SAFETY KNOWLEDGE, ATTITUDES AND PRACTICES OF FOOD SERVICE STAFF IN A TERTIARY CARE TEACHING HOSPITAL IN SOUTH INDIA**  
Mr Lokesh Namachivayam, Manipal Academy of Higher Education and Research

**In silico drug trials: A computational models and simulations to forecast the safety, effectiveness, and pharmacokinetics of possible drug candidates.**  
Ms Pratiksha Bajpai Bajpai, Narsee Monjee Institute of Management Studies

**Optimizing resources utilization and enhancing patient experience by Implementing lean six sigma method for clinical and operational excellence in healthcare.**  
Dr SWEETY SINGH, SVKM NMIMS SBM

**Influence of service quality towards staff satisfaction: A staff satisfaction survey conducted at the staff canteen in a tertiary hospital in Vellore district.**  
Ms Swetha S, Auxilium College (Autonomous)

**AN EXAMINATION OF THE QUALITY ENHANCEMENT OF CSSD TO SUBSTANTIATE THE OCCUPATIONAL EXCELLENCE IN HEALTHCARE**  
Ms Hemapriya J, Dr. K. Chandana, Auxilium College, Vellore

**Incorporation of Artificial Intelligence in Healthcare Sector**  
Ms Akanksha Dubey, Priya Tiwari, SVKM’s Narsee Monjee Institute of Management Studies

**Impact of Artificial Intelligence on Clinical Analysis: Advancement and Challenges.**  
Dr Jinal Shah, SVKM NMIMS

**“A STUDY ON OPERATIONAL COMPLIANCE OF OUTSOURCED AMBULANCES IN TERTIARY HOSPITAL”**  
Ms Afna Noorah M, Janani K, Dr. Preethi Prabhakaran, Auxilium College (Autonomous)

**Assessing the Completion of Referral Forms for Echocardiography: A Mixed-Methods Study**  
Ms Chinmayi, Ms. Naseel N GurpuR, Department of Hospital Administration, Yenepoya (Deemed to be University)

**Effectiveness of signage boards in tertiary care hospitals, signifying their compatibility with human ergonomics**  
Ms Harshida Farveen C H, Ms. Farzeen Ara, AJ institute of hospital administration

**A LEAN CASE STUDY ON MATERIAL MANAGEMENT**  
Dr Deekshitha Rani, FATHER MULLER COLLEGE OF ALLIED HEALTH SCIENCES

**Technology improving the patient experience: Big Data Analytics**  
Ms Diya Ghosh, NMIMS (Narsee Monjee Institute of Management Studies)

## E-PAPER / E-POSTER PRESENTATIONS

### **A RESEARCH ON PATIENTS' VIEWS OF SAFETY IN A SELECTED HOSPITAL**

Ms Vanisha Mary Miranda Father Muller College of Allied Health Sciences

### **RISK ASSESSMENT IN THE INPATIENT DEPARTMENT OF THE HOSPITAL**

Ms DRISHAL DSOUZA, Dr. Sweta D'cunha, Fr Muller College of Allied Health Sciences

### **Hospital Accreditation impact on Hospital Staff**

Dr ASHITA DOSHI, NMIMS, MUMBAI

### **ASSESSMENT OF BARRIERS IN COMMUNICATION BETWEEN NURSES AND PATIENTS**

Ms Arya C A, Father Muller College of Allied Health Sciences

### **Quality and accreditation**

Mr A Krishna Kumar Iyer, Dr. subodh Satheesh, IIMMR, Bangalore

### **Integration of Lean Six Sigma for clinical and operational excellence**

Dr PRIYANKA R SHETTY Ms. Nidhi Jaiswal, Dr. Neha Sadhotra SBM, NARSEE MONJEE INSTITUTE OF MANAGEMENT STUDIES

### **'FINANCIAL PROTECTION THROUGH PUBLIC FUNDED HEALTH INSURANCE SCHEMES (PFHIS) 'A STUDY IN A TERTIARY-CARE HOSPITAL IN BANGALORE'**

Ms Dhanvanthiri Selvanarayanan, Ms Sara Mathew, St. John's Medical College

### **Process flow and satisfaction among patients in day care services**

Ms Gladis T Gagarin, Dr. Vijeta thingalaya, Department of Hospital Administration, Yenepoya (Deemed to be University)

### **A STUDY ON THE DIETARY SERVICES AND ITS IMPACT ON PATIENT SATISFACTION IN TERTIARY CARE HOSPITAL**

Mr MOHAMMED MAHSOOM TK, Dr. Nagaraj Shet, Department of Hospital Administration, Yenepoya (Deemed to be University)

### **A study on patient safety during intramural transportation by nurses in a tertiary care teaching hospital**

Dr Mohamed Musthafa M, Mr. Muhammed Sabith, Department of Hospital Administration, Yenepoya (Deemed to be University)

### **A STUDY ON ASSESSING KNOWLEDGE AND PRACTICE ON PATIENT SAFETY PROGRAMME AMONG NURSES IN A TERTIARY CARE TEACHING HOSPITAL**

Ms Nahidha KC, Dr. Vijieta Thingalaya, Department of Hospital Administration, Yenepoya (Deemed to be University)

### **"Who May Benefit from Repetitive Task Training Exercise Targeting Walking After Stroke: Applicability of Cochrane systematic reviews"**

Dr Smit, Thakkar, Dr. Prakash V, SVKM's NARSEE MONJEE INSTITUTE OF MANAGEMENT STUDIES

### **A STUDY ON EMPLOYEE WORK PLACE HEALTH HAZARDS AND SAFETY PRACTICES AMONG MAINTENANCE STAFF AT TERTIARY CARE TEACHING HOSPITAL**

Dr Subeena Iqbal, Dr.Vijeta Thingalaya, Department of Hospital Administration, Yenepoya (Deemed to be University)

### **Process flow and satisfaction among patients in day care services of a tertiary care teaching hospital**

Ms Gladis T Gagarin, Dr. Vijeta Thingalaya, Department of Hospital Administration, Yenepoya (Deemed to be University)

### **A STUDY ON THE EFFECTIVENESS OF HUMAN RESOURCE MANAGEMENT PRACTICES ON NURSES RETENTION IN A TERTIARY CARE HOSPITAL**

Mr SHANIF P, Mr. Muhammed Sabith, Department of Hospital Administration, Yenepoya (Deemed to be University)

### **A STUDY ON THE INPATIENT MEDICATION TURNAROUND TIME IN A TERTIARY CARE HOSPITAL**

Mr AHMED ZAINUL ABID P A, Dr. Sunita Saldanha, Department of Hospital Administration, Yenepoya (Deemed to be University)

### **"AN ANALYTICAL STUDY ON THE MEDICAL RECORD DEPARTMENT ATTERTIARY CARE HOSPITAL**

Ms Abiyamol Reji Dr. Sunita Saldanha Department of Hospital Administration, Yenepoya (Deemed to be University)

### **"A STUDY ON SATISFACTION OF PATIENTS VISITING THE PRIORITY CLINIC OF A TERTIARY CARE HOSPITAL**

Mr Munshid KP, Mr. Muhammed Sabith, Department of Hospital Administration, Yenepoya (Deemed to be University)



## E-PAPER / E-POSTER PRESENTATIONS

**A study to assess the knowledge attitude and practice regarding medication administration errors among nursing staff in a tertiary care teaching hospital**

Ms Bisma P.B, Dr. Nagaraj Shet, Department of Hospital Administration, Yenepoya (Deemed to be University)

**ASSESSMENT OF BIOMEDICAL EQUIPMENT UTILIZATION IN CARDIOLOGY DEPARTMENT OF A TERTIARY CARE HOSPITAL**

Mr Christy George, Muhammed Sabith P, Department of Hospital Administration, Yenepoya (Deemed to be University)

**A STUDY ON THE KNOWLEDGE OF DIGITAL MARKETING AMONG PATIENTS IN A TERTIARY CARE HOSPITAL**

Mr Ismayil T, Department of Hospital Administration, Yenepoya (Deemed to be University)

**A STUDY TO ASSESS THE AWARENESS AND COMPLIANCE WITH THE PATIENT'S RIGHTS AMONG THE NURSES OF A TERTIARY CARE TEACHING HOSPITAL**

Mr AFSAL KHADAR THAZHATH PURA Dr. Sunita Saldanha Department of Hospital Administration, Yenepoya (Deemed to be University)

**EVALUATION OF SELF-REPORTED KNOWLEDGE AND ATTITUDE ABOUT CODE PINK PROTOCOL IN A TERTIARY CARE HOSPITAL; A CROSS- SECTIONAL STUDY**

Ms Drishya K, Dr. Nagaraj shet, Department of Hospital Administration, Yenepoya (Deemed to be University)

**Antibiotics-related Adverse Drug Reactions (ADR) at a medium-sized tertiary health care of South India**

Ms KAVYA C, Dr. Sushma Karishna, EAST WEST COLLEGE OF PHARMACY, BANGALORE

**"A STUDY OF THE COST OF IVF PROCEDURE AT ASSISTED REPRODUCTIVE TECHNIQUE CENTRE"**

Dr ANJALI C.S, Dr. Sunita Saldanha, Department of Hospital Administration, Yenepoya (Deemed to be University)

**"VALUE STREAM MAPPING OF REGISTRATION PROCESS AT FRONT OFFICE IN A TERTIARY CARE TEACHING HOSPITAL"**

Ms UNNIMAYA D, Ms. Averil Rebello Department of Hospital Administration, Yenepoya (Deemed to be University)

**A Study on Occupational Safety Practices Among Housekeeping Staff at a Tertiary Care Teaching Hospital**

Ms Lasima Hanna, Ms. Averil Rebello, Department of Hospital Administration, Yenepoya (Deemed to be University)

**STUDY ON COMPETENCY IDENTIFICATION OF NURSES THROUGH BEHAVIORAL EVENT INTERVIEW USING SITUATION "TASK-ACTION-RESULT- STAR TECHNIQUE" IN A TERTIARY CARE HOSPITAL**

Ms Anju M, Mrs. Vijaya Parameshwari, AJ Institute of Hospital Administration

## OPERATIONAL EXCELLENCE IN HEALTHCARE



**Swati Negi**  
IIHMR Bangalore  
PGDM 1ST YEAR

The term “operational” refers to anything related to the practical implementation or execution of tasks, processes, or activities within an organization or system.

In the healthcare industry, operational activities would encompass patients care, appointment scheduling, administrative tasks, medical procedures, and other functions that ensures the smooth running of healthcare facilities and the delivery of quality care to the patient. In a constantly evolving healthcare landscape, the pursuit of operational excellence has become more crucial than ever. One of the fundamental pillars of operational excellence in healthcare is process improvement. By analyzing and streamlining workflows, healthcare organizations can reduce inefficiency, minimize waiting times and optimize resource utilization.

The safety of patients is on the top of any healthcare setting. Operational excellence emphasizes the importance of implementing rigorous protocols, enhancing communication, and ensuring a culture of safety. By encouraging a transparent reporting system for adverse events, healthcare organizations can proactively identify and address potential risk, thereby reducing medical errors. Technology adoption, staff engagement and training, cost optimization are all the key components of operational excellence in healthcare. Electronic health records, telemedicine and data analytics

are examples of transformative technologies that enhance communication, coordination, and decision making among healthcare providers. It also necessitates a highly engaged and skilled workforce. Engaged employees are more likely to provide compassionate care and actively contribute to process improvement initiatives, creating a positive impact on patient experiences and organizational performance.

Achieving operational excellence also involves managing costs effectively without compromising on quality. By optimizing costs, healthcare providers can allocate resources where they are needed most, ensuring sustainable and affordable healthcare services for all.

While it offers numerous benefits, healthcare organizations face various challenges in its implementation. Resistance to change, insufficient resources and complexities in aligning diverse departments are hurdles.

To overcome these challenges leaders must foster a culture of collaboration and continuous improvement. Engaging frontline staff in the improvement process, using data-driven decision making and fostering a culture of innovation are crucial for success. Embracing operational excellence is not only beneficial for patients but also empowers healthcare providers to adapt to future challenges and transform the industry for the better.

# Rediscovering the Patient's Voice": The Role of Patient Reported Experience Measures (PREMs) in Achieving Operational Excellence in Healthcare, As Perceived By an MHA Student.



**Harshida Farveen CH**

Final Year MHA, A. J. Institute of Hospital Administration

PREM in Operational Excellence Healthcare operational excellence ensures high-quality treatment, a patient-centric approach, active engagement, communication, and shared decision-making. By understanding patient experiences, improving patient-centered care, and fostering continuous learning through structured surveys focusing on interpersonal aspects and communication, The British Journal of Anaesthesia (BJA) suggests that implementing PREM in healthcare organizations can improve patient outcomes, satisfaction rates, and overall performance and enhance healthcare operational excellence

As a student pursuing an MHA, I am aware of how important patient experiences are in determining healthcare delivery. In my PREM study, the SERVQUAL model-based dimensions were used to gather information on patients' experiences in the radiology department of a multispecialty hospital. The findings emphasized the

significance of reliable, assurance, tangible, empathetic, and responsive care indicating PREMs are more than simply a way to gauge patient experience; they also provide patients the power to actively participate in their care, build a feeling of ownership, improve the patient-provider bond, and make them feel important, respected, and engaged. Healthcare institutions can utilize PREMs to make informed decisions, implement targeted interventions, and improve the quality of care. It bridges the gap between operational efficiency and patient satisfaction, enhancing outcomes and loyalty. PREM can be used by postgraduate students, hospital management, doctors, and nurses to help shape patient care and align it with patient requirements and preferences.

As Laura Crafton Gilpin, an American poet, nurse, and advocate for hospital reform said "It's too bad patient-centered care is not rocket science, because if it were, we would be good at it"

## Artificial Intelligence (AI) in the healthcare industry: a blessing or a curse?



**Tejaswini T M,**  
MHA student and

**Aileen J, Assistant Professor,**  
Ramaiah University of Applied Sciences, Bangalore

Recent years have seen a rise in AI popularity. This has transformed several industries, including healthcare. This resource is useful for medical research, surgical robots, and early detection. "What's the real deal with Artificial Intelligence (AI)?" It's about computers or machines mimicking human smarts' tasks (Siri, Alexa). AI in healthcare would revolutionize diagnosis, treatment, and patient monitoring. AI would revolutionize research. With it, we can diagnose and cure everything perfectly. AI's accuracy would make the results obvious. Let's study AI's impact on healthcare. The integration of AI into numerous businesses has captivated and alarmed in recent years. Its impact is greatest in healthcare.

**Efficient Diagnostics and Treatment:** AI-driven algorithms can analyze massive volumes of medical data, including photos, patient records, and research papers. This efficiency allows faster, more accurate diagnoses and treatment. AI's ability to process and interpret patient data allows healthcare practitioners to customize medicines to patients' genetics and medical histories. This should improve therapeutic efficacy and reduce side effects.

**Predictive Analytics:** Mining historical and real-time data, AI systems can forecast disease outbreaks, patient decline, and consequences.

Protection of private patient information is a major cause for alarm when it comes to the use of artificial intelligence in healthcare. There is a danger for

patient privacy to be compromised because AI systems need access to sensitive medical data. This issue, if left unchecked, could lead to discriminatory treatment recommendations or misdiagnoses, impacting some groups more than others. The rapid adoption of AI in healthcare has raised some concerns among healthcare workers about the possibility of job loss.

There is no clear answer to the question of whether or not the use of AI in healthcare is a boon or a bane. Instead, a careful equilibrium must be struck between taking advantage of AI's opportunities and mitigating its risks. The following are essential to achieve the favorable effects of AI: For the sake of patient safety, data privacy, and ethical issues, governments and regulatory organizations must define clear standards for the development, deployment, and monitoring of AI systems in healthcare.

In the ongoing debate regarding whether Artificial Intelligence (AI) will benefit or harm the healthcare business, the answer lies in the complicated interaction between these two forces. AI has improved diagnosis, therapy, and predictive analytics in healthcare. However, healthcare AI implementation has hazards. Data privacy, loss of human connection, algorithmic prejudice, job loss, and ethical and legal issues cast doubt on its widespread adoption. A balanced strategy that maximizes AI's benefits while minimizing its limitations is needed.

# Operational Excellence (OE) in Healthcare

## - a way of delivering the care with modern-day principles, technology and techniques

**Dr. Pankaj Rahi**

Associate Professor, IIHMR, Bangalore

Written by- The core meaning of OE is the process of attaining the higher degree of routine-working-output or foreseen outcomes in the best possible state of time. Hence in the Healthcare Operational Excellence is also playing the vital role as we need to evolve models for healthcare with the changing technology, community expectation behaviors complementing the lifestyle and in consonance to the experience of the service providers as well as their in accordance with digital machinery or equipment's. The operational excellence in healthcare also considered as continuum delivery of the quality of healthcare services as per the principles and standards of care for patients as well as of staff in cost effective manner.

Hence for adhering the OE in healthcare all service delivering organization must adopt the framework which could roll-out the following processes continuously with quality-standards:

- a. Transform behavioral change of staff for adoption of new learning methods and techniques and adopt them scientifically, strategically for healthcare services.
- b. Develop and deploy the periodic organizational quality improvement procedures so that the any upgrade of the service areas may not miss.
- c. Clearly derive the Clinical-care-pathways transformations and make all providers to be aware of it.
- d. Seek perfection and adopt root-cause solutions rather that temporary approaches for solving the current problem for that near similar problems can be tackled easily with some enhancements if needed.

- e. Try to build culture of operational excellence in the daily activities for enforcing the change and enthusiasm amongst the providers.
- f. Enforce systematic thinking as all relationships with connecting elements should be visualized and considered before making the major decisions or changing the routine processes deployed earlier. Encourage the use of Data Analytical Tools and visualizations for discussions during decision-making process.
- g. Adopt the technological changes for reducing the replicability and duplicity of the efforts. Information reuse or processing methods should be deployed for improvements.
- h. Always create consistencies in communications and create values to the customers as per customers' expectations.
- i. Financial Substance and clarity with customers for more-values and long-term connects.

The core challenges being faced in operational excellence in healthcare are the behavior and mindset of the people who are undergone for care or their lifestyle they are living in the current age. Such challenges are sometime very difficult to address and also take long-term-efforts and time. There are many other challenges being faced at organization level like arrangement of job-specific skilled manpower, cope up with the technology changes, cost of the medical-equipment etc. which might make small scale providers more difficult for coping up the operational excellence. Hence the efforts convergence of platform for achieving the operational excellence shall be leveraged for improving health and safety.

# Operational Excellence in Indian Hospitals: Opportunities and Challenges

**Mr Piyush Kumar**

Associate Professor and Associate Dean Trainings,  
IIHMR Bangalore

Operational excellence plays a pivotal role in ensuring the efficiency and effectiveness of healthcare services, particularly in a diverse and populous country like India. Indian hospitals are poised to harness the benefits of operational excellence, but they also face significant challenges in achieving this goal.

## **Opportunities:**

**Enhanced Patient Experience:** Operational excellence focuses on streamlining processes, reducing waiting times, and improving patient flow. This can lead to a better patient experience, which is crucial for patient satisfaction and retention.

**Optimized Resource Utilization:** With the right operational strategies, hospitals can optimize their resource utilization, including staff, equipment, and facilities. This can result in cost savings and improved service delivery.

**Quality Healthcare Delivery:** Implementing operational excellence methodologies, such as Lean or Six Sigma, can lead to better quality control and reduced medical errors, ultimately improving patient outcomes.

**Data-Driven Decision Making:** Leveraging technology for data collection and analysis can aid hospitals in making informed decisions about resource allocation, patient care strategies, and overall operational improvements.

## **Challenges:**

**Infrastructure Disparities:** India's healthcare landscape is marked by significant infrastructure disparities

between urban and rural areas. Ensuring operational excellence across diverse settings remains a challenge.

**Human Resources Management:** Shortages of skilled medical professionals and support staff can hinder efforts to optimize hospital operations, leading to overburdened employees and compromised patient care.

**Adapting to Technological Advances:** While technology offers solutions for operational improvement, the integration of electronic health records, telemedicine, and other innovations requires investment and training.

**Cultural Sensitivity:** Operational changes should be sensitive to cultural norms and practices. What works in one region might not be suitable for another due to varying patient expectations and behaviours.

**Financial Constraints:** Many hospitals, especially government-funded ones, operate under financial constraints. Implementing operational excellence strategies might require upfront investments that these institutions struggle to make.

The pursuit of operational excellence in Indian hospitals presents both promising opportunities and formidable challenges. By prioritizing patient experience, resource utilization, and quality healthcare, hospitals can make significant strides. However, addressing infrastructure gaps, managing human resources effectively, embracing technology, and considering cultural nuances are critical for success. Collaborative efforts between healthcare stakeholders, government bodies, and private sector partners are essential to drive sustainable operational excellence across the Indian healthcare landscape.

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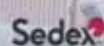
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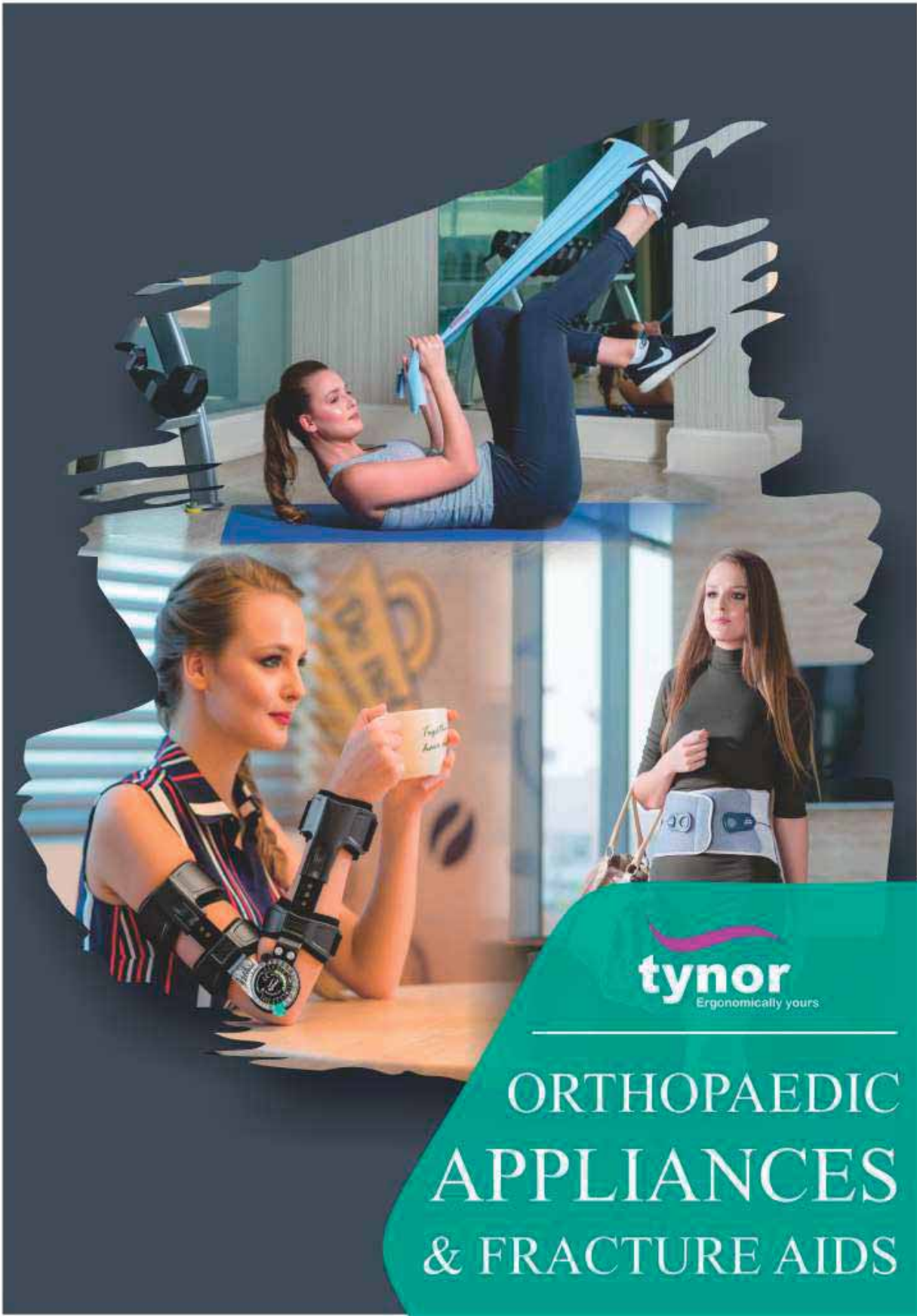
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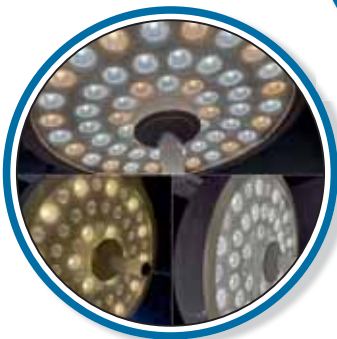
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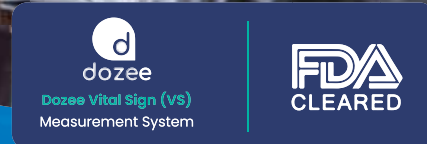


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\* Rupert M Pearse, et al., Mortality after surgery in Europe: a 7-day cohort study. The Lancet; 380(9847): 1059-1065 (2012)

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Srikanth Ganesan, is the founder & CEO of Littlemore Innovation Labs Pte Ltd. He is passionate about creating environment friendly technology solutions. He strongly believes that the children of today will make a better world as they grow up.

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