

CHAPTER - V

ANALYSIS OF DATA

5.1 Organizational set up and Administration of Hospitals

5.1A Type of organization: As can be seen from the Tables below the organizational structure of all 9 Government Hospitals and the Autonomous Hospital were found to be formal. In the private sector out of 10 Hospitals, 4 were found to have a formal organizational structure. Out of this 3 were Multispecialty Corporate Hospitals and 1 was a Trust hospital. Out of 6 Hospitals which did not have a formal organizational structure, 2 were Small Size Corporate Hospitals, 2 were proprietor owned and 2 were Hospitals run by a Society.

Table:5.1 Organizational structures of Government Hospitals.

Sl. No.	Type of Hospital	Count	Availability count		Total	Availability percentage of formal structure
			Formal	Informal		
1	State Govt. Hospitals	03	03	0	03	100%
2	Autonomous Hospitals	01	01	0	01	
3	Teaching Hospitals of State	03	03	0	03	
4	Central Govt. Hospitals	03	03	0	03	
Total		10	10	0	10	

Source: Computed from Data collected from field during 2014 and 2015

Table: 5.2 Organizational structures of Private Hospitals

Sl. No.	Type of hospital	Count	Availability count		Total
			Formal	Informal	
1	Multispecialty corporate Hospitals	03	03	0	03
2	Trust	01	01	0	01
3	Small size corporate Hospitals	02	0	02	02
4	Society	02	0	02	02
5	Proprietary	02	0	02	02
Total		10	04	06	10
Percentage of Total Count			40%	60%	100%

Source: Computed from Data collected from field during 2014 and 2015

From the above Tables it is observed that the percentage of Government Hospitals which have a formal organizational structure is 100%. In case of Hospitals in the private sector 40% have formal organizational structure (30%+10%=40%) and 60% have informal organizational structure (20% +20%+20%=60%).

5.1B Span of Control: The span of control was tall in all 9 Government Hospitals and the Autonomous Hospital (100%). In case of Private Hospitals, 4 had Matrix type Span of Control while 6 had Tall Span of Control. The 4 Hospitals which had Matrix type span of control were in the category of Corporate and Trust Hospitals.

Table: 5.3 Span of Control in Administration of Government Hospitals

Sl. No.	Type of hospitals	Count	Availability count		Matrix	Availability percentage within total count
			Tall	Flat		
1	State Govt. Hospitals	03	03	0	0	100%
2	Autonomous Hospitals	01	01	0	0	
3	Teaching Hospitals of State	03	03	0	0	
4	Central Govt. Hospitals	03	03	0	0	
Total		10	10	0	0	

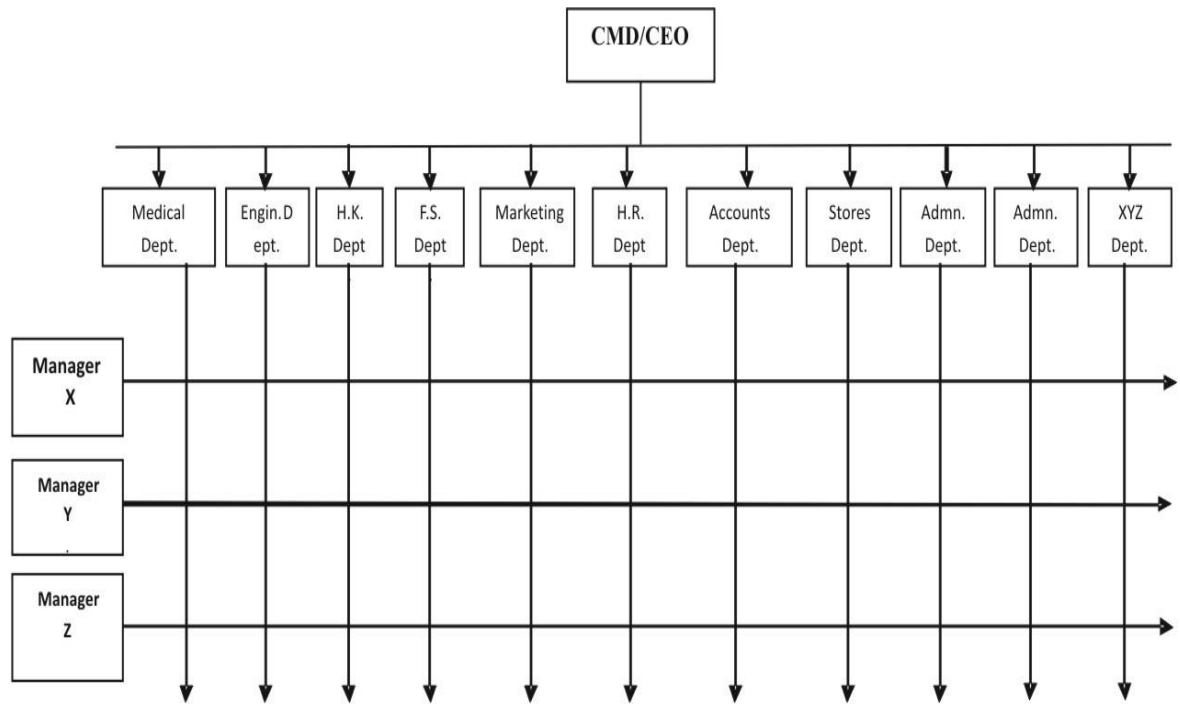
Source: Computed from data collected from field during 2014 and 2015

Table: 5.4 Span of Control in Administration of Private Hospitals

Sl. No.	Type of hospitals	Count	Availability count		Matrix
			Tall	Flat	
1	Medium size corporate Hospitals	03	0	0	03
2	Trust	01	0	0	01
3	Small size corporate Hospitals	02	02	0	0
4	Society	02	02	0	0
5	Proprietary	02	02	0	0
Total		10	06	0	04
Percentage of Total			60%	0%	40%

Source: Computed from data collected from field during 2014 and 2015

Fig 5.1: Matrix type functional organizational structure found in Medium Size corporate and Trust Hospitals of Guwahati City.



Source: Survey by the Researcher during 2014 and 2015

Matrix structure is a departmentalization where in Function and Division patterns are super imposed and are combined in the same structure. In the Medium Size Corporate Hospitals and Trust Hospital it was observed that there are two chains of command- Vertical (or Tall) and Horizontal (or Flat). In these types of Hospitals the Functional Departments constitute the Horizontal Hierarchy key. The Managers of different services like Food Service, Marketing and Stores, House Keeping etc. (Marked as Manager X, Manager Y, and Manager Z above) represent the Divisional Units which operates vertically across the structure.

5.1C Type of Administration: Regarding the type of Administration and exercise of Authority in all the Government Hospitals, there was Centralization of Power and Authority in Administration. In case of Private Hospitals, 4 were found to have a decentralized system of authority and power while in 6 Hospitals it was centralized.

Out of the 4 Hospitals where there was decentralization of Power and Authority 3 were Corporate Hospitals and 1 was Trust Hospital. Of the other 6 Hospitals where there was centralization of Power and Authority, 2 were small size Hospitals run by Proprietors, 2 were Society run Hospitals and 2 were Small Size Corporate Hospitals.

Table: 5.5 Type of Administration in Government Hospitals and Autonomous Hospitals

Sl. No.	Categories of hospitals	Count	Availability count		Total
			Centralization	Decentralization	
1	State Govt. Hospitals	03	03	0	03
2	Autonomous Hospitals	01	01	0	01
3	Teaching Hospitals of State	03	03	0	03
4	Central Govt. Hospitals	03	03	0	03
Total		10	10	0	10

Source: Computed from Data collected from field during 2014 and 2015

Table: 5.6 Type of Administration in Private Hospitals

Sl. No.	Type of hospitals	Count	Availability count		Total	Availability percentage within total count
			Centralization	Decentralization		
1	Multispecialty corporate hospital	03	0	03	03	30%
2	Trust Hospitals	01	0	01	01	10%
3	Small size corporate Hospital	02	02	0	02	20%
4	Society run Hospitals	02	02	0	02	20%
5	Proprietary Hospital	02	02	0	02	20%
Total		10	06	04	10	100%

Source: Computed from Data collected from field survey during 2014 and 2015

Fig.5.2 Pie showing organizational structure of Private Hospitals

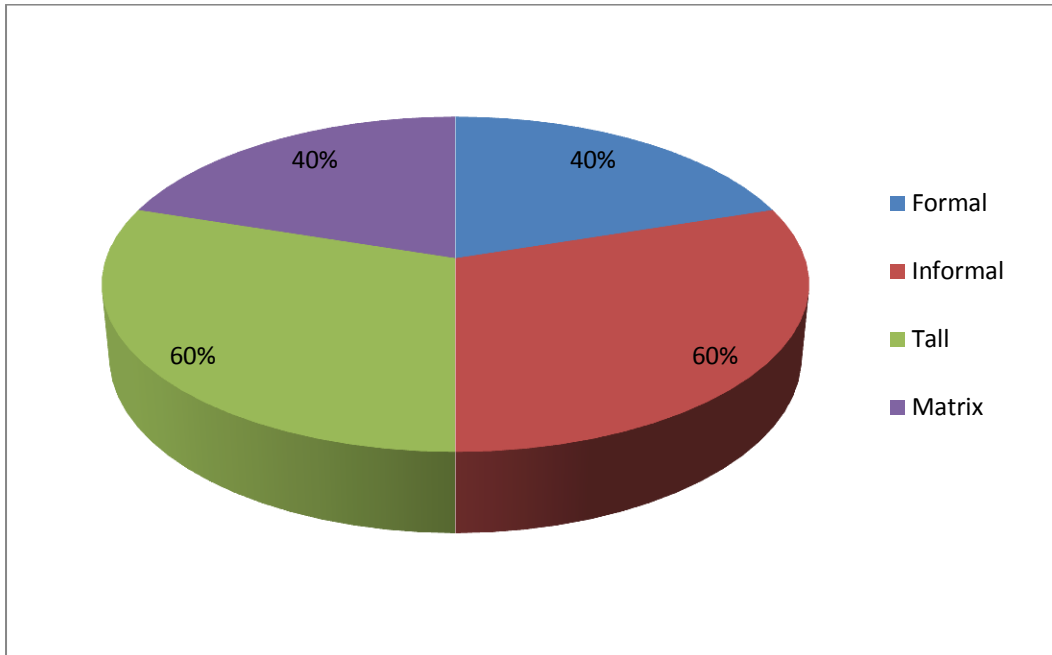
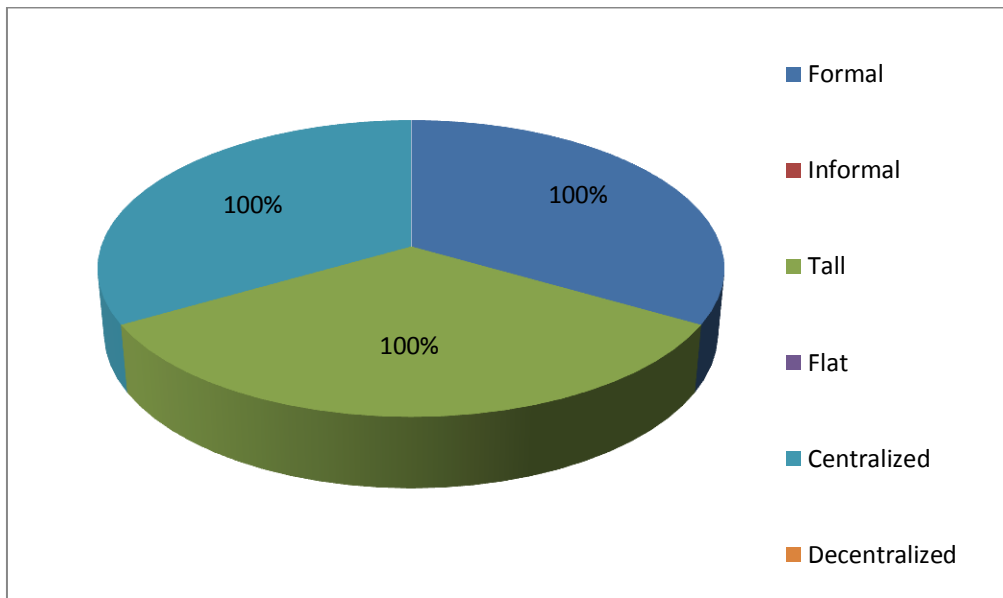


Fig 5.3: Pie showing Organizational Structure and types of Administration in Government Hospitals.



5.1 D Status of availability of important Departments

Different Departments available in Autonomous and Government Hospital is detailed in the Table 5.7.

Table 5.7: Status showing availability of important Departments: Autonomous and Government Hospital.

Sl. No.	Department		State Govt. Hospital (3)	Autonomous Hospital (1)	Teaching Hospital (3)	Central Govt. Hospitals (3)	Total (10)
1	Medical Record	Availability Count	2	1	1	1	5
		Percentage within the total	20%	10%	10%	10%	50%
2	Security	Availability Count	0	1	1	2	4
		Percentage within the total	0%	10%	10%	20%	40%
3	Food Service	Availability Count	0	0	0	0	0
		Percentage within the total	0%	0%	0%	0%	0%
4	Medical Engineering	Availability Count	1	0	0	0	1
		Percentage within the total	10%	0%	0%	0%	10%
5	Quality Control	Availability Count	0	0	0	0	0
		Percentage within the total	0%	0%	0%	0%	0%
6	House keeping	Availability Count	0	1	0	1	2
		Percentage within the total	0%	10%	0%	10%	20%

Source: Computed from Data collected from field during 2014 and 2015

Analysis of above data pertaining to availability status of different Departments showed that out of 10 Hospitals representing State Government Hospital, Central Government Hospital and Autonomous Hospital, Medical Record Department was available in 50% of the Hospitals. Category wise, 3 out of 6 State Government Hospitals (50%) and 1 out of 3 Central Government Hospitals (33%) had Medical Record Department in their Hospital. In case of Autonomous Hospital, availability of this department was 100%.

Out of 10 Hospitals representing State Government Hospital, Central Government Hospital and Autonomous Hospital, Security Department was available only in 4 (40%). Category wise, this Department existed in the Autonomous Hospital of the state but was not in existence in majority of State Government Hospitals. Out of 6 State Government Hospitals from which data was collected only 1 Teaching Hospital out of 3 had this Department. In the category of Central Government Hospitals this Department existed in 2 out of 3 Hospitals. (67%).

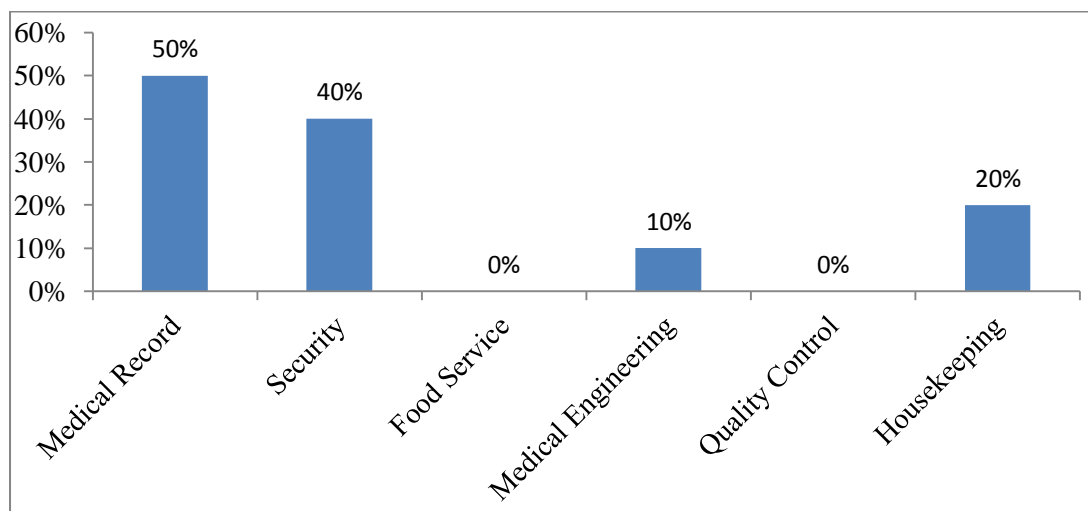
Food Service Department and Quality control Department was not available in any of the Government Hospitals.

Medical Engineering Department was available in only 1 out of 6 (16.6%) State Government Hospital and this Department were not available in any of the Hospitals (0%) under the Central Government. The overall percentage of Hospitals where this Department exists came to 10% taking State Government Hospitals, Autonomous Hospital and Central Government Hospital together.

Housekeeping Department existed in the Autonomous Hospital and in 1 Hospital under Central Government Hospital. The overall percentage of Hospitals where this Department exists came to 20% taking State Government Hospitals, Autonomous Hospital and Central Government Hospital together. Category wise Housekeeping Department existed in 0% State Government Hospital and in 33% of Central Government Hospitals.

The percentage wise distribution of different Departments in Government and Autonomous Hospitals (taken together) as mentioned above is detailed in the figure 5.4.

Fig. 5.4: Bar showing distribution of Departments: Government and Autonomous Hospital.



Analysis of availability status of important Departments in Private Hospital is detailed in Table 5.8.

Table 5.8 Availability Status of important Departments in Private Hospital

Sl. No.	Category of Hospital	Count	Availability Count of different Important Departments				
			Medical Record	Food Service	Medical Engineering	Quality Control	System Administration
1	Medium Size Corporate	3	3	3	3	2	3
2	Small size Corporate	2	2*	0	0	0	0
3	Trust Hospital	1	1	0	1	1	1
4	Proprietary Hospital	2	1*	0	0	0	0
5	Society Hospital	2	0	0	0	0	0
Total		10	7	3	4	3	4
Availability of Departments in Percentage			70%	30%	40%	30%	40%

Source: Data collected from the field during 2014-2015.

*Medical Record Department without Medical Record Officer

Analysis of available data revealed that in 7 out of 10 (70 %) Private Hospitals, Medical Record Department existed. Out of these 7 Hospitals Medical Record Officer was appointed in 4 Hospitals. In 3 Hospitals, this Department was run by Medical Record Assistants. The Hospitals where the Medical Record Department was run without Medical Record Officers comprised of 2 Small Size Corporate Hospitals (100%) and 1 Proprietary Hospital.(50%).

The analysis revealed that in case of Private Hospital, Food Service Department was available in 3 out of 10 (30%)and not available in 7 (70%). The Hospitals where Food service Department existed were all (100%) corporate Hospitals. This Department did not exist in the Small Size Corporate Hospitals, Trust Hospital and Proprietary Hospital and in Hospitals managed by Societies. In these Hospitals food service was provided by canteens which were run by contractors.

Medical Engineering Department was available only in 4 out of 10 Private Hospitals and not available in 6Hospitals. Thus the percentage of Private Hospital where Medical Engineering Department existed came to 40%. Hospitals where Medical Engineering Department existed consisted of Medium Size Corporate and Trust Hospital.

Quality control department was available in 3 and not available in 7 private Hospitals. Thus the percentage of Hospital where this Department existed came to 30%.Quality control Department existed in 2 out of 3 (67%) medium size corporate Hospitals and the Trust Hospitals (100%).

The Department of System Administration existed in 4 out of 10 (40%) private Hospitals. The Hospitals where this Department existed were all Medium size Corporate Hospitals and Trust Hospital (100%). Quality control Department did not exist in the Small Size Corporate; Proprietary Hospitals and in Hospitals run by Societies.

5.2 Accreditation and Certification of Hospitals:

Data analyzed revealed that in Government Hospitals, 33% of the Hospitals under State Government Administration and 33.3% Hospitals under Central Government Administration had ISO certification. The Autonomous Hospital had neither a certification from ISO nor was accredited by NABH. ISO certification was not available to any of the Teaching Hospitals of the state. Accreditation from NABH was not available to any of the Government Hospitals. This analysis is depicted in Table 5.9.

Table: 5.9 Certification and Accreditation status: Government Hospitals

Sl. No.	Type of hospital	Count	Availability status with percentage	ISO certification	NABH accreditation
1	State Govt. Hospitals	03	Availability count	01	0
			Percentage	33.3%	0%
2	Autonomous Hospitals	01	Availability count	0	0
			Percentage	0%	0%
3	Teaching Hospitals of State	03	Availability count	0	0%
			Percentage	0%	0%
4	Central Govt. Hospitals	03	Availability count	01	0
			Total	10	Percentage

Source: Computed from Data collected from field during 2014 and 2015

In the case of Private Hospital, in the category of Medium Size Corporate Hospitals 1 out of 3 (33%) was NABH accredited. The other 2 Corporate Hospitals were not accredited. Analysis of data revealed that 1 out of 3 (33%) Medium Size Corporate Hospitals were ISO certified. In the category of Small Size Corporate Hospitals, 1 out of 2 (50%) was ISO certified. This data is detailed in the Table 5.10.

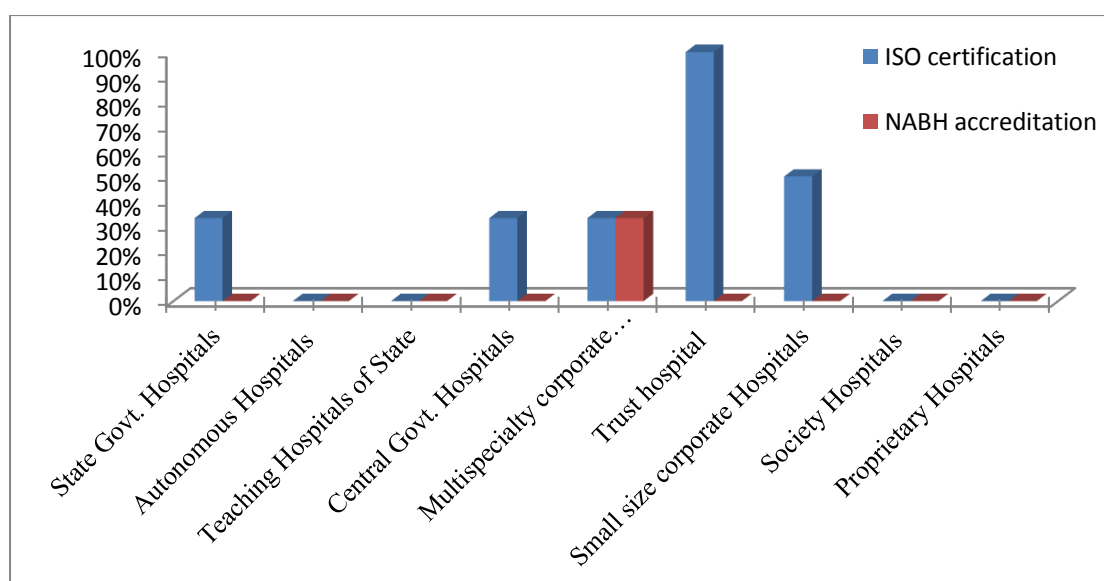
Table: 5.10:Accreditation and Certification Status: Private Hospitals.

Sl. No.	Type of hospital	Count	Availability status with percentage	ISO certification	NABH accreditation
1	Medium Size Corporate Hospital	03	Availability count	01	01
			Percentage	33.3%	33.3%
2	Trust Hospital	01	Availability count	01	0
			Percentage	100%	0%
3	Small Size Corporate Hospital	02	Availability count	01	0
			Percentage	50%	0%
4	Society Hospital	02	Availability count	0	0
			Percentage	0%	0%
5	Proprietary Hospital	02	Availability count	0	0
			Total	10	Percentage

Source: Computed from Data collected from field during 2014 and 2015

In the figure below a comparative picture of the certification and accreditation level of Government Hospitals and Private Hospital is shown.

Fig 5.5: Bar showing Comparison of Certification and Accreditation status of Government and private Hospital.



Source: Computed from Data collected from field during 2014 and 2015

As regards accreditation of Hospital Laboratories, analysis of available data revealed that no Laboratory attached to Government Hospital (State and Central) had accreditation from NABL. However, in case of Laboratories run by Private Hospitals, the Trust Hospital (100%) and 2 out of 3 (67%) Medium Size Corporate Hospital had Laboratories which obtained accreditation from NABL. No Hospital from the category of Small Size Corporate, Society Hospital or Proprietary Hospital had a Laboratory with accreditation from NABL.

5.3 Findings about status of Human Resource Department in Hospitals

5.3A Status of Human Resource Department

This study revealed that there was no Human Resource Department in all the 9 Government Hospital and the Autonomous Hospital as shown in the Table below.

Table 5.11: Status of Human Resource Department in Autonomous and Government Hospitals.

Sl. No.	Type of Hospital	Count	Availability of HR Department	Percentage of Availability
1	State Government Hospital	03	0	0%
2	Autonomous Hospital	01	0	
3	Teaching Hospital	03	0	
4	Central Government Hospital	03	0	
Total		10	0	

In case of Private Hospitals all the 3 Medium Size Corporate Hospitals (100%) and the Trust Hospital (100%) had Human Resource Department while Small Size Corporate Hospitals, Society Hospitals and Proprietary Hospitals did not have this Department. The status of Human Resource Department in Private Hospitals is given in the Table below.

Table 5.12 Status of Human Resource Department in Private Hospitals

Type of Hospital		Employee Strength	Constitution of HR Department							Total Staff in HR Department
			Director HR	A.G.M HR	Manager HR	Dy. Manager HR	Asstt. Manager	Executive HR/PER	HR Assistant	
Medium Size Corporate	NABH Accredited	732	0	0	1	1	0	1 (HR)	0	3****
	Multispecialty	857	0	1	0	2	1	2 (HR)	2	8
	Super Specialty	950	1	0	1	1	0	2	0	5
Small Size Corporate (SSC)	SSC 1	125	0	0	0	0	0	1***	0	0
	SSC 2	150	0	0	0	0	0	1 (PER)	0	1*
Society Hospital (SH)	SH 1	20	0	0	0	0	0	0	0	0
	SH 2	160	0	0	0	0	0	0	0	0
Proprietary Hospital	PH 1	400	0	0	0	0	0	1**	0	1
	PH 2	392	0	0	0	0	0	1	0	1
Trust	Hospital	550	0	0	1	0	0	2	0	3

Source: Computed from Data collected from field during 2014 and 2015

HR : Human Resource
 PER : Personnel
 * : Personnel Officer
 ** : Senior Administrative Officer
 *** : General Manager
 **** : HR Department supported by Manager, Personnel

Analysis of data detailed in the above Table shows that in all the Medium Size Corporate Hospitals the Human Resource Department was constituted in a scientific way. The Hospital with Employee strength of 732 had a Manager to head the department and a Deputy Manager to assist the Manager. Below the Deputy Manager, there was an Assistant Manager. Since there was a Manager (Personnel) also in this Hospital, the Human Resource Department could easily distribute amongst themselves the functions to be performed by the Human Resource Department of a Hospital.

In case of Hospital which was a Multispecialty one with Employee strength of 857, there were 8 personnel in the Human Resource Department. In this Hospital, the Human Resource Department was headed by an Assistant General Manager who in turn was assisted by 2 Deputy Managers. 2 Assistant Managers were appointed under the Deputy Managers who were allotted the duties and responsibilities pertaining to Personnel matters and General Administration respectively. There were 2 Executives working under the supervision of the Deputy Managers who in turn controlled and monitored the work of 2 Assistants who were appointed to work in Human Resource Department.

In case of the Super Specialty Hospital where the strength of employee was 950, the Human Resource Department functioned under the leadership of the Director (HR). Here 1 Manager (HR) was appointed who discharged functions under the guidance of the Director. To assist the Manager (HR), 1 Deputy Manager was appointed who in turn was assisted by 2 Assistants. Thus the number of personnel appointed to discharge necessary functions of Human Resource Department was 5 in this Hospital.

In the case of the Trust Hospital where total employee strength was 550, the Human Resource Department was headed by a Manager who was assisted by two Executives. Thus the total number of personnel in the Human Resource Department

of this Hospital was 3. The Manager had a Master Degree in Hospital Administration while both the Executives specialized in Human Resource Management.

In case of Proprietary Hospitals, in one, where employee strength was 392, only 1 Executive was appointed to discharge all functions of Human Resource Department of the Hospital. In the other Proprietary Hospital where total Employee strength was 400, one Employee designated as Senior Administrative officer was appointed to discharge functions of Personnel Administration of the Hospital. Data obtained revealed that the Senior Administrative officer was an Arts Graduate and possessed no prior experience in Hospital Administration or Human Resource Management. In the other Proprietary Hospital, the Executive appointed had some previous experience of doing Human Resource Department jobs. However he did not have the Authority to take any decision in matters regarding Recruitment, Selection, Training, Compensation, Job Allotment etc. His only duty was to carry out the orders given by the Proprietor of the Hospital.

In case of 2 Small Size Corporate Hospitals, where Employee strength was 125 and 150 respectively, a General Manager and a Personnel Officer were appointed respectively to discharge the functions of Personnel Administration. The educational qualifications of these two persons were graduation in Arts without any Diploma or experience in Human Resource Management or Personnel Administration.

5.3 B Functions performed by Human Resource Department: Private Hospitals

The study revealed that in 40% of Private Hospitals, Human Resource Department was involved in the process of Recruitment while this function was performed by the Board of Directors, by the proprietors or by the Chairperson of the Society in case of 60% of Private Hospitals. Those 40 % of Private Hospitals where Human Resource Department was involved in the process of Recruitment belonged to the category of Medium size Corporate Hospital and Trust Hospital. 40% of Private Hospitals maintained a database of Employees where all relevant information about

the Employees from the date of joining was available. Only 20% Private Hospital conducted survey on Morale, Attitude and Job satisfaction of Employees and only 40% took feedback from Employees about the Human Resource Management Practices adopted by them. Only 40% of Private Hospitals were found to make survey about Employee Turnover in the Hospital. In the process of performance assessment only 40% of Private Hospitals involved their Human Resource Department. 80% of Hospitals in the Private Sector did not involve the Human Resource Department in holding periodic Staff Meetings to know about the problems or grievances of Employees. Functions performed by Human Resource Department/ Personnel Department in Private Hospitals are shown in the Table below.

Table: 5.13 Functions performed by HR Department in Private Hospitals.

Sl. No.	Type of Hospital	Count	Recruitment Function		Maintaining Employee Database		Survey on Moral, Attitude and Job Satisfaction		Survey on Employee Turnover		Performance Assessment of Employees		Taking Feedback from Employees		Holding Meetings to know Employee Grievances	
			Performed	Not Performed	Maintained	Not Maintained	Done	Not Done	Done	Not Done	Done	Not Done	Taken	Not Taken	Holding	Not Holding
1	Medium Size Corporate	3	3	0	3	0	2	1	3	0	3	0	3	0	2	1
2	Small Size Corporate	2	0	2	0	2	0	2	0	2	0	2	0	2	0	2
3	Society	2	0	2	0	2	0	2	0	2	0	2	0	2	0	2
4	Propriety	2	0	2	0	2	0	2	0	2	0	2	0	2	0	2
5	Trust	1	1	0	1	0	0	1	1	0	1	0	1	0	0	1
Total		10	4	6	4	6	2	8	4	6	4	6	4	6	2	8
Percentage of Total			40%	60%	40%	60%	20%	80%	40%	60%	40%	60%	40%	60%	20%	80%

Source: Computed from Data collected from the field during 2014 and 2015.

5.3 C: Manpower position

Table 5.14 shows the Bed Strength, Number of Doctors, Number of Nurses and Total Employee of Government and Autonomous Hospital as revealed by data collected from the field.

Table 5.14 Status of Bed strength and Manpower Position in Government and Autonomous Hospitals

Sl. No.	No. of Beds & Manpower Position	State Govt. Hospitals			Teaching (T)			Autonomous Hospital (AH)	Central Govt. Hospitals		
		State Hospital (SH)	District Hospital (DH)	Sub-District Level Hospital (SDLH)	T ₁	T ₂	T ₃		Under Ministry of Railway. (RLY)	Under Ministry of Labour. (LAB)	Under IOC (Public Sector Hospital)
1	Beds	275	200	30	2180	154*	25	209	317	100	30
2	Doctors	20	37	09	403	10	25**	52	15	23	04
3	Nurses	83	90	28	263	29	03***	46	90	53	11
4	Total Employee	205	266	66	1733	79	44	262	272	205	91
5	Doctor to Bed Ratio (Near Approx)	1:14	1:6	1:4	1:5	1:15	1:1	1:4	1:21	1:4	1:7
6	Nurse to Bed Ratio (Near Approx)	1:3	1:3	1:1	1:8	1:5	1:8	1:4	1:4	1:2	1:3

Source: Computed from Data collected from field during 2014 and 2015

* Shows number of functional beds out of 264 beds

** Includes visiting Doctors from GMCH and NHM (Contract)

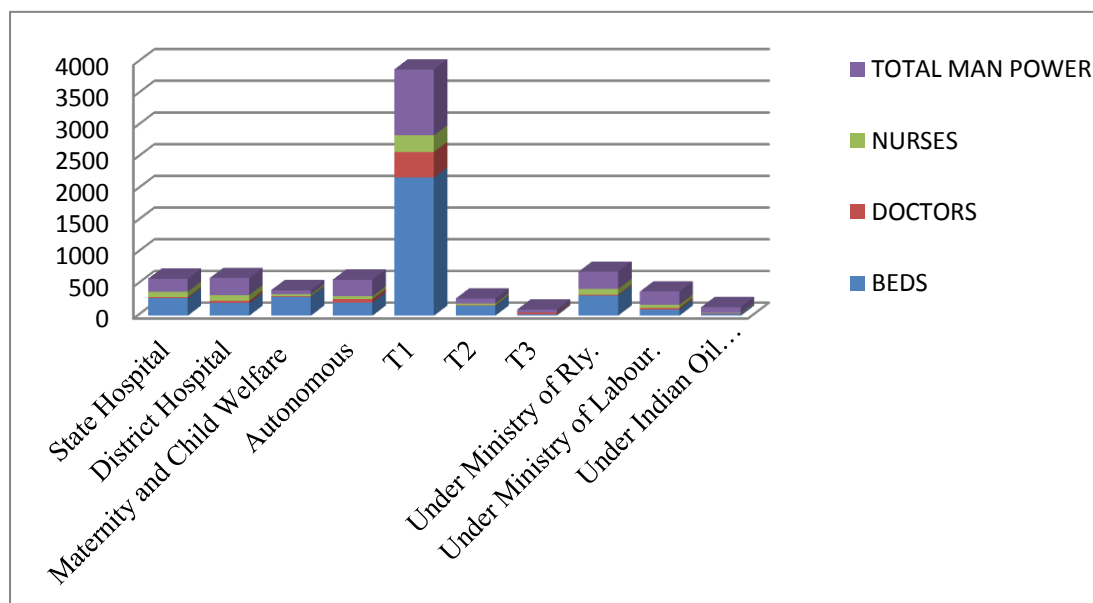
*** Appointed on contractual basis with fixed pay

Analysis of the data available in the above Table showed that the Doctor to Bed ratio was 1: 14 in the State Hospital while it was 1:15 in the Government Ayurvedic College Hospital (Teaching Hospital T2). This indicated that, compared to Beds available, the number of Doctors available in the State Hospital and Ayurvedic College Hospital was grossly inadequate. Data available about the Hospital under Indian Oil Corporation revealed that doctor to bed ratio was 1:8.

With regard to Nurse to Bed ratio, analysis of available data about the three Teaching Hospitals revealed that Nurse to Bed ratio were 1:8; 1:5 and 1:8 respectively. As per data made available, the number of Nurses in Medical College Hospital; Ayurvedic College Hospital, and Homoeopathic college Hospital were 263;29 and 03 respectively against 2180,154 and 25 Beds respectively. In case of Ayurvedic College Hospital against infrastructural provision of 264 numbers of beds only 154 beds were made functional due to shortage of Nurses.

The findings mentioned above are depicted in the Bar diagram below.

Fig 5.6:Bar showing Bed strength and Manpower position of Government and Autonomous Hospitals.



Source: Data collected from field in 2014 and 2015

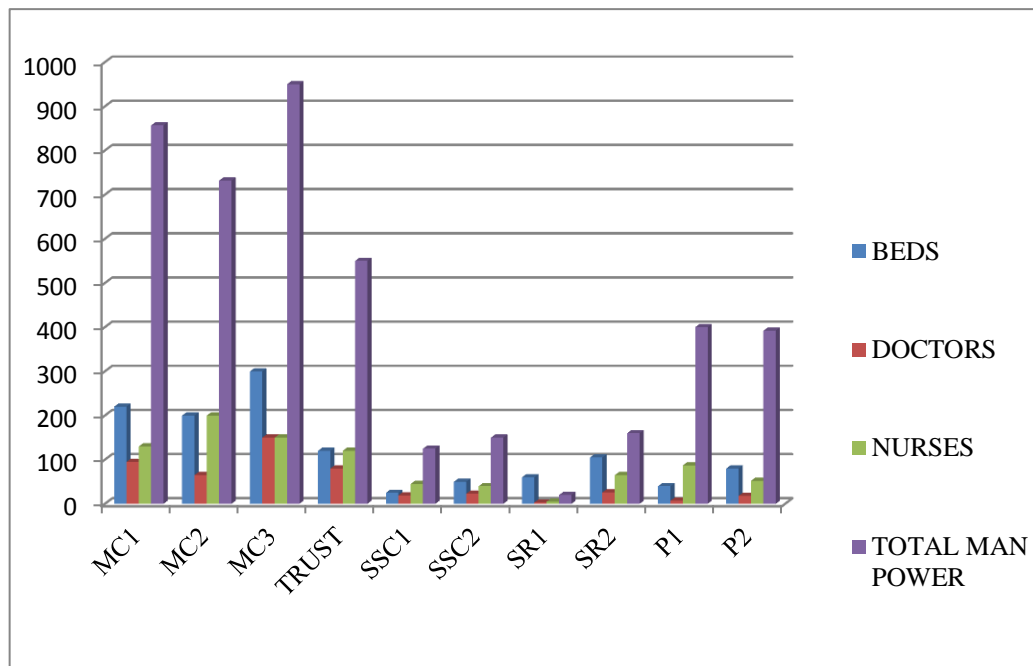
Manpower position, number of Beds, Doctors and Nurses of Private Hospitals as available from data collected is given in Table 5.15.

Table 5.15 Numbers of Beds, Doctors, Nurses and Man Power: Private Hospital

Sl. No.	Particulars	Medium Size Corporate (MC) Hospitals			Trust	Small Size Corporate (SSC) Hospitals		Society run Hospital (SR)		Proprietary (P) Hospital	
		MC1	MC2	MC3		SSC1	SSC2	SR1	SR2	P1	P2
1.	Beds	220	200	300	120	25	50	60	105	40	80
2.	Doctors	95	65	150	80	19	23	03	26	07	18
3.	Nurses	130	200	150	120	45	40	05	65	87	52
4.	Total Employee	857	732	950	550	125	150	20	160	400	392
5.	Doctors to Bed Ratio (Near Approx)	1:3	1:4	1:2	1:2	1:1	1:2	1:20	1:4	1:6	1:5
6.	Nurse to Bed Ratio (Near Approx)	1:2	1:1	1:2	1:1	1:2	1:1	1:12	1:2	1:1	1:2

Source: Computed from Data collected from field during 2014 and 2015

Fig: 5.7 Bar showing number of Beds, Doctors, Nurses and total Man Power: Private Hospital



Source: Computed from Data collected from field during 2014 and 2015

The findings of the study revealed the status of personnel appointed to take care of various departments as follows.

P.R.O.: The study showed that out of 9 Government Hospitals, no Hospital (0%) had a Public Relation Officer (PRO) appointed whereas in the private sector, in 3 out of 10 Hospitals (30%), P.R.O. was appointed. P.R.O. was not appointed in the Autonomous Hospital also. The 3 Private Hospitals where P.R.O. was appointed, were in the category of Medium Size Corporate Hospitals.

Dietician: About availability of Dietician, the study revealed that in 1 out of 9 Government Hospitals (11%), a Dietician was appointed while in the private sector, in 3 out of 10 Hospitals (33.3%), Dieticians were appointed. In the Autonomous Hospital there was no Dietician appointed. The Government Hospital where Dietician was appointed was a District Hospital. The 3 Private Hospitals where Dieticians were appointed were in the category of Medium Size Corporate Hospital.

System Analyst: In the case of Government Hospitals, out of 9 Hospitals no Hospital (0%) had appointed a System Analyst while in case of Hospitals in private sector, 4 out of 10 (40%) Hospitals had appointed persons to take care of Systems. The Hospitals which had appointed System Administrators were in the category of Trust Hospital and Medium Size Corporate Hospital.

Hospital Administrator: With regard to appointment of Hospital Administrator, the study revealed that 3 out of 9 Government Hospitals (33%) had an Administrator appointed while in case of private Hospitals, 4 out of 10 Hospitals (40%) had appointed Hospital Administrator. These 4 Hospitals were in the category of Trust and Medium Size Corporate Hospitals where experienced and senior Doctors were appointed as Administrators. In case of the Trust Hospital, the Hospital Administrator was a Doctor with a Master Degree in Hospital Administration. In the Autonomous Hospital a Senior Administrative officer was appointed who however did not have a specialization in Hospital Administration but had a Master degree in Business Administration. In the largest Teaching Hospital of the state, an I.A.S. officer who was from medical background was appointed as Administrator while in the State Hospital an Administrator was appointed on contractual basis (under NHM) who specialized in Hospital Administration, had a Bachelor's Degree in Pharmacy and carried experience as Hospital Administrator prior to joining the Government Hospital. In the District Hospital an Administrator was appointed under NHM(on contractual basis with fixed salary) who had a Master Degree in Hospital Administration.

Table 5.16 gives the detail status of P.R.O, Hospital Administrator, Dietician and System Administrator in Hospitals.

Table 5.16: Availability of P.R.O.; Hospital Administrator; Dietician and System Administrator in Hospitals.

Sl. No.	Type of Hospital	Count Total	P.R.O. availability (count)	Hospital Administrator availability (count)	Dietician availability (count)	System Administrator availability (count)
1	State Govt.	1	0	1	0	0
2	District	1	0	1	1	0
3	Sub-District	1	0	0	0	0
4	Teaching	3	0	1	0	0
5	Autonomous	1	0	1 *	0	0
6	Central Govt.	3	0	0	0	0
7	Medium size Corporate	3	3	3	3	3
8	Small Size Corporate	2	0	0	0	0
9	Trust	1	0	1	0	1
10	Society	2	0	0	0	0
11	Proprietary	2	0	0	0	0
Total		20	3	8 (*MBA)	4	4

Source: Data collected from the field during 2014 and 2015

5.3 D Human Resource Management Practices in Hospitals

The data collected and analyzed revealed marked differences between the Human Resource Management Practices adopted for employees in Private Hospitals and those prevalent as practices in Government and Autonomous Hospitals.

Private Hospitals : The analysis of data about Human Resource Management Practices in Private Hospitals revealed wide differences in matters of Recruitment, Appointment; Compensation, Training and Development and fringe benefits with that of Government Hospitals. The Human Resource Management Practices adopted for different categories of Employees in Private Hospital is detailed in the Table below.

Table 5.17

Category	Count	Table 5.17: Human Resource Management practices across employees in three different categories: Private Hospitals														
		Recruitment		Appointments		Salary		Benefit of medical Leave		Benefit of Annual leave		Benefit of Casual Leave		Training & Development		
		By Interview	Without Interview	Appointments notified	Appointments not notified	Based on scale	Consolidated Fixed	Allowed	Not Allowed	Allowed	Not Allowed	Allowed	Not Allowed	Allowed	Not Allowed	
Private	Staff Nurse	10	7	10	7	13	4	12	5	1	16	12	5	9	3	
	Nursing Incharge	2	0	2	0	1	1	1	1	1	1	2	0	1	1	
	Nursing Assistant	0	5	0	5	0	5	0	5	0	5	3	2	0	5	
	Sister Nurse	0	6	0	6	1	5	1	5	0	6	4	2	0	6	
	Nursing Supervisor	2	0	1	1	1	1	1	1	1	1	2	0	2	0	
	Assistant Midwife	1	0	1	0	1	0	1	0	1	0	1	0	1	0	
	Midwife	4	0	4	0	3	1	2	2	3	1	4	0	3	1	
	Physiotherapist	3	0	2	1	3	0	1	2	2	1	3	0	2	1	
	Total Count	22	18	20	20	23	17	19	21	21	9	31	31	9	18	22
	Percentage of Total	86%	48%	80%	80%	87.50%	42.50%	47.50%	52.50%	52.50%	22.50%	77.50%	77.50%	22.50%	48%	86%
	Private	Radiographer	5	0	5	0	3	2	3	2	1	4	5	0	2	3
		Laboratory Technician	4	7	4	7	4	7	4	7	4	7	10	1	7	4
		R.C.O. Technician	3	1	3	1	2	2	3	1	0	4	4	0	1	3
		Multi-skilled Technician	1	1	1	1	2	0	2	0	1	1	2	0	0	2
Radiology Technician		1	2	1	2	2	1	2	1	0	3	3	0	0	3	
C.T. Technician		2	0	2	0	1	1	2	0	0	2	2	0	0	2	
M.U. Technician		2	0	2	0	1	1	2	0	0	2	2	0	0	2	
Incharge Physiotherapist		1	0	1	0	1	0	0	1	0	1	1	0	0	1	
Consultant Physiotherapist		1	0	1	0	1	0	1	0	0	1	1	0	0	1	
EMT Technician		0	1	0	1	1	0	1	0	0	1	0	1	0	1	
M.R.I. Technician		1	1	1	1	2	0	2	0	0	2	2	0	0	2	
Physiotherapist		3	3	3	3	3	3	3	4	4	0	6	0	1	3	
Total Count		24	16	24	16	23	17	24	16	16	6	34	38	2	11	29
Percentage of Total		60%	40%	60%	40%	57.50%	42.50%	60%	40%	40%	15%	85%	98%	5%	27.50%	72.50%

Source: Data collected from the field during 2014 and 2015

Analysis of data about Human Resource Management practices adopted for Nursing Staff appointed in Private Hospitals revealed that 45% of Nursing Staff were recruited into service without conducting any interview. 50 % of Nursing Staff were not issued Appointment Letters although they were in the service of the Hospital for more than 2 years. 42.5 % of the Nursing Staff appointed in Private Hospitals did not enjoy the benefit of getting their salary on scale pay and 52.5 % of Nursing Staff were not provided the benefit of Medical leave. Annual or Privilege leave was available only to 9 % of the Nursing Staff who were appointed in the category of Medium size Corporate Hospital. 22.5 % of the Nursing staff was not allowed to avail casual leave. Those who were not allowed casual leave were appointed in the Proprietary Hospital. 55% of Nursing Staff were not given the opportunity to avail any Training or to attend any Refresher course programme.

Analysis of data about Human Resource Management Practices for Paramedic staff of Private Hospitals revealed that 40% of Paramedical staff was recruited into service of the Hospital without any interview. 60% of those selected for job were issued Appointment Letters while 40% were working without Appointment Letter. 42.5% of Paramedic Staff working in Private Hospitals were paid fixed salary. 40 % of the Paramedic staff was not given the benefit of availing Medical leave. Only 15 % of Paramedic Staff were given the benefit of availing paid Annual Leave. This 15 % Paramedic Staff were those employed in the Medium Size Corporate Hospitals and Trust Hospital. 5 % of Paramedic Staff appointed in Private Hospital were not provided the benefit of availing casual leave. The category of Hospital where this 5 % Employees were appointed belonged to Proprietary Hospital. Only 27.5% of Paramedic staff appointed in Private Hospitals was sent for training or to attend Refresher course while 72.5 % staff were not given this benefit. Category wise distributions of Hospitals which adopted the practice of sending Nursing and Paramedic staff for Training or for attending Refresher course is detailed in Table 5.17 and 5.18.

Table 5.18 Status of Nursing Staff sent for Training: Private Hospitals

Sl. No	Designation	Medium Size Corporate	Small Size Corporate	Trust	Society	Proprietary	Total
		No. of Staff sent for Training	No. of Staff sent for Training	No. of Staff sent for Training	No. of Staff sent for Training	No. of Staff sent for Training	
1	Staff Nurse	7 (4*+3**)	0	2	0	0	9
2.	Nursing supervisor	1*	0	1	0	0	2
3	Nursing In charge	0	0	1	0	0	1
4	Asst. Matron	1 *	0	0	0	0	1
5	Matron	3	0	0	0	0	3
6	Floor In charge	1 *	0	1	0	0	2
TOTAL OF NURSING STAFF SENT FOR TRAINING							18

Source: Data collected from the field during 2014& 2015

- * NABH Hospital
- ** Multi-specialty Hospital
- *** Super specialty Hospital

Table 5.19 Status of Paramedic Staff sent for Training: Private Hospitals

Sl. No	Designation	CATEGORY OF HOSPITAL					Total
		Medium size corporate	Small Size corporate	Trust	Proprietary	Society	
1	Radiographer	*1	0	1	0	0	2
2	Lab Technician	2*+2**+2***	0	1	0	0	7
3	ECG Technician	1*	0	0	0	0	1
4	Physiotherapist	0	0	1	0	0	1
TOTAL OF PARAMEDIC STAFF SENT FOR TRAINING							11

Source: Data compiled from field during 2014 and 2015

- * NABH Hospital
- ** Multi-Specialty Hospital
- *** Super specialty Hospital

Table 5.20 : Human Resource Management Practices across employees in the category of staff other than Nursing and Paramedics: Private Hospitals

Category of Staff	Count	Designation of Staff	Recruitment		Appointment Procedure		Salary		Benefit of Medical Leave		Benefit of Annual leave		Benefit of Casual Leave		Training & Development	
			By Interview	Without Interview	Appointment letter issued	Appointment letter not issued	Based on scale	Consolidated / Fixed	Allowed	Not Allowed	Allowed	Not Allowed	Allowed	Not Allowed	Sent for Training	Not sent for Training
Other than Paamedic & Nursing Staff	80	Biomedical Engineer	2	0	2	0	1	1	2	0	0	2	2	0	1	1
		Electronic Engineer	1	0	1	0	0	1	0	1	0	1	1	0	0	1
		Supervisor	2	1	3	0	2	1	1	2	1	2	3	0	3	0
		Deputy Manager	2	0	2	0	2	0	2	0	2	0	2	0	2	0
		Data Entry Operator	0	4	0	4	0	4	1	3	1	3	3	1	1	3
		Radiologist	2	0	2	0	0	2	2	0	1	1	2	0	1	1
		Accounts Executive	3	2	3	2	2	3	3	2	2	3	4	1	2	3
		Security Guard	0	3	0	3	0	3	0	3	0	3	2	1	0	3
		Medical Record Officer	1	0	1	0	1	0	1	0	0	1	1	0	1	0
		Marketing Manager	0	2	2	0	2	0	1	1	1	1	1	1	0	2
		Manager, Food Service	2	0	2	0	1	1	1	1	1	1	2	0	0	2
		Manager, Quality Control	2	0	2	0	1	1	1	1	1	1	2	0	0	2
		Manager, Systems	2	0	2	0	1	1	1	1	1	1	2	0	0	2
		Manager House keeping	1	0	1	0	1	0	1	0	0	1	1	0	0	1
		Record Assistant	1	2	1	2	1	2	1	2	1	2	2	1	0	3
		Store Manager	1	0	1	0	1	0	1	0	1	0	1	0	1	0
		Guest Relation Manager	2	0	1	1	2	0	2	0	2	0	2	0	2	0
		Accounts Officer	1	1	2	0	1	1	1	1	1	1	1	1	1	1
		Office Peon	0	1	1	0	1	0	1	0	1	0	1	0	0	1
		Junior Assistant	3	2	5	0	4	1	5	0	5	0	5	0	1	4
		Resident Medical Officer	0	3	3	0	3	0	3	0	3	0	3	0	0	3
		Research Assistant	1	0	1	0	0	1	0	1	0	1	1	0	1	0
		Receptionist	2	5	2	5	1	6	2	5	2	5	4	3	0	7
		P.R.O.	1	0	1	0	0	1	0	1	0	1	1	0	0	1
		Helper	1	0	1	0	0	1	0	1	0	1	1	0	0	1
		Deputy Medical Supdt.	1	0	1	0	0	1	0	1	0	1	1	0	0	1
		Assistant Manager	5	0	5	0	3	2	5	0	5	0	5	0	4	1
		H. R. Executive	1	1	0	2	0	2	0	2	0	2	2	0	1	1
		Marketing Executive	1	2	3	0	2	1	1	2	1	2	2	1	1	2
		Asstt. MRO	0	1	1	0	0	1	0	1	0	1	1	0	1	0
		Assistant	1	0	1	0	0	1	0	1	0	1	0	1	0	1
		Office Executive	0	2	2	0	0	2	0	2	0	2	2	0	0	2
Medical Consultant	0	1	0	1	0	1	0	1	0	1	0	1	0	1		
Cashier	0	2	0	2	0	2	0	2	0	2	0	2	0	2		
EPBX operator	0	1	1	0	0	1	0	1	0	1	0	1	0	1		
Administrative Officer	0	1	1	0	0	1	0	1	0	1	0	1	0	1		
Electrician	0	1	0	1	0	1	0	1	0	1	0	1	0	1		
Count total		42	38	57	23	33	47	40	40	34	46	63	17	24	56	
Percentage of Total		52.5%	47.5%	71.25%	28.75%	41.25%	58.75%	50%	50%	42.5%	57.5%	78.75%	21.25%	30%	70%	

Source: Data compiled from field during 2014-2015

Analysis of Table: 5.20 pertaining Human Resource Management Practices adopted by Private Hospitals for Employees in the category of Staff other than Nursing and Paramedics showed that 52.5% of the Employees were recruited without any interview. Of those recruited into service 71.25% was issued Appointment Letter while 28.75% Employees were not issued Appointment letters. Only 41.25% of Employees were paid salary on pay scale while 58.75% Employees were getting fixed salary. 50% of the Employees were allowed to avail Medical Leave while 50% was not allowed to avail Medical Leave. 42.75% employees were provided the benefit of paid Annual Leave and 57.5 % was not allowed to avail it. Casual Leave was not available to 21.25% of Employees and available for 78.25% of Employees. Employees who were not provided the benefit of availing Casual Leave were those appointed in Proprietary Hospital. Analysis of available data revealed that only 30% of employees appointed in Private Hospitals who were doing jobs in Non-Paramedic and Non-Nursing posts were sent for Training related to their field of work.

Human Resource Management practices for different categories of Employees of Government and Autonomous Hospital:

Analysis of data about Human Resource Management Practices adopted by Government and Autonomous Hospitals revealed that the recruitment into various paramedic posts was done by Advertisement. 87.5% of Employees were appointed through interview and 12.5% was appointed without interview. Those appointed without interview were selected by the Hospital Management committee and they were paid a fixed salary by negotiation while those selected through interview were issued Appointment Letters by the competent authority. 82.5 % of Paramedic staff was paid salary according to Government scale of pay and 17.5% of paramedic staff was paid fixed salary. Those who were paid salary on scale were getting the benefit of Privilege Leave with pay and also Medical Leave while those appointed under NHM in State Government Hospitals were getting a fixed pay. Casual Leave was available to 100% of Staff working in Autonomous and Government Hospitals. Analysis of data available revealed that only 25 % of paramedic Staff was offered the opportunity of going for Training or attending Refresher Courses while in case of 75 % of

Employees it was found that they were not sent for any Training or Refresher Course linked to their job.

About the Nursing staff appointed in Autonomous and Government Hospital, analysis of data revealed that all nursing staff (100%) was recruited by interview. 92.5 % of nursing staff were issued Appointment Letters, the remaining 7.5 % were those Nurses who were appointed by the Hospital Management Committee on a fixed salary by negotiation. In this category of Nurses it was not a practice to grant them Medical Leave, paid Annual Leave or Maternity Leave. The overall percentage of nursing Staff appointed in Autonomous and Government Hospitals who were getting a fixed salary was 30%. This 30 % nursing staff was inclusive of those who were appointed under NHM in Government Hospitals and those Nurses appointed by the Hospital Management Committees. The overall percentage of nursing Staff who enjoyed the benefit of availing Casual Leave was 92.5%. Nursing staff appointed in Government Hospitals on contractual basis did not enjoy the benefit of Annual leave which was available to staff appointed on regular basis .The overall percentage of Nursing staff getting the benefit of paid Privilege Leave was 75%. The 25% nursing staff not provided Paid Privilege Leave were those appointed under NHM and those appointed by the Hospital Management Committee. Analysis of data revealed that the overall percentage of nursing staff sent for Training from Autonomous and Government Hospitals was 27.5% only.

Analysis of data about Human Resource Management practices adopted in Autonomous and Government Hospitals for Employees other than Nursing and Paramedic Staff revealed that the overall percentage of Employees recruited through interview was 88 %. Those recruited without interview were engaged in posts in which Employees were appointed by the Hospital Management Committee as a stop gap arrangement. Employees of this type were paid a fixed salary which was decided by negotiation. It was a practice that Employees recruited through interview (88%) were issued Appointment Letters and 12 % of Employees who were not recruited on regular basis were not issued Appointment Letters. The overall percentage of

Employees getting salary on scale pay was 77%. The Employees not getting scale pay (23%) were those appointed by the Hospital Management committee and contractual Employees appointed in State Government Hospitals under NHM or contractual Employees appointed in Central Government Hospitals. All the regular Employees recruited through interview and getting scale pay were provided the benefit of Medical Leave .However the overall percentage of Employees getting the benefit of Paid Privilege Leave was 80% since contractual Employees were not entitled to Privilege Leave. It was the practice to grant casual Leave to 97 % of Employees working in Government Hospitals. 3 % Employee not getting Casual Leave included posts of Mali and Electrical Helper appointed in State Government Hospitals by the Hospital Management Committee on negotiated terms. As regards practice pertaining to Learning and Development, analysis of data revealed that only 10% of Employees were sent for Training while 90% did not get this benefit despite working for several years. Analysis of data about Human Resource Management practices adopted for Employees other than Nursing and Paramedic Staff in Government Hospitals is detailed in Table.5.20.

Table 5.21 : Human Resource Management Practices across employees in the different categories of Staff : Government Hospitals

Category of	Count	Designation of Staff	Recruitment		Appointment Procedure		Salary		Benefit of medical Leave		Benefit of Annual leave		Benefit of Casual Leave		Training & Development		
			By Interview	Without Interview	Appointment letter issued	Appointment letter not issued	Based on scale	Consolidated / Fixed	Allowed	Not Allowed	Allowed	Not Allowed	Allowed	Not Allowed	Sent for training	Not sent for training	
Other than Paramedic & Nursing Staff	60	Office peon	2	0	2	0	2	0	2	0	2	0	2	0	0	2	
		Sr. Librarian	1	0	1	0	1	0	1	0	1	0	1	0	0	1	
		Upper Div. Asstt.	1	0	1	0	1	0	1	0	1	0	1	0	0	1	
		Dresser	1	0	1	0	1	0	1	0	1	0	1	0	0	1	
		Ward Girl	2	1*	2	1*	2	1	2	1	2	1	3	0	0	3	
		Ward Boy	4	2*	4	2*	4	2	4	2	4	2	6	0	0	6	
		Driver	1	1	1	1	1	1	1	1	1	1	1	1	0	2	
		Electrician	2	0	2	0	2	0	2	0	2	0	2	0	0	2	
		Electrical Helper	0	1	0	1	0	1	0	1	0	0	1	0	1	0	1
		Block Data (NHM) Mngr.	1	0	1	0	0	1	1	0	0	1	1	0	0	1	
		Dietician	1	0	1	0	1	0	1	0	1	0	1	0	0	1	
		L.D.A	1	0	1	0	1	0	1	0	1	0	1	0	0	1	
		Jr. Engineer (Civil)	1	0	1	0	1	0	1	0	1	0	1	0	0	1	
		Pharmacist	5	0	5	0	4	1	5	0	4	1	5	0	0	5	
		LDA cum Comp. Operator	1	0	1	0	1	0	1	0	1	0	1	0	0	1	
		Receptionist Gr. II	1	0	1	0	1	0	1	0	1	0	1	0	0	1	
		Mali*	0	1	0	1	0	1	0	1	0	1	1	0	0	1	
		Sr. Medical Recd. Officer	1	0	1	0	1	0	1	0	1	0	1	0	0	1	
		House Keeping Supervisor	1	0	1	0	1	0	1	0	1	0	1	0	0	1	
		Hospital Administrator	2	0	2	0	1	1	2	0	1	1	2	0	1	1	
		Bio Medical Engineer	1	0	1	0	1	0	1	0	1	0	1	0	0	1	
		Dy. Director (Admn.)	1	0	1	0	1	0	1	0	1	0	1	0	0	1	
		Cashier	1	0	1	0	1	0	1	0	1	0	1	0	0	1	
		Head Assistant	1	0	1	0	1	0	1	0	1	0	1	0	0	1	
		Medical Record Officer	3	0	3	0	3	0	3	0	3	0	3	0	2	1	
		Head Pharmacist	3	0	3	0	3	0	3	0	3	0	3	0	2	1	
		Sr. Technician	1	0	1	0	1	0	1	0	1	0	1	0	0	1	
		Clerk cum Record Keeper	1	0	1	0	1	0	1	0	1	0	1	0	0	1	
		Receptionist	0	1	0	1	0	1	1	0	0	1	1	0	0	1	
		Cataloguer	1	0	1	0	0	1	1	0	0	1	1	0	0	1	
		Computer Operator	1	0	1	0	0	1	0	1	0	1	1	0	0	1	
		Accountant cum Cashier	1	0	1	0	1	0	1	0	1	0	1	0	0	1	
		Micro Biologist	1	0	1	0	1	0	1	0	1	0	1	0	0	1	
Store Keeper	1	0	1	0	1	0	1	0	1	0	1	0	0	1			
Dark Room Assistant	0	1	1	0	0	1	0	1	0	1	0	1	0	1			
Sr. Finance & A.O.	1	0	1	0	1	0	1	0	1	0	1	0	1	0			
Sr. Accounts Officer	1	0	1	0	1	0	1	0	1	0	1	0	0	1			
Asstt. Research Officer	1	0	1	0	1	0	1	0	1	0	1	0	0	1			
Block Accounts Manager	2	0	2	0	0	2	2	0	2	0	2	0	0	2			
Count total	53	7	53	7	46	14	53	17	48	12	58	2	6	54			
Percentage of Total		88%	12%	88%	12%	77%	23%	88%	12%	80%	20%	97%	3%	10%	90%		

	Designation of Staff	Recruitment		Appointment Procedure		Salary		Benefit of medical Leave		Benefit of Annual leave		Benefit of Casual Leave		Training & Development		
		By Interview	Without Interview	Appointment letter issued	Appointment letter not issued	Based on scale	Consolidated/ Fixed	Allowed	Not Allowed	Allowed	Not Allowed	Allowed	Not Allowed	Sent for training	Not sent for training	
Paramedic Staff	40	Lab. Technician	11	4	11	4	11	4	11	4	11	4	15	0	2	13
		Radiographer	5	0	5	0	5	0	5	0	5	0	5	0	0	5
		E.C.G Technician	5	0	5	0	5	0	5	0	5	0	5	0	0	5
		Technician	0	1	0	1	0	1	0	1	0	1	0	1	0	1
		ICU Technician	3	0	3	0	3	0	3	0	3	0	3	0	1	2
		Asstt. Physiotherapist	1	0	1	0	1	0	1	0	1	0	1	0	0	1
		Physiotherapist	2	0	2	0	0	2	0	2	0	2	2	0	0	2
		Dental Technician	1	0	1	0	1	0	1	0	1	0	1	0	0	1
		Physicist	1	0	1	0	1	0	1	0	1	0	1	0	1	0
		Radiotherapy Technician	2	0	2	0	2	0	2	0	2	0	2	0	2	0
		Sr. Radiation Therapy Technologist	2	0	2	0	2	0	2	0	2	0	2	0	2	0
		Medical Physicist	1	0	1	0	1	0	1	0	1	0	1	0	1	0
		Sr. Medical Physicist	1	0	1	0	1	0	1	0	1	0	1	0	1	0
		Total	35	5	35	5	33	7	33	7	33	7	40	0	10	30
	Percentage of Total	87.5%	12.5%	87.5%	12.5%	82.5%	17.5%	82.5%	17.5%	82.5%	17.5%	100%	0	25%	75%	
Nursing Staff	40	Staff Nurse	20	0	20	0	13	7	13	7	13	7	20	0	5	15
		Sister Nurse (ANM)	15	0	12	3	10	5	12	3	12	3	12	3	3	12
		Nursing Supervisor	2	0	2	0	2	0	2	0	2	0	2	0	2	0
		Assistant Matron	1	0	1	0	1	0	1	0	1	0	1	0	0	1
		Matron	1	0	1	0	1	0	1	0	1	0	1	0	1	0
		Chief Matron	1	0	1	0	1	0	1	0	1	0	1	0	0	1
		Total	40	0	37	3	28	12	30	10	30	10	37	3	11	29
		Percentage of Total	100%	0%	92.5%	7.5%	70%	30%	75%	25%	75%	25%	92.5%	7.5%	27.5%	72.5%

Source: Data compiled from field during 2014 and 2015

* Appointed by Hospital Management Committee with fixed salary.

5.4 **Service condition of Employees:** Data pertaining Service Conditions of Employees of Government and Private Hospitals is detailed in Table5.21 and 5.22.

Table5.22 Service Conditions of Employees of Different Categories: Government Hospitals

Sl. No	Category of Hospital	Count	Service Conditions															
			Service Rule		PF contribution		ESIC Hospital facility		Medical Bill Reimbursement of Dependent Family Member		Gratuity Benefit		Recreational Facilities	Promotion	Welfare or Benevolent Scheme			
			Provided	Not Provided	Exist	Does not Exist	Provided	Not Provided	Provided	Not Provided	Allow	Not Allow	Provided	Not Provided	Exist	Does Not Exist	Available	Not Available
1	State Hospital	1	1	0	1	0	0	1	0	1	1	0	0	1	1	0	0	1
2	District Hospital	1	1	0	1	0	0	1	0	1	1	0	0	1	1	0	0	1
3	Sub-Division Hospital	1	1	0	1	0	0	1	0	1	1	0	0	1	1	0	0	1
4	Teaching Hospital	3	3	0	3	0	0	3	0	3	3	0	0	3	3	0	0	3
5	Autonomous Hospital	1	1	0	1	0	0	1	0	1	1	0	0	1	1	0	0	1
6	Central Govt. Hospital	3	3	0	3	0	0	3	3	0	3	0	2	1	3	0	2	1
7	Total	10	10	0	10	0	0	10	3	7	10	0	2	8	10	0	2	8
percentage			100%	0%	100%	0%	0%	100%	30%	70%	100%	0%	20%	80%	100%	0%	20%	80%

Source: Data collected from the field during 2014 and 2015

Analysis of the above Table about service condition of Employees of Autonomous Hospital and all Government Hospitals revealed that Service condition of Employees of Autonomous Hospital and all Government Hospitals (100%) provided for service Rules for Employees. Service condition of Employees of Autonomous Hospital and all Government Hospitals (100%) provided for Provident Fund (PF) contribution and Gratuity payment to the regular Employees. ESIC Medical facility was not provided to Employees of Autonomous and Government Hospitals because their service condition provided for paid Medical leave on account of Hospitalization. As regards Medical Bill reimbursement for dependent family members of employees, Service condition of Autonomous Hospital and State Government Hospitals (70%) did not provide for this facility. However this facility was provided for in the service condition of Employees of Central Government Hospitals (30%). In matter of recreational facilities, Employees appointed in Autonomous and Government Hospitals (80%) did not have the privilege of enjoying this facility. In 20% Government Hospitals, Employees had the privilege of enjoying this facility on the strength of their Service conditions.

Private Hospitals: Analysis of data about Service condition of Employees of Private Hospitals revealed that Trust Hospital and all Medium Size Corporate Hospitals (100%) had Service Rules for their Employees. In case of Society Hospitals, it was found that 50% had the provision of Service Rules while Medium Size Corporate Hospitals and Proprietary Hospitals did not have Service Rules for Employees. The overall status of maintaining Service Rules by Private Hospitals was that 50% had this while 50% of Private Hospitals did not have this provision.

Service Condition of Trust Hospital and all Medium size Corporate Hospitals (100%) provided for Provident Fund contribution and Gratuity payment for Employees. This provision existed in 50% of Proprietary Hospitals and 50% society Hospitals. However employees of all (100%) Small Size Hospitals did not enjoy this facility as a part of their practice. The overall percentage of Private Hospital providing its Employees the benefit of PF and Gratuity came to 60% and Hospitals not providing this came to 40 %.

Analysis of available data revealed that Trust and all Medium size Corporate Hospitals (100%) provided for ESIC medical facility for the eligible Staff. No Proprietary Hospital (0%) provided this facility to its Employees. 50 % of Society Hospitals provided this facility to its Employees. The overall percentage of Private Hospitals that provided ESIC medical facility came to 50% and those not providing this came to 50%.

The service condition of all Private Hospitals (100%) did not provide for reimbursement of Medical Bill for treatment of dependent family members and did not provide for recreational facilities for its Employees. The service condition of Trust Hospital and all Medium Size Hospitals (100%) provided for promotion of Employees. However service Condition of Proprietary Hospitals and Society Hospitals did not have such provision for their Employees.

In the matter of welfare or Benevolent schemes for Employees, Trust Hospital (100%) and 66 % Medium size corporate Hospitals were found to have this provision in the service condition of their Employees. Small Size Corporate Hospitals, Society Hospitals and Proprietary Hospitals did not have (0%) this provision in the service condition of their Employees. The overall percentage of Private Hospital where Service condition provided for welfare and Benevolent schemes for Employees came to 30%.

The service conditions of Employees of Private Hospitals as detailed above are represented in Table 5.23.

Table : 5.23 Service Conditions of Employees of Different Categories: Private Hospitals

Sl. No.	Category of Hospital	Count	Service Conditions															
			Service Rule		Provident Fund contribution		ESIC medical facility for Eligible Staff		Medical Bill Reimbursement of Dependent Family Member		Gratuity Benefit		Recreational facilities		Promotion System		Welfare or Benevolent Scheme for employees	
			Provided	Not Provided	Exist	Does not Exist	Provided	Not Provided	Provided	Not Provided	Allow	Not Allow	Provided	Not Provided	Exist	Does Not Exist	Available	Not Available
1	Medium size Corporate Hospital	3	3	0	3	0	3	0	0	3	3	0	0	3	3	0	2	1
2	Small Size Corporate Hospital	2	0	2	0	2	0	2	0	2	0	2	0	2	0	2	0	2
3	Society Hospital	2	1	1	1	1	1	1	0	2	1	1	0	2	0	2	0	2
4	Proprietary Hospital	2	0	2	1	1	0	2	0	2	1	1	0	2	0	2	0	2
5	Trust Hospital	1	1	0	1	0	1	0	0	1	1	0	0	1	1	0	1	0
Total		10	5	5	6	4	5	5	0	10	6	4	0	10	4	6	3	7
Percentage of Total			50%	50%	60%	40%	50%	50%	0%	100%	60%	40%	0%	100%	40%	60%	30%	70%

Source: Data collected from the field during 2014 and 2015

5.5: Control of Government over Hospitals:

5.5 A: Compliance of provisions of Regulatory Acts and Rules

Assam Health Establishment Act, 1992 and Rules, 1995: According to Section 10 (ii) of the Assam Health Establishment Act, 1992 and Rules, 1995, every Health establishment shall have Clinical Laboratory with requisite infrastructure for necessary Laboratory examination for diagnosis of different ailments. Analysis of the collected data from Private Hospitals revealed that Section 10 (ii) of the Assam Health Establishment Act, 1992 and Rules, 1995 were complied with by the Trust Hospital and all the Medium Size Corporate Hospitals (100%). In case of Small Size Corporate Hospitals, 1 out of 2 (50%), in case of Society Hospitals, 1 out of 2 (50%) and in case of Proprietary Hospitals 1 out of 2 (50%) showed compliance of the provision of this Act. Calculated on overall basis, compliance of section 10 (ii) of the Assam Health Establishment Act, 1992 and Rules, 1995 was seen in 70% of Private Hospitals and not seen in 30% of Private Hospitals.

According to Section 12 of the Assam Health Establishment Act, 1992 and Rules, 1995 all Health Establishments should maintain a Central Drug Store; Diet Section; Equipment and Linen store. Analysis of collected data from Private Hospitals revealed that Central Drug Store; Diet section; Equipment and Linen Store were available in the Trust Hospital and all Medium Size Corporate Hospitals (100%). However compliance of Section 12 of Assam Health Establishment Act, 1992 and Rules, 1995 was not found in case of all Small Size Corporate Hospitals and all Society Hospitals due to non-availability of Central Drug Store; Diet section; Equipment and Linen Store in those Hospitals. From analysis of available data it was revealed that compliance of section 12 of the Assam Health Establishment Act, 1992 and Rules, 1995 was part in the Proprietary Hospitals since 1 out of 2 (50%) Hospital in this category was maintaining a Central Drug Store; Diet Section; Equipment and Linen Store and 50% not maintaining it.

According to section 13 of the Assam Health Establishment Act, 1992 and Rules 1995 every Health Establishment must display the user charges to strengthen the provisions of Right to Information of users. Data collected from Private Hospitals revealed that no Private Hospital (0%) followed this provision of the Act.

According to conditions laid down in the Assam Health Establishment Act,1992 for grant of license to operate, all Health Establishments must display prominently the Services provided by them. Data collected from Private Hospitals revealed that such a display was available in none of the Society Hospitals (0 %). It was available in 1 out of 2 (50%) Proprietary Hospitals. In case of Trust Hospital and all (100%) Medium Size Corporate Hospitals such display was available.

Table : 5.24 Status of Compliance of the Provisions of f Assam Health Establishment Act.,1992 & Rules 1995 by Private Hospitals										
Sl. No.	Category of Hospital	Count	Different Provisions of Assam Health Establishment Act.,1992 & Rules 1995							
			Availability of Clinical Lab. With Infrastructure [Section 10(ii)]		Maintaining Central Drug Store; Diet section; Equipment & Linen Store (Section 12)		Display of Services Provided (Section)			Display of user Charges (Section13)
			Available	Not Available	Available	Not Available	Available	Not Available	Available	Not Available
1	Medium size Corporate	3	3	0	3	0	3	0	0	3
2	Small Size Corporate	2	1	1	0	2	2	0	0	2
3	Society	2	1	1	0	2	0	2	0	2
4	Proprietary	2	1	1	1	1	1	1	0	2
5	Trust	1	1	0	1	0	1	0	0	1
Total		10	7	3	5	5	7	3	0	10
Percentage of Total			70%	30%	50%	50%	70%	30%	0%	100%

Source: Data collected from the field during 2014 and 2015

Assam Public Health Act, 2010 : According to 17 (d) of Assam Public Health Act,2010 it is mandatory for each Health Care Institution and Establishment to prominently display information regarding the Indian Public Health Standards (IPHS) in various respects ; the charter of citizens grants received by the institution; Medicine and vaccine in stock; Services provided to the user; user Charges to be paid as envisaged in the RTI Act and the monitoring of performance of institutions and Establishments on such parameter. Analysis of data available from State Government Hospitals and Autonomous Hospital revealed that display regarding IPHS was available only in the Autonomous Hospital and not available in any of the State Government Hospitals. Thus, compliance of sec 17 (d) of the Assam Public Health Act was not seen in case of State Government Hospitals.

As regards display of charter of citizens grant received and Display of Medicine and vaccine in stock available, analysis of data revealed that such display was available only in the Autonomous Hospital and was not displayed in any of the State Government Hospitals.

As regards display of services provided to user, such a display was available in 4 out of 6 (67%) Government Hospital. It was also available in the Autonomous Hospital.

As regards display of User charges to be paid, analysis of available data revealed that such a display was not available in any out of 6 State Government Hospitals. Display about user charges was not available in the Autonomous Hospital. The status of compliance of provisions of section 17 (d) by Hospitals is detailed in Table 5.25 and 5.26.

Table5.25 Status of Compliance of the Provisions of Section 17(d) of Assam Public Health Act., 2010 by Government Hospitals (State)

Sl. No.	Category of Hospital	Count	Different Provisions of Section 17(d), Assam Public Health Act.									
			Display Regarding IPHS		Display of Charter of Citizens Grants Received		Display of Medicine, Vaccine in Stock		Display of Services Provided		Display of Users Charges to be Paid	
			Available	Not Available	Available	Not Available	Available	Not Available	Available	Not Available	Available	Not Available
1	State Hospital	1	0	1	0	1	0	1	0	1	0	1
2	District Hospital	1	0	1	0	1	1	0	1	0	0	1
3	Sub- Division Hospital	1	0	1	0	1	0	1	1	0	0	1
4	Teaching Hospital	3	0	3	0	3	0	3	2	1	0	3
5	Autonomous Hospital	1	1	0	1	0	1	0	1	0	0	1
Total		7	1	6	1	6	2	5	5	2	0	7
Percentage of Total			14%	86%	14%	86%	29%	71%	71%	29%	0%	100%

Source: Data collected from the field during 2014 and 2015

5.5 B :Visit of Inspecting Officials: Section 12 A of the Assam Health Establishment Act,1992 (Amended in 1993) provides that the Health Authority ,in its own motion or on receipt of any complaint ,shall have the power to carry out any inspection in respect of any Health Establishment registered or unregistered; licenced or unlicenced as may be required for smooth performance of functions of Health Authority and for carrying out the purposes of the Act. Section 14 of the Assam Health Establishment Act,1992 (Amended in 1993) provides for inspection of Health Establishments. According to this section, District Magistrate or such officer as authorized by him and Sub-divisional Magistrate and the Joint Director of Health Services of the District shall be Inspecting Officers, within their respective jurisdiction and shall be competent to take any action as authorized under the provisions of the Act. According to subsection 14 (2) and 14 (3) of this Act Government shall appoint Chief Medical and Health Officer of the District concerned who shall be the Inspecting Officer for the purpose of inspecting Health Establishments. As per Rule 9 of Assam Health Establishment Rules, 1995 each Inspecting Officer shall inspect all Health establishments under his jurisdiction at least twice a year. According to section 11 of the Assam Health Establishment Act,1992 (Amended in 1993) for renewal of licence of any Health Establishment, licence from State Pollution Control Board (SPCB) is an essential condition. To ensure this, before issuing the consent to operate, it is imperative that pollution Control Authority send its authorized official for inspection of Hospitals so as to ensure that later is not indulging in acts which might cause pollution of soil, Air or water. As such, in this study data was collected from Hospitals to ascertain the periodicity of visit of Inspecting officials of District Authority, District Health Authority and Authority of State Pollution Control Board to their Hospital.

Analysis of data available about visit of District Authority official to Private Hospitals for the purpose of inspection revealed that visit to Trust Hospital, Medium Size Corporate Hospitals and Small Size Corporate Hospitals was occasional. Analysis of data available from Proprietary Hospitals revealed that inspecting official of District Authority visited their Hospital occasionally (50%) and whenever there

was some adverse reporting about Private Hospitals by the Press (50%). Analysis of data available from Society Hospitals revealed that either they were not visited for inspection (50%) or visited only whenever there was some adverse reporting about Private Hospitals by the Press (50%). Overall percentage calculation about visit of District Authority to private Hospital for the purpose of inspection revealed that Bi Annual visit of District Authority Official to Private Hospitals for the purpose of inspection was nil (0%). This analysis is detailed in the Table5.26

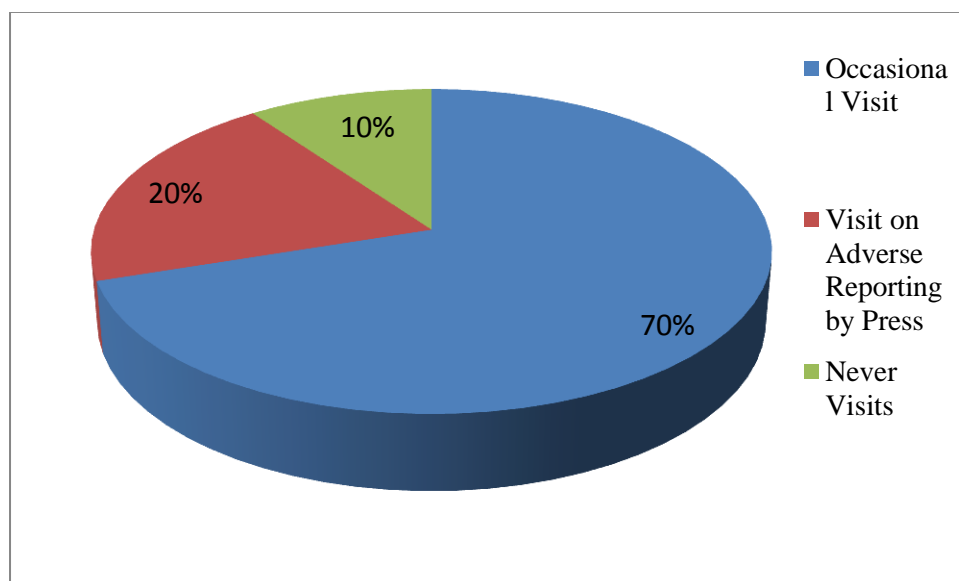
Table5.26 Visit of District Authority Official for inspection of Private Hospitals

Sl. No.	Category of Hospital		Count	Periodicity of Visit of District Authority for inspection				
				Biannual	Annual	Occasional	Adverse report by press	Never
1	Corporate	Medium Size Corporate Hospital	03	0	0	3		0
		Small Size Corporate Hospital	02	0	0	2	0	0
2	Trust	Trust Hospital	01	0	0	1	0	0
3	Society run	Society Hospital	02	0	0	0	1	1
4	Proprietorship	Proprietary Hospital	02	0	0	1	1	0
Total			10	0	0	7	2	1
Percentage of Total				0%	0%	70%	20%	10%

Source: Data collected from the field during 2014 and 2015

The findings of the Table5.26 is represented in fig 5.8

Fig. 5.8 Pie showing visit of District Authority Officials to Private Hospitals



Source: Data collected from the field during 2014 and 2015

Visit of State Pollution control Authority to Hospitals:

Analysis of data available about visit of official from State Pollution Control Board revealed that Medium Size Corporate Hospitals were never inspected in connection with Annual renewal of Hospital Licence. Visit to Small Size Hospitals and Proprietary Hospitals were Annual (50%) and Occasional (50%). Visit of official from State Pollution control to Trust Hospital was occasional. Calculated on the basis of this data, it revealed that 20% of Private Hospitals were visited by pollution control authorities Annually, Visit to 30% of Private Hospital was occasional, visit to 20% of Private Hospitals by pollution control authority was witnessed when there was some adverse reporting by Press and they never visited Medium Size Corporate Hospitals even though they had the responsibility to ascertain before giving clearance for Annual renewal of Hospital Licence for the reason that Air pollution, Soil Pollution or water pollution was not caused by the concerned Hospital.

Table 5.27 Visit of State Pollution Control Board Official for inspection of Private Hospitals

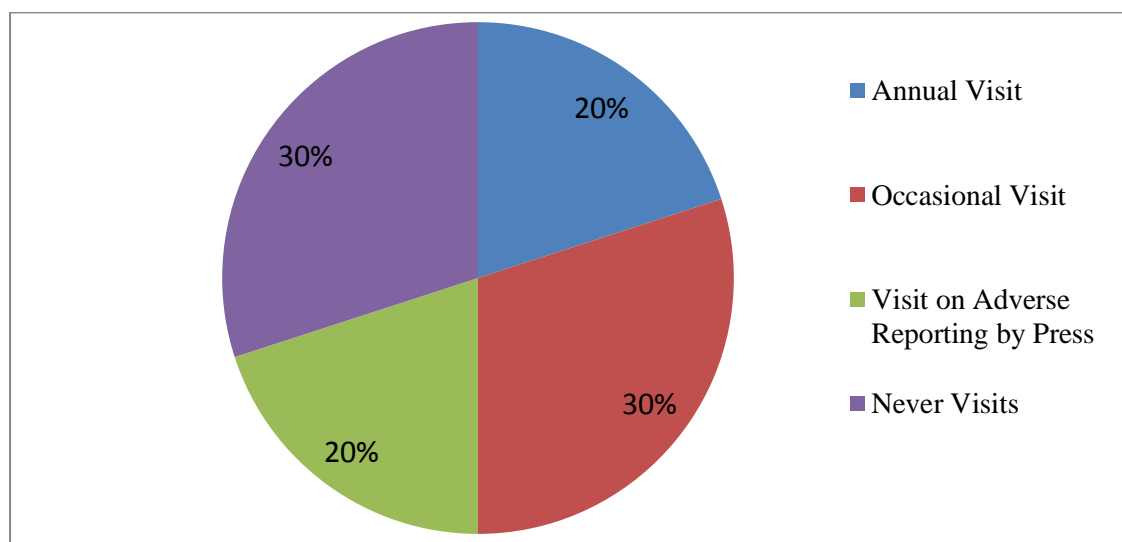
Sl. No.	Category of Hospital		Count	Periodicity of Visit of Official from State Pollution Control Board for inspection of Hospitals			
				Annual	Occasional	Adverse report by press	Never
1	Corporate	Medium Size Corporate Hospital	03	0	0	0	3
		Small Size Corporate Hospital	02	1	1	0	0
2	Trust	Trust Hospital	01	0	1	0	0
3	Society run	Society Hospital	02	0	0	2	0
4	Proprietorship	Proprietary Hospital	02	1	1	0	0
Total			10	2	3	2	3
Percentage of Total				20%	30%	20%	30%

Source: Data collected from the field during 2014 and 2015

Data indicated in the Table above is explained in the figure below.

Data indicated in the Table above is explained in the figure 5.9

Fig 5.9 Visit of State Pollution Control Board Official to Private Hospitals



Source: Data collected from the field during 2014 and 2015

Visit of State Health Department official to Hospitals: Analysis of data about visit of Health Department officials of the state to Government Hospitals, analysis of data revealed that officials of state health department visited the state Hospital

monthly. District Hospital was visited by the officials of Health Department occasionally. Visit to the Sub district Hospital was not fixed. Health Department officials of the state visited the Medical college Hospital occasionally. Visit of Health Department official of the State to Government Ayurvedic College Hospital and S.J.N. Homoeopathic college Hospital was not fixed. Visit of health Department officials to the Autonomous Hospital was occasional.

Analysis of data about visit of state Health Department officials to Private Hospitals revealed that visit of officials to all categories of Private Hospitals was not fixed. The status of visit of State Health Department Officials to Hospitals is detailed in Table 5.28.

Table 5.28: Visit of Health Department (State) Official to Hospitals for the purpose of inspection

Sl. No.	Category of Hospital		Count	Periodicity of Visit of State Government Health Department Official			
				Monthly	Occasionally	Bi-Annually	Not fixed
1	State Government Hospital	State Hospital	1	1	0	0	0
		District Hospital	1	0	1	0	0
		Sub District Hospital	1	0	0	0	1
		Teaching Hospital	3	0	1	0	2
	Total	6	1	2	0	3	
Percentage of Total			16.7%	33.3%	0%	50%	
2	Autonomous Hospital		1	0	1	0	0
3	Private Hospital	Medium Size Corporate	3	0	0	0	3
		Small Size Corporate	2	0	0	0	2
		Trust	1	0	0	0	1
		Proprietary	2	0	2	0	0
		Society	2	0	2	0	0
Total			10	0	4	0	6
Percentage of Total			0%	40%	0%	60%	

Source: Data collected from the field during 2014 and 2015

Analysis of data about visit of officials from the Health Department of Central Government revealed that central Government officials occasionally visited Central Government Hospitals for the purpose of inspection. This is detailed in the Table 5.29.

Table 5.29: Status of visit of Central Government Health Officials to Government Hospitals

Sl. No.	Hospital Description	Count	Periodicity of Visit of central Government Health official			
			Monthly	Occasionally	Bi Annually	Not fixed
1	Railway Hospital	1	0	1	0	0
2	E.S.I.C. Hospital	1	0	1	0	0
3	Guwahati Refinery Hospital	1	0	1	0	0
Total		3	0	3	0	0
Visit periodicity in Percentage			0	100%	0	0

Source: Data collected from the field during 2014 and 2015

5.3 C *Frequency of asking for updates from Hospitals:*

Analysis of data revealed that updates about Manpower position of Private Hospitals was never asked for by the District Health Authority. With regard to Manpower position of the State Hospital, update was asked for by the State Government Annually. As regards Training and Refresher courses attended by the Medical and Paramedic Staff, Private Hospitals were never asked to give an update of the same. In case of Government Hospitals, Teaching Hospitals had to give to the Government Annual update about Trainings and Refresher courses attended by the Medical staff only and not paramedic Staff. The periodicity of asking for such updates from the State Hospital, District Hospital was not fixed. According to analysis of available data Sub District Hospital was never asked by the Government to furnish such updates. Calculated on percentage basis the percentage of State Government Hospitals which had to furnish to Government updates Annually about Trainings and refresher courses attended by Medical and Paramedical Staff was 50%. Percentage of State Government Hospitals from which the periodicity of sending updates about trainings and Refresher courses attended by medical and paramedic Staff was not fixed was 33%. And the percentage of Hospital which was never asked to give update about Training programmes attended by Medical and paramedic staff was 17%. The status of Government asking for updates from Hospitals about trainings attended by the Medical and Paramedic Staff and Manpower position in Hospitals is detailed in Table 5.30.

Table 5.30: Status of Government asking for updates from Hospitals about the Trainings attended by the Medical and Paramedic Staff and Manpower position in Hospitals

Sl. No.	Category of Hospital		Count	Asking for data about Training and Refresher Course attended by Medical Staff and Paramedics					Asking for data about Manpower Position in the Hospital				
				Monthly	Quarterly	Annually	Not fixed	Never	Monthly	Quarterly	Annually	Not fixed	Never
1	State Government Hospital	State Hospital	1	0	0	0	1	0	0	0	1	0	0
		District Hospital	1	0	0	0	1	0	0	0	1	0	0
		Sub District Hospital	1	0	0	0	0	1	0	0	0	1	0
		Teaching Hospital	3	0	0	3	0	0	0	0	1	1	1
	Total	6	0	0	3	2	1	0	0	3	2	1	
Percentage of Total				0%	0%	50%	33.3%	17%	0%	0%	50%	33.3%	16.7%
2	Private Hospital	Medium Size Corporate	3	0	0	0	0	3	0	0	0	0	3
		Small Size Corporate	2	0	0	0	0	2	0	0	0	0	2
		Trust	1	0	0	0	0	1	0	0	0	0	1
		Proprietary	2	0	0	0	0	2	0	0	0	0	2
		Society	2	0	0	0	0	2	0	0	0	0	2
Total			10	0	0	0	0	10	0	0	0	0	10
Percentage of Total				0%	0%	0%	0%	100%	0%	0%	0%	0%	100%

Source: Data collected from the field during 2014 and 2015

5.3 D Frequency of organizing Meetings for Hospitals:

Analysis of available data revealed that District Health Authorities in association with District Administration organized Meetings Monthly with District Hospitals to know about quality Improvement in the Hospital. Such Meetings on monthly basis was organized by the Health Department for State Hospitals. For the Sub District and Teaching Hospitals the periodicity of holding such meeting was not fixed. Percentage wise for 33.3% Government Hospitals Meetings were organized monthly to have update about quality Improvement in Hospitals. For 66.7% Government Hospital of state, the periodicity of holding such Meeting was not fixed.

In case of Private Hospitals, analysis of data revealed that no such Meetings were organized for the Private hospitals.

Analysis of data revealed that frequency of Meetings organized by the District Administration or by the Health Authority to know about Public Grievance about Hospital service was not fixed. Data analysis revealed that no such Meetings were organized for the Private hospitals. This is shown in Table 5.31

Table 5.31: Frequency of Meetings organized by the District Authority to know about Quality Improvement and Public Grievances about Hospitals.

Sl. No.	Category of Hospital		Count	Organizing Meetings to know about Quality Improvement				Organizing Meetings to know about Public Grievances				
				Monthly	Biannually	Annually	Not fixed	Monthly	Biannually	Annually	Not fixed	Not Organized
1	State Government Hospital	State Hospital	1	1	0	0	0	0	0	0	1	0
		District Hospital	1	1	0	0	0	0	0	0	1	0
		Sub District Hospital	1	0	0	0	1	0	0	0	1	0
		Teaching Hospital	3	0	0	0	3	0	0	0	3	0
	Total	6	2	0	0	4	0	0	0	6	0	
	Percentage of Total		33.3%	0%	0%	66.7%	0%	0%	0%	100%	0%	
2	Private Hospital	Medium Size Corporate	3	0	0	0	3	0	0	0	0	3
		Small Size Corporate	2	0	0	0	2	0	0	0	0	2
		Trust	1	0	0	0	1	0	0	0	0	1
		Proprietary	2	0	0	0	2	0	0	0	0	2
		Society	2	0	0	0	2	0	0	0	0	2
	Total	10	0	0	0	10	0	0	0	0	10	
	Percentage of Total		0%	0%	0%	100%	0%	0%	0%	0%	100%	

Source : Data collected from the field during 2014 and 2015