

## Appendix – I

**Objectives of St. Martha's Hospital**

St. Martha's Hospital, Bangalore was founded in 1886, in response to the need felt for caring for the stricken during a time of plague, drought and famine. The hospital's functioning is animated by the philosophy of loving compassion for the poor and the suffering. It provides competent medical care in a spirit of service and without a motive of profit to all, without distinction of caste, creed or race.

This is a Catholic hospital established and managed by the Congregation of the Sisters of the Good Shepherd. It has 600 beds for inpatient care; and about 800 patients a day are treated as outpatients. There is an extension centre at Uttarahalli which functions under the School of Nursing attached to this hospital. The Community Health Department of the hospital helps in extending health care to certain urban slums in the city.

All the staff of the hospital are expected to be guided and motivated by the above-mentioned philosophy of the hospital and to strive for the advancement of the noble objectives with which it was set up.

**OBJECTIVES**

The main objectives of St. Martha's Hospital, a Catholic acute care, general hospital establishment and managed by Religious Sisters of the Good Shepherd, are

1. To serve the sick and ailing irrespective of caste, creed or race with health care of good quality at a cost that is affordable by the people in general,
2. To provide competent, comprehensive health care for the whole person, the family and the community, with love and compassion as taught by Jesus Christ, the Good Shepherd,
3. To provide health care and service, observing with honesty and integrity all the principles of medical and bioethics, as are applicable to a Catholic Hospital,
4. To conduct educational/teaching programmes in various fields, such as nursing, laboratory technology, radiography, rehabilitation and post-graduate medical studies and, in doing so, to maintain high standards,
5. To initiate and participate in such other activities as are conducive to the improvement of the health of the people at large, more particularly those in the weaker sections of Society.

## INTRODUCTION

Health is a right of every person and each one of us  
likes to enjoy good health and have an able body.

"The Glory of God is man fully alive"

and we, in St. Martha's Hospital, strive to make this fullness  
a reality in all aspects: physical, emotional, spiritual, mental and social  
through our healing ministry.

The Lord has filled me with his spirit,  
He has chosen me  
and sent me to bring  
good news to the poor,  
to heal the broken hearted,  
to announce release to captives  
and freedom to those in prison.

Is. 61/3 & Luke 4/18 & 19.

*Bangalore,*

St. Martha's hospital, *was* founded in 1886, in response to the need felt  
for caring for the stricken during the time of plague, drought and famine.  
It had a humble beginning with very few beds, gradually it expanded has grown  
and branched out to the various departments and outreach programmes with  
educational facilities, such as, School of Nursing, medical and para-medical training.

With the rapid growth & development in,

Medical and health care,

Science and technology,

Education and population,

St. Martha's Hospital assures a high quality health care in a  
wholistic way to all especially to the poor, the women and children in the most  
cost effective manner with our limited resources upholding all ethical values.

## VISION

We, Sisters of the Good Shepherd, inspired by the merciful love of  
Jesus, to reconcile and heal our broken world, strive to create an environment  
of compassionate care and healing.

The effects of the globalised world has brought on the one hand nation  
and people together but on the other hand, has caused to a great extent lost  
~~many~~ values and the respect for life. Hence, we are called to care for persons  
in need of wholeness and healing.



## MISSION

Our Mission as Good Shepherd Sisters in India is by prayer and Sacrifice <sup>bring reconciliation through</sup> to bring reconciliation through our own experience of the merciful love of Jesus the Good Shepherd to all especially girls and women who are poor and exploited by means of qualitative, social, educational and health ministries.

## PHILOSOPHY

We believe that every person is created in the image and likeness of God is an unique person with intrinsic value, as our Mother Foundress, St. Mary Euphrasia says "A person is more precious than the whole world."

That ~~every~~ <sup>every</sup> life should be respected and that ~~a~~ <sup>every</sup> child has a right to be born and be born for happiness.

We believe that our service relates to the whole person through a ministry of caring and nurturing. We assist individuals, families and communities to prevent illness, promote and restore health and alleviate suffering.

The special trait of this institution is that we imbued with the spirit of Jesus the Good Shepherd, show his compassionate love particularly to the poor, lonely, the lost and those in need of health.

We build a community of love, understanding and trust among all those who work in our hospital.

We believe that we can provide a competent medical care in a spirit of loving service to all, irrespective of caste, creed, race or gender.

That we respect the religion of all the patients and prepare them for their final journey. ( For catholics by administering the Sacrament of the Sick).

## OBJECTIVES

1. To promote respect for the worth and dignity of all human life from conception till death.
2. To serve the sick and ailing irrespective of caste, creed, race or gender, with health care of good quality at a cost that is affordable by the people in general.
3. To develop team spirit of working with other members of health team and community in the promotion of health, prevention of illness, restoration of health and alleviation of suffering.
4. To provide competent and comprehensive health care for the whole person, the family, and the community, with love and compassion as taught by Jesus Christ, the Good Shepherd.



5. To provide health care and service, observing with honesty and integrity all the principles of medical and bio-ethics, as are applicable to a Catholic hospital.
6. To conduct educational/teaching programmes in various fields, such as nursing, laboratory technology, radiography, rehabilitation and post-graduate medical studies and in doing so, to maintain high standards.
7. To initiate and participate in such other activities as are conducive to the improvement of the health of the people at large, more particularly those in the weaker section of Society.
8. To provide education, counselling and support to people in crisis.
9. To make people aware of the importance of ecology and preservation of our planet.

#### STRATEGY

1. St. Martha's Hospital takes care of any patient who needs our services within our capacity and amenities.
2. We try to awaken in them a sense of their <sup>worth</sup> ~~worth~~ and dignity as Children of God through our loving service.
3. Care is given to every patient irrespective of their economic status.
4. We respect the religion of every patient.
5. We in the hospital, <sup>shall</sup> ~~at~~ all times be courteous and considerate to the patients, visitors, the public and above all to each other.
6. We motivate all those who are working in the hospital to give of their best, to be dedicated and committed through talks, prayer services, seminars, inservice programmes, retreats, periodical evaluations and mass media.
7. We uphold and promote the teachings of the church, and not allow the practise of abortion, sterilization and the use of contraceptives, but explain and encourage Natural Family Planning through posters, street plays, peace walks, etc.
8. Through our community health care, and outreach programmes, we promote health care to the weaker section of society. (Uttarhalli, and urban slums).
9. We promote prevention of illness through anti-natal, well-baby, chest and cancer clinics, immunization, family welfare centre, counselling, audio visuals and posters.
10. We, disseminate values through our public audio system.
- 11.



To provide health care and service, especially with honesty and integrity all the principles of medical and bio-ethics, as are applicable to a Catholic hospital.

To conduct educational/teaching programs in various fields, such as nursing, laboratory technology, radiology, rehabilitation and post-graduate medical studies and in doing so, to maintain

11. We Befriend people who are sick and those who are on the

verge of drastic behaviour through pastoral care/hotline system.

12. Prevent smoking, give talks on importance of growing plants

keep the environment clean; provide dustbins like USE ME etc., and keep the garden clean.

13. In our hospital We take care of the spiritual needs of the

patients, especially catholic patients by ministering the sacrament of the sick and distribution of Holy Communion.

We respect the religion of every patient. We in the hospital, at all times be courteous and considerate to the patients, visitors, the public and above all to each other. We motivate all those who are working in the hospital to give of their best, to be dedicated and committed through talks, prayer services, seminars, incentive programmes, rewards, periodical evaluations and mass media.

We uphold and promote the teachings of the church, and not allow the practice of abortion, sterilization and the use of contraceptives, but explain and encourage Natural Family Planning through posters, street plays, peace walks, etc. Through our community health care, and outreach programmes, we promote health care to the weaker section of society. (Urban slums, and urban slums). We promote prevention of illness through anti-natal, well-baby, chest and cancer clinics, immunization, family welfare centre, counselling, audio visuals and posters.

We disseminate values through our public media system.



FRAMEWORK OF EVALUATION
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{For consideration of Review Committee and Health Commission on 18th March, 1998}

Review

**Evaluation of St. Martha's Hospital through a reflective process (March - September 1998).**

A. Some Key Questions / Issues to be considered by Review Committee in the context of the TOR, the background papers and Annual Report of 1996-97 provided by the Health Commission.

1) **Is the Hospital Apostolate in tune/consistent with charism, mission, vision, and philosophy of the Good Shepherd Sisters? Which is:**

i) "Poor, exploited, oppressed and socially discriminated, especially girls and women, in personal, family and social difficulties through institutionalised and non-institutionalised efforts in urban and rural areas ....." (January 1995)

ii) "Children, girls and women...including commercial sex workers, twilight girls, persons with AIDS, working children (child labour) and domestic women workers ....." (January 1995)

❖ *How does this 'charism' figure in the:*

a) *Focus of the work of the hospitals?*

b) *Focus of the type of staff/team members in the institution?*

c) *Focus of the nurses training institution?*

❖ *Does the charism mean the hospital should focus on women, women's ill health and women's problems ?*

*If yes, then how ?*

*If No, then why not ?*

2) **Does the hospital reach out to the less affluent sections/poor in the population of Bangalore?**

a) What percentage of outpatient/inpatient are provided free/subsidised care?

b) Is this trend increasing, status quo or decreasing?

c) What other measures are being taken to make the services of the hospital, become more accessible or utilised by the poor and marginalised?



- d) What problems have been faced to increase the percentage of free and subsidised care?

**3) Are the hospital policies in various departments spiritually sound?**

- a) Are all practices, rules, mode of functioning ethical?
- b) Are all religions respected?
- c) Is adequate compassion shown to patients through pastoral care?
- d) Is care taken to avoid negligence? / dehumanization?
- e) Are the teachings of the Church promoted and or upheld by the hospitals work?
- f) Is the justice dimension in Health and health care addressed by the hospital?
- g) Any others?

**4) Is the hospital technically well administered / managed?**

Statistics

- a) Are the policies/programmes/activities rational?
- b) Are the policies/programmes/activities logical?
- c) Are the policies/programmes/activities efficiently managed?
- d) Are the programmes/activities adequately utilized by the public?
- e) How are the policies/programmes planned, monitored, evaluated?
- f) Are there any weaknesses in the functioning of the hospital services? If so, what can be identified as specific remedial measures?

**5) Does the running of the hospital faithfully reflect the philosophy, objectives, strategies as laid out in the papers prepared for the review?**

(Issues not covered above)

**Objectives**

- a) Promote, respect and dignity of all human life
- b) Serve all irrespective of caste, creed or race
- c) Care of high quality at a cost that common people can afford
- d) Develop a team spirit and collaborative ethos
- e) Provide competent/comprehensive health care for whole person
- f) Provide care with honesty and integrity
- g) To conduct educational/teaching programmes with high standard of competence
- h) Provide alternative systems of health care (!)
- i) Participate in improvement of quality of life of people in the community
- j) Provide counselling and support to people in crisis



- k) Create awareness of importance of preserving ecologically sound environment

### Strategies

- a) Promote good and high quality service
- b) Rational use of drugs/therapeutics and methods of treatment and care
- c) Selectively upgrade medical technology to keep pace with advancements
- d) Courteous and considerate to patients, visitors and general public
- e) Create a climate conducive to a pursuit of excellence
- f) Motivate all in hospital to be dedicated/committed and give off their best.
- g) Promote health care for all.
- h) Lay strong emphasis on value education of patients, public, staff and students
- i) Readily accessible to those suffering from sickness/or those in crisis
- j) Create awareness of sound health and evils of smoking, drinking and addiction
- k) Create awareness of clean and healthy environment and living in harmony with nature

*{Please note there is some overlap between objectives and strategies as enunciated in the background note}*

### **6) Does the Financial Management of the hospital reflect the objectives and strategies of the hospital?**

- a) The budget
- b) The income and expenditure of the hospital
- c) The processes of financial management (Accounting - Auditing)
- d) Is the hospital financially sound? (10 years)

*{Note: All members of the Review team will consider these questions and issues extracted from the TOR and background papers, and contextualise them to the areas/sectors of the hospital which they are studying}*

*7 Is the Hospital sustainable, and financially viable?*



M  
N  
K  
R  
P

10<sup>th</sup> April

**B. Areas/Sectors for Review (identified from Annual Report 1996-97)**

- 1) Vision / Mission -- R
- 2) Governance / Advisory Board -- N
- 3) Hospital organisation/Administration -- N
- 4) Income / Expenditure -- K
- 5) Financial Management policy -- K
- 6) Concessional care -- K
- 7) Capital Investments -- K
- 8) Donations -- K
- 9) Personnel Management policy -- N/K
- 10) Endowment fund -- K
- 11) Community Health Department -- R
- 12) Nursing/Midwifery Training -- A
- 13) Community Health Nursing -- M
- 14) National Board of Examination -- R
- 15) Radiographers Training -- R
- 16) Clinical laboratory Technician course -- R
- 17) Hospital Aids -- R/M
- 18) Professional Meetings - Clinical -- R  
Societies
- 19) Infection control Committee
- 20) Drugs/Therapeutics Committee
- 21) Medicine Department
- 22) Coronary Care Unit
- 23) Intensive Therapy Unit
- 24) Graded care unit
- 25) Paediatrics
- 26) Premature Unit
- 27) Sick Nursery
- 28) Dermatology
- 29) Psychiatry
- 30) General Surgery
- 31) Surgical ICU
- 32) Paediatric surgery
- 33) Plastic Surgery
- 34) Ophthalmology
- 35) ENT
- 36) Orthopaedics
- 37) OBG
- 38) Day care ward
- 39) Anaesthesiology
- 40) Family Welfare Centre -- R
- 41) Prosthetic and Orthotic Centre -- N
- 42) Physiotherapy Department -- N
- 43) Medico Social Unit -- R
- 44) Pharmacy -- N
- 45) CSSD -- N
- 46) Central Clinical Laboratory -- N
- 47) Radiology -- N
- 48) Dental/Oral Surgery -- P
- 49) Casualty Department -- P
- 50) Staff Health Service -- R
- 51) Medical Records Department -- N
- 52) Laundry -- N
- 53) Dietary Department/Canteens -- N
- 54) Library -- R
- 55) Perpetual Help Health Centre -- R  
Uttarahalli -- R
- 56) Ancillary Services - Security, -- N  
Telephone, Fpr/Water/Maintenance
- 57) Nursing College -- R
- 58) Future/Ongoing Plans
- Chaplaincy
- Others
- 59) Linkages - Church
- 60) Linkages - Non-Church
- 61) Congregational expectations
- 62) Women's Groups expectations

### **C. Time Framework & Schedule of Review**

1. Preliminary Meetings {March 1998}:

**TOR:** Objectives / Issues / Questions  
Distribution of Responsibilities  
Planning

2. Preliminary Data Collection: Two Months (April - May 1998)

Each member will review the areas allotted to them and do their own data collection in coordination with Sr. Mercy/Sr. Ann Marie of the Health Commission

3. First Interactive Dialogue of Review Committee and Health Commission (June 1998)

Focus on key questions and gather ideas/datas for each question from different reviews conducted by members of the review committee

4. Next round of Data Collection / Analysis / Preliminary Reports (June - July 1998)

5. Second Interactive Dialogue of Review Committee & Health Commission (August 1998)

Draft Report in sections to be circulated for perusal before dialogue

6. Final Meeting of Review Committee to finalise report and recommendations (Early September 1998).

*{The Chairperson of the Review Committee will keep in touch with all the members, and the members should also keep him informed about the progress of the review, Dialogue and ongoing clarification will go on through the process through informal meetings and telephonic and postal communications}*







ಸಮುದಾಯ ಆರೋಗ್ಯ ಕೋಶ  
COMMUNITY HEALTH CELL

Phone : 5531518  
Fax : (080) 55 333 58  
Attn. CHC

No. 367, 'Srinivasa Nilaya', Jakkasandra, 1st Main, 1st Block, Koramangala, BANGALORE - 560 034.

Ref:CHC:5.4:98

22nd April 1998

Dr. Prem Pais  
Mr. Thomas Kandasami  
Sr. Anne Marie Fernandes

Dear

Greetings from Community Health Cell!

Since Dr. Ravi Narayan is on leave till 27th April, I am enclosing the responses received from some of the members of the Review team for your information and comments, as per his instruction. These may be sent back to the concerned Review team member through post or conveyed telephonically. Dr. Ravi Narayan will respond and send his comments as soon as he returns.

With best wishes,

Yours sincerely,

V.N. Nagaraja Rao,  
Office Manager.

Encl: 1. Dr. Rebekah A. Naylor's letter to Dr. Ravi Narayan;  
2. Mrs. Maryann Charles's letter + enclosures to Dr. Ravi Narayan.

C.C: Dr. Rebekah A. Naylor - for information  
Mrs. Maryann Charles - for information.

4 April 1998

Dr. Ravi Narayan  
No. 367 Srinivasa Nilaya  
Jakkasandra, 1st Main, 1st Block  
Koramangal, Bangalore 560 034



Dear Dr. Narayan:

*'With love serve one another'*

As we had agreed, I am writing to you with an outline of my plan for review and evaluation of St. Martha's Hospital. I have responsibility for governance, administration, personnel management, paramedical services, supporting services, and spiritual care.

My plan is as follows:

1. Acquire and review documents relative to these areas: Employee Service Rules, Policy Manual, organization chart, list of members of Governing Board, current salary scales, list of all other employees benefits, a sample monthly statistical report, statistics for the last five years, any document with goals for next 3-5 years, sample job description, employee evaluation form, sample appointment letter and appointment order.  
Time target : April
2. Clearly define standards in view of terms of reference  
Time Target: April
3. Questionnaires to patients, staff, students, department heads  
These questions can be included in the questionnaire developed by other evaluations.  
Time target: Formulate questions by 15 May  
Tabulate data July-August
4. Interviews - the Administrator, department heads in my areas, chaplains, personnel officer, and possibly others  
Time target: Begin with Interview of Administrator in May

I will appreciate any suggestions further that you may have.

I am planning to be away April 18 - May 3 and May 28 - June 18. I am involved in meetings here June 22-23 and June 25-26.

Thanking you,

Sincerely,

Rebekah A. Naylor, M.D., FACS  
Medical Superintendent

cc: Sr. Anne Marie Fernandes  
Principal, School of Nursing

*'I came that they may have life'*

Bellary Road, Hebbal, Bangalore - 560 024, India. Phone: 3330321-24

11/4/98  
11/10/98



**Dear Dr. Ravi Narayan,**

**I am herewith enclosing a copy of my proposed proforma for evaluation of the Nursing education and Nursing service of the ST. Martha's Hospital.**

**I have developed the proforma based on the guidelines provided by you at the meeting held on 18/03/98. As this is my first venture in evaluating an institution, I would appreciate your perusal and modifications as seen fit by you.**

**Thanking you,**

**yours sincerely,**

*Maryann*

**Mrs. Maryann Charles.**

10.4.98

**EVALUATION OF ST. MARTHA'S HOSPITAL  
( March - September 1998)**

**SECTION: Nursing Education and Nursing Service.**

**Nursing Education ( School of Nursing)**

- Staff/ Faculty
- Ancillary Staff
- Students

**Nursing Service.**

- Ward-in-charges
- Nursing Staff
- Patients

**Method of Evaluation proposed:**

- Questionnaire
- ? Observation

**NOTE: All members of each category may not be asked to take part in the evaluation. Only a selected representative number will be used.**



## Personal Data

Department: \_\_\_\_\_  
Designation: \_\_\_\_\_  
Status: Religious / Layperson  
Age: \_\_\_\_\_  
Duration of Service/  
stay in Institution \_\_\_\_\_  
Educational Qualification \_\_\_\_\_

Given below are certain aspects of the Institution you are expected to be aware of. Please encircle the extent of your awareness in the form of a number ranging from 1 to 5, where 1 means not aware at all and 5 means being fully aware of the aspect.

- |  |   |   |   |   |   |
|--|---|---|---|---|---|
| 1. Vision of the Good<br>Shepherd Congregation | 1 | 2 | 3 | 4 | 5 |
| 2. Philosophy of the<br>Institution            | 1 | 2 | 3 | 4 | 5 |
| 3. Objectives and goals<br>of Institution      | 1 | 2 | 3 | 4 | 5 |
| 4. Policy in relation to:                      |   |   |   |   |   |
| • Work   | 1 | 2 | 3 | 4 | 5 |
| • Benefit/ salaries                            | 1 | 2 | 3 | 4 | 5 |
| • Promotion                                    | 1 | 2 | 3 | 4 | 5 |
| • Recruitment of Staff                         | 1 | 2 | 3 | 4 | 5 |
| • Selection of Students                        | 1 | 2 | 3 | 4 | 5 |
| • Disciplinary Action                          | 1 | 2 | 3 | 4 | 5 |
| 5. Welfare Facilities/ Schemes                 | 1 | 2 | 3 | 4 | 5 |
| 6. Relationship with worker's<br>union         | 1 | 2 | 3 | 4 | 5 |
| 7. Performance Appraisal                       | 1 | 2 | 3 | 4 | 5 |

Given below are a list of the goals/ objectives of your institution. Give your opinion to the extent to which the goal/ objective has been fulfilled at present, under column A, and under column B the extent to which you think it should be fulfilled. Please give your answer in the form of a number ranging from 1 to 5 in the space provided under the columns.

1	2	3	4	5
Not fulfilled at all				Fulfilled completely
			Column A	Column B
1. Respect and dignity for human life at all stages			_____	_____
2. Service to the sick, irresp. Of caste/creed/race			_____	_____
3. Provision of high quality care at a cost affordable for the common man.			_____	_____
4. Focus of services on women & children			_____	_____
5. Provision of competent & comprehensive health care using recent technology			_____	_____
6. Reflect love & compassion of Christ in service			_____	_____
7. Uphold Christian principles of Medicine and Bioethics			_____	_____
8. Develop professional skills thro' continuing education programs			_____	_____
9. Develop in its employees a dedication & desire to serve poor/ weaker sections of society/ those in crisis			_____	_____



- |   |       |       |
|---|-------|-------|
| <b>10. Develop Christian values in its employees</b>  | _____ | _____ |
| <b>11. Create awareness of social problems and injustices.</b>  | _____ | _____ |
| <b>12. Provide appropriate spiritual care and counselling to the sick.</b>                            | _____ | _____ |
| <b>13. Provide subsidised care to those in need.</b>  | _____ | _____ |
| <b>14. Help girls/women in personal/social/family difficulties.</b>                                   | _____ | _____ |
| <b>15. Develop urban/rural centres of health care for under-privileged and oppressed women.</b>       | _____ | _____ |
| <b>16. Expand departments and education programmes as per the need of the community</b>               | _____ | _____ |
| <b>17. Improve quality of service at all times</b>  | _____ | _____ |
| <b>18. Provide alternative systems of medicine</b>  | _____ | _____ |
| <b>19. Create awareness of a clean &amp; healthy environment &amp; to live in harmony with nature</b> | _____ | _____ |
| <b>20. Develop team spirit and a collaborative effort of employees</b>                                | _____ | _____ |

To what extent are you able to accomplish the following tasks and give your answer honestly by encircling a number ranging from 1 to 5, where 1 means 'not able to accomplish the task at all' and 5 means ' optimum accomplishment of task'. Given below each task is space provided for comments. Please give your comments if you have faced any problems/ difficulties in accomplishing the tasks.

1. Provide care to all patients  
irresp. Of caste/creed/race

1      2      3      4      5

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2. Provide best possible care  
to all patients at all times

1      2      3      4      5

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3. Uphold the teachings of Christ  
in dealing with all people

1      2      3      4      5

---

---

4. Meet the spiritual needs of  
patients daily irresp. Of their  
religion

1      2      3      4      5

---

---

5. Participate in activities which  
enhance skill and professional  
ability

1      2      3      4      5

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Below are a few general statements about your institution. Give your opinion to the extent to which you agree or disagree to each of the statements.

- |  | 1        | 2        | 3         | 4     | 5        |
|--|----------|----------|-----------|-------|----------|
|  | strongly | disagree | undecided | agree | strongly |
|  | disagree |          |           |       | agree    |
| a) The institution strives to serve the needs of society                           |          |          |           |       | _____    |
| b) The institution cares for its name and reputation                               |          |          |           |       | _____    |
| c) The institution fosters a family atmosphere                                     |          |          |           |       | _____    |
| d) All employees of the institution are dedicated to their work                    |          |          |           |       | _____    |
| e) Discipline is strictly maintained at all levels of employees                    |          |          |           |       | _____    |
| f) Warmth and concern is evident in working relationships at all levels            |          |          |           |       | _____    |
| g) Relationships at all levels are characterised by openness and trust             |          |          |           |       | _____    |
| h) Rules and regulations are excessive   |          |          |           |       | _____    |
| i) Welfare of Staff is a key management objective                                  |          |          |           |       | _____    |
| j) Management are open to changes  |          |          |           |       | _____    |
| k) Management appreciates the efforts of its employees                             |          |          |           |       | _____    |
| m) Disciplinary decisions are made with consideration and objectivity              |          |          |           |       | _____    |
| n) Unity despite diversity of ideas and opinions is prominent                      |          |          |           |       | _____    |
| o) The institution makes efforts to enhance spiritual development of its employees |          |          |           |       | _____    |

**for the SCHOOL OF NURSING**

**Below are a list of statements which indicate the teacher- student relationships of your institution. Give your answer in the form of a number ranging from 1 to 5.**

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>strongly disagree</b>				<b>strongly agree</b>

- |  |       |
|--|-------|
| <b>a) Staff demonstrate genuine interest in the welfare of individuals</b> | _____ |
| <b>b) Staff show respect to individuals</b>                                | _____ |
| <b>c) Staff possess willingness to answer questions</b>                    | _____ |
| <b>d) Staff act in a superior manner</b>                                   | _____ |
| <b>e) Availability of staff whenever needed</b>                            | _____ |
| <b>f) Staff display confidence in self</b>                                 | _____ |
| <b>g) Reprimands individuals in front of others</b>                        | _____ |
| <b>h) Staff display confidence in ability of individuals</b>               | _____ |
| <b>i) Staff provide appropriate supervision when required</b>              | _____ |
| <b>j) Staff demonstrate firmness in dealing with individuals</b>           | _____ |
| <b>k) Show fairness in dealing with a group</b>                            | _____ |
| <b>l) Demonstrate the attitude of Christ in dealing with others</b>        | _____ |



M. KANDASAMI, B.Com., F.C.A.  
CHARTERED ACCOUNTANT

20th April, 1998

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Dr. Ravi Narayan,  
No. 367 Srinivasa Nilaya  
Jakkasandra, 1st Main Road, 1st block,  
Koramangala,  
BANGALORE 560 034

Dear Dr. Ravi Narayan

**Sub: Evaluation of St. Martha's Hospital through a reflective process.**

Greetings. As agreed in the last team meeting I am enclosing the following for comments from you as well as from the other members of the team.

- a framework for the financial management portion
- the process or the methodology that I propose to follow

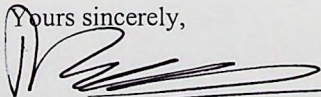
Financial management is one of the dimensions among others covered by the evaluation. But financial management itself encompasses several components. Hence I have added some new aspects and incorporated the same in the framework.

I welcome your feedback and comments and share the same with other members of the team for their comments.

As we discussed in the last meeting I shall fix a mutually convenient time schedule with the Hospital authorities for my portion of the work.

With warm regards and looking forward to receive your comments, I remain,

Yours sincerely,

  
M. KANDASAMI.  
TEAM MEMBER.

Encl: As stated above

→ SMH Review File

VNR

Please circulate to  
all members of the Team  
urgently

RN  
4/5/98

107  
2/5/98

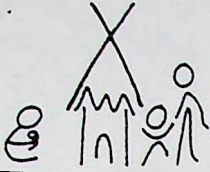
## A framework for financial management in the Hospital

No	Financial Management aspects	Benchmarks
1.	<b>Mission oriented Budgeting</b>	
1.1	Hospital wide budgeting ( short term and long term )	
1.2	Departmental budgeting or Programme based budgeting	
1.3	Administration budgeting	
2	<b>Pricing policies or fixation of fee for services</b>	
3.	<b>Accounting System and policies</b>	
3.1	Accounting system	
3.2	Accounting policies	
4.	<b>Reporting and Analysis</b>	
4.1	Internal and Organisational	
4.2	External reporting	
5.	<b>Monitoring System</b>	
5.1	By the Executive persons within the Hospital	
5.2	By the external committees	
5.3	By the Governing Structures	
6.	<b>Internal Control Systems</b>	
6.1	At the macro level	
6.2	At micro level	
7.	<b>Legal Adherence</b>	
7.1	Benefits available under laws	
7.2	Compliance with requirements	
8.	<b>Audits</b>	
8.1	Internal Audits	
8.2	External Audits	
9.	<b>Financial Staff</b>	
9.1	Qualification and experience	
9.2	Team and team work	
9.3	Training (External & in-house)	
10.	<b>Financial viability ( Sustainability )</b>	
10.1	Under the current conditions	
10.2	Under changed conditions	
11	<b>Governance interventions in financial management</b>	



**Process or methodology proposed for financial management portion**

S.No.	Activity schedule	Time frame
1	Preparation of questionnaire	
2	Meeting with the people in the hospital	
3	Data collection	
4	Data analysis	
5	Additional interactions if necessary	
6	Draft report preparation	
7	Interaction with the team members	
8	Final report preparation	



ಸಮುದಾಯ ಆರೋಗ್ಯ ಕೋಶ  
COMMUNITY HEALTH CELL

Phone : 5531518  
Fax : (080) 55 333 58  
Attn. CHC

No. 367, 'Srinivasa Nilaya', Jakkasandra, 1st Main, 1st Block, Koramangala, BANGALORE - 560 034.

Ref: CHC:5.4:98

8th May, 1998

Mr. M. Kandasami  
Dr. Rebekah Naylor  
Dr. Prem Pais  
Mrs. Mary Ann Charles

Dear *Review Team Members*

Greetings from Community Health Cell!

You must have received in the post, the plans of Dr. Rebekah Naylor and Mrs. Mary Ann Charles sent by CHC on 22nd April, 1998 and the plan of Mr. Thomas Kandasami, received on 2nd May, is now enclosed with this letter.

First an apology for the delay in replying to each of you individually. The last two weeks following a two week long overdue vacation have been rather hectic because, I have to attend some consultations in Europe, including an important one at WHO-Geneva on 'Poverty and Health'. I leave on the 11th and return on the 31st of May. We have also just completed a 14 year review of our Centre and you can imagine the sort of background work that would have been necessary for that programme.

I feel that all of you have sensed the spirit of the review and I suggest the following follow-up action:

- i. Perhaps its a good idea for Dr. Rebekah Naylor, Mrs. Maryann Charles and Dr. Prem Pais to get together soon and evolve a questionnaire that is focussed on (a) department heads (b) staff (c) patients (d) nursing students.

Their areas are overlapping and focus primarily on the hospital as a unit.

- ii. If a draft is ready by May 28th when Dr. Naylor plans to be away, I would be able to okay it with the rest in early June. It could then be distributed later in June so that responses begin to come in by the time Dr. Naylor returns.



- iii. I suggest a meeting in the week 29 June to 3 July 1998 to pull in all our initial findings and ideas and take the process further. Some of us would have progressed well and some slower - but we can assess/coordinate it at the meeting.
- iv. I shall be back on 31st May and will be available for consultation with specific team members throughout June 1998.
- v. Some overlap of areas of enquiry and some data collection is inevitable in an extended process such as this, when all of us have to function within our own travel and time constraints.

But the process is primarily to get the Martha's Hospital Sisters and the key stakeholders in the institution to reflect on the goals and the reality and our discussions with them in small groups will enhance this reflection process even if there is some degree of repetition, I see it as reinforcement and hence positive.

- vi. Hope Sr. Ann Marie / Sr. Mercy have managed to give Dr. Naylor, copies of all that is listed in her plan - item (1).
- vii. Mrs. Maryann's proforma is quite well done being strong on values and their application at staff-patient and staff-staff and staff-management level. Perhaps, some additional focus on Nursing Education standards and Nursing-quality of care indicators will have to be added to supplement the value framework with 'technical' / professional requirements as well.
- viii. We await Dr. Prem's ideas. My areas are beyond the hospital or issues related to extension of services and like Mr. Kandasami's focus will complement/supplement the hospital focussed enquiry by the other three members. An outline and plan will reach you in early June 1998.

Please circulate your responses to each other's plans and drafts directly but also feel free to request Mr. Nagaraja Rao - our CHC Office Manager to photocopy and distribute material if necessary.

With best wishes,

Yours sincerely,

*Ravi Narayan*

Dr. Ravi Narayan,  
Coordinator.

Enclosures:

1. Mr. M. Kandasami's note on a framework for financial management in the Hospital.

C.C: 1. Sr. Anne Marie Fernandes  
2. Sr. Mercy Abraham.



### A framework for financial management in the Hospital

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## INTRODUCTION

St. Martha's Hospital run by the Sisters of the Good Shepherd, is a charitable Institution that has its objective to serve the sick and to bring a complete physical, mental and spiritual equilibrium and inner healing in a tangible way, to all especially to girls and women.

For more than 150 years, the philosophy and objectives of the Sisters of the Good Shepherd have been attuned to the needs of people in difficulty. The services offered are having a root in the Sisters 'Mission of Reconciliation' more particularly in an effort to bring young people in distress especially girls, women and families to a new awareness, and to help them to become self supporting, self relevant and attain self respect. This 'Mission of Reconciliation' is illustrated in the unique history of the Sisters of the Good Shepherd and in the evolution of their services.

## HISTORICAL BACKGROUND

The religious community, Sisters of the Good Shepherd, began in France in 1641, when a progressive priest, Father John Eudes, started an innovative ministry providing shelter to homeless women who were social outcasts. His idea was radical in that mission he wanted to help those people. He founded a community of Sisters for this specific purpose. The Community, known as 'Sisters of the Refuge', grew slowly. Between 1641 and 1815, ten Houses of the Refuge were established but all those were functioning autonomously.

A young French woman, Rose Virginie Pelletier, joined the community in 1815 and adopted the religious name, Sister Mary Euphrasia. That was a time when adverse consequence of French Revolution surfaced and there were large number of homeless children. Sister Mary Euphrasia had a great vision she could realise these youngsters could be cared in a much better way if Sisters would decide, to come together, interchange their issues amongst various Houses of Refuge instead of asking as autonomous Institutions. In that era the idea was to radiate, met as the resistance, but eventually became the reality. In 1835 in Angers, France, Sister Mary Euphrasia formed a generalate and established a new community and named it as the Sisters of the Good Shepherd. The Community adopted its name from the biblical parable of the Good Shepherd who left the ninety-nine sheep to go to find the one who was "lost". During Sister Mary Euphrasia's lifetime, the Sisters grew into a international community established 110 houses in various parts of the world.

Sister Euphrasia, a woman of vision and a highly compassionate innovator, was impelled by the religious conviction that her love for individuals would



awaken in them a sense of their personal worth and a sense of children of God. She was an eminently practical woman whose commitment for individual development was based on deep religious faith and a profound and dynamic understanding of the fellow human being. Being aware of the need to accept over one and recognition, she tried to address to the total needs of each individuals served, she fostered special programmes characterised by a spirit of deep and untainted love, understanding and kindness, an approach, quite different rather revolutionary compared to prevalent thinking of 19th Century France. Her broad sense of mission emphasised on women and youth of various cultures and nationalities.

City of Bangalore was experiencing a series of calamities arising out of great famine between 1876-77, followed by cholera epidemic in 1878-79 and later an out break of Bubonic Plague. In these days facilities for health, hospital of Medical service did not progress much in these days or relief was were extremely limited and public health was in a primitive stage. Medical personal were scared and dreaded by the thought of going near to patients suffering from plague.

The distress and the suffering of the sick and the dying during the outbreak of the epidemic moved Mother Mary Visitation the Superior of the Good Shepherd Convent very much realised She could realise the needs for care of the sick. The idea of starting a hospital dawned on her, help and contributions started pouring in from various corners, irrespective of caste and creed. Sir K. Seshadri Iyer, Diwan of Mysore took a lot of interest and was instrumental in gifting the land on which the hospital now stands. He also sanctioned substantial annual grant. French Mission arise especially Fr. Bonnetraire had greatly patronised and supported the sisters in this venture. In 1884, Mother May of the Visitation founded a Congregation of the Sisters of St. Martha and they were provided training in health and medical service to serve in St. Martha's Hospital. They were amalgamated with the Good Shepherd Sisters in 1902. Mother Mary of St. Hyacinth played a very significant role in the development and growth of the hospital and was in charge of the hospital from 1894 - 1920.

In the year 1963 in response to the request of the CECI Secretary, the management associated themselves with St. John's Medical College for a period of 20 years. As a best of affiliation with St. John's Medical College, St. Martha's Hospital was gradually expanded to a 600 bed extended care hospital. This change have given a lot of development of various clinical, paraclinical department and outreach programmes with adequate educational facilities like special nursing, medical and para-medical training.

.....3/-



With rapid development and growth in medical science and health care, biomedical technology, health education and accompanied by population growth, St. Martha's Hospital gained materially to provide a high quality of health care in a holistic way to the people of Bangalore. Special emphasis was attached to the care of poor, the girls and women in a cost effective manner with limited resources, upholding high ethical and moral values.

### VISION

We, Sisters of the Good Shepherd, inspired by the merciful love of Jesus, to reconcile and to heal this broken world, strive to create an environment of compassionate care with profound love for fellow human being and commitment to healings.

The effects of the unipolar world has helped in bringing unity amongst nations and people on the one hand, but on the other hand, national pride selfish attitude has created a lot of difference, hatred and loss of many values and the respect for human life. We take it as a challenge to work for social integration, values for natural trust and co-operation and care for persons in need of wholeness and healing especially girls, women and children.

### MISSION

Our mission as Good Shepherd Sisters in India is to bring reconciliation readfulness and work towards integration, co-operation and togetherness in our life, prayer, sacrifice and through our own experience of the merciful love of Jesus the Good Shepherd, to all, especially girls and women and children who are poor, and exploited or marginalised value by means of education, qualitative health service and ministries of social change and development.

### PHILOSOPHY

#### WE BELIEVE

1. Every person is created in the image and likeness of God and is a unique person with intrinsic value, as our Mother Foundress St. Mary Euphrasia says "A person is more precious than the whole world.
2. Life should be respected and that every child has a right to be born and be born to live in happiness.
3. Self-sacrifice and deep spiritual motivation could substantially help in alleviation of human suffering.

.....4/-



4. A spirit of joyful service, kindness, justice and sensitiveness to the hopes, aspirations, sorrows, anxieties and burdens of those whom we serve shall be the main ethos.
5. We, imbued with the spirit of Jesus the Good Shepherd show his compassionate love to all those in need of health service particularly to the women and girls, the child, the poor, the lonely and the lost.
6. We provide competent medical and nursing care in a spirit of loving service to all, irrespective of caste, creed, race or gender.
7. A spirit of dedication, commitment, co-operation and collaboration are the main activating force in this organisation.
8. Education and research are essential to enhance the quality of patient care.

#### OBJECTIVES

1. To promote respect for the worth and dignity of all human life from conception till death.
2. To serve all the sick and ailing especially girls, women and children irrespective of cast, creed or race, with health care of high quality at a cost that is affordable by the people in general.
3. To develop team spirit of working with other members of health team and community in the promotion of health, prevention of illness, restoration of health and alleviation of suffering.
4. To provide competent and comprehensive health care for the whole person, the family, and the community, with love and compassion as taught by Jesus Christ, the Good Shepherd.
5. To provide health care and service, observing with honesty and integrity all the principles of medical and bio-ethics, as are applicable to a catholic hospital.
6. To conduct educational/teaching programmes in various fields, such as nursing, laboratory technology, radiography, rehabilitation, and post-graduate medical studies and others, and in doing so, to maintain high standards.



7. To initiate and participate in such other activities as are conducive to the improvement of the health of the people at large, and contributing towards improvement of quality of life more particularly those in the weaker section of society. *for the community*
8. To provide education, counselling and support to people in crisis.
9. To make people aware of the importance of ecology and preservation of plants and animals of our planet.

#### STRATEGY

1. We shall try to promote St. Martha's Hospital as a prime Human Caring Institution in the city of Bangalore, embracing the concept of community general hospital to take care of all patients who need our services.
2. We shall selectively upgrade medical technology, keeping pace with advancement in the field, while so doing emphasis shall be placed on services for women and children.
3. We shall develop and maintain policies dedicated to rational use of drugs, therapies and methods of treatment and care.
4. Emphasis shall always be placed on high quality of service sensitive to the need of patients and shall employ maximum precaution to guard against any culpable negligence, dereliction of duty or breach of medical ethics.
5. We respect the religion of every patient and we take care of their spiritual needs (for catholics by ministering the sacraments)
6. We in the hospital shall at all times be courteous and considerate to the patients, visitors, the public and above all to hospital staff.
7. We shall create a conducive climate and motivate all those who are working in the hospital to give of their best, to be dedicated and committed through talks, prayer services, seminars, inservice programmes, retreats, periodical evaluations and mass medica.
8. We uphold and promote the teachings of the church, and not allow the practice of abortion, sterilization and the use of contraceptives, but explain and encourage Natural Family Planning through audio-visuals, posters, street plays, peace walks, etc.



9. Through our training programmes, community health care, outreach programmes (Rural and Urban Slums) various clinics, counselling and family welfare centres, nutrition, we promote the prevention of illness and health care to all.
10. We shall always emphasise on value education to patients, public, staff and students.
11. We Befriend people who are sick and those who are in crisis through a pastoral care unit.
12. We shall emphasise on changing the life style and maintenance of health by creating an awareness about the evils of drinking, smoking, drug addiction and importance of regular exercise and control of food habit.
13. We shall also try to create an awareness about importance of growing plants keeping the environment clean and living in harmony with nature.



**PROVINCIAL DIRECTIVES**  
**PROVINCIAL CHAPTER JANUARY '95**

These can be modified by the

**PROVINCIAL CHAPTER**

**OUR GOAL**

Responding to the call of Jesus the Good Shepherd and experiencing the merciful love of the Father, we the Contemplative and Active Sisters mediate this love to all, in the Spirit of our Foundress.

We make real the incarnation of Christ in the India of today through an authentic religious life.

We share in the Church's mission of Evangelisation through our special ministry of reconciliation, by praying for and working with girls and women deprived of hope and love and by responding to the crying needs of the poor, exploited and oppressed. (ii)

**OUR THRUST**

We work with the poor, exploited, oppressed and socially discriminated, especially girls and women in personal, family and social difficulties through institutionalised and non-institutionalised efforts in urban and rural areas.

## OUR APOSTOLATE

In keeping with the Goal and Thrust of our province we set our priorities as follows :

### SERVICES

to children, girls and women through prevention, protection, rehabilitation and crisis intervention. We extend our services to commercial sex workers, twilight girls, persons with AIDS, working children ( child labour ) and domestic women workers.

### PROGRAMMES TOWARDS SOCIAL CHANGE :

- faith formation
- Non-formal education
- Conscientisation
- legal education
- community organization
- pro-life programmes
- study, research and publication
- pro-cana, net-working
- ecological & environmental protection, gender and human rights issues,
- hospital chaplaincy/ pastoral care/ school counselling.

We make use of our existing institutions, land and property to meet the needs of our new ministries.

Hospital and  
Health care  
where do they  
fit in?

How  
crucial  
impotent  
is this  
Focus  
in actual  
practice  
?



Reflections on Change

1. Why Change

Local situation has changed  
State/National situation has changed  
Global situation has changed  
Our understanding of Medicine/Health <sup>changed</sup>  
Our methods/techniques/alternatives <sup>have changed</sup>

So there is need to

We have changed

review our vision

and mission in the context of this change  
in response to this change

2. Inspiration From Around us

a) Cor Unum 'Conversion of our hearts/minds  
and also our methods

b) CBCI Statements

c) CHAI Health Policy / CBCI Health Policy

d) Good Shepherd Sisters - Your own reflections  
on vision

3. Renewal

(i) Option For the Poor / marginalized

(ii) Community Orientation

(iii) Social Justice

Session taken on 14/6/97  
from 3 to 4:30 PM  
RJ  
6/6/97

#### 4. Process Problems

- i) Where to go ↑      How to go ↓
- (ii) Institutions vs community initiatives  
rather than institutions supporting  
Community initiative
- (iii) Old vs new      rather than  
old supporting the extinction  
of new
- (iv) Constraints Extended vs constraints internal.
- Fear of change
  - fear of unknown
  - inadequate competence
  - status quo
- (v) Idea based vs data based

#### 5. Interpretive History (Some pointers)

- i.) Outcasted Destitute Women and children
- Learning the risky rule sheep to go and find  
the one who was lost
- (ii) Revolutionary approaches to the prevalent  
thinking of 19<sup>th</sup> Century France
- (iii) Responding to Bangalore's problems
- unmet needs      - personnel scared of plague
- (iv) Worked closely to Govt & Church
- (v) Training component to St John

Prem Bhavs
---------------



## 6. Back to Basic questions

- (i) From Hospital to Mission  
(Means) (Ends)

### (ii) Focus on poor/marginalised women

- in 'pockets'
- in hospital personnel
- in training
- in outreach

### (iii) Of what support/help/relevance is SMH

to all those who are working with women - poor/marginalised

(Ask them/find out)

### (iv) SMH is a symbol of women's movement

- a) - Hospital run by women (Do you recognise this strength)

- hospital focused on women

(Is there a policy bias towards it?)

- b) Are you focusing on health problems of women

- c) - hospital-women sensitive

- d) hospital symbol of women group work

## Main Objectives

Is the Hospital Apostolate in tune with/consistent with the charism, mission, vision and the philosophy, including the Goal and Thrust, of the Good Shepherd Sisters.

How healthy and viable is this unit(Hospital).

Are there any weaknesses in its functioning - whether of organization, direction, management, delivery of competent service? If so can they be identified and specific remedial measures recommended?

Spiritually sound:

- i) Adherence from people Non prof.
- ii) Justice done
- iii) Ethics
- iv) Negligence

Technically well administered



# Agenda

1. Time Framework - March-Aug-Sept 98
2. Planning workshop - 17-22<sup>nd</sup>  
March

## 3. Main Reasons

① <sup>in line</sup> Hope - Goal & Thrust of process

② Philosophy & Goal - women overtook  
in changing scenario poor quality

4. ~~road~~ Shepherd.  $\left\{ \begin{array}{l} \text{Heck - Apostolate} \\ \text{Edi} \\ \text{Soul} \end{array} \right.$

5. Outside consideration

~~afford~~

GUIDELINES AND TERMS OF REFERENCE FOR A REFLECTIVE PROCESS  
AS DESIRED TO BE UNDERTAKEN BY THE PROVINCIAL CHAPTER 1995.

- I. 1. Is the Hospital being run for the less affluent sections and the poor in the population of Bangalore.
- (2) Is the Hospital functioning as a bonafide Catholic Hospital reflecting the ideas and charism of the Good Shepherd Sisters?
3. Are the policies in the conduct of the various departments of this Hospital spiritually sound and technically well administered?
4. Is the Hospital adequately utilized by the public? — Occupancy Rate
5. Is the organisational set-up in the Hospital rational and logical from the standpoint of efficient mangement? →
6. Does the running of the Hospital faithfully reflect
  - (i) The Philosophy
  - (ii) The Vision and Mission
  - (iii) The Objectives and strategies of the Hospital as brought out in the paper prepared on these aspects of the Institution.
7. To assess the overall Income and Expenditure of the Hospital. (Complete)
8. Does our budget clearly reflect the objectives and strategies of the Hospital.
9. As owners of the Hospital, how does the province benefit financially from this Institution.

II. Working Instructions:

- a. The Committee should keep the Hospital Commission informed about the progress made in the reflective process.



- b. The Committee should submit in writing its findings, suggestions and recommendations.
- c. The reflective process should be completed within a period of six months and the report on it (which shall be confidential) should be submitted ~~directly~~ to the Hospital Commission. The Chairperson of this Commission would be Sr. Anne Marie and in her absence, Sr. Mercy Abraham, Superior, St. Martha's Hospital.
- d. The work should be undertaken only after formal approval by the Hospital Commission of the expenditure likely to be incurred on members or other expenses of any kind.

## FRAMEWORK OF EVALUATION

[For consideration of  
Review Committee and  
Health Commission  
on 16 March 1998]

### Evaluation of St Martha's Hospital through a reflective process (March - April 1998 - Sep)

Some

#### Key Questions/Issues

to be considered by Review  
Committee in the context of the TOR.  
The background papers and Annual  
Report of 1996-97 provided by the Health  
Commission

① Is the Hospital Apostolate in tune/consistent with  
Charism, mission, vision and philosophy of  
The Good Shepherd Sisters? which is:

i) "Poor, exploited oppressed and socially discriminated,  
especially girls and women, in personal, family  
and social difficulties through institutionalised  
and non institutionalised efforts in urban and rural  
areas ...." (Jan 95)

ii) "Children, girls and women ... including  
commercial sex workers, twilight girls, persons  
with AIDS, working children (child labour) and  
domestic women workers ...." (Jan 95)

• How does this 'charism' figure in the

a) Focus of the work of the hospital's

b) Focus of the type of staff/team members in the institution

c) Focus of the nurses running institution

② Does the hospital reach out to the less affluent  
sections/poor in the population of Bangalore?

a) What percentage of outpatient/inpatient

~~are~~ are ~~provided~~ free/subsidised care?

b) Is this trend increasing, status quo or decreasing?

c) What other measures are being taken to make  
the services of the hospital <sup>to</sup> become ~~more~~ more  
accessible or utilised by the poor and marginalised?

d) What problems have been faced to increase

Does the charism mean the hospital should focus only on women, women's health and women's problem?  
If yes then how  
If no then why not?



The percentage of free and subsidised care?

③ Are the hospital policies in various departments spiritually sound?

(with reference to <sup>top and</sup> background paper provided)

- a) Are all policies, rules, mode of functioning ethical?
- b) Are all religions respected?
- c) Is adequate compassion shown to patients through medical care.
- d) Is care taken to avoid negligence / dehumanization?
- e) Are the teachings of the Church promoted and or upheld by the hospital's work?
- f) ~~Bye Bye~~ Is the justice dimension in Health and health care addressed by the hospital?
- g) Any others?

④ Is the hospital technically well administered/managed?

- a) Are the policies/programmes <sup>activities</sup> rational?
- b) Are the policies/programmes <sup>activities</sup> logical?
- c) Are the policies/programmes activities efficiently managed?
- d) Are the programmes/activities adequately utilized by the public?
- e) How are the policies/programmes <sup>planned</sup> monitored, evaluated?
- f) Are there any weaknesses in the functioning of the hospital services? If so what can be identified as specific remedial measures?

⑤ Does the running of the hospital faithfully reflect the philosophy, objectives, strategies as laid out in the papers prepared for the review?  
(Issues not covered above)



## Objectives

- a) Promote respect and dignity of all human life.
  - b) Serve all irrespective of caste, creed or race.
  - c) Care of high quality at a cost that common people can afford
  - d) Develop a team spirit and collaborative ethos
  - e) provide competent/comprehensive health care for whole person.
  - f) provide care with honesty and integrity
  - g) to conduct educational/teaching programmes with high standard of competence
  - h) provide alternative systems of ~~medicine~~ health care (!)
  - i) participate in improvement of quality of life of people
  - j) provide counselling and support to people in crisis
  - k) ~~Respect~~ ~~create~~ awareness of importance of preserving ecologically sound environment
-



## Objectives (see earlier list)

### Strategies

- a) Promote good, <sup>high</sup> quality service.
- b) Rational use of drugs ~~and~~ therapeutics and methods of treatment and care.
- c) selectively upgrade medical technology  
to keep pace with advancements.
- d) Courteous & considerate to patients, visitors and general public.
- e) create a climate conducive to a pursuit of excellence.
- f) Motivate all in hospital to be dedicated/committed and give off their best.
- g) Promote health care for all.
- h) Lay strong emphasis on value education of patients, public, staff and students.
- i) Readily accessible to those suffering from sickness, or those in crisis.
- j) Create awareness of sound health and evils of smoking, drinking and addictions.
- k) Create awareness of clean and healthy environment and living in harmony with nature.

[Please Note there is some overlap between objectives and strategies as enunciated in the background note.]

⑥ Does the Financial management of the hospital reflect the objectives and strategies of the hospital?

- a) The budget
- b) The income and expenditure of the hospital
- c) The processes of financial management  
(Accounting - Auditing)
- d) Is the hospital financially sound.

Note:

All members of the Review Team will consider these questions and issues extracted from the TOR and background papers, and contextualise them to the areas/sectors of the hospital which they are studying.



(B)

Areas / Sectors for Review (Identified From Annual Report 1996/97)

1	Vision / Mission	31	Surgeon ICU
2	Governance / Advisory Board	32	Paediatric Surgery
3	Hospital Organisation	33	Plastic Surgery
4	Income / Expenditure	34	Ophthalmology
5	Financial Management policy	35	ENT
6	Concessional Care	36	Orthopaedics
7	Capital Investments	37	OBG
8	Donations	38	Day care ward
9	Personnel Management policy	39	Anaesthesiology
10	Endowment fund	40	Family welfare Centre
11	Community Health Dept	41	Prosthetic and orthotic centre
12	Nursing / Midwifery Training	42	Physiotherapy Dept
13	Community Health Nursing	43	Medico Social Unit
14	National Board of Examiners	44	Pharmacy
15	Radiographers Training	45	CSSD
16	Clinical Laboratory Technician Law	46	Central Clinical Laboratory
17	Hospital Aides	47	Radiology
18	Professional Meetings - Clinical <sup>Soc.</sup>	48	Dental / oral Surgery
19	Infection control committee	49	Casualty Department
20	Drugs / Therapeutics Committee	50	Staff Health Service
21	Medicine Dept	51	Medical Records Department
22	Coronary Care Unit	52	Laundry
23	Intensive Therapy Unit	53	Dietary Department / Canteens
24	Graded care	54	Library
25	Paediatrics	55	Perpetual Help Health Centre - Ulrickell
26	Remedial Unit	56	Ancillary Services - Security, Tel. <sup>For. / Letter / Maintenance</sup>
27	Sick Nursing	57	Nursing College
28	Dermatology	58	Linkages - Church
29	Psychiatry	59	Linkages - Non Church
30	General Surgery	60	Future / ongoing Plans
		61	Congregational expectations
		62	Women's Groups expectations











## c) Time Framework & Schedule of Review (tentative)

### 1. Preliminary Meetings

March 1998



#### To R

Objectives / Issues / Questions

Distribution of Responsibilities

Planning

### 2. Preliminary Data

Collection

Two months

(April - May 1998)



Each member will review the areas

allotted to them and do their own

data collection in coordination with  
Sr Mary / Sr Ann Marie of the Health Comm.

### 3. First Interactive

Dialogue of Review Committee & Health Commission

June 1998



Focus on key  
questions and  
gather ideas/  
data for each  
question from  
different reviews

### 4. Next round of Data

Collection / Analysis / Preliminary reports

June - July 1998



### 5. Second Interactive Dialogue of Review

Committee & Health Commission

August 1998



Draft Report in  
sections to be  
circulated for  
perusal before  
dialogue

### 6. Final Meeting of Review Committee to finalise report and recommendations

Early September 1998

[The Chairpersons of the Review Committee will keep in touch with all the members, and the members should also keep him informed about the progress of the review. Dialogue and ongoing clarification will go on throughout the process through informal meetings and telephone and postal communications.]

## Review Committee Members and Areas of Review

1. Dr Ravi Narayan 1, 2, 3, 11, 12-18, 40, 43, 58, 59, 60  
61, 62

2. Dr Ben Pais 19 — 39

3. Mr Thomas Kendrew 4, 5, 6, 7, 8, 9, 10

4. Dr Rebekah Naylor 11, <sup>42, 44</sup> 53, 55, 56

5. Ms Mary Ann ~~Robert~~ Charles 12, 13, 17, 55, 57  
(Nursing aspects of 19-39)





ಸಮುದಾಯ ಆರೋಗ್ಯ ಕೋಶ  
COMMUNITY HEALTH CELL

Phone : 5531518  
Fax : (080) 55 333 58  
Attn. CHC

No. 367, 'Srinivasa Nilaya', Jakkasandra, 1st Main, 1st Block, Koramangala, BANGALORE - 560 034.

Ref:CHC:5.4/98

19<sup>th</sup> June 1998

Communication III

Dear Review Team Members,

Greetings from Community Health Cell.

Further to my last communication of 8<sup>th</sup> May 1998 (ref. CHC:5.4:98) this is to keep you in touch with further developments of the review process in the last few weeks.

1. Dr. Rebekah Naylor prepared questionnaires for the following category of staff:

- |   |   |
|---|---|
| i. Assistant Administrator              | ix. Head of Prosthetic/Orthotic centre; |
| ii. Personnel Officer;                  | x. Head of CSSD;                        |
| iii. Chaplains;                         | xi. Head of Dietary Department;         |
| iv. Medical Records<br>Department Head; | xii. Head of Laundry;                   |
| v. Head of Pharmacy;                    | xiii. Head of Departments;              |
| vi. Head of X-ray Department;           | xiv. Staff;                             |
| vii. Head of Laboratory;                | xv. Students;                           |
| viii. Head of Physiotherapy;            | xvi. Patients.                          |

All of these excepting questionnaires (xiii – xvi) have been distributed to the concerned persons through the Medical Superintendent, the Nursing Superintendent and the Administrator, with whom I have been in touch. Some of these have been sent back to her already. Others will reach her this week.

2. Dr. Prem Pais has completed a set of questionnaires for the review of the functioning of the clinical departments which include separate forms for inpatients, outpatients, residents and staff doctors.

We met on 12<sup>th</sup> June 1998 (Dr. Prem Pais, Ms. Mary Ann Charles and myself) at St. John's Medical College and we integrated proformas of Dr. Naylor and those of Ms. Mary Ann Charles which were overlapping so that all the responses from each of the group would be received in a single integrated questionnaire.

The final integrated versions will be ready for distribution soon.

3. I have drawn up a plan for the areas that I was to cover and will discuss this at our next meeting. As I reviewed the areas, there are some overlaps that I shall discuss with some of you. Most of these areas will be covered through interactive group discussions with those involved as stakeholders in that area of hospital focus.

4. Sr. Mercy has just completed her term on 3<sup>rd</sup> June and Sr. Clementia is the new superior from 4<sup>th</sup> June onwards. We will be meeting her at the next meeting.
5. I had suggested that our next meetings would be in the week 29<sup>th</sup> June to 3<sup>rd</sup> July 1998. Kindly get in touch with me as soon as possible to help me finalise the date which is most suitable to the Review team members and the Health Commission.
6. At the meeting, we shall each report on the progress of the process of data collection in areas allotted to us, and identify needs and further action on the matter. If there are any specific issues that you want us to discuss in addition to taking stock of the process as of that date, please let me know immediately.

With best wishes,

Yours sincerely,

Dr. Ravi Narayan,  
Chairperson - Review Committee, St. Martha's Hospital.

C.C: SMH, Health Commission.



## SMH REVIEW COMMITTEE

1.	Dr. Prem Pais Professor of Medicine & Vice Principal, St.John's Medical College & Hospital, Sarjapur Road, Bangalore – 560 034.	Tel: 5530 724 (off.)
2.	Dr. Rebekah Naylor, Associate Medical Superintendent, Bangalore Baptist Hospital, Bellary Road, Hebbal, Bangalore – 560 024.	Tel: 3330321 – 24
3.	Ms. Mary Ann Charles, School of Nursing, St.John's Medical College & Hospital, Sarjapur Road, Bangalore – 560 034.	Tel: 5530 724 (off)
4.	Mr. M. Kandasami, Chartered Accountant, 83/1, Mahatma Gandhi Road, Chennai – 600 034.	Tel: 91-44-8274675 / 8266366 Email: <a href="mailto:mksami@xlweb.com">mksami@xlweb.com</a> <a href="mailto:mksami@md2.vsnl.net.in">mksami@md2.vsnl.net.in</a>
5.	Dr. Ravi Narayan, Community Health Cell, Society for Community Health Awareness, Research and Action, 367, Srinivasa Nilaya, Jakkasandra I Main, I Block, Koramangala, Bangalore – 560 034.	Tel: 55 3 15 18 (off) 55 330 64 (res) Fax: 55 333 58 (Mark Attn. CHC) Email : <a href="mailto:sochara@blr.vsnl.net.in">sochara@blr.vsnl.net.in</a>

**Subject: Thanks and news about St.Martha's**

**Date: Sun, 07 Mar 1999 17:44:34 +0530**

**From: mksami <mksami@vsnl.com>**

**To: CHC- <sochara@blr.vsnl.net.in>**

Dear Dr. Ravi Narayan,

Greetings from Chennai!

First of all I want to thank you for the time we spent when I met with you in Bangalore. Our interaction regarding health and especially the dimension of financial health of the Health Sector organisations was very interesting. I am sure we can continue our discussions.

I thank you for the material that you provided and I found it very useful. Please do convey my greetings to Dr. Thelma and also to your team members.

As for my report regarding St. Martha's the same is getting ready and I shall get back to you soon before the end of this week.

As I had informed you, due to the sudden illness of father-in-law there has been some dislocation in my schedule. However, now I am able to catch up with the pendencies and shall get back to you with regard to St. Marthas.

With best wishes, once again, I remain,

Yours sincerely,

KANDASAMI

M.KANDASAMI <mksami@vsnl.com>

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*Sumathy*  
8/3/99

SMH File →



Ref: CHC:5.4/99

7th January, 1999

St. Martha's Hospital Review Process  
A follow up communication VII

To,

Dr. Prem Pais  
Ms. Mary Ann Charles

Dr. Rebekah Naylor  
Mr. Thomas Kandasami

Dear *Friends*

Greetings for the New Year!

Further to my previous communication and all the telephonic conversations we have had since then, this is to keep you informed about the progress of the review inspite of some unexpected and unavoidable delays.

1. The Report from Dr. Rebekah Naylor of the areas included in her part of evaluation i.e., Vision and Mission; Governance and Advisory board; Hospital organisation and administration; Human resources (Personnel) management; Ancillary Services; Spiritual care; and Responses from staff and Heads of Department was circulated in October 1998 before she went on leave.
2. The Report from the Survey of Doctors on Hospital Goals; strengths and weaknesses; rules and regulations; and suggestions to management has been completed by Dr. Prem Pais and is enclosed with this communication.
3. The Review of Nursing Services and School of Nursing by Ms. Mary Ann Charles has also been completed and includes the broad areas of Awareness of Goals, policies and facilities; assessment of meetings of objectives/goals presently; the levels of performance of various goals/tasks, the positive and negative aspects of the School of Nursing; the suggestions for improvement from students, staff and faculty. This is also being enclosed with this communication.

Both these reviews have been discussed informally at an earlier phase of analysis in a meeting we had on 9th December at St. John's Medical College, Vice-Principal's office.

.....2



.....2.....

4. The Review of Financial Management Systems and practices in the light of the Vision/Mission being undertaken by Mr. Kandasami could not proceed due to unfortunate delays in the availability and access to the data required but this has now been coordinated by Sr. Sabeena and Sr. Clementia, and Mr. Kandasami and team are expected to visit the Hospital on 22/23rd of January to collect all the data and information required, so that we can have the report as early as possible in February for circulation.
5. The Review by me of various broader issues including Training, special committees, Community Health Department and other sectors is being completed soon. I have one more visit to the hospital to refer to files in Sr. Teresita's office, but my travel and other commitments have delayed this. I shall be in UK for a few days next week, but as soon as I return, I hope to complete these and send it to all of you, fairly soon.
6. The Review of patient responses is progressing and Dr. Prem Pais hopes to have it completed in the next two weeks. So hopefully all the first generation reports will be with you all by the end of the month and the Financial management report as soon as possible in February.
7. The Review has taken much longer than we had originally envisaged but to ensure that these delays do not allow us to loose momentum. I suggest that we plan for a meeting in the week of 15-20th February. The five of us could go through all these reports in advance and spend a day integrating it. Atleast half a day will be required.
8. As soon as this is done, we shall hold a larger meeting with the Health Commission and present an integrated report with our recommendations through an interactive dialogue, that will ensure that our ideas and suggestions are contextualised to the concerns of the Commission.
9. As decided earlier, these first generation reports are not being sent to the Health Commission for the present since we need to explore the responses and suggestions and look critically at the commonalities between sections reviewed and areas of difference and discrepancy. All the data, however, from all the reports and the summarised responses will be included in the final report.

.....3



.....3.....

10. Hoping that we shall be completing the review before the end of this year (March 1999) so that the Hospital Management and Congregation can reflect on options in 1999 itself before the beginning of the next century (!).

With best wishes to you all and looking forward to the continuing interaction through the opportunity of the review,

Yours sincerely,

*Ravi Narayan*

Ravi Narayan.

Encl: Report on Doctors' Response;  
Report on Nursing Services and Nursing Colleges.

CC: Sr. Sabeena; Sr. Clementia; Sr. Ann Marie; Sr. Theresa Meera;  
Dr. Sr. Teresita.

### Background Reading

*The Review drew upon the following background papers, many of which were circulated to all the members of the Team.*

1. St. Martha's Hospital - Objectives (Mimeographed Handout)\*
2. Provincial Directives - January 1998\*
3. Guidelines and Terms of Reference for Reflective Process drawn up by Hospital Commission - January 1998\*
4. Framework of Review - approved by Review Committee and Hospital Commission - March 1998\*
5. Some Observations by a Management Consultant - 1997.
6. Mission, Philosophy, Objectives and Strategies of St. Martha's Hospital (Revised Document 1998)\*
7. Memorandum of Association of St. Martha's Hospital - September 1965\*
8. A Framework for the Establishment/maintenance of a Community Health Department at St. Martha's Hospital - Bangalore, August 1992.
9. Summary of the Discernment of St. Martha's Hospital from November 1988 to November 1986 and its follow up procedures.
10. Working draft of proposed Handing over of SMH to another Church Society (Proposal to CBCI Society of Medical Education).
11. SMH Hospital - 6 options post Discernment with reasons for and against (Handout).
12. New orientation of St. Martha's Hospital - (handout) 21<sup>st</sup> November, 1986.
13. Some Standards to be considered for the Hospital (Rebekah Naylor)\*
14. Annual Report 1997-98, St. Martha's Hospital, Bangalore - 560 009.
15. Annual Report 1996-97, St. Martha's Hospital, Bangalore - 560 009.
16. Annual Report 1995-96, St. Martha's Hospital, Bangalore - 560 009.
17. Annual Report 1994-95, St. Martha's Hospital, Bangalore - 560 009.
18. Annual Report 1993-94, St. Martha's Hospital, Bangalore - 560 009.
19. Annual Report 1992-93, St. Martha's Hospital, Bangalore - 560 009.
20. Annual Report 1991-92, St. Martha's Hospital, Bangalore - 560 009.
21. Annual Report 1990-91, St. Martha's Hospital, Bangalore - 560 009.
22. Seeking the Signs of the times - A Discussion Document for Study and Action arising out of the CHAI Golden Jubilee Evaluation Study, October 1992.
23. Health Policy of the Church in India - Guidelines CBCI - Commission for Health Care Apostolate - January 1992.
24. A Study of Financial Management Systems and Practice - An outline (Kandasami & Team, Chennai) 1998.



To: mksami@xlweb.com  
From: COMMUNITY HEALTH CELL <sochara@blr.vsnl.net.in>  
Subject: St. Martha's Review  
Cc:  
Bcc:  
X-Attachments:

Dear Mr. Kandasami,

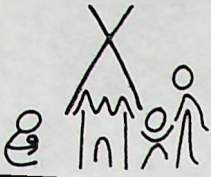
Greetings from Community Health Cell !

I had communicated to Dr. Ravi Narayan the inconvenience of 8th and 11th September, 1998 to you to attend a meeting of the St. Martha's Hospital Review Committee. He had asked me to request you to suggest an alternate date in the following week i.e. the 3rd week of September, 1998.

Thanking you,

Yours sincerely,  
for COMMUNITY HEALTH CELL,

M. KUMAR.



ಸಮುದಾಯ ಆರೋಗ್ಯ ಕೋಶ  
COMMUNITY HEALTH CELL

Phone : 5531518  
Fax : (080) 55 333 58  
Attn. CHC

No. 367, 'Srinivasa Nilaya', Jakkasandra, 1st Main, 1st Block, Koramangala, BANGALORE - 560 034.

28<sup>th</sup> July 1998

**St. Martha's Hospital Review Process**

**A follow up communication**

To:

Dr. Prem Pais  
Dr. Rebekah Naylor  
Ms. Mary Ann Charles  
Mr. Thomas Kandasami  
Sr. Clementia

Sr. Ann Marie  
Sr. Sabena  
Dr. Sr. Teresita  
Sr. Theresa Meera

Further to the minutes of the last meeting on 30<sup>th</sup> June 1998, circulated to all of you in early July enclosed is a follow up communication.

**1. Communication from Mr. Thomas Kandasami**

He had a meeting with the Administrator and the financial team for half a day on 16<sup>th</sup> May 1998. Based on the above interaction, he prepared a questionnaire and presented the same on 14<sup>th</sup> June vide his communication to the Superior. Thereafter, a senior member of his team and a qualified Chartered accountant visited the Hospital on 17<sup>th</sup> June 1998 and the hospital authorities informed that the documents required and questionnaire would be duly filled in a week or 10 days.

(NOTE: This letter was received just before the last meeting but was inadvertently left out in the minutes. Apologies – Chairperson)

The data is still being collected and the sisters have initiated a dialogue with him on some modifications which they are suggesting. Sr. Sabena will be following this up with him during her visit to Chennai.

2. Questionnaires for Doctors, Nursing staff (all categories) and staff of Ancillary departments were finalised and are in the process of being distributed since 20<sup>th</sup> of July 1998 – in phases.
3. Questionnaires for Patients and Hospital Aids have also been finalised and translations into Tamil and Kannada are underway. These too will be administered shortly after a small group of volunteers are oriented for the purpose. The method of sampling is being finalised.



4. Both items (2) and (3) are being coordinated by Sr. Ann Marie and Ms. Mary Ann Charles and the process should be completed by 10<sup>th</sup> of August 1998 hopefully.
5. Since there has been a slight delay in the data collection, I suggest that our **next meeting** with as much preliminary analysis from the forms as possible, be held in early September 1998. Mr. Kandasami has suggested the **second week of September** which is 7<sup>th</sup> to 11<sup>th</sup> September 1998. Please let me know by phone immediately if this is okay or if any particular dates in that week are inconvenient to you.
6. All the forms distributed had a covering letter from the review team. A copy of this is enclosed for your information.
7. If any of you are particularly keen to have a copy of the final format of any of the questionnaires, please let us know. They are slightly modified versions of the forms already circulated.

With best wishes,

Yours sincerely,

*Ravi Narayan*

Ravi Narayan,

Encl: Copy of covering letter from review team, which has been attached to every questionnaire.

To :

Department :

### **St. Martha's Hospital Review – 1998**

THE HEALTH COMMISSION SET UP BY THE PROVINCIAL CHAPTER OF THE GOOD SHEPHERD SISTERS, HAVE REQUESTED A TEAM OF RESOURCE PERSONS TO REVIEW THE HEALTH MINISTRY OF ST.MARTHA'S HOSPITAL THROUGH A PARTICIPATORY, INTERACTIVE AND REFLECTIVE PROCESS. AS PART OF THIS PROCESS, STAFF OF ST.MARTHA'S HOSPITAL AND A SAMPLE OF STUDENTS OF THE NURSING COLLEGE AND PATIENTS ARE BEING INVITED TO PARTICIPATE, BY FILLING IN SPECIAL QUESTIONNAIRES PREPARED BY THE REVIEW COMMITTEE. THESE WILL BE CIRCULATED / ADMINISTERED IN JULY 1998. APART FROM THE SPECIFIC QUESTIONS ASKED IN SPECIAL FORMAT, PLEASE FEEL FREE TO OFFER ANY OTHER SUGGESTIONS FOR CONSIDERATION BY THE REVIEW TEAM. YOUR PARTICIPATION IN THIS REVIEW IS CRUCIAL TO HELP US IDENTIFY THE FUTURE DIRECTIONS AND THRUSTS AND ALSO MEASURES TO MAKE THE HEALTH MINISTRY MORE MEANINGFUL. ALL YOUR RESPONSES AND SUGGESTIONS WILL BE CONFIDENTIAL. WE INVITE YOU TO JOIN US IN THE TASK AND MAKE THE REVIEW, A SUCCESS.

Dr. Ravi Narayan  
Mr. Thomas Kandasami  
Ms. Mary Ann Charles

Dr. Prem Pais  
Dr.Rebekah naylor

15<sup>TH</sup> JULY 1998

S.M.H. BANGALORE

[All completed questionnaires must be returned to the Medical / Nursing Superintendents offices latest by 28<sup>th</sup> July 1998 and put in the box specifically provided for them]

**YOUR  
OPINION IS  
CRUCIAL**

**JOIN  
THE  
REVIEW**

**Please detach this page from the proforma before submitting.**



*Dr. Ann Marie*



# ಸಮುದಾಯ ಆರೋಗ್ಯ ಕೋಶ COMMUNITY HEALTH CELL

Phone : 5531518  
Fax : (080) 55 333 58  
Attn. CHC

No. 367, 'Srinivasa Nilaya', Jakkasandra, 1st Main, 1st Block, Koramangala, BANGALORE - 560 034.

8<sup>th</sup> September 1998

## **St. Martha's Hospital Review Process**

### **A follow up communication (V)**

To:

Dr. Prem Pais  
Dr. Rebekah Naylor  
Ms. Mary Ann Charles  
Mr. Thomas Kandasami  
Sr. Clementia

Sr. Ann Marie  
Sr. Sabena  
Dr. Sr. Teresita  
Sr. Theresa Meera

Further to our last communication on 28<sup>th</sup> July 1998, this is a follow-up communication on further developments in the review process.

1. Questionnaires for Doctors, Nursing staff (all categories) and staff of Ancillary Departments were distributed and the response has been very varied but on the whole quite good.

Staff Nurse	- 42 / 50 (8 more are to be received)
Nursing Students	- 45 / 45
Nursing Faculty	- 15/15
Ward sisters	- 19/19
Doctors	- 41/69 (A general circular for remaining has been sent)
Ancillary department Staff	- 62/63 (being still collected). 10/14 35/60

The questionnaires are being analysed.

2. Orientation to 5 volunteers from among Nursing staff and tutors for administering questionnaires to patients and hospital aides has been completed and the administration of questionnaires to a sample of both these groups including inpatient/outpatient is going on and will be completed soon.
3. The data for the financial review, after some delays, has also been completed and forwarded to Mr. Thomas Kandasami for analysis.
4. Group discussions with department of Community Medicine staff and the coordinators of various training programmes at St. Martha's has also been arranged early next week.

5. The first preliminary meeting to take stock of the findings will be held on 15<sup>th</sup> September at 2 p.m. at the St. Martha's Hospital Community. The first stage analysis from nursing section, ancillary departments and other sectors will be reviewed and any remaining data collection will be planned. All members of the team and the Health Commission are invited to participate.
6. A larger meeting will be held at the end of the month or in the first week of October to consider the analysis of all the responses / data before the final review report is drafted.

With best wishes,

Yours sincerely,

*Ravi Narayan*

Ravi Narayan.

P.S. to Mr. Kandasami.

Since the SMH sisters have just informed me that they are giving Anand the papers today, its okay if you miss the meeting on the 15th and join the next one in early October - so you get the 2 weeks or so needed to analyse the data. The meeting on the 15th is just to keep up the tempo and the data shared will be preliminary mainly by Dr. Rebekah and Ms. Mary Ann. Dr. Prem Pais and I will also present our part in the October meeting. I have asked the sisters to send me one copy of what they are sending you so that in case something is missing or not sent I will have a set to refer to when you alert me about it.



M.KANDASAMI, 12:35 AM 10/15/98, Re: SMH MEETING

X-Authentication-Warning: xlweb.com: [10.0.0.7] didn't use HELO protocol  
X-Sender: mksami@xlweb.com  
Date: Thu, 15 Oct 1998 00:35:37 +0500  
To: COMMUNITY HEALTH CELL <sochara@blr.vsnl.net.in>  
From: "M.KANDASAMI" <mksami@xlweb.com>  
Subject: Re: SMH MEETING

Dear Dr.Ravi,

Many thanks indeed for your email and all the news and the update.

I shall reply to you by the beginning of the next week. However I am likely to be in Ashirvad for a day on 17th to give a workshop and I shall try and talk to you.

With warm regards I remain

Yours sincerely

M.KANDASAMI.

At 02:30 PM 10/14/98 +0500, you wrote:

>Ref:CHC:5.4/98

13th

October 1998

>

>Mr. M. Kandasami,

>Chartered Accountant,

>83/1, Mahatma Gandhi Road,

>Chennai - 600 034.

>

>Dear

>

>Greetings from Bangalore!

>

>Hope you finally received the much delayed information and documentation on

>Financial Management review from SMH sisters. Do let me know how much time

>you will need to process it in the context of your own busy schedule. All these delays are upsetting all our schedules!

>

>We met on 15th September and Dr. Naylor presented a short summary of findings from her part of the review (sent with hard copy of this message by

>post). All the others gave some preliminary findings and we first decided to meet separately on 23rd October on the same day as the SMH Governing

Printed for COMMUNITY HEALTH CELL <sochara@blr.vsnl.net.in>

1

25/10  
61  
20/10/98

RN  
24/10



20th August, 1998

Dr. Ravi Narayan,  
Community Health Cell,  
No. 367, Srinivasa Nilaya,  
Jakkasandra, I Main,  
I Block, Koramangala,  
Bangalore - 560 034.

Dear Dr. Ravi,

Greetings from Chennai !

Many thanks indeed for your emails and especially for sharing my concern regarding the lack of cooperation and consequent delay on the part of St. Martha's authorities to provide the necessary information and the questionnaire. Sr. Sabina, the Provincial met with me and after listening to the framework and the methodology, she has written to the St. Martha's authorities to provide the necessary information. However, I have not so far received any information.

In view of the above, I am unable to proceed further. However I received your request regarding my convenience for the next meeting. While 14th to 16th September is convenient time for me, I still feel that there is no purpose for me to attend the meeting until and unless I receive the information asked for including the questionnaire. As you can agree with me after I receive the questionnaire my team and I require atleast 2 weeks to study and analyse the data even to arrive at preliminary findings.

In any case, I thank you for your understanding and request you to do your best to impress upon the St. Martha's authorities the need to provide the information urgently.

With warm regards,

Yours sincerely,

M. KANDASAMI,  
Chartered Accountant.





# Good Shepherd Provincialate

"SHANTI NILAYA"

12, Cornwell Road, Bangalore-560 025, India.

Prov. Office Tel: 2214832, ★ Community Tel: 2214131 ★ Fax No. 080/2214832

Dr. Ravi Narayanan,  
Community Health Cell,  
No. 367, "Srinivasa Nilaya"  
Jakkasandra, 1st Main, 1st Block  
Koramangala, Bangalore -560034

August 5, 1998

Dear Dr. Ravi Narayanan,

Thank you for the 'follow up' Communication of the 28th July.

While in Chennai I did meet Mr. Thomas Kandasamy and had a discussion on the Process of evaluation that is already started. I liked the covering letter prepared by you for the Staff and Students of the Hospital calling for their co-operation in this important task. I called you over the phone today, but I could not get you.

September 7th to 11th will be O.K. for me. Any one of these days is fine, but my preference would be for the 7th. Once you fix the date please let me know.

Thank you for your interest and co-operation in this Review.

With best wishes,

Yours sincerely,

*Sr. Sabina*

348  
11/8/98

Sr. Sabina Pathrose  
Jm 11/8

RN  
11/8

RN Call from  
Sr Anne Marie

11/8/88

- ① 7<sup>th</sup> Sept - convenient for Sr Sabina
- ② Diares to Mary Ann tomorrow.  
+ discuss IP + OP Diares. Look to go ahead  
+ fix a date. ~~example etc~~

Response from staff not as expected  
busy i Diploma

- End of month <sup>Toronto</sup> we will be busy i graduation
- Camp week. - hope to complete.
- Dr Naylor visited SMH <sup>reg</sup> Administrator.  
+ did what she wanted.

Jan

RN  
11/8



Please

Dear Dr Ravi Narayan,

Herewith sending the total list of  
all members selected for the evaluation & questionnaires  
duly filled & returned.

- To Ann Mary
- 816 begones (50)
1. Staff Nurses: - 42
  2. Students - batches  $\begin{cases} 1994 - (15) - IV \\ 1995 - (15) - III \\ 1996 - (15) - II \end{cases}$
  3. Incharges/ward sisters - (19)
  4. Auxiliary dept staff
  5. Faculty - (15)
  6. Doctors - 40% only returned
  7. Auxiliary heads: 8 more to return } as per Dr. Ravi Narayan  
10 + 35

- To Dr. Ravi Narayan
8. class IV workers: not yet done
9. Patients: yet to be done
- One student to 5 volunteers who will administer questionnaires done on 24/8 11:30-12:45pm
- General circular being sent RN 24/8
- Dr Sch of Nursing RN 24/8

• Code for students same as list.

• for doctors: Junior specialist, same S.No. Specialist. Senior specialist.

for other doctors: (P+S.No as in list)

• for administration: GA + S.No.

Paramedical staff: PA. C. Lab: L.

Dental: DE. Accounts: AC.

ECG: EG. MRD: MR

Orthopedic: O

Physiotherapy: P.

Ophthalmology: OP

Medico social unit: MU.

ENT: E

Family welfare: F

Dietary: D.

Radiology: R

Thanking you.

Mary Ann



# ST. JOHN'S MEDICAL COLLEGE HOSPITAL

BANGALORE - 560034

① 55 307 24

Telegrams : SAINJOHNS

Ref.

Date 17/9/98

Dear Ravi,

There are the photocopied last page of the doctors questionnaire which was meant for Dr Naylor. Can you please arrange to have it passed on

Prem

Numbered and  
sent 41 photocopies  
of the response to  
Dr Naylor's questionnaire  
to Bagish hospital  
on 21/9/98

RN



## PROVINCIAL DIRECTIVES

These can be modified by the  
PROVINCIAL CHAPTER

### OUR GOAL

Responding to the call of Jesus the Good Shepherd and experiencing the merciful love of the Father, we, the Contemplative and Active sisters mediate this love to all, in the Spirit of our Foundress.

We make real the incarnation of Christ in the India of today through an authentic religious life.

We share in the Church's mission of Evangelisation through our special ministry of reconciliation by praying for and working with girls and women deprived of hope and love and by responding to the crying needs of the poor, exploited and oppressed."

### OUR THRUST

We work with the poor, exploited, oppressed and socially discriminated, especially girls and women in personnel, family and social difficulties, through institutionalised and non-institutionalised efforts in urban and rural areas.

### OUR APOSTOLATE

In keeping with the Goal and Thrust of our province we set our priorities as follows:

Services to Children, girls and women through prevention, protection, rehabilitation and crisis intervention. We extend our services to commercial sex workers, twilight girls, persons with aids, working children (child labour) and domestic women workers.

PROGRAMS towards social change:

- faith formation
- Non-formal education
- Conscientisation
- legal education
- community organisation
- pro-life programmes
- study, research and publication
- pro-cana, net working
- ecological & environmental protection, gender and human rights issued,
- hospital chaplaincy/pastoral care/School counselling.

We make use of our existing institutions, land and property to meet the needs of our new ministries.

## Appendix-I

### ST. MARTHA'S HOSPITAL

BANGALORE-560009

#### OBJECTIVES:

The main objectives of St. Martha's Hospital, a Catholic acute care, general hospital establishment and managed by Religious Sisters of the Good Shepherd, are

1. To serve the sick and ailing irrespective of caste, creed or race with health care of good quality at a cost that is affordable by the people in general. ? women found
2. To provide competent, comprehensive health care for the whole person, the family and the community, with love and compassion as taught by Jesus Christ, the Good Shepherd,
3. To provide health care and service, observing with honesty and integrity all the principles of medical and bio ethics, as are applicable to a Catholic Hospital,
4. To conduct educational/teaching programmes in various fields, such as nursing, laboratory technology, radiography, rehabilitation and post-graduate medical studies and, in doing so, to maintain high standards,
5. To initiate and participate in such other activities as are conducive to the improvement of the health of the people at large, more particularly those in the weaker sections of Society.

How's this  
being  
done  
presently?

Have these  
principles been  
listed out? Is  
hospital policy clearly  
spelt out?

What  
training  
programmes?  
Which goal  
does it  
serve?

What  
activities  
presently  
would feature  
under this  
category?



## FRAMEWORK OF EVALUATION

{For consideration of Review Committee and Health Commission on 18th March, 1998}

Review

### Evaluation of St. Martha's Hospital through a reflective process (March - September 1998).

A. Some Key Questions / Issues to be considered by Review Committee in the context of the TOR, the background papers and Annual Report of 1996-97 provided by the Health Commission.

1) Is the Hospital Apostolate in tune/consistent with charism, mission, vision, and philosophy of the Good Shepherd Sisters? Which is:

- i) "Poor, exploited, oppressed and socially discriminated, especially girls and women, in personal, family and social difficulties through institutionalised and non-institutionalised efforts in urban and rural areas ....." (January 1995)
- ii) "Children, girls and women....including commercial sex workers, twilight girls, persons with AIDS, working children (child labour) and domestic women workers ....." (January 1995)

∅ *How does this 'charism' figure in the:*

- a) *Focus of the work of the hospitals?*
- b) *Focus of the type of staff/team members in the institution?*
- c) *Focus of the nurses training institution?*

∅ *Does the charism mean the hospital should focus on women, women's ill health and women's problems ?*

*If yes, then how ?*

*If No, then why not ?*

2) Does the hospital reach out to the less affluent sections/poor in the population of Bangalore?

- a) What percentage of outpatient/inpatient are provided free/subsidised care?
- b) Is this trend increasing, status quo or decreasing?
- c) What other measures are being taken to make the services of the hospital, become more accessible or utilised by the poor and marginalised?

- d) What problems have been faced to increase the percentage of free and subsidised care?

**3) Are the hospital policies in various departments spiritually sound?**

- a) Are all practices, rules, mode of functioning ethical? | FTP  
b) Are all religions respected?  
c) Is adequate compassion shown to patients through pastoral care?  
d) Is care taken to avoid negligence? / dehumanization?  
e) Are the teachings of the Church promoted and or upheld by the hospitals work?  
f) Is the justice dimension in Health and health care addressed by the hospital?  
g) Any others?

**4) Is the hospital technically well administered / managed?**

- a) Are the policies/programmes/activities rational?  
b) Are the policies/programmes/activities logical?  
c) Are the policies/programmes/activities efficiently managed?  
d) Are the programmes/activities adequately utilized by the public?  
e) How are the policies/programmes planned, monitored, evaluated?  
f) Are there any weaknesses in the functioning of the hospital services? If so, what can be identified as specific remedial measures?

**5) Does the running of the hospital faithfully reflect the philosophy, objectives, strategies as laid out in the papers prepared for the review?**

(Issues not covered above)

**Objectives**

- a) ✓ Promote, respect and dignity of all human life  
b) ✓ Serve all irrespective of caste, creed or race  
c) ✓ Care of high quality at a cost that common people can afford —  
d) ✓ Develop a team spirit and collaborative ethos  
e) ✓ Provide competent/comprehensive health care for whole person  
f) ✓ Provide care with honesty and integrity  
g) To conduct educational/teaching programmes with high standard of competence  
h) Provide alternative systems of health care (!)  
i) Participate in improvement of quality of life of people *in the community*  
j) Provide counselling and support to people in crisis



- k) Create awareness of importance of preserving ecologically sound environment

### Strategies

- a) Promote good and high quality service
- b) Rational use of drugs/therapeutics and methods of treatment and care
- c) Selectively upgrade medical technology to keep pace with advancements
- d) Courteous and considerate to patients, visitors and general public
- e) Create a climate conducive to a pursuit of excellence
- f) Motivate all in hospital to be dedicated/committed and give off their best.
- g) Promote health care for all.
- h) Lay strong emphasis on value education of patients, public, staff and students
- i) Readily accessible to those suffering from sickness/or those in crisis
- j) Create awareness of sound health and evils of smoking, drinking and addiction
- k) Create awareness of clean and healthy environment and living in harmony with nature

*{Please note there is some overlap between objectives and strategies as enunciated in the background note}*

**6) Does the Financial Management of the hospital reflect the objectives and strategies of the hospital?**

- a) The budget
- b) The income and expenditure of the hospital
- c) The processes of financial management (Accounting - Auditing)
- d) Is the hospital financially sound? (next 10 years)

7. *Is the hospital sustainable and financially viable?*

*{Note: All members of the Review team will consider these questions and issues extracted from the TOR and background papers, and contextualise them to the areas/sectors of the hospital which they are studying}*

**B. Areas/Sectors for Review (identified from Annual Report 1996-97)**

- |   |   |
|---|---|
| <ul style="list-style-type: none"><li>✓1) Vision / Mission</li><li>✓2) Governance / Advisory Board</li><li>✓3) Hospital organisation/Administration</li><li>4) Income / Expenditure</li><li>5) Financial Management policy</li><li>6) Concessional care</li><li>7) Capital Investments</li><li>8) Donations</li><li>9) Personnel Management policy</li><li>10) Endowment fund</li><li>✓11) Community Health Department</li><li>✓12) Nursing/Midwifery Training</li><li>✓13) Community Health Nursing</li><li>✓14) National Board of Examination</li><li>✓15) Radiographers Training</li><li>✓16) Clinical laboratory Technician course</li><li>✓17) Hospital Aids</li><li>✓18) Professional Meetings - Clinical Societies</li><li>19) Infection control Committee</li><li>20) Drugs/Therapeutics Committee</li><li>21) Medicine Department</li><li>22) Coronary Care Unit</li><li>23) Intensive Therapy Unit</li><li>24) Graded care unit</li><li>25) Paediatrics</li><li>26) Premature Unit</li><li>27) Sick Nursery</li><li>28) Dermatology</li><li>29) Psychiatry</li><li>30) General Surgery</li><li>31) Surgical ICU</li><li>32) Paediatric surgery</li><li>33) Plastic Surgery</li><li>34) Ophthalmology</li><li>35) ENT</li><li>36) Orthopaedics</li><li>37) OBG</li><li>←38) Day care ward</li><li>39) Anaesthesiology</li><li>✓40) Family Welfare Centre</li><li>41) Prosthetic and Orthotic Centre</li><li>42) Physiotherapy Department</li></ul> | <ul style="list-style-type: none"><li>✓43) Medico Social Unit</li><li>44) Pharmacy</li><li>45) CSSD</li><li>46) Central Clinical Laboratory</li><li>47) Radiology</li><li>48) Dental/Oral Surgery</li><li>49) Casualty Department</li><li>50) Staff Health Service</li><li>51) Medical Records Department</li><li>52) Laundry</li><li>53) Dietary Department/Canteens</li><li>54) Library</li><li>55) Perpetual Help Health Centre - Uttarahalli</li><li>56) Ancillary Services - Security, Telephone, Fpr/Water/Maintenance</li><li>57) Nursing College</li><li>✓58) Future/Ongoing Plans</li></ul> <p><u>Others</u></p> <ul style="list-style-type: none"><li>✓59) Linkages - Church</li><li>✓60) Linkages - Non-Church</li><li>✓61) Congregational expectations</li><li>✓62) Women's Groups expectations</li></ul> |
|---|---|



### **C. Time Framework & Schedule of Review**

1. Preliminary Meetings {March 1998}:

**TOR:** Objectives / Issues / Questions  
Distribution of Responsibilities  
Planning

2. Preliminary Data Collection: Two Months (April - May 1998)

Each member will review the areas allotted to them and do their own data collection in coordination with Sr. Mercy/Sr. Ann Marie of the Health Commission

3. First Interactive Dialogue of Review Committee and Health Commission (June 1998)

Focus on key questions and gather ideas/datas for each question from different reviews conducted by members of the review committee

4. Next round of Data Collection / Analysis / Preliminary Reports (June - July 1998)

5. Second Interactive Dialogue of Review Committee & Health Commission (August 1998)

Draft Report in sections to be circulated for perusal before dialogue

6. Final Meeting of Review Committee to finalise report and recommendations (Early September 1998).

*{The Chairperson of the Review Committee will keep in touch with all the members, and the members should also keep him informed about the progress of the review Dialogue and ongoing clarification will go on through the process through informal meetings and telephonic and postal communications}*



GUIDELINES AND TERMS OF REFERENCE FOR A REFLECTIVE PROCESS AS  
DESIRED TO BE UNDERTAKEN BY THE PROVINCIAL CHAPTER 1995.

- I. 1. ✓ Is the Hospital being run for the less affluent sections and the poor in the population of Bangalore.
2. ✓ Is the Hospital functioning as a bonafide Catholic Hospital reflecting the ideas and charism of the Good Shepherd Sisters?
3. Are the policies in the conduct of the various departments of this Hospital spiritually sound and technically well administered?
4. Is the Hospital adequately utilized by the public?
5. Is the organisational set-up in the Hospital rational and logical from the standpoint of efficient management?
6. Does the running of the Hospital faithfully reflect
  - (i) The Philosophy
  - (ii) The Vision and Mission
  - (iii) The Objectives and strategies of the Hospital as brought out in the paper prepared on these aspects of the Institution.
7. To assess the overall Income and Expenditure of the Hospital. (Complete)
8. Does our budget clearly reflect the objectives and strategies of the Hospital.
9. Is the Institution/Hospital financially sound.

II. WORKING INSTRUCTIONS:

1. The Committee should keep the Hospital Commission informed about the progress made in the reflective process.
2. The Committee should submit in writing its findings, suggestions and recommendations.
3. The reflective process should be completed within a period of six months and the report on it (which shall be confidential) should be submitted directly to the Hospital Commission. The Chairperson of this Commission would be Sr. Anne Marie and in her absence, Sr. Merch Abraham, Superior, St. Martha's Hospital.
4. The work should be undertaken only after formal approval by the Hospital Commission of the expenditure likely to be incurred on members or other expenses of any kind.



I. COMMITTEE MEMBERS:

1. Dr. Ravi Narayan - Co-ordinator  
No. 367 Srinivasa Nilaya  
Jakkasandra  
1st Main, 1st Block  
Koramangala, Bangalore 560034 Phone No. Off. 5531518 Res. 5533064
2. Dr. Prem Pais  
Professor of General Medicine and  
Vice Principal  
St. John's National Academy of Health Sciences  
Bangalore 560034 Phone No. Off. 5530724 Res. 5280406
3. Ms Mary Ann Robert  
Assistant Professor  
College of Nursing  
St. John's National Academy of Health Sciences  
Bangalore 560034 Phone No. Off 5530724
4. Dr. Rebekah Naylor  
Medical Superintendent  
Bangalore Baptist Hospital  
Bangalore 560024 Phone No. Off. 3330321
5. Mr. Thomas Kandasamy  
Chartered Accountant  
.....  
Chennai 600006 Phone No. Off. 0448/266366

II. COMMISSION MEMBERS:

1. Sr. Anne Marie  
St. Martha's Hospital  
Bangalore 560001 Phone No. Hosp. 2275081
2. Sr. Merch Abraham  
Superior  
St. Martha's Hospital  
Bangalore GPO  
Bangalore 560001 Phone No. Hosp. 2275081
3. Sr. Clementia  
St. Martha's Hospital  
Bangalore GPO  
Bangalore 560001 Phone No. Hosp. 2275081
4. Sr. Therese Meera  
Superior  
St. Michael's Convent  
Old Madras Road  
Bangalore 560058 Phone No. 5282811

# SMH Review

## CH Dept

## Rosen SPT

1. Coordinated S&N E CH Clin.

2. Football - Seldone, Sr Ter, <sup>Russel</sup> SPT / <sup>Nelson</sup> Supr

3. SBI - Ruby / How / Rube Pao / donde Kern

Supplementary Notes  
Proposed NFF

4. SPT Coordination - Sr Ter - HOD

Project Fund  
for SMH

5. Not even seen head of Dept or staff

6. 7 villages in Uthmaniyah | 4 clinics | One of these is

7. <sup>No</sup> CH Dept

ii) Coordinated Pds not clear / No authority /

iii)

8. No coordination in Dept

9. Sr T (attitude) structure (910 Spm job) Rigid rules

10. Comparison of structure - no coordination.

11. Administrative - rigid - rule based - typical bureaucracy

12. Annual Plan - <sup>Jan</sup> 97-98 & out budget - expectations even provision in budget

13. SPT tried to reduce costs

did not take p.c.

— petrol / drugs / EDL + eliminated cough medicine / benzyl beam

14. Never told budget constraint

15. AA group experience (Sr T + Agv Bndu)

ISM / Nursing / CH Dept  
Sch

16. Dermatology / Psych / Red / OBG

17. Physiotherapy - Acupuncture

(Tajirayon)  
Comprehension

Health Action  
considered  
scientific

18. RIDV / Pharmacy committee / No real oncology

19. SPT tried to support tech

Low setup — Sr T overlooked



## Suggestions

1. Personally visited (Sr Teacher) Card
- ← 2. Tpk - problem (Vehicle)
3. Admin do not underestimate
4. CH Preference: Agency
5. CH reduce cost of work

MRO No

I yr try Need  
3 m/b

1. Vehicle for Dept

2. Better Salaries - Search - / = r Mo - Travel All  
Bus Auto

3. <sup>not</sup> Trainings of Hospital

but needs for Community - d/t house

4. No corps

5. No Comb to HE - Nursing Tr  
Some subject

6. DNA students - pass

7. Gyn extension - spec ex  
prop spec

8. MSW

Alcoholism

Promotion  
policy

CH Budget

1. FP - Promoting

FWC extension - inclusion

2. Abortion -

↓  
Counseling - <sup>4th</sup> 5th → Sterilization

3. IPP-8-1

4. Disinfection - Pen/Alco

15/9

CH Depr - Discussion with Skiff

1. 4 <u>Shum</u>	New Bp Hall. 1996	Bhandru 1997	Bureshwar I 1997	Bensil 70 1997	60000f
- 3 wst	- 1 Mo	1 SW	1 Te		

Left - Theme for  
KR month

Body - ANC 1-2/m

SL - Immunization 1PP-8 →

Referral - Complicated case

- Free - Diet for all cases

Social work check to MRO

1Ams -

Prescription - by or



# ✓ SMH - Family Welfare Centre

1992 - Till May 92 (S. Ketchum - Transferred)  
 Till Oct 92 Mrs Sheela Ince (Nursing Advisor)  
 Closed since Oct 92

Disputed  
 Ethic  
 Court  
 ↓

1993 Closed due to non availability of person in charge

1994 Sep 94 Ms. Ramon Bepthick appointed as NFP instructor

- Pr. Centre 95 96
- Gooch McKenly Woods 95 96
- Cox Vorn Slums
- Karamengale slum
- Kalls in parishes and 95 96  
 Krg. Crookhills
- Well baby clinic - 95 96
- Longwayapum in 95 96  
 (Biscoe Ty Centre)

OBG  
 Show  
 Know  
 interest

Not supposed  
 to advise

↓  
 Refused

↓  
 Action / Contingency

Special  
 Cases  
 referred  
 for decision

	94	95	96
NFP Teaching	647	1115	1189
Advice on fertility	40	60	35
Counselling	172	159	207

✓ SMH - Family Welfare Centre

Hospital  
Ethic  
Committee  
↓

1992 - Till May 92 St. Katerine - Transferred)  
Till Oct 92 Mrs Sheela Insee (during kulu)  
Closed since Oct 92

1993 Closed due to non availability of person in charge

1994 Sep 94 Ms Ruman Roshok - appointed as NFP instructor

- AR centre 95 96
- Goes to McKinley wards 95 96
- Cox town slums
- Karamajale slum
- calls in parishes and 95 96  
Krg institutions
- well baby clinic - 95 96
- Larger group work in 95 96  
(Bisco Ty Centre)

OBG  
Show  
Know  
interest

Not supposed  
to Advise  
↓

Referral  
Action / Contingency

Special  
cases  
referred  
for decs

	94	95	96
NFP Teaching	647	1115	1189
Advice on fertility	40	60	35
Counselling	172	159	207



# SMH - Medico-Social Work

- 92 <sup>Also Monica FT Psych/Medical</sup>  
Crisis <sup>Realization</sup> — Soc/Psych interventions to cases referred by Psych or ward staff
- Talk on Drug Abuse (St Josephs College) Recognition & rehab of alcoholic
- Soc Conf on Rehab of Psych ill — Intervention in Family crisis particularly attempted suicide

- 93 " + Assess socio/econ status of pt
- Home visits and Institutional visits to include family members in Rx process
- Occupational Rehab
- Rehab of abandoned pts
- Processing blood for donation to poor pt
- 94 " 95 "

	92	93	94	95	96
PR dealt with	596	1145	1240	743	
Ref from Psyc	543	945	655	}	
Ref from wards	53	110	440		
Home/field visits	26	72	204		
Institutional visits	18				

- 96 - Rehab of Destitute and handicapped pts in various stages
- Placement for old age people
- AIDS or high risk individual counseling

SMH - Utterchelli



1984 — M-1 S- OBC-1 Per-1  
 1986 M-3 S-3 OBC-1 Per-1  
 94-96 1991 OBC-2

✓ SMH - National Board of Exams

NBE	Started	Which Year					Offered in which subjects?			Passed		
		Med	Surg	OBG	Red	Ortho	Total	PG Diploma holder	Part II	Part I		
92		5	5	6	2	2	20	4	1 (Peri)	Dec 92	10	
							(23)		1 Surg	Feb 93		
93		8	5	5	2	2	22	3	1 OBG	Feb 93		
									1 Surg	Dec 93		
									1 Surg	Feb 94		
									1 OBG	Feb 94		
94		7	3	1	1		12		6 Surg-3			
									Peri-1			
									Ortho-1			
									OBG-1			
95		7	5	6	1	2	21		3 OBG-1			
									Surg-1			
									Peri-1			
96		6	5	4	3	2	20		9 OBG-5			
									Med-2			
									Surg-1			
									Ortho-1			
<u>Scheduled</u>		3	3	2	1	1						

Postings

92 NIMHANS - Neurology 93 94 95 96  
 Veni Ydes Hosp - Family Plann 93 94  
 Kidwai Memorial - Gynec oncology 93 94 95 96  
 " Surgical oncology 95 96  
 Corporation Hospitals - FP experience 95 96

Postings  
 92 93 94  
 Clinical Meetings ✓ ✓ ✓  
 State level conf ✓ ✓ ✓  
 National level conf ✓ ✓ ✓  
 CMEs ✓ ✓ ✓

(96) - Hosp insurance for renewal of NBE in OBC

(95) Permission for NRE-Ances withheld  
 (Not sufficient number of specialists with PG-Ances and at least sum expense.)

South Zone Meeting NBE 92  
 at NIMHANS Sr Teacher attended  
 NBE Accreditation Renewal (93)  
 Jan 94 - Jan 97 after Inpn in Feb 94  
 NBE Symposium for Teachers (93)  
 16 Teachers attended  
 Inpn in Dec 94 for NRE in Accreditation (Hosp Appn)

Which Year started

Which Courses accredited  
From when

which applied / got - Group for Hospital - 1994 - SHO not not recognised by univ

with held -

How many recognised teachers →

Any special review (intend) + Every 3 year  
(extend)

Any special courses / subjects / talks  
is line with vision.

New Rule  
After Inten Only those who have passed Primary

3 yrs

M 3 S 3 O 2 P 1 O.H 1 E

Sr Comp	8 yr	for 1st	
		1	3
Jr Com	5 yr	2	5
S. Reg	Fresh MD	2	4
without PG	SHO	2	2

Other Dept  
Not enough staff

1:1  
Ratio

Guide

not rdy for

No special  
Dress

NBE  
Clinical Science

Basic Science  
Class

Research  
diag  
S. Time



✓ SMH - Clinical Conferences

24 - Guest Lect. - 6  
Seminars - 2 TB / SLE  
May  
Oct  
20  
Clin Meets 12

Dr Anur Kuma  
Unit III

Clinical Society

92 Every Fortnight  
All Medical Staff / SMH  
+ Resident trainees  
as members  
- Guest lectures  
- Annual excursion (Mekedatu)

93 (Sone)  
Annual Excursion (Sunkelley  
Camp)

94 +  
Tale Kedu (Feb 95)  
+ Purchased OHP Projector

95 Bitumir Falls (Dec 95)  
+ Slide Projector

96 MS Reports Feb 97  
Sw  
+ Special Meetings

All Depts +  
- working conditions and  
efficiency of OT Equipment  
- ITU / CCU / Medicine  
- 45+ Need not stay overnight  
- Arrangements gradually  
- Normal for 2 weeks during week

Conferences  
hosted /

Bengaluru Chapter  
of API - Nov 92

Surgical Society of  
Bengaluru  
API - Bengaluru Jan 93  
Chapter

API - Bengaluru Nov 93  
Chapter

ORGB Bengaluru Feb 94  
Society

Surg Society - Jan 94

Bengaluru Ortho Oct 93  
Assoc

Surgeons of SMH - parhypale  
in Asia Pacific Conf of  
Int coll of Surg - Bengaluru  
(Nov 93)

API - Bengaluru chapter March 95

Surgical Society - Jan 95

Workshop on Ilizarov External  
Fixation Nov 94  
(Indian Ortho Association)

Surg Society of Beng. Jan 96

Surgical Society - Jan 97

Physian / Indira Mar 97  
Kor Chap.

Special Meetings

2 meetings of Specialists

Working of Hospital (Reviewed)

Donation / Confusion of Blood

Rational Use of Drugs  
+ Resusp

Suggestions for improving  
various dept

Re-~~top~~ / op. Postop care

Working of Arthro Dep.

Cosmetic Dep.

Rational use of Drugs  
+ Resusp

Emergency cases  
in the context of CPAC

Med Dept - improve

ORGB Dep improve

Working problems of

Surg / ENT / Ophthal

Plastic Surgery and

suggestions for dealing  
with them

Med / Ped / Anaes

Ortho -

- patient management

- suitable measures  
to improve  
efficiency

- New equipment

- other facilities

All Depts

1) Proper Maintenance and  
Responsible handling of  
special and portable equipment

2) Planning and EXEC  
Committee of Hospital

re creating OP consultations

Class IV

Nurse

92 2 Reheds (AK Ashured) 50 members

92 ?

93 1 Rehck 8 workers

93 Annual Rehck for Mar 94  
Stiff Nurses Rdp



+2

POC Science (Biology)

Nurses

60%

60/180

- Selection

- Pay-over

- Sept Course

Entrance Exam

Gen Merit - 30

Survival - 10

Res - select 10 - 8% (Surv)

Knowledge: 10 - Lowest (Arr) Enough

60

Merch - 60-75%

Mostly MC

End of yr  
every yr  
color up

Extra time  
attention  
Kunin

Small group  
study

Merit  
can  
mean

Sch

5/60

Sch Test

Selection

of last stage

- Nurse

- A.Ps

- LTest

Value Educat

Trainers

More time

H.A.  
More of  
Liner

Non Christian

1/60

Non Cathol

1-2/60

Less work (A.P.)

More time

NT accomod.

Nurse or  
A.P.s

Support (L.T.)

Sch

High Tech

P.V. Secks

## SMH - CH Nursing

### 92 - New Nursing curriculum - CH Nursing -

Field Tg - Urban Slum Korenangole

(93) (94) (93) Rasprakes ct. Railway Str

(96) (95) (94) (93) Uthachelli outbreak

Urban Slum - JP Nagar

(93) (94) (92) Rgpks Majestic Bus Stop Area ✓

(95) (94) (93) Rgpks Don Bosco Home

Urban Slums ct Doddigunte

93

94

95

4 Urban Slums Berde Slum

Korenangole Slum (part)

(96)

Bencabankeri Temple Area

Byapencheli

Shanknager with children of Contract Workers  
(with roles - Outbreak)

96

Students - Participated in rendering Primary Health Care  
and imparting H. Educn - Rural & Urban Area

- Active participation in Immunizer R's  
(School) Clinic  
- National AIDS eradication programme

- Pre-school children - Rules and practice of Simple  
Hygiene (Songs, role plays and skits)

- Visited Home for Aged on Hosur Road  
(Health talks to uncle)

(a) What duration of time  
is what part of course?

(b) How many staff  
involved



## SMH Radiographers Trainees

	Selected	Turned	Exam	
92	4	2	1 (successful)	? 1 Dislnch
93	4			↘ ? 93 Report conducted
94	-		4 success in 1st yr of 93	
95	-		4 success in 2nd yr	all 1st class
96	4	4		

Clones by 93- Staff Radiology Dept (94) (95) (96)  
Phys by Tdr Kidney Inst of anchovy (94) (95) (96)

## SMH - Hospital Aides

Sept 1990	14	Started <u>course</u>
July 1991	15	<del>15</del>
Sept 1992	14	1
July 93	15	
94	-	No fresh entrants
95	?	How many? How many dropped out?
96	12	

## SMH Lab Techs Course

	<u>Selected</u>	<u>Joined</u>	<u>Perservere</u>	<u>Drop out</u>	
92	4	4	2	2	
93	3	3	2	1	Bridge course
93	Bridge Course (CMAI Lab Tech Course Committee)				1 yr + 1 yr = 2 yr course
94	3	3	3	2	(one lab tech from SMH doing course)
	3	II <sup>nd</sup> year passed exam - 1st class			
	3	I year " " 2 got 1st class			
95	3			2	
	All 5	II year (3 Res 2 Bridge) - passed - 4 1st class			3 1st years passed 1st class
96	3			1	- All 1st class
		5 II year	3 I year	passed 5 1st class	

## SMH - Electives

92	Electric for 1 month Tg continued		
93	10 students	Univ of Dublin / x Univ of Glasgow	
94	6 students	most from Univ of Glasgow	
95	9 students	6 from Glasgow	3 from Tübingen (Germany)
96	11 students	7 from Glasgow	4 from Univ in Germany
No special session			

Name of Tg ? = where posted

How supervised

Any orientation / Focus on Trop Med - ?

CH etc - ?

W Health - ?



## Heop And

1991

1. To control New curriculum  
less nurses | To have  
some  
in the  
world

2 15 → 1996 1997 1998  
15 10 10  
↓ ↓ ↓  
" 2 7

3 2 yr Tr No Accommod

4 Instruction 1 Hr/dc, Anonymous  
in class

5 1 yr class  
Itr Ivensip

6 OPP

7 Wins - 170 / F.Med / E.Floor | Local  
Kumckle

↓  
8 N. Supple - organs  
↓

Thursdays  
des

1. No. ERC coming do

2 Too much work - exp work - 8 hrs 500/mn  
7.15 600/mn

3 English meet Long sketch

Background - SSLC (Kendri med)

No organised work

1500/y. - sit

Broken Home

1981-82

1 yr course - Carb

2 yr ↓ Diploma

↓ CMAI affairs

4/y 10 students

unps → 3 unps

- 50% work in shop

- Tech Assistants

- 50% Teaching time

1 boy + 3 girls

Candidates → Good

↓  
2 candidates for 1st show full  
per full → 1 show passed

No Accommod

↓  
1 yr when - 1150/mn

↓  
Help are in Mangal

↓  
PRR Sector Adv on  
Page

↓  
TN mostly

5000/y 20000/y, CSI

↓  
Shepherd Concerns

# Operation Beche

## SMH - Infection Control Committee

	<u>No -</u>	<u>Issues</u>	<u>Action</u>	<u>Effectiveness</u>
92	<u>3 lines -</u>	Infringe on R&P pts	cleaning of OT Reper fumigation	Confirmed by Culture
93	Periodic random checks of various sites in OT (cultures taken to confirm OT free of pathogenic organisms)			

94	"	} same voiding !!
95	"	
96	"	

<u>Composition</u>	<u>Head of Surg. or R. O&amp;B Ances</u>	<u>operation theatre uses</u>
	Micro	OT Surber

O Theatr  
Committee



# SMH - Drugs and Therapeutics Committee

Criteria?  
for selection  
/ inclusion

92 met  
Several times

Updating Formulary  
Considers requests for inclusion of  
certain drugs in Pharmacy  
Stock

93 Six times

Revised Hospital formulary  
Felt necessary to adopt combined (meets our requirements,  
CHAI/CMAI formulary (is low without approach  
to prescribing drugs)

94 4 times

Those drugs 'not moving' or 'found ineffective' deleted  
from hospital use  
New, well accepted generally required drugs include  
CMAI/CHAI formulary adopted / short supplement

to this will be prepared for drugs not included  
in choice but approved for rational prescription  
at SMH

95 3 times

CHAI/CMAI formulary  
introduced for use in Hosp + "

96 Twice

" "

Composition:

Geeta Phy	Gandhar Sur	Geeta Krishna Phy	Sibho Ram OB	Sanjay Pharm	Sit & Pharm who dear	Nitesh Surp	Ran
				Adm	Med S		

Criteria for selection:

Combination Drugs

Pharmacy Policy:

→ Non combination - avoid as far  
Cost  
Quality - reputed pharma.

Prescription  
Audit?

→ Doctors

Pharmacy  
firm

Over the  
not regular  
Doctor's  
changing

ST. MARTHA'S HOSPITAL,  
BANGALORE 560 009.

Date:

REQUEST FOR NEW DRUG

The Convenor,  
Drugs and Therapeutics Committee.

The following addition may be made to the Hospital Formulary:

Name of Drug (Generic):

Brand Name:

Manufacturer:

Therapeutic activity:

Indications:

Contra-indications:

Side effects:

Precautions:

Reasons for request:

Will it replace any drug in the formulary?

Dosage form(s):

Quantity required for 3 months (estimated):

I wish/do not wish to be present when this is discussed.

.....  
Unit

.....  
Name of the specialist

Siganture:

Date:



## SMH - Linkages Church/Non Church

Sr Teresa's - VITAL Board (Non Church)

Maitri Seva Sangha

Mam Seva Sangha

Murccon

BUPA Pyram

VITAK

Voices

FRLIT

CITC

ISHA

CHAIRK

APSA

CARTMAN

Schya Seva Sitem

(96)

(95)

(94)

(93)

(96)

(95)

(94)

(93)

(96)

(95)

(96)

## Visits By Students

From other institutions

(To Nursing School & Hosp)



(92)

NIMHANS - MSc Psych Nursing  
Students

(92)

STMCCH - BSc Nursing Students

(92)

Govt Col of Nurs BSc Nursing Students  
+ (Ror Coll P)

(92)

Pravara Esia Nursing and  
Women Educational Institute  
Centre, Hyderabad Students

(92)

(93)

AIIMS - BSc Post Coll Students

(93)

Fr Muller - BSc Nursing Post Coll

Students shared - Staffing pattern,  
organizational and admin. set up  
General activities  
gained experience in Nursing  
Education and admin

(94)

Madras Medical Col - BSc Nursing  
Students

# Overall Review

	<u>Vision/Mission oriented</u>	<u>CH oriented</u>	<u>Poor oriented</u>	<u>Women oriented</u>
92	Women Health Referrals and H. water	CH Dept Ottachell Centre CH Nursing Student acknowledges	Free/concession and care 12.41% ↑ Ottachell	Nurses Aides Lab Tech
2	Women % in beneficiaries not known Total possible to orient an	Child Abuse Mental Disturbance Drug Abuse		OBGs Paed FAC MSU

Student Nurses

Association



# SMH - Future Plans

## Dilemmas

- ① Very few Sr in congregation
  - Less Sr join
  - Trained Nurses - No one
  - Below 40 - one Sr
  - Most above 50 - 40-50 - 2
- ② SMH has great scope
- ③ Understanding pr out

● Change in  
organizing

4. Solving problem (Adm shd do some work)

More  
involvement

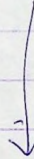
Multi  
Focus

S. Incentive  
Scheme

CH orientation

No money  
for studies

↓ children  
Education



Coordinator

Not able to  
involve  
every

Gate  
closed

Lack of  
Special  
Facilities

CT Scan  
MRI

## Hospital

i) <sup>costly</sup> urgency investigation / <sup>costly</sup> medicines by TV Doctors

ii) Team spirit

iii) Competent care

iv)

Death - i) Counseling - Postnatal Care

TTS -

"

## Hospital

→ H. Educator in Hospital

→ Alcoholism among staff

→ Purdon -

→



15/9

Intro: Task a review of where we are  
What needs to be done  
What is emerging

1. Rebekah Newton - presentation

- i) MAC - will send
- ii) Devision
- iii) He

2. M.A.C - i) Students

- ii) Academic Faculty
- iii)

Faculty

Self

3

15 Oct Report

23 Oct Meeting

EGB

Letter

Questionnaire

# Renew of Annual Reports

1990s

## A Profile of SMH (1992-1997)

(1) Patients 92-93 93-94 94-95 95-96 96-97 97-98

(+ve) Outpatients (Daily averages) 819.9 820.4 818.3 858.1 868.9

(-ve) Inpatient (Total) 228980 22691 20761 22326 22535

(+ve) Average length of stay (days) 6.5 6.6 6.6 6.1 6.0

(+ve) Deaths percentage 3.3 3.1 2.7 2.3 2.3

### Day Care Ward

Nucleic

Nucleic

No

Minor Pr

Minor Pr

256

Endoxynus

1258

1258

date

Bopsy

Cancer

CDC

CDC

75

76

Detection

28

18

6

Scholarship

Centre

Cases

Cases

CDC

2

72

CDC

-ve

2

FB Ren

66

ECTs

72

66

86

Blocked Tv

70

Chemotherapy

50

Intr Arv

678

Intr Arv

(2) Administration

(Director Post Attached)

(+ve) Swifter Sup MS/NS/Principi Scholn 4 4 4 4 4

RMO-Asst Adm

Principi Adm

4

3

3

3

3

(Strategic)

(3) Finances

Expenditure 383 Lakhs 445L 504L 576L 663L

Income 370 Lakhs 443L 503L 576 665L

Free concessional 19.6 Lakhs 21L 24L 22L 27L





12. Labour relations good - regular agreements with unions.

13. Regular GBM & Gov Body meetings

(Check composition and changes over years)

Key issues

- i) Psych Ward / Tg of Nursing students (AM. 16 NIMHANS)
- ii) New ITO Block
- iii) Reorganisation of CH Dept
- iv) Mechanisation of laundry
- v) Basic BSc Nursing - permission
- vi) Evaluation Committee SMH
- vii) Samraksha - AIDS Ward proposal.

Minutes of Meetings  
(see file)

Check  
Z Br  
Menu

14.



	92-93	93-94	94-95	95-96	96-97	97-98
% Free - concession cost of income (-ve)	5.2%	4.7%	4.2%	4.3	4.2%	
(actual) of expd	5.1%	4.7%	4.4%	4.3%	4.2%	✓
Reported as % more than previous year (misleading)	(7+ve) 12.41%	7.88%	5.76	11.33	11.97%	✓

(4) Personnel Labour Relations: Good (No strikes)

Agreements & Employee union i) Jan 92 - June 30 1994

ii) 27 Sept 94 - June 30 1997

iii) 97 - June 30 1999  
22000

(5) Governance

AGBM 3 1 1 2 3

Gov B M 3 2 2 2 4

Issues:  
of concern

(1 Jan 97)

i) Short term/long term  
arrangements  
for Nursing staffs  
in Psychiatry  
(NIMHANS  
discontinuing  
link)

ii) Mechanism  
working  
in the  
landry

iii) Psych Ward  
for SMH

iv) Upgrades  
existing  
Medical  
ITU

v) New  
building  
for ITU

ii) Noted  
Personnel  
Personnel  
for Basic BS  
Nursing

iii) Committee  
to Evaluate  
SMH

iv) Seminars  
proposed to  
start AIDS  
work

(Not agreed)

? Church  
Doctrine vs Seminars  
Philosophy

1992-1997

## Referendum of Association

✓ SMH-Renew

Governing Board

97-98

✓ Breakup of Governing Body  
Backgrounds/Disciplines

SMH

Non  
SMH

Sisters (SMH)

Sisters (non SMH)

Externals

Sr Mary - Sr Superior

✓ Sr Schurr (Rennell) ✓ Mr Narasimha Rao - Chief Sec

Sr Anne Mone  
(Col of Nursing)

6 Nominated  
Members

✓ Fr Percival - Director St John's MCHosp

Dr Sr Teresita  
Med Supd

✓ Mrs Barbara Naidu - Sr Josephine  
Cousin

Sr Clementine  
Lab

27-77

✓ Mr J. Alexander - Chief Sec

Mr Denis Roscoe Piccolo <sup>Pres</sup> <sub>Adm</sub>

Dr Syed Abdul Ahad (RMO)

A C Selclanhe - IRS Retd  
Administrator from 16/2/93

✓ Mr F I R Coloso - Former DGP

J. Alexander

Selective  
Public influence  
High position

Members of  
GBM

Sr Lucia

Sr Elaine George

Sr George

Sr Shobha

Sr Selby

Sr George

Sr Annick

Sr Neom

2 more  
Budget - March  
Sister's Acc - OCV

Building  
↓

1. Whether Gov Body involved/approved  
Vision/Mission?
2. % of Attendance/Absence

General ward / Hosp for begin  
— Retired Home / Plagues

Pro women attitude  
Policy



✓ Names of the Governing Body members:

1. Sr. Mercy Abraham, Sister Superior (President)
2. Dr.Sr. Teresita
3. Sr. Anne Marie
4. Sr. Lioba
5. Sr. Celine George
6. Sr. Clementia
7. Sr. Gemma
8. Sr. Shobha
9. Sr. Seby
10. Sr. Georgina
11. Sr. Annuntiata
12. Sr. Sabina
13. Mr. Narasimha Rau
14. Fr. Percival Fernandez
15. Mrs. Barbra Naidu
16. Mr. J. Alexander
17. Mr. Denis Rasario D'Costa
18. Dr. Syed Abdul Ahad
19. Mr. A.C. Saldanha, Administrator (Secretary)
20. Sr. Naomi
21. Mr. F.T.R. Colaso.

MEMBERS OF THE GOVERNING BODY, ST. MARTHA'S HOSPITAL SOCIETY

1. Sr. Lioba
2. Sr. Mercy
3. Sr. Naomi
4. Sr. Anne Marie
5. Sr. Celine George
6. Sr. Clementia
7. Sr. Gemma
8. Sr. Shobha
9. Sr. Seby
10. Sr. Georgina
11. Sr. Annuntiata
12. Sr. Dr. Teresita
13. Dr. Syed Abdul Ahad
14. Mr. A.C. Saldanha
- ✓ 15. Sr. Sabina
- ✓ 16. Mr. Narasimha Rau
- ✓ 17. Mr. F.T.R. Colaso
- ✓ 18. Fr. Percival Fernandez
- ✓ 19. Mrs. Barbra Naidu
- ✓ 20. Mr. J. Alexander



As on 31/12/1998

Men 163

Women 263

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423

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Excludes: Trainers, Resident-  
Sickos, Stipendiary Nurses

Dr. Ravi Narayan .

With regards,

M. Iyer  
19.2.99

SMH - Some Reflections and Questions

Arising out of a perusal on the SMH documents on vision and future directions sent to me by the Health Commission on the Good Shepherd Sisters

Charism - i) Working with girls and women deprived of hope and love

ii) responding to the crying needs of the poor, exploited and oppressed

Thrust - Work with poor, exploited, oppressed and socially discriminated

- especially girls and women
- in personal, family and social difficulties
- through institutionalised and non-institutionalised efforts in urban and rural areas

Services - to children, girls and women

- through prevention, protection, rehabilitation and crisis intervention

- extending services to commercial sex workers

    - twilight girls

    - persons with AIDS

    - working children (child labour)

    - domestic women workers

Programmes - see directives

We make use of our existing institutions, land and property to meet the needs of our new ministries



## Questions

1. Hospital and Health Care where do they fit in

- a) To support this work financially?
- b) To support this work technically SHC for PHC/LBC? if so how
- ✓ c) To symbolise this work institutionally? if so how/why old systems
- d) Any other agenda - historical or evolved - ch / legal

2. How crucial / significant / important is the women's focus for the future

- Important
- Significant main thrust
- ✓ - at the core of the whole thrust

3. Where does SMH & HCS stand today in the context of the 'marginalised women's thrust'

- Staffing
  - OPDs & IPDs
  - Women health oriented initiatives
  - Women sensitive adaptations / innovation
  - Nursing as a symbol of HRD focussed on women
- Further  
strengthened  
by clin  
/ social  
analysis

4. What are the overall goal / need / context of SMH training involvement?

5. What obstacles have emerged in adapting / reorienting hospital to new directions / vision
- pro-poor orientation
  - pro CH (women health care) community
  - anti-high tech or tech cancer

6. What strengths / advantages have evolved that you would not be keen to give up in any new thrust / change of direction / focus or emphasis



7. What are all the other activities that have emerged in the pre-women social marketplace that Sin would like to do, or more symbolic of being chosen?

8. What special Christian values / ethical thoughts / would He  
 Sirs like to promote in their work?

- antheisticly
- love to all

special ministry of reconciliation  
for those deprived of hope and love

- reaching the exploited / oppressed / socially disadvantaged

- Compression

- honesty

~~g~~ - only

- catholic medical/ bioethics

9. In SMH (objectives) 1994 what do they mean? Actually

- (i) serve irrespective of caste, creed or race income?

(ii) comprehensive health care

(ii) whole person, family, community

(iv) High standards

Relevance? social forms?

(v) <sup>activities</sup> Conducive to improvement of health.

v) weaker sections of society

If clear how does hospital policy further this?

If policy how are staff oriented to this policy?

10. What are 'all' your expectations of another Review at this stage why? what? when? how? who? where?

and Then/so  $\longrightarrow$  Follow up.



## Carsum

1. Dr Roy - Workshop & Sikes

2. Evaluation of Hospital -

3. 1970 Report on Bernadette & St Mathew Hospital separation

4. Integrated CH Dept Report → Follow up by Sr Mercy

Administration

Service -

Finance

+? Charism flows

Roy

Edmund

Redempt

Maxi?

Rem Paul

Kendall

Meeting at SMH on 31/1/97 10.15 - 1.15 pm

Reseat Sr Scheerer (Bonnac)

Sr Ann Marie (Principal  
SMT Nursing)

Sr Rose (Nursing Supdt)

Sr Celise

Sr Mercy (CHAIRA)

Sr Gray? (St Michaels)

## Follow up

1. Will reflect on questions and issues raised by RN  
(see separate list of 10 questions)

2. Will finalize terms of reference of review committees  
and format/content of Review

3. will contact RN in a month to evoke next steps

Vision/Mission clearly enunciated/core to Review exercise  
(as suggested by Roy of SIMCH)



## SMH

1. Need to Review existing situation of Health  
Applicable against overall vision  
towards 'women'  
of Sisters
2. Overview of other work will help to locate  
the work / support / context of 'hospital' applicable.
3. How arrived to the 'womanhood' for a plan  
for the future.
4. What is the overall goal / need / interest of  
training / involvement.
5. What obstacles have emerged in adopting / executing  
hospital to new urban community health thus.
6. What are all the other activities the Srs would like  
to do as being more symbolic of their mission.
7. What Christian ethics are seen as crucial to the  
work ethics?
8. What is the actual position of sisters in a hospital  
vocation -? Choice and option.

9

10



## Suggestions for St Martha's Hospital

### Preamble:

Our hospital has served the population of Bangalore for over a century and is popular for its good medical care as well as the nursing services. Over the decades, the medical scenario in the city has changed and currently a rather confusing situation exists. In this short presentation, I wish to portray some aspects which have struck as rather important in the context of learning from our past experience and developing a vision for the future. I feel certain that unless some major attitudinal changes occur in all of us who are involved in the hospital it would be difficult to sustain the pristine image of the hospital which provides us all with spiritual as well as material sustenance. Clearly, any reform will have to take place in carefully planned phases, keeping in view several variables inherent in the overall socioeconomic milieu in which the hospital provides its services. These comments are made with utmost sincerity and with a deep-seated motivation to improve the services we provide; no comment is to be misconstrued as directed against the overall ethos of the hospital.

In the earlier decades, SMH was very popular because of the fact that ours was one of the few hospitals which provided quality health care to all sections of the society, regardless of caste or creed. This was most welcome, particularly from the lower strata of society. Particular mention may be made of the Obst and Gyn services which were second to none (and continues to be). During the midfifties and early sixties, other small hospitals and nursing homes started to come up as the needs of the city grew. In 1963, when St John's medical college started, SMH was given added impetus and a large number of senior teachers joined the faculty of SJMC and consequently did all their clinical work at SMH. This made the hospital acquire more buildings and other facilities. There were some apprehensions when the college left the hospital in 1983; it was felt that the hospital might be underutilised as many popular doctors left to join the faculty of the college and its own hospital. But time proved that these fears were unfounded. The occupancy and outpatient visits continued as before. Some of the senior doctors who were invited to join SMH at this time of transition from a teaching to a nonteaching centre, (and I happen to be one) strongly felt that a teaching ethos should be sustained by having essentially unchanged rounding patterns as when the college was functioning. Other teaching activities also continued as well as the clinical society programmes. The starting of the NBE programmes was a very welcome and major development as it ensured that trained doctors would stay with us for a period of three years and a pyramidal system of teaching was established. Despite all this, it is felt that the occupancy of the hospital and its popularity was waning in recent years. It is crucial that the possible factors for this be examined in an objective manner so that remedial measures be taken on a war footing. What, then, are the possible factors that are operative in this negative development which have occurred?

As I have no experience whatsoever in medical economics nor in administration, I can only make comments which have struck me as important. If even some of these prove to be relevant and need implementation, I shall be most gratified.

The factors may be grouped under three major headings:

- A. Factors inherent in the society
  - B. Factors inherent in the patient and his expectation
  - C. Factors inherent in the hospital staff and its personnel
- A. Society is everchanging. A dramatic way to put this would be to say that many young businessmen who are important in Bangalore today were born in SMH, but their own children and grandchildren will certainly not be born in SMH! This is simply because other hospitals and nursing homes have come up, particularly in the last two decades, which provide what only SMH provided many years ago. Availability of care in close proximity as well as availability of a personal doctor would keep many a patient away from SMH. SMH has always been identified as a poor man's hospital, and many people from the higher economic levels of society would hesitate to come to SMH. With upward movement in the society in socioeconomic terms, it is only to be expected that the higher middle class and upper classes of people would rather go to nearby centres where similar care is given. It naturally follows that many people who are in the lower middle classes should be attending our hospital; they are doing so, and indeed are the ones who perhaps constitute the majority of the

patients we treat. Additionally, so called high tech hospitals are coming up and apart from richer patients, even patients who can ill afford the cost, try and go to these hospitals as they are confusedly thinking that posh ambience means better care. I know of many families that have done this, despite our counselling them to the contrary.

- B. As a corollary to the above, the expectation of patients is increasing. Not realising that three levels of health care exist, namely primary, secondary and tertiary, lot of patients go to specialised hospitals, while they may as well be equally well treated by the competent doctors of SMH. The only way to hold on to these patients would be to seriously think of afternoon specialty clinics such as neurology and cardiology etc. Many patients would then be referred from our OPD to these clinics. Another important factor that dissuades patients from going to any given hospital, is the lack of all facilities under one roof. It is not pleasant to be asked to go with a blood sample in the middle of the night to another hospital. Likewise, many a patient who is referred to one of the high tech hospitals, might like to stay on there, convinced that he would get better care there, as facilities are generally better. While we obviously cannot have all facilities one feels that we have been rather slow in getting any new equipment; there seems to be a pervading feeling that specialised doctors and equipment are not necessary. In the present day practice of medicine, these gadgets are not only necessary, but are crucial to make accurate diagnosis. The fact that these are overused by avaricious Centres outside does NOT take away from their importance. After all, they are but extensions of our own clinical senses based on sight, touch and hearing! Having worked in SMH for over a quarter of a century, I get an uncomfortable feeling that we will soon become purely clinical dinosaurs, unless we modernise our care, and do it fast!
- C. In the recent years, one factor has impressed me as very important. This is the area of patient care where personalised care is important. Many small hospitals score over large hospitals because the care in small centres is more personal and many small needs of the patients and the relatives are easily met. For instance, visiting hours are lax etc. I feel that we should emphasise on all our staff members that the patient-doctor and patient-nurse interface should be a very pleasant one and that people will welcome this. Impersonal care, however competent will not succeed in maintaining the patient happy and loyal to our SMH.

The most important factor of all is that of motivation. Motivation will be for many reasons for many people who work for SMH. We must ensure that sufficient incentives are given to all despite all our difficulties. This will obviously translate into better income from various options, but it has to be worked out. I am certain that our patients will not grudge us reasonable increases in tariff, provided they are convinced that we mean business in terms of working and providing them their money's worth. With the large infrastructure and reputation, I am certain that if we all put our minds to it, it will be possible to develop a taskforce that will come to work in the morning with smiling faces, eager to work hard for the patients; therein lies our hope for the future and our challenge. No group of people (as that which has the fortune to work in SMH) could ask of destiny for more than this challenge, and no group should be content with less than what we can collectively achieve!

As a footnote, I might add that my own motivation is that of working in a spiritual atmosphere, free from the lure of lucre, in an ethically satisfying atmosphere.

Om Prakash

M. /  
6.2.99



To :

Department :

### **St. Martha's Hospital Review – 1998**

THE HEALTH COMMISSION SET UP BY THE PROVINCIAL CHAPTER OF THE GOOD SHEPHERD SISTERS, HAVE REQUESTED A TEAM OF RESOURCE PERSONS TO REVIEW THE HEALTH MINISTRY OF ST.MARTHA'S HOSPITAL THROUGH A PARTICIPATORY, INTERACTIVE AND REFLECTIVE PROCESS. AS PART OF THIS PROCESS, STAFF OF ST.MARTHA'S HOSPITAL AND A SAMPLE OF STUDENTS OF THE NURSING COLLEGE AND PATIENTS ARE BEING INVITED TO PARTICIPATE, BY FILLING IN SPECIAL QUESTIONNAIRES PREPARED BY THE REVIEW COMMITTEE. THESE WILL BE CIRCULATED / ADMINISTERED IN JULY 1998. APART FROM THE SPECIFIC QUESTIONS ASKED IN SPECIAL FORMAT, PLEASE FEEL FREE TO OFFER ANY OTHER SUGGESTIONS FOR CONSIDERATION BY THE REVIEW TEAM. YOUR PARTICIPATION IN THIS REVIEW IS CRUCIAL TO HELP US IDENTIFY THE FUTURE DIRECTIONS AND THRUSTS AND ALSO MEASURES TO MAKE THE HEALTH MINISTRY MORE MEANINGFUL. ALL YOUR RESPONSES AND SUGGESTIONS WILL BE CONFIDENTIAL. WE INVITE YOU TO JOIN US IN THE TASK AND MAKE THE REVIEW, A SUCCESS.

**YOUR  
OPINION IS  
CRUCIAL**

**JOIN  
THE  
REVIEW**

Dr. Ravi Narayan  
Mr. Thomas Kandasami  
Ms. Mary Ann Charles

Dr. Prem Pais  
Dr.Rebekah naylor

15<sup>TH</sup> JULY 1998

S.M.H. BANGALORE

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(i)

(ii)

(iii)

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(v)

(vi)

(vii)

(viii)

(ix)

(x)

(xi)

# St. Martha's Hospital

*Report on some issues and challenges incorporating findings from <sup>a</sup>reflective, interactive, and participatory review.*

## Chapter I: Introduction

St. Martha's Hospital was founded in 1886 in response 'to a need felt for caring for the stricken during a time of plague, drought and famine' and the response of the Good Shepherd Congregation was a small hospital with few beds. In 1986, a century later the hospital had grown into a large 600 bed Secondary Care Hospital, with numerous departments, an outreach programme in rural and urban areas, a school of nursing, other medical and para medical training programmes [see Appendix 10(i)]. Earlier for years, from 1963-83, it had also been the affiliated teaching hospital of St. John's Medical College, which had been established by the CBCI Society for Medical Education. While it provided high quality health care through a team of dedicated doctors, nurses and paramedical staff under the able and catalytic leadership of a small group of committed Good Shepherd sisters, professionally trained, themselves as doctors, nurses and paramedicals, there was a growing dialogue, debate, reflective introspection especially since the centenary year whether the congregation and the high quality medical care institution that the hospital represented was still true to the original charism and mission of the congregation or whether there was growing dissonance between the renewed charism and thrusts of the congregation and the vision, administrative and technical challenges of the hospital and associated nursing college and extension centres.

Over 12 years have passed since the Centenary and the dialectics and debate has continued. A review of documents from the archives show that numerous processes and initiatives have evolved to address these dilemmas. These include:

- i) **A process of discernment** was initiated in 1985 by the Provincial Council under the guidance of Rev. Fr. Balaguer S.J. This included identifying various possibilities for the future of the hospital (six options were identified).

Prayerful reflections on the pros and cons of the 6 options were undertaken followed by a prioritization.

Consultations were held with a few 'experienced, interested and knowledgeable' persons within and outside the hospital for their opinions and suggestions.

Finally, some options and actions were decided upon and discussed with the CBCI Society of Medical Education, the Archbishop of Bangalore and some follow up action was explored.

- ii) In 1992, a **special committee** was set up to explore and recommend a framework for the establishment / maintenance of a Community Health Department at St. Martha's Hospital – which would be integrated; focus



on both rural and urban areas; involve and orient all the other departments towards a post-centenary renewed mandate of outreach and field training supported by policy commitments at all levels.

- iii) In January 1995, the **provincial chapter** of the Congregation evolved provincial directives and renewed the goal, the thrust, the apostolate, the service and the programmes towards social changes of the Congregation [see Appendix 10(ii)].
- iv) **In several meetings** were held with the Sisters to renew / reorient the objectives of the 'hospital in the changing context and challenges of the late 80's and early 90s [see Appendix 10(v)], latest of these meetings being one in 1988.
- v) The provincial chapter also set up a **Hospital Commission** consisting of 5 Sisters who were requested to identify some guidelines and terms of reference for a reflective process that a small multi-disciplinary group of experts would undertake to address certain specific issues, questions and dilemmas that would be identified by the commission in the context of the growing dilemmas about the role, scope and relevance of the hospital.
- vi) A **Management Consultant** was also invited to facilitate a process of discussion and study with the sisters and some assessment of the planning climate, problem identification, health of the organisation, training needs and challenges were identified [see Appendix 10(vii)].
- vii) Finally, a **5 member Review Committee** was set up which brought together five experts from different disciplines – Community Health and Human Resource Development Planning; Clinical Medicine; Nursing; Health Management; and Financial Management [see Appendix 10(iii)].
  - a) Apart from working instructions, some key questions and dilemmas were also identified for them to consider through interactive reflection / evaluation with all concerned. These were:
    - 1. Is the Hospital being run for the less affluent sections and the poor in the population of Bangalore?
    - 2. Is the Hospital functioning as a bonafide Catholic Hospital reflecting the ideas and charism of the Good Shepherd Sisters?
    - 3. Are the policies in the conduct of the various departments of this Hospital spiritually sound and technically well administered?
    - 4. Is the Hospital adequately utilized by the public?
    - 5. Is the organisational set-up in the Hospital rational and logical from the standpoint of efficient management?
    - 6. Does the running of the Hospital faithfully reflect
      - i. The Philosophy
      - ii. The Vision and Mission
      - iii. The Objectives and strategies of the Hospital as brought out in the paper prepared on these aspects of the Institution

7. To assess the overall Income and Expenditure of the Hospital (Complete)
8. Does our budget clearly reflect the objective and strategies of the Hospital?
9. Is the Institution/Hospital financially sound?

- b) The Review Committee and the Health Committee met on 18<sup>th</sup> March, 1998 to consider the Terms of Reference and key questions to be explored by the Review Committee. Apart from clarifying the questions further it also identified areas/sectors to be covered by each member and evolved a tentative time framework and schedule of the review [See Appendix 10(iv)]. It was also decided that all members of the review team would consider all these questions and issues and contextualise them to the areas/sectors of the hospital which they were studying. In addition, in order to make the review process an active, interactive learning process for all stakeholders concerned, it was decided to evolve short questionnaires, proformas and involve as many hospital staff of all categories as possible [see Annexures].
- c) The process has now taken a little over an year – all sectors have been interacted with; opportunity to fill proformas have been provided; interactive discussions have been arranged and follow up visits and compilation and analysis of all the data has been attempted.
- d) The following six reports have now been compiled:
  1. Vision, Mission, Objectives Human Resource Development, some key thrusts and linkages
  2. Survey of Doctors
  3. Survey of nurses, Nursing Service and School of Nursing
  4. Survey of Patients
  5. Governance, Hospital Management and Allied and Ancillary Departments and spiritual care
  6. Financial Management.
- e) The whole process has been a learning experience for the Review Committee and hopefully the range of ideas and suggestions that have emerged will be a learning experience and stimulus for future planning and clarity of vision and mission for the congregation and the hospital sisters. Meetings are being held which will identify the main challenges and tasks ahead from all these reports - first by the Review Committee and then through further dialogue with the Hospital Commission.
- f) The Review will add to all the processes and initiatives that have already been initiated by the Congregation and the Hospital sisters to discern the 'Signs of the Times' since the centenary year. **WE HOPE IT WILL PROVIDE BOTH CLARITY AND A STIMULUS FOR CONCRETE ACTION.**



## Chapter Two

### Vision, Mission, Objectives, Human Resource Development, some Key Thrusts & Linkages

This chapter explores some aspects of the Vision / Mission / Objectives of the hospital, the human resource development aspect and some key thrusts including Community Health Orientation of hospital and linkages.

It draws upon a series of background documents provided by the <sup>Hospital</sup> Health Commission - including Memorandum of Association, Objectives of hospitals, various reports of reviews and reflections, the annual reports of the hospital, from 1990 and some other documents (see list in Chapter 9).

It also draws upon a series of discussions with members of the <sup>Hospital</sup> Health Commission, Medical Superintendent, all the coordinators of the training programmes, the staff of the Community Health Department and others.

The purpose of the interactive dialogue with all the above and the critical perusal of the documents available was to identify some critical issues and challenges that need to be addressed by the Hospital (Health) Commission as SMH enters the next millennium. All the detailed observations and findings from the document review or interviews have not been enumerated or outlined from the notes of the reviewer. Key ideas and findings have been presented to stimulate serious collective reflection and a sustained action response.

#### A. Vision / Mission / Objectives

##### 1. Dissonance between Congregational and Hospital Vision / Objectives:

The difference between the goals and thrusts of the Congregation and Provincial chapters especially the modified directives of January 1995 versus the Objectives and mission statements of the St. Martha's Hospital (one of the institutions run by the Congregation) and updated from time to time are striking:

- The congregational charism focuses on 'women', the hospital on 'sick people including women'.
- The congregational charism focuses very forcefully on 'poor, exploited, oppressed, social discriminated', the hospital on 'sick people irrespective of caste, creed or race - people at large, more particularly those in the weaker sections of society'.

*bold  
(the hospital part in italics)*

These differences are not subtle but quite significant.

**Table 1****Charism**

<b>Congregation</b>	<b>Hospital</b>
"Working with girls and women deprived of hope and love"	"Serve the sick and ailing irrespective of caste, creed and race..."
"poor, exploited, oppressed, and socially discriminated especially, girls and women in personal, family and social difficulties"	"improve health of the people at large, more particularly those in the weaker sections..."

**b) The nature of the Action Response (Services)**

- The charism of the congregation focuses on prevention, promotion and rehabilitation while the hospital primarily on curative with a small measure of prevention and rehabilitation. bold

**Table 2****Services**

<b>Congregation</b>	<b>Hospital</b>
"Prevention, protection, rehabilitation and crisis intervention"	"Acute care for sick and ailing" and "comprehensive health care for the whole person, family and community".

**c. The Scope of the programmes**

- The congregational charism is deeply embedded in the 'social paradigm' focussing holistically on society (community and environment) while the hospital has an orthodox focus on 'biomedicine' with a rather tenuous evolution to a community health orientation. bold

**Table 3****Scope of Programmes**

<b>Congregation</b>	<b>Hospital</b>
"Faith formation non-formal education conscientization legal education community organisation pro-life programmes pro cana, networking Ecological and environment protection Gender and Human Rights Hospital chaplaincy Pastoral care" School counselling"	"Competent medical care - outpatient care - inpatient care - extension services (Uttarahalli) education & teaching programmes - nursing - lab-technology - radiography - rehabilitation - PG medical studies Family Welfare Centre" Medico Social Unit Community Health Programmes"



These differences very clearly reflect the continuous dialectics and regular feelings / perceptions of dissonance between the 'sisters in the hospital' and the larger and wider group of 'sisters in the congregation'. From the above analysis and comparison of objectives, there are very real and very serious differences which can not be wished away. This also explains why this process of constant discernment, reflection, review and evaluation which started before the centenary year has not been resolved adequately and each decision taken has met with constant hesitation and a need to review, re-review and re-evaluate.

Bold

## 2. Resolving the Dissonance

There have been some attempts to resolve this dissonance. Some of these identified by the Reviewer from the documents provided are:

- (a) Often in the past (pre-centenary) the 'hospital sisters' have often reviewed and reflected, on the hospital objectives, identified the special nature of this one institution as different from most of the others run by the congregation, especially in the context of its special structure, scope and focus, and reiterated objectives that are relevant to a continuing 'secondary care' health service [see Appendix 10(i)]. While this was quite legitimate because a 'Hospital' had its own more technical goals and challenges, the decreasing number of the younger sisters in the congregation who were willing to try and live out their charism in the institutional setting has kept up this process of "questioning and dissatisfaction".
- (b) The '**Discernment process**' in 1986 led to a very 'radical' choice of an option out of 6 possible options which included
  - ♦ Handing over ownership and administration of the hospital to a Church Society for Community Health Awareness, Research and Action
  - ♦ A few sisters trained as doctors, nurses and supportive personnel would continue to offer services to the transferred hospital by common agreement with new management
  - ♦ The 'apostolate' will now be free to flourish both in the premises and outside in activities more visibly expressing the spirit and charism of the Good Shepherd. It was felt that their life will be further enriched and their dedication to the disadvantaged will be more visible, and their witnessing more challenging.
  - ♦ There were plans to use parts of hospital for particular Good Shepherd services eg., unwed mothers, suicides, drug addicts, etc. The situation of the hospital in the heart of the city with a concentration of social evils was seen as an added advantage.

Significantly it was also recorded that this diminution was a **growth and flowering of the primary inspiration, not as a set back, but as a privilege and challenge(!)**.

However due to various reasons this handing over and diminution did not take place and the dialectic continued and hence the review.

- (c) One of the concerns that emerged at the time of the Centenary was that the hospital had started in 1886 as a 'Hospital for the poor' and a centenary later had become a 'hospital primarily for the paying 'middle class' or lower middle class patient' with the number of 'poor' patients diminishing gradually and substantially. The reasons were many - medical / health care costs were going up; the support from external sources was diminishing; the hospital had to switch to the policy of 'Paying patients' and 'paying wards' with the hope that some of this would continue to subsidise the poor and others needing free or low cost treatment -but this policy was not effective in actual practice. The subsidy raised or transferred was inadequate. The review of the period 1992-97 (from Annual Reports) eg., shows that percentage free concessions reduced from 5.2% to 4.2% over the five year period. *of annual expenditure*

*marginalised*  
As a post centenary project it was decided to start an integrated Community Health Department which would evolve more extension choices and primary health care initiatives in urban slums of Bangalore so that by extending the services of the hospital to the community, the number of poor and served to would increase. The Department was started but it had its own dynamics and problems (reviewed in next Section C) and it could not actually address this challenge adequately.

No special effort seems to have been made at any level including the Governing Body to ever address the problem of the diminishing 'poor and marginalised' from the 'beneficiaries' of the hospital, so increasing free care - concessional or subsidised care by a fund or any innovating fund raising programme or attempts at evolving low cost health care packages, etc., has just not been addressed. The changing market phenomenon seems to have been accepted as inevitable!! *S* *ve*

- (d) More recently in 1997-98, the Hospital sisters reflected on the Mission Philosophy Objectives and Strategies of the Hospital in the context of the renewed Provincial directives and some aspects where strengthened / introduced or highlighted to reduce this continuing dissonance. [see Appendix 10(v)].

### **In Objectives**

- a. Focus on women, young girls and children highlighted
- b. Focus on poor and exploited emphasised
- c. Counselling and support to people in crisis, included
- d. Making people 'respect life and become aware of the importance of preserving an ecologically sound environment on our planet' included.

### **In strategy**

- a. Aim to be a 'People's hospital' included.



- b. Emphasis on services for women, young girls and children introduced.
- c. Developing and following policies for rational use of drugs and therapeutics and rational methods of treatment and care, added.
- d. Maximum precaution to protect the patient from acts of culpable negligence, dereliction of duty and breach of medical ethics, emphasised.
- e. ✓ Through training programmes, community health care and outreach programmes, family counselling and welfare clinics and other clinics, holding of nutrition classes to promote health care for all while, creating awareness of the conditions that lead to disease.
- f. Value education for patients, public, staff and students, introduced.
- g. Item 11
- h. Item 12
- i. Item 13.

All these efforts show a very healthy process towards reducing this dissonance between the 'Congregation' and 'Hospital' thrusts and the overall process should be further strengthened. While the trend has been to make the hospital a little more poor, woman, community and value oriented, there is a lot more that can be explored to bring it in line with the Provincial Directive. A scenario provided at the end of this chapter based on ideas that emerged from the reviewers discussion with many is an attempt to highlight the possibilities of greater consonance and complementarity. While it may seem at first to be an 'extreme option', it has been developed to stimulate some creative thinking in that direction.

### 3. From Rhetoric to Policy Action

Another concerns that emerged from a review of all these vision / mission / objectives / strategies statements documents has been, that even though many of them were very relevant and keeping in tune with the emerging challenges of the times, there did not seem to be any effort on a continuing basis to clarify the content and specific action components of these newer objectives. Many therefore seemed more 'rhetorical' or pious resolutions not backed by practical and 'doable' action plans.

It is time the 'hospital sisters' clearly began to define at least the following in the context of their evolving objectives [see Appendix 10(v)]

- (i) How will we serve and lay greater emphasis on services for women, young girls and children? *special action will*
- (ii) How and through what specifications do we promote respect for worth and dignity of all human life from conception to death?
- (iii) What is health care of a 'high quality' at affordable cost? *o*
- (iv) What are the principles of medical and bio-ethics to be followed in the hospital and how?
- (v) How exactly will alternative systems be included in hospital and community health work?
- (vi) How and what support will be made available to 'people in crisis'?
- (vii) What 'values' will be promoted and emphasised?

- (viii) How will we enhance ecological sensitivity and harmony with nature
- (ix) What will be the components of pastoral care that the hospital will provide to (a) all patients (b) sensitive to different religions and cultures?

These are just some of the many strategies outlined that urgently need clarity. Unless clearly enunciated hospital policy on each of these objectives <sup>are</sup> evolved and are upgraded, reviewed, improved, modified from time to time the objective / strategy will lose its relevance and produce counter productive cynicism which is not uncommon. This must be avoided at all cost. It is important to not only know "where we want to go" by how 'we plan to get there!' <sup>bold</sup>

4. **Some other issues are critical when the whole issue of the Vision/Mission/Objectives setting process is reviewed. These are**

**(a) The need to involve lay leadership in dialogue and discernment**

Most of the processes of discernment and objective setting seem to be too 'congregational' or 'sister centred'. The hospital has a large number of lay doctors, nurses and other categories of staff who have shown long-term involvement and commitment to the institution. **A very proactive strategy is required to include them in this whole process of vision/mission/objective setting.** An urgent need exists to get beyond the we 'sisters' and they 'staff' syndrome and a core group consisting of representatives from all sections of the hospital staff should be actively involved in the process.

Our interactive process with all types of staff (see later chapters) has amply demonstrated that there exists a large enough core of people among all sections of the hospital staff who appreciate the objectives of the hospital, identify with its dilemmas and constraints and wish to participate in evolving meaningful responses. **Not involving them seriously in the process will be a continuing missed opportunity.**

**(b) The Governance and Management** of the hospital also seems not in keeping with the needs of the times or the challenge :

- The Governing Body presently consists of 13 sisters of the congregation (most involved in the hospital) and 8 non sisters of which 3 are from the hospital administration - the remaining five come from other backgrounds that are significant but are heavily outnumbered by insiders.
- The Governing body should consist of a broader representation of disciplines - management, law, <sup>7</sup>women's issues, development, theology, sociology, pastoral care.



- More of the members should be independent autonomous individuals not linked to the hospital so that advice is freely given. (They) This should also not be so busy that they can attend meetings regularly.

[See Appendix 10 (vi)]

- If the Memorandum of the Society cannot be modified suitably to allow this broad based representation of disciplines, expertise and view points than a management - Advisory Committee including all these disciplines and view points would greatly enhance the relevance and competence in governance. Representation of stake holders like the doctors/nurses/ancillary staff and patients/peoples organisations represented by consumer organisations and civic society organisations and women's organisations especially in the context of the Good Shepherd charism would add another significant dimension to planning and participatory management and enhancing the active engagement with emerging human and social challenges. A review of the AGBM and Governing Body meetings from 1992-98 show that all the issues of concern and consideration were totally 'bio-medical' and orthodox hospital concerns. No issue of significance to charism, social relevance or community challenge was discussed. Not surprisingly the only request from Samraksha - an AIDS counselling initiative which required support for an emerging, urgent social problem deeply relevant to the congregational charism was considered and rejected on church doctrinal considerations totally missing the challenge and opportunity. Perhaps a broader based representative governing body may not have allowed this to happen!!

The Hospital also has a Planning and Executive Committee consisting of 8 people including the Finance Officer. The advisory committee suggested above would greatly support the work of this committee itself. This smaller committee should also have a wider representation of all the stakeholders in the hospital.

- (c) Finally, in the 1990s, the CBCI Health Commission has outlined the challenges and guidelines for the Health Care Apostolate of the future [Appendix 10(ix)]. The Catholic Hospital Association of India organised a Golden Jubilee evaluation exercise entitled "Seeking the Signs of the Times" which included the Delphi prediction of the challenges for Mission Hospitals [Appendix 10(ix)]. A host of challenging propositions have been evolved which Mission Hospitals should seriously consider.

Though the St. Martha's Hospital sisters need to evolve their own Vision / Mission / Objectives these need not be in "congregational isolation" which has been a tradition of the past but in active dialogue with the collective prescriptions and directions that are arising out of a very proactive process of data / generation and evidence based discussion. The Hospital Sisters particularly, the Hospital (Health)

Commission should seriously study these documents considering all that is relevant and supportive of their own charism. Thus the hospital will not only actively contribute to this collective dialogue and experimentation but also be encouraged, supported and inspired by it.

**[See 'Scenario 2005' for additional stimulus]**



*Draft  
18/5/99.*

# ST. MARTHA'S HOSPITAL

Reflections on some issues and challenges incorporating findings from an interactive and exploratory study.

## CHAPTER - I :

### Introduction

St. Martha's Hospital was founded in 1886 in response 'to a need felt for caring for the stricken during a time of plague, drought and famine' and the response of the Good Shepherd Congregation was a small hospital with few beds. In 1986, a century later the hospital had grown into a large 600 bed Secondary Care Hospital, with numerous departments, an outreach programme in rural and urban areas, a school of nursing, other medical and para medical training programmes. While it provided high quality health care through a team of dedicated doctors, nurses and paramedical staff under the able and catalytic leadership of a small group of committed Good Shepherd sisters, professionally trained, themselves as doctors, nurses and paramedicals, there was a growing dialogue, debate, reflective introspection especially since the centenary year whether the congregation and the high quality medical care institution that the hospital represented was still true to the original charisma and mission of the congregation and the vision, administrative and technical challenges of the hospital and associated institutions.

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Education*

Over 12 years have passed since the Centenary and the dialectics and debate has continued. A review of documents from the archives show that numerous processes and initiatives have evolved to address these dilemmas. These include:

- i) **A process of discernment** was initiated by the Provincial Council under the guidance of Rev. Fr. Balaguer S.J. This included identifying various possibilities for the future of the hospital (six options were identified).

Prayerful reflections on the pros and cons of the 6 options were undertaken followed by a prioritization.

Consultations were held with a few 'experienced, interested and knowledgeable' persons within and outside the hospital for their opinions and suggestions.

Finally, some options and actions were decided upon and discussed with the CBCI Society of Medical Education, the Archbishop of Bangalore and some follow up action were taken. *was explored.*

- ii) In 1992, a **special committee** was set up to explore and recommend a framework for the establishment / maintenance of a Community Health Department at St. Martha's Hospital - which would be integrated, focus on both rural and urban areas, involve and orient all the other departments towards a post-centenary renewed mandate of outreach and field training supported by policy commitments at all levels.

*5*

*5*

*or whether  
there was  
growing  
dissension  
between  
the renewed  
charisma  
and thrusts  
of the congregation*

- iii) In January 1995, the provincial chapter of the Congregation evolved provincial directives and renewed the goal, the thrust, the apostolate, the service and the programmes towards social changes of the Congregation (Appendix I).
- iv) Meetings were held with the Sisters to renew / reorient the objectives of the 'hospital in the changing context and challenges of the late 80's and early 90s (Appendix II).
- v) The provincial chapter then set up a **Hospital Commission** consisting of 5 Sisters who were requested to identify some guidelines and terms of reference for a reflective process that a small multi-disciplinary group of experts would undertake to address certain specific issues, questions and dilemmas that would be identified by the commission in the context of the growing dilemmas about the role, scope and relevance of the hospital.
- vi) A **Management Consultant** was also invited to facilitate a process of discussion and study with the sisters and some assessment of the planning climate, problem identification, health of the organisation, training needs and challenges were identified.
- vii) Finally, a 5 member **Review Committee** was set up which brought together five experts from different disciplines – Community Health and Human Resource Development Planning; Clinical Medicine; Nursing; Health Management; and Financial Management.

a) Some key questions and dilemmas were also identified for them to consider through interactive reflection evaluation with all concerned. These were:

1) Is the Hospital Apostolate in tune/consistent with charism, mission, vision, and philosophy of the Good Shepherd Sisters? Which is: (retain)

- i) "Poor, exploited, oppressed and socially discriminated, especially girls and women, in personal, family and social difficulties through institutionalised and non-institutionalised efforts in urban and rural areas ....." (January 1995)
- ii) "Children, girls and women....including commercial sex workers, twilight girls, persons with AIDS, working children (child labour) and domestic women workers ....." (January 1995)

2) How does this 'charism' figure in the:

- a) Focus of the work of the hospitals?
- b) Focus of the type of staff/team members in the institution?
- c) Focus of the nurses training institution?

— Appendix

VNR

At this stage  
list out only  
the 6 questions  
in bold (not  
the sub-para)  
Transfer the rest  
to appendix



- 2) Does the charism mean the hospital should focus on women, women's ill health and women's problems?  
If yes, then how?  
If No, then why not?

Appendix

2) Does the hospital reach out to the less affluent sections/poor in the population of Bangalore?

Return

- a) What percentage of outpatient/inpatient are provided free/subsidised care?
- b) Is this trend increasing, status quo or decreasing?
- c) What other measures are being taken to make the services of the hospital, become more accessible or utilised by the poor and marginalised?
- d) What problems have been faced to increase the percentage of free and subsidised care?

3) Are the hospital policies in various departments spiritually sound?

- a) Are all practices, rules, mode of functioning ethical?
- b) Are all religions respected?
- c) Is adequate compassion shown to patients through pastoral care?
- d) Is care taken to avoid negligence? / dehumanization?
- e) Are the teachings of the Church promoted and or upheld by the hospitals work?
- f) Is the justice dimension in Health and health care addressed by the hospital?
- g) Any others?

Appendix

4) Is the hospital technically well administered / managed?

Return

- a) Are the policies/programmes/activities rational?
- b) Are the policies/programmes/activities logical?
- c) Are the policies/programmes/activities efficiently managed?
- d) Are the programmes/activities adequately utilized by the public?
- e) How are the policies/programmes planned, monitored, evaluated?
- f) Are there any weaknesses in the functioning of the hospital services?  
If so, what can be identified as specific remedial measures?

Appendix

5) Does the running of the hospital faithfully reflect the philosophy, objectives, strategies as laid out in the papers prepared for the review?

Return

(Issues not covered above)

6) Does the Financial Management of the hospital reflect the objectives and strategies of the hospital?

- a) The budget
- b) The income and expenditure of the hospital
- c) The processes of financial management (Accounting - Auditing)
- d) Is the hospital financially sound?

*{Note: All members of the Review team will consider these questions and issues extracted from the TOR and background papers, and contextualise them to the areas/sectors of the hospital which they are studying}*

viii) The Review Committee and the Health Committee met on 18<sup>th</sup> March, 1998 to consider the Terms of Reference and key questions to be explored by the Review Committee; identified areas/sectors to be covered by each member and evolved a tentative time framework and schedule of the review (See Appendix III). It was also decided that all members of the review team would consider all these questions and issues and contextualise them to the areas/sectors of the hospital which they were studying. In addition, in order to make the review process an active, interactive learning process for all stakeholders concerned, it was decided to evolve short questionnaires, proformas and involve as many hospital staff of all categories as possible.

ix) The process has now taken a little over an year – all sectors have been interacted with; opportunity to fill proformas have been provided; interactive discussions have been arranged and follow up visits and compilation and analysis of all the data has been attempted.

d) The following six reports have now been compiled:

- Vision, Mission, Objectives*
1. Objectives, ~~charism~~, Human Resource Development and key thrusts
  2. Survey of Doctors
  3. Survey – Nursing Service Department and School of Nursing
  4. Governance, Hospital Management and Allied and Ancillary Department
  5. Survey of Patients
  6. Financial Management.

e) The whole process has been a learning experience for the Review Committee and hopefully the range of ideas and suggestions that have emerged will be a learning experience and stimulus for future planning and clarity of vision and mission for the congregation and the hospital sisters.



**GUIDELINES AND TERMS OF REFERENCE FOR A REFLECTIVE PROCESS  
AS DESIRED TO BE UNDERTAKEN BY THE PROVINCIAL CHAPTER 1995.**

**I.**

1. Is the Hospital being run for the less affluent sections and the poor in the population of Bangalore
2. Is the Hospital functioning as a bonafide Catholic Hospital reflecting the ideas and charism of the Good Shepherd Sisters?
3. Are the policies in the conduct of the various departments of this Hospital spiritually sound and technically well administered?
4. Is the Hospital adequately utilized by the public?
5. Is the organisational set-up in the Hospital rational and logical from the standpoint of efficient management?
6. Does the running of the Hospital faithfully reflect
  - i. The Philosophy
  - ii. The Vision and Mission
  - iii. The Objectives and strategies of the Hospital as brought out in the paper prepared on these aspects of the Institution
  - 7 iv. To assess the overall Income and Expenditure of the Hospital (Complete)
  - 8 v. Does our budget clearly reflect the objective and strategies of the Hospital?
  - 9 vi. Is the Institution/Hospital financially sound.

**II. WORKING INSTRUCTIONS:**

1. The Committee should keep the Hospital Commission informed about the progress made in the reflective process.
2. The Committee should submit in writing its findings, suggestions and recommendations.
3. The reflective process should be completed within a period of six months and the report on it (which shall be confidential) should be submitted directly to the Hospital Commission. The Chairperson of this Commission would be Sr. Anne Marie and in her absence, Sr. Mercy Abraham, Superior, St. Martha's Hospital.
4. The work should be undertaken only after formal approval by the Hospital Commission of the expenditure likely to be incurred on members or other expenses of any kind.

## COMMITTEE MEMBERS:

1. Dr. Ravi Narayan,  
Community Health Cell,  
No. 367, Srinivasa Nilaya,  
Jakkasandra I Main,  
I Block Koramangala,  
Bangalore – 560 034  
Ph: 5531518(O)/ 5533064 @; Ph/Fax: 5525372 (O); Email: [sochara@vsnl.com](mailto:sochara@vsnl.com)
2. Dr. Prem Pais,  
Professor of General Medicine & Vice Principal,  
St. John's National Academy of Health Sciences,  
Sarjapur Road,  
Bangalore – 560 034.  
Ph: 5530724 (O)/5280496@
3. Ms. Mary Ann Robert,  
Assistant Professor,  
College of Nursing,  
St. John's National Academy of Health Sciences,  
Sarjapur Road,  
Bangalore – 560 034.  
Ph: 5530724 (O)
4. Dr. Rebekah Naylor,  
Medical Superintendent,  
Bangalore Baptist Hospital,  
Bellary Road,  
Bangalore – 560 024.  
Ph: 333 0321 (O).
5. Mr. Thomas Kandasamy,  
Chartered Accountant,  
83/1, M.G. Road,  
Chennai – 600 006.  
Ph: (0448) 266366.

Commission Members



#### COMMISSION MEMBERS:

1. Sr. Ann Marie,  
St. Martha's Hospital,  
Nrupathunga Road,  
Bangalore- 560 009.  
Ph: 2275081 (Hosp)

2. Sr. Mercy Abraham,  
Superior,  
St. Martha's Hospital,  
Nrupathunga Road,  
Bangalore - 560 009.  
Ph: 2275081 (Hosp).

3. Sr. Therese Meera,  
Superior,  
St. Michael's Convent,  
Old Madras Road,  
Bangalore - 560 058.  
Ph: 5282811.

## PROVINCIAL DIRECTIVES

*Caps & small*

These can be modified by the

PROVINCIAL CHAPTER, January 1995

### OUR GOAL

Responding to the call of Jesus the Good Shepherd and experiencing the merciful love of the Father, we, the Contemplative and Active sisters mediate this love to all, in the Spirit of our Foundress.

We make real the incarnation of Christ in the India of today through an authentic religious life.

We share in the Church's mission of Evangelisation through our special ministry of reconciliation by praying for and working with girls and women deprived of hope and love and by responding to the crying needs of the poor, exploited and oppressed."

### OUR THRUST

We work with the poor, exploited, oppressed and socially discriminated, especially girls and women in personnel, family and social difficulties, through institutionalised and non-institutionalised efforts in urban and rural areas.

### OUR APOSTOLATE

In keeping with the Goal and Thrust of our province we set our priorities as follows:

<p>Services to Children, girls and women through prevention, protection, rehabilitation and crisis intervention. We extend our services to commercial sex workers, twilight girls, persons with aids, working children (child labour) and domestic women workers.</p> <p><i>AIDS</i></p>	<p>PROGRAMS towards social change:</p> <ul style="list-style-type: none"> <li>- faith formation</li> <li>Non-formal education →</li> <li>- Conscientisation</li> <li>- Legal education</li> <li>- Community organisation</li> <li>- Pro-life programmes study, research and publication</li> <li>- Pro-cana, networking</li> <li>- Ecological &amp; environmental protection, gender and human rights issued (S)</li> <li>- Hospital chaplaincy / pastoral care / school counselling.</li> </ul>
--	--

We make use of our existing institutions, land and property to meet the needs of our new ministries.



**COLLEGE OF NURSING**  
**ST. MARTHA'S HOSPITAL**  
**BANGALORE - 560 001, S. INDIA**

Phone : { : 2275081-85  
: 2270709  
: 2272427

REF: CN/37/99/361

Date : 06.07.99

Dr. Ravi Narayan  
Co-ordinator for the Reflective  
Process and Review of  
St. Martha's Hospital,  
BANGALORE.

Dear Dr. Ravi,

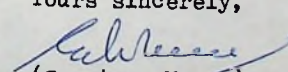
I enclose herewith the comments of the Hospital  
Committee on the Report submitted by the Committee  
for the Reflective Process and Review of St. Martha's  
Hospital, Bangalore for favour of necessary action.

We are very appreciative of the work you have  
done on this Committee and we thank you very sincerely.

We would be grateful if you would kindly let us  
know what were the expenses incurred on the work of  
this Project, so that we can make early payment to  
you.

With kind regards,

Yours sincerely,

  
(Sr. Anne Marie)  
PRINCIPAL  
College of Nursing  
St. Martha's Hospital,  
BANGALORE-560 001

Encl: a/a

The Committee of St. Martha's Hospital has gone through the Report of the Review Committee on the Reflective Process on St. Martha's Hospital and would like to put forward the following proposals for consideration:

- On page 80 of the Financial Report under Clause 10, - Finance Staff the word 'teak' has been wrongly printed instead of the word 'team'. Necessary correction may kindly be made.
- On page 86 paragraph 3 line 1 of the Financial Report, it has been mentioned that the School of Nursing was started in 1993, whereas it was actually started in 1933. This needs to be corrected.
- On page 7 of the Review Report below Table 1 after the words: "prevention, rehabilitation"! we would like you to add the words 'and education'. The last sentence would now read as follows 'small measure of prevention, rehabilitation and education'.
- The Heads of other departments attend the Planning and Executive Meetings only on invitation. The number of members on the Planning and Executive Committee is 6.
- On page 8 of the report under paragraph 2(a), it is mentioned "While this was quite legitimate because a "Hospital" had its own more technical goals and challenges, the decreasing number of younger sisters in the Congregation who were willing to try and live out their charism in the Institutional setting has kept up this process of "questioning and dissatisfaction". While this may have been true more than ten years ago, it is not so any more. We would therefore like this statement to be deleted. How many Sisters have gone
- Lastly in the evaluation by doctors on page 37, under questionnaire 36, the reference to Indian nuns may be deleted. - Ignore

\* \* \* \* \*



,627

The hospital was started more than a 100 years ago with certain objectives.

What were they?

2

Good Shepherd Congregation has one other hospital.

### Services

Physiotherapy

Prosthetic and Orthotic Department.

Hospital must be seen as a part of the congregational activity; congregation and hospital should not be seen as independent.

Good Shepherd Congregation runs formal schools.

- That is our emphasis as well

- The hospital sisters feel they have a separate special charism that is where the 'dissonance' comes from.

Black  
Board  
Book

p. 8. Spirit of Good Shepherd  
"Teach and Heal".

=

An organisation has many parts. Each part carries out its distinct function. What is important is not whether they perform the same function but whether they serve the objectives and well-being of the organisation.

=

b. 14. 3. guidelines.

=

p. 17. CHAI/CMAI formulary grew out of SMH's (Drugs & Therapeutics Committee) formulary.



P19/22: Check handwriting

p.18.

A report by a Committee is to be studied, decision to be made as to what is acceptable and then action taken.

Was the report studied and recommendations accepted?

General  
Board  
decision  
Not accepted

P 24- M 20/12/11

P 21 Questionnaire -

Some questions on "Vision, mission, objectives", etc., should have been common for doctors, nurses and others

— They were common

Doctors



2.6.10

Clubbing nursing staff and  
school of nursing staff - may not  
be appropriate.

Explanation

$\frac{\text{SIN w/s}}{\text{F/S}}$

Explanation:-  
of Puffer Combiner  
Senate

P54

Other staff?

| Included in Chapter 4

P59 30% willing to pay more?



P64

Pekent Seluspektion  
Sunday - 1991/92

The Committee or individual?

Tutors from  
64 of Nov

P65

P71 - Ternary

- Greek

response of committee

Vision of the Congregation

Mission "

We believe that — —  
6.

What is the proportion of men, women and children admitted as inpatients? What is the distribution of beds?

Table

A3

Terms of reference — answers  
in Chapter 8a

A5

Hospital outreaches?

Appendix 10 (v)

From where was this obtained?

This was prepared for the Review



**Subject: FINAL REPORT OF ST.MARTHA'S HOSPITAL**

**Date:** Tue, 06 Jul 1999 16:40:09 +0530

**From:** "M.KANDASAMI" <mksami@vsnl.com>

**To:** CHC- <sochara@blr.vsnl.net.in>

Dear Dr.Ravi,

Greetings! I hope you have received my email dated

As I promised, I am attaching the financial management report of St.Martha's Hospital after some important corrections. I request you to kindly use this version to form part of the final report.

Thanking you and with best wishes, I remain

Yours sincerely,

KANDASAMI.

☐ FINAL VERSION-AFTER CORREDCTIONS.doc

**Name:** FINAL VERSION-AFTER  
CORREDCTIONS.doc

**Type:** Winword File (application/msword)

**Encoding:** base64

MK <mksami@vsnl.com>

RN  
7/7

7/7  
7/7

546  
7/7/99  
A. param

M. KANDASAMI, B.Com., F.C.A.,  
CHARTERED ACCOUNTANT

83/1, Mahatma Gandhi Road, Chennai - 600 034 INDIA.  
Phone : 0091-44-827 4675 / 826 6366 / 822 7414  
Fax : 0091-44-827 7288 E-mail : mksami@xlweb.com  
Internet E-mail : mksami@md2.vsnl.net.in

6th June, 1999.

Dr. Ravinarayan,  
Community Health Cell,  
367, Srinivasa Nilaya Jakkasandra  
1<sup>st</sup> Main, 1<sup>st</sup> Block, Koramangla,  
BANGALORE - 34.

Dear Dr. Ravi,

Warm greetings from Chennai. I understand that you have fixed the meeting on 16<sup>th</sup> June 99 for St. Martha's Study report, presentation and discussion.

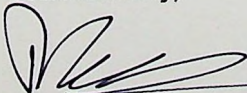
Firstly, I wish to inform you that I would like to depute Mr. Durai to represent me at the above meeting. As you are aware, he has been totally involved in the study and he can participate almost as effectively I would do. I hope this would be all right with you.

Could you kindly send me a short note as to the preparation whether there is any transparency or will it be only sharing of the hard print of the report. In case transparency is required I hope that the overhead projector is available..

Is there still a chance that the meeting will be rescheduled to another date? I am asking this since I am rescheduling several commitments in order to make myself or Mr. Durai available for this meeting. If you already have confirmation from all the members then I would like to go by the above date. In case you are thinking of any rescheduling, I shall be happy to know about it early.

With warm regards, I remain,

Yours sincerely,



M. KANDASAMI  
CHARTERED ACCOUNTANT

SMH  
File



From - Mon Jun 28 17:54:54 1999  
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by blr.vsnl.net.in (8.9.1a/8.9.1) with ESMTTP id MAA02869  
for <sochara@blr.vsnl.net.in>; Mon, 28 Jun 1999 12:52:50 +0530 (IST)  
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by md2.vsnl.net.in (8.8.8/8.8.8) with ESMTTP id NAA16453;  
Mon, 28 Jun 1999 13:01:38 +0530 (IST)  
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Date: Mon, 28 Jun 1999 12:50:35 +0530  
From: "M.KANDASAMI" <mksami@vsnl.com>  
Reply-To: mksami@vsnl.com  
X-Mailer: Mozilla 4.05 [en] (Win95; I)  
MIME-Version: 1.0  
To: CHC- <sochara@blr.vsnl.net.in>  
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Narayanan.htm

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    <TITLE>Dr. Ravi Narayan</TITLE>

</HEAD>  
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26th June, '99.

<P>DR. RAVI NARAYAN,  
<BR>COMMUNITY HEALTH CELL,  
<BR>BANGALORE .

<P>Dear Dr. Ravi Narayan,

<P><B>Sub: A Review of St. Marthas' Hospital - Final Report on the Financial  
Management system - Your communication dated 18th June 99.</B>

<P>Many thanks for your communication cited above and I have noted the  
contents.

<P>I do have a few corrections to be made in the final report. I  
shall email such portions of my report afresh for making the necessary  
corrections before the agreed time, namely 7th July 99. I request you to

to RN  
SW  
28/6

relayed  
28/6/99  
(52)

kindly await the same.

<P>I thank you for your appreciation of my presentation on Financial Management. This has been possible among other things also due to your efficient coordination and support.

<P>With warmest regards, I remain,

<P>Yours sincerely,  
<BR>&nbsp;

<P><B>M. KANDASAMI</B>  
<BR>&nbsp;  
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Content-Transfer-Encoding: 7bit

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n: ;MK  
email;internet: mksami@vsnl.com  
x-mozilla-cpt: ;0  
x-mozilla-html: TRUE  
version: 2.1  
end: vcard

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Chapter 1 & 2

First Draft

**REPORT OF A REVIEW OF ST. MARTHA'S  
HOSPITAL**  
(Reflective, interactive, participatory)

**Review Committee**

Dr. Ravi Narayan  
Dr. Prem Pais  
Dr. Rebekah Naylor  
Ms. Mary Ann Charles  
Mr. M. Kandasami

In Coordination with the Hospital (Health) Commission of the Congregation

**(1998 / 1999)**

## Contents

1.	Introduction
2.	Vision, Mission, Objectives, Human Resource Development, Linkages and key thrusts. <i>and linkages</i>
3.	Survey of Doctors
4.	Survey of Nurses and Nursing services and Nursing college
5.	Survey of Patients
6.	Governance, Hospital organisation/administration, personal management, Associated and ancillary departments and spiritual care <i>ne</i>
7.	Financial Management
8.	Challenges and Tasks ahead.
9.	Reference list - Background Papers/Documents.
10.	Appendices.
i.	Objectives of St. Martha's Hospital.
ii.	Provided Directions of the Good Shepherd Congregation - January 1998.
iii.	Guidelines and Terms of Reference for Reflective Process drawn up by Hospital Commission. - <i>January 1998</i> <i>a</i>
iv.	Framework of Review approved by Review Committee and Hospital (Health) Commission - March 1998.
v.	Mission, Philosophy, Objectives and Strategies of St. Martha's Hospital (Revised Document 1998).
vi.	Objectives from Memorandum of Associations of St. Martha's Hospital Society - September 1965.
vii.	Some Observation by a Management Consultant -1997
viii.	Some Standards to be considered for Hospital Management -1997 (Dr. Rebekah Naylor).
ix.	Health Care Apostolate - Policy Guidelines of CBCI Health Commission January 1992.
x.	Challenges for Mission Hospitals in the future - CHAI/CHC Golden Jubilee Study (Delhi Panelists) - October 1992.

*Provincial Directives*

*Delphi*



# ST. MARTHA'S HOSPITAL

Report

Reflections on some issues and challenges incorporating findings from an interactive

reflective,

and exploratory study.

and participatory, review.

## Chapter I: Introduction

St. Martha's Hospital was founded in 1886 in response 'to a need felt for caring for the stricken during a time of plague, drought and famine' and the response of the Good Shepherd Congregation was a small hospital with few beds. In 1886, a century later the hospital had grown into a large 600 bed Secondary Care Hospital, with numerous departments, an outreach programme in rural and urban areas, a school of nursing, other medical and para medical training programmes. Earlier for years, from 1964-198-, it had also been the affiliated teaching hospital of St. John's Medical College, which had been established by the CBCI Society for Medical Education. While it provided high quality health care through a team of dedicated doctors, nurses and paramedical staff under the able and catalytic leadership of a small group of committed Good Shepherd sisters, professionally trained, themselves as doctors, nurses and paramedicals, there was a growing dialogue, debate, reflective introspection especially since the centenary year—whether the congregation and the high quality medical care institution that the hospital represented was still true to the original charism and mission of the congregation or whether there was growing dissonance between the renewed charism and thrusts of the congregation and the vision, administrative and technical challenges of the hospital and associated institutions.

1963-83

Over 12 years have passed since the Centenary and the dialectics and debate has continued. A review of documents from the archives show that numerous processes and initiatives have evolved to address these dilemmas. These include:

- i) A process of discernment was initiated by the Provincial Council under the guidance of Rev. Fr. Balaguro S.J. This included identifying various possibilities for the future of the hospital (six options were identified).

in 1985

Prayerful reflections on the pros and cons of the 6 options were undertaken followed by a prioritization.

Consultations were held with a few 'experienced, interested and knowledgeable' persons within and outside the hospital for their opinions and suggestions.

Finally, some options and actions were decided upon and discussed with the CBCI Society of Medical Education, the Archbishop of Bangalore and some follow up action was explored.

- ii) In 1992, a special committee was set up to explore and recommend a framework for the establishment / maintenance of a Community Health Department at

St. Martha's Hospital – which would be integrated; focus on both rural and urban areas; involve and orient all the other departments towards a post-centenary-renewed mandate of outreach and field training supported by policy commitments at all levels.

iii) In January 1995, the **provincial chapter** of the Congregation evolved provincial directives and renewed the goal, the thrust, the apostolate, the service and the programmes towards social changes of the Congregation [Appendix I]. 10(ii)]

iv) <sup>Several</sup> ~~m~~ **Meetings** were held with the Sisters to renew / reorient the objectives of the 'hospital in the changing context and challenges of the late 80's and early 90s, <sup>the</sup> (Appendix II). <sup>latest of these meetings being one in 1998</sup> [Appendix 10(v)]

v) The provincial chapter then set up a **Hospital Commission** consisting of 5 Sisters who were requested to identify some guidelines and terms of reference for a reflective process that a small multi-disciplinary group of experts would undertake to address certain specific issues, questions and dilemmas that would be identified by the commission in the context of the growing dilemmas about the role, scope and relevance of the hospital.

vi) A **Management Consultant** was also invited to facilitate a process of discussion and study with the sisters and some assessment of the planning climate, problem identification, health of the organisation, training needs and challenges were identified. [Appendix 10(vi)]

vii) Finally, a **5 member Review Committee** was set up which brought together five experts from different disciplines – Community Health and Human Resource Development Planning; Clinical Medicine; Nursing; Health Management; and Financial Management. [Appendix 10(vii)]

<sup>a) Apart from working instructions</sup>  
a) Some key questions and dilemmas were also identified for them to consider through interactive reflection evaluation with all concerned. These were:

- 1) Is the Hospital Apostolate in tune/consistent with charism, mission, vision, and philosophy of the Good Shepherd Sisters? Which is:
- 2) Does the hospital reach out to the less affluent sections/poor in the population of Bangalore?
- 3) Are the hospital policies in various departments spiritually sound?
- 4) Is the hospital technically well administered / managed?

replace  
by 9  
questions  
in Appendix  
10(iii)]



- ←
- 5) Does the running of the hospital faithfully reflect the philosophy, objectives, strategies as laid out in the papers prepared for the review?
  - 6) Does the Financial Management of the hospital reflect the objectives and strategies of the hospital?
  - 7) Is the Hospital sustainable and financially viable?

- Apart from clarifying the questions further it also*
- b) The Review Committee and the Health Committee met on 18<sup>th</sup> March, 1998 to consider the Terms of Reference and key questions to be explored by the Review Committee; identified areas/sectors to be covered by each member and evolved a tentative time framework and schedule of the review (See Appendix III). It was also decided that all members of the review team would consider all these questions and issues and contextualise them to the areas/sectors of the hospital which they were studying. In addition, in order to make the review process an active, interactive learning process for all stakeholders concerned, it was decided to evolve short questionnaires, proformas and involve as many hospital staff of all categories as possible. *(see Annexures)*
  - c) The process has now taken a little over an year – all sectors have been interacted with; opportunity to fill proformas have been provided; interactive discussions have been arranged and follow up visits and compilation and analysis of all the data has been attempted.
  - d) The following six reports have now been compiled:
    1. Vision, Mission, Objectives, Human Resource Development, <sup>some</sup> and key thrusts *or linkages*
    2. Survey of Doctors
    3. Survey – Nursing Service Department and School of Nursing
    4. Governance, Hospital Management and Allied and Ancillary Departments *and spiritual care*
    5. Survey of Patients
    6. Financial Management.
  - e) The whole process has been a learning experience for the Review Committee and hopefully the range of ideas and suggestions that have emerged will be a learning experience and stimulus for future planning and clarity of vision and mission for the congregation and the hospital sisters. *Meetings are being held which will identify the challenges and tasks ahead from all these reports – first by the Review Committee and then through further dialogue with the Hospital commission.*
  - f) The Review will add to all the processes and initiatives that have already been initiated by the Congregation and the Hospital sisters to discern the 'Signs of the Times' since the Centenary year. We hope it will provide both clarity and a stimulus for concrete action.

*Bold and capitals*

## Chapter Two

### Vision, Mission, Objectives, Human Resource Development and Key Thrusts

This chapter explores some aspects of the Vision / Mission of the hospital, governance and linkages in the context of the vision/mission and three key-thrusts which include human resource development, training programmes other than Nursing, Community Health Orientation of hospital and some future challenges.

It draws upon a series of background documents provided by the Health Commission - including Memorandum of Association, Objectives of hospitals, various reports of reviews and reflections, the annual reports of the hospital, From 1990 and some other documents (see list in Chapter 9).

It also draws upon a series of discussions with members of the Health Commission, Medical Superintendent, all the coordinators of the training programmes, the staff of the Community Health Department and others.

The purpose of the interactive dialogue with all the above and the critical perusal of the documents available was to identify some critical issues and challenges that need to be addressed by the Health Commission as SMH enters the next millennium. All the detailed observations and findings from the document review or interviews have not been enumerated or outlined from the notes of the reviewer. Key ideas and findings have been presented to stimulate serious collective reflection and a sustained action response.

#### A. Vision / Mission / Objectives

1. The striking difference between the goals and thrusts of the Congregation and Provincial chapters especially the modified directives of January 1995 versus the Objectives and mission statements of the St. Martha's Hospital (one of the institutions run by the Congregation) and updated from time to time is as follows:
  - The congregational charism focuses on 'women' the hospital on 'sick people including women'. The congregational charism focuses very forcefully on 'poor, exploited, oppressed, social discriminated', the hospital on 'sick people irrespective of caste, creed or race - people at large, more particularly those in the weaker sections of society'.

These differences are not subtle but quite significant.



Redo

**Table 1**

**Charism**

<b>Congregation</b>		<b>Hospital</b>	
i.	"special Ministry of Reconciliation"	i.	"Serving the sick"
		ii.	"Promoting competent, comprehensive health care"
	"Praying and working with girls and women deprived of hope and love"	iii.	"Activities conducive to improvement of health of people particularly weaker sections".
ii.	"Responding to crying needs of poor exploited, marginalised".		

**b) The nature of the Action Response (Services)**

- The charism of the congregation focuses on prevention, promotion and rehabilitation while the hospital primarily on curative with a small measure of prevention and rehabilitation.

**Table 2**

**Services**

<b>Congregation</b>	<b>Hospital</b>
"Prevention, protection, rehabilitation and crisis intervention"	"Acute care for sick and ailing" and "comprehensive health care for the whole person, family and community".

**c. The Scope of the programmes**

**Table 3**

**Scope of Programmes**

<b>Congregation</b>	<b>Hospital</b>
"Faith formation	"Competent medical care
non-formal education	- outpatient care
conscientization	- inpatient care
legal education	- extension services (Uttarahalli)
community organisation	education & teaching programmes
pro-life programmes	- nursing
pro cana, networking	- lab-technology
Ecological and environment protection	- radiography
Gender and Human Rights	- rehabilitation
Hospital chaplaincy	- PG medical studies
Pastoral care"	Family Welfare Centre"
School counselling"	"Medico Social Unit
	CommunityHealth Programmes" (through Community Health Department.

Table 1

<u>Changam</u> <u>Congregation</u>	<u>Hospital</u>
"Working with girls and women deprived of hope and love"	"Serve the sick and ailing irrespective of caste, creed and race..."
"poor, exploited, oppressed, and socially discriminated especially girls and women in personal, family and social difficulties"	"improve health of the people at large, more particularly those in the weaker sections..."



Transfer to before Table 3

- The congregational charism is deeply embedded in the 'social paradigm' focussing holistically on society (community and environment) while the hospital has an orthodox focus on 'biomedicine' with a rather tenuous evolution to a community health orientation.

These differences very clearly reflect the continuous dialectics and regular feelings / perceptions of dissonance between the 'sisters in the hospital' and the larger and wider group of 'sisters in the congregation' and from the above analysis and comparison of objectives, they are very real and very serious differences which can not be wished away. This also explains why this process of constant discernment, reflection, review and evaluation which started before the centenary year has not been resolved adequately and each decision taken has met with constant hesitation and a need to review, re-review and re-evaluate.

Some of the methods of Resolution of this Dissonance identified by the Reviewer are:

(1) The 'hospital sisters' have often reviewed and reflected, on the hospital objectives, identified the special nature of this one institution as different from most of the others. and in the context of its special structure, scope and focus reiterated objectives that are relevant to a continuing 'secondary care' health service response partially supportive of 'primary health care'. While this is quite legitimate because a 'Hospital' has its own more technical goals and challenges, the decreasing number of the younger sisters in the congregation who are willing to try and live out their charism in the institutional setting has kept up this process of "questioning and dissatisfaction".

(2) The 'Discernment process' in 1986 led to a very 'radical' choice of an option out of 6 possible options which included

- a) Handing over ownership and administration of the hospital to a Church Society for Community Health Awareness, Research and Action
- b) A few sisters trained as doctors, nurses and supportive personnel would continue to offer services to the transferred hospital by common agreement with new management
- c) The 'apostolate' will now be free to flourish both in the premises and outside in activities more visibly expressing the spirit and charism of the Good Shepherd. It was felt that their life will be further enriched and their dedication to the disadvantaged will be more visible, and their witnessing more challenging.
- d) There were plans to use parts of hospital for particular Good Shepherd services eg., unwed mothers, suicides, drug addicts, etc. The situation of the hospital in the heart of the city with a concentration of social evils was seen as an added advantage.

Significantly it was also recorded that this diminution was a growth and flowering of the primary inspiration, not as a set back, but as a privilege and challenge(!).

However due to various reasons this handing over and diminution did not take place and the dialectic continued and hence the review.

- that emerged at the time of the Centenary*
- c) (3) One of the concerns of the Centenary Review was that the hospital had started in 1886 as a 'Hospital for the poor' and a centenary later had become a 'hospital primarily for the paying 'middle class' or lower middle class patient' with the number of 'poor' patients diminishing gradually and substantially. The reasons were many - medical / health care costs were going up; the support from external sources was diminishing; the hospital had to switch to the policy of 'Paying patients' and 'paying wards' with the hope that some of this would continue to subsidise the poor and others needing free or low cost treatment -but this policy was not effective in actual practice. *The subsidy raised or transferred was inadequate.*

The review of the period 1992-97 (from Annual Reports) eg., shows that percentage free concessions reduced from 5.2% to 4.2% over the five year period. As a post centenary project it was decided to start an integrated Community Health Department which would evolve more extension choices and primary health care initiatives in urban slums of Bangalore so that by extending the services of the hospital to the community and closer to the community, the number of poor and marginalised attended to would increase. The Department was started but it had its own dynamics and problems (reviewed in next Section C) and it did not actually address this challenge adequately. *Could*

No special effort seems to have been made at any level including the Governing Body to ever address the problem of the diminishing 'poor and marginalised' from the 'beneficiaries' of the hospital so increasing free care - concessional or subsidised care by a fund or any innovating fund raising programme or attempts at evolving low cost health care packages, etc., has just not been addressed. The changing market phenomenon seems to have been accepted as inevitable!! *##*

- in 1997-98*
- d) (4) More recently, the Hospital sisters reflected on the Mission Philosophy Objectives and Strategies of the Hospital in the context of the renewed *Provincial* directives and the following aspects were strengthened / introduced or highlighted to reduce this continuing dissonance. *Some* [See Appendix 10(v)]

### In Objectives

- Focus on women, young girls and children highlighted
- Focus on poor and exploited emphasised
- Counselling and support to people in crisis, included
- Making people 'respect life and become aware of the importance of preserving an ecologically sound environment on our planet' included. *(t)*

### In strategy

- Aim to be a 'People's hospital' *included*
- Emphasis on services for women, young girls and children *introduced*.



- c. Develop and follow policies for rational use of drugs and therapeutics and rational methods of treatment and care, *added*
- d. Maximum precaution to be taken to protect the patient from acts of culpable negligence, dereliction of duty and breach of medical ethics, *emphasised.*
- e. Through training programmes, community health care and outreach programmes, family counselling and welfare clinics and other clinics, holding of nutrition classes to promote health care for all while, creating awareness of the conditions that lead to disease.
- f. Value education for patients, public, staff and students, *introduced.*
- g. Item 11
- h. Item 12
- i. Item 13.

All these efforts show a very healthy process towards reducing this dissonance between the 'Congregation' and 'Hospital' thrusts and the overall process should be further strengthened, particularly by moving to the next stage of clarity for each new objective. Not just What but How??

(3) (5) One of the concerns that emerged from a review of all these vision/mission/objectives and even strategies statements that even though many of them were very relevant and some keeping in tune with the emerging challenges of the times, there did not seem to be any effort on a continuing basis to clarify the content and specific action components of these newer objectives or even some of the previous objectives. Many therefore seemed more 'rhetorical' or 'pious resolutions' not backed by practical and 'doable' action plans.

It is time the 'hospital sisters' clearly began to define at least the following in the context of their evolving objectives (Appendix 105)

- i. How and through what specifications do we promote respect for worth and dignity of all human life from conception to death?
- ii. What is health care of a 'high quality' at affordable cost?
- iii. What are the principles of medical and bio-ethics to be followed in the hospital and how?
- iv. How exactly will alternative systems be included in hospital and community health work?
- v. How and what support will be made available to 'people in crisis'?
- vi. What 'values' will be promoted and emphasised?
- vii. How will we enhance ecological sensitivity and harmony with nature?
- viii. What will be the components of pastoral care that the hospital will provide to (a) all patients (b) sensitive to different religions and cultures.

These are just some of the many formulations that urgently need clarity. Unless clearly enunciated hospital policy on each of these objectives evolve which are upgraded, reviewed, improved, modified from time to time the objective will lose its relevance and produce counter productive cynicism which is not uncommon but rather unfortunate. This must be avoided at all cost. It is important to not only know 'where we want to go' but by how 'we plan to get there!!'

While the trend has been to make the hospital a little more poor, women, community and value oriented there is a lot more that can be explored to bring it in line with the Renewal Directive. A scenario provided at the end of the chapter based on ideas that emerged from the reviews discussion with many is an attempt to highlight the possibilities of greater coherence and complementarity.

From Rhetoric to Policy Action

Strategies outlined

documents has been 44

to not only know 'where we want to go' but by how 'we plan to get there!!'

Stimulate some creative thinking in their direction.

Extreme option: it has been developed while it may seem at first to be an

charism, social relevance or community challenge was discussed. Not surprisingly the only request from Samraksha - an AIDS counselling initiative, support for an emerging, urgent social problem deeply relevant to the congregational charism was considered and rejected on church doctrinal considerations totally missing the challenge and opportunity. Perhaps a broader based representative governing body may not have allowed this to happen!!

which  
required

- (c) In the 1990s, the CBCI Health Commission has outlined the challenges and guidelines for the Health Care Apostolate of the future (Appendix 10 (ix)). The Catholic Hospital Association of India organised a Golden Jubilee evaluation exercise entitled "Seeking the Signs of the Times" which included the Delphi prediction of the challenges for Mission Hospitals (Appendix ix). A host of challenging propositions have been evolved which Mission Hospitals should seriously consider. The St. Martha's Hospital sisters need to evolve their own Vision / Mission / Objectives not in "congregational isolation" which has been a tradition of the past but in active dialogue with the collective prescriptions and directions that are arising out of a very proactive process of data / opinion generation and evidence based discussion - so that not will the hospital actively contribute to this collective dialogue and experimentation but also been encouraged, supported and inspired by it.

(d)

[See 'Scenario 2005' For additional Stimulus]

The Hospital also has a Planning and Executive Committee consisting of 8 people including the Finance officer. The advisory committee suggested above would greatly support the work of this committee itself. This smaller committee should also have a wider representation of all the stakeholders in the hospital.

these  
need  
not be  
in

The  
Hospital  
Sisters  
Particularly  
the Hospital  
(Health)  
Commission  
should  
seriously  
study  
these  
documents  
considering  
all that  
is relevant  
and  
supportive  
of their  
own  
charism.  
Thus the



## **B – Human Resource Development**

1. St. Martha's Hospital is contributing to Health Human power resource development in the state and country through the following teaching / training courses and programmes.
  - a. Residencies for National Board Examinations (Doctors) in Medicine, Surgery, Obstetrics & Gynaecology, Paediatrics and Orthopaedics.
  - b. Nurses (Basic)
  - c. Radiographers Training
  - d. Laboratory Technicians course
  - e. Hospital Aides
  - f. Overseas Medical Student electives.

Some years ago, the hospital was an affiliated teaching hospital of St. John's Medical College, run under the auspices of the CBCI Society for Medical Education, and also contributed to undergraduate medical education. This is however a historic link and not considered during this review.

2. An overview of these six training programmes is given in the following table.

The overall common positive features are:

- a) Relatively well planned course maintaining adequate academic standards and good results
- b) An overall preference for female candidates and at least in the training programme for Nurses and hospital aides an attempt to select some candidates from socially disadvantaged backgrounds and provision of extra time, tutorial support and encouragement to maintain adequate standards and levels of skill development in spite of disadvantage.

[ This policy which is meaningful needs to be evaluated and reviewed with the participation of faculty and students from disadvantaged backgrounds to enhance its effectivity and relevance and sharpen its focus and impact. Both students from disadvantaged backgrounds and faculty who are expected to provide additional support need extra time and opportunity.

Staff need encouragement and motivation to maintain focus in spite of discouragement and sometimes negative experiences.]

## HEALTH HUMAN POWER DEVELOPMENT

### St. Martha's Hospital's Contribution

Sl.No	Course	Established	Levels / Duration	Numbers - per year	Features	Problems/constraints / challenges
1.	Nursing	From 1960s	Three years	60 per year (all female)	<ol style="list-style-type: none"> <li>1. PUC eligibility</li> <li>2. Selection - Merit 30; Sisters-10; SC/ST -10; Kannadigas - 10.</li> <li>3. CH Nursing curriculum component emphasised.</li> <li>4. Small group study encouraged.</li> </ol>	<ul style="list-style-type: none"> <li>- Mostly from Kerala 60-70%</li> <li>- High tech / private sector and Middle East job opportunities availed by most SMH Nurses</li> </ul>
2.	Residencies, National Board of Exams	From 1984	Medicine -3 Surgery - 3 Obs. & Gyn. - 2 Paediatrics -1 Ortho - 1 (2 year course)	Ten per year (male or female)	<ol style="list-style-type: none"> <li>1. Accredited Teachers</li> <li>2. Postings in NIMHANS, Vani Vilas, Kidwai, Corporation hospitals availed of .</li> <li>3. Participation in clinical meetings, CMEs, state level and national level conferences encouraged</li> <li>4. Basic sciences at St. John's Medical College.</li> </ol>	<ul style="list-style-type: none"> <li>- Anaesthesiology not yet approved due to insufficient number of specialises</li> <li>- NBE Accreditation regularly renewed</li> <li>- Teachers attend NBE symposium</li> <li>- Good for hospital since SHO post not viable with integrated PGs.</li> </ul>
3.	Radiographer's Training	1992 (?)	Two years	Up to 4 per year	<ol style="list-style-type: none"> <li>1. In-service on the job training</li> <li>2. Staff from Radiology Department</li> </ol>	<ul style="list-style-type: none"> <li>- Accommodation problem</li> </ul>



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previous page  
(Do not split)

					(female preferred)	3. Standards / results good and Kidwai	- Mostly absorbed by private sector.
4.	Laboratory Technician Course	1992 (?)	Regular and Bridge courses (CMAI)	3-4 per year (mostly female)	1. Well planned –on the job trained – 50% teaching time 2. Results good; standards maintained 3. Few dropouts only	- Accommodation problem - Mostly absorbed by private sector - Mostly from Tamilnadu.	
5.	Hospital Courses	Aides September 1990	One year	12-15 per year (all female)	1. SSLC background 2. In-service Hospital Training 3. Selection of 'lost sheep' tried (from broken homes) 4. Instruction one hour per day. 5. One year training and one year internship.	- Accommodation problem - More hospital work less training due to in-service responsibilities - Need for more time for training and more humane policies to enhance skill /attitudes development especially due to background - Follow up inadequate - English medium – constraint.	
6.	Overseas Medical Student Electives	From 1970s	One month elective training	Approx. 6-12 per year	1. Participate in ongoing clinical rounds and training. No special sessions 2. Mostly from UK and Germany.	- Not evaluated - No special emphasis on tropical medicine or community health.	

QUESTIONNAIRE FOR HEAD OF DEPARTMENTS (ANONYMOUS)

1. How long have you been Head of the Department ?
2. Do you conduct regular meetings of employees whom you supervise ? Yes/No
3. Do you feel that there is good communication with management ? Yes/No
4. Are you involved in selection of staff for your department ? Yes/No
5. Are you involved in the annual budget process for your department? Yes/No
6. Are you informed about the financial performance of your department ? Yes/No
7. Do you regularly evaluate the performance of the employees you supervise ? Yes/No
8. Do you know and understand the vision and mission of the Hospital? Yes/No
9. Do you communicate the vision and mission to your employees ? Yes/No
10. Does your department have written policies and procedures ? Yes/No
11. Do you set goals each year for your department ? Yes/No
12. Do you feel a part of planning and decision making in the organization ? Yes/No
13. Do you orient new employees in your department ? Yes/No
14. Do you provide any inservice on the job training for your employees ? Yes/No
15. Have you attended any seminar, program or course on management training ? Yes/No
16. Do you have written standards that guide the work of your department ? Yes/No
17. Do you have enough qualified staff to do the required work ? Yes/No
18. Do all your employees have job description. Yes/No
19. Do you know the organization plan or structure of the Hospital ? Yes/No



20. Did you have any problem with getting your record from the Medical Record Department

- Yes
- No

If Yes, specify \_\_\_\_\_

21. Please tell us your opinion of the following

- |  |                 |
|--|-----------------|
| - The hospital is meant mainly for those who can pay   | Yes/Somewhat/No |
| - The hospital serves the poor sections of the population even if they cannot pay for services | Yes/Somewhat/No |
| - The hospital & its staff care for all patients with love and care                            | Yes/Somewhat/No |
| - The religious sentiments of all patients are respected                                       | Yes/Somewhat/No |

22. Do you think the hospital charges are (tick any one)

- correct
- too high
- too low

23. Name 3 things in the hospital you appreciate most

-  
-  
-

24. Name 3 things in the hospital that need improvement most

-  
-  
-

25. You must be aware that St. Martha's Hospital tries not to refuse treatment to any patient, no matter how poor. Can you suggest how the hospital can raise funds to treat more poor patients

26. Any other suggestions or comments

### Questionnaire for out-patients / casualty

1. Age
2. Sex
3. Occupation
4. Family Income
  - a) Less than Rs. 2,000/- P.M.
  - b) Rs. 2,000/- to Rs. 4,000/- P.M.
  - c) Rs. 4,000/- to Rs. 6,000/- P.M.
  - d) Over Rs. 6,000/- P.M.
5. Your House
  - a) - Rented  
- Owned
  - b) - No. of room
  - c) - roof
    - Thatch
    - Tile
    - RCC
  - d) - Floor
    - Earth
    - Cement
    - Mosaic tile
    - Marble granite
6. Do you own
 

Cycle	2 wheeler	Car
TV set	Refrigerator	
7. Religion
 

\_\_\_\_\_

 (specify)
8. Education (tick any one)
 

No formal education  
 Class VII or less  
 Class VIII to X  
 Pre degree  
 Degree  
 Post graduate / professional
9. Through whom did you come to know of St. Martha's (tick any one)
 

Family doctor  
 Friends  
 Relatives  
 Neighbours  
 Other \_\_\_\_\_

 (specify)
10. Why did you come to St. Martha's Hospital (tick any one)
 

- close to your home/office  
 - doctor recommended it  
 - friends/relatives recommended it  
 - mission hospital  
 - reputation of the doctors  
 - other \_\_\_\_\_

 (specify)



QUESTIONNAIRE FOR STAFF

1. Is there someone in the organization to whom you can communicate your problems ? Yes / No
2. Do you feel that your complaints or grievances are heard ? Yes / No
3. Do you feel a part of the health care team ? Yes / No
4. Do you know what is the mission of the hospital ? <sup>Purpose</sup> Yes / No
5. Do you have promotional avenues open to you ? Yes / No
6. Did you undergo orientation when you joined the hospital ? Yes / No
7. Do you feel appreciated in your work ? Yes / No
8. Do you think the rules and policies are fair ? Yes / No
9. Have you read and understood the Employee Service Rules ? Yes / No
10. Do you have opportunity to suggest ways that your department's work or function could improve ? Yes / No
11. If you have a personal or family problem, is there someone in the hospital who can guide or help you ? Yes / No
12. Is the area where you work comfortable and safe ? Yes / No
13. Since joining work, have you received any training or new skills ? Yes / No
14. Do you have a job description ? Yes / No
15. Do you participate in any special events or extra curricular activities in the hospital ? Yes / No

16. Any suggestions for the Hospital Management

Date:

Signature

Optional

### Questionnaire for out-patients / casualty

1. Age
2. Sex
3. Occupation
4. Family Income
  - a) Less than Rs. 2,000/- P.M.
  - b) Rs. 2,000/- to Rs. 4,000/- P.M.
  - c) Rs. 4,000/- to Rs. 6,000/- P.M.
  - d) Over Rs. 6,000/- P.M.
5. Your House
  - a) - Rented
    - Owned
  - b) - No. of room
  - c) - roof
    - Thatch
    - Tile
    - RCC
  - d) - Floor
    - Earth
    - Cement
    - Mosaic tile
    - Marble granite
6. Do you own
 

Cycle	2 wheeler	Car
TV set	Refrigerator	
7. Religion
 

---

(specify)
8. Education (tick any one)
 

No formal education

Class VII or less

Class VIII to X

Pre degree

Degree

Post graduate / professional
9. Through whom did you come to know of St. Martha's (tick any one)
 

Family doctor

Friends

Relatives

Neighbours

Other 

---

(specify)
10. Why did you come to St. Martha's Hospital (tick any one)
 

- close to your home/office

- doctor recommended it

- friends/relatives recommended it

- mission hospital

- reputation of the doctors

- other 

---

 (specify)



11. Is this the first visit to St. Martha's
- Yes
  - No
12. Which department did you visit today \_\_\_\_\_  
(specify)
13. Do you like to see only one particular doctor or any doctor (tick any one)
- One particular doctor
  - Any doctor
14. If particular doctor
- a) If he/she is not available (tick any one)
    - will you go back & return another day
    - see another available doctor
  - b) If he/she leaves the hospital service (tick any one)
    - will you continue coming to St. Martha's Hospital
    - change the hospital
15. How long did you have to wait to see the doctor (tick any one)
- less than one hour
  - one - two hours
  - more than 2 hours
16. Do you feel that the time you had to wait was acceptable ?
- Yes
  - No
17. What diagnostic tests did you have today (tick one or more)
- None
  - Laboratory (blood, urine, stool, sputum)
  - X-ray
  - ECG
  - Ultrasound
  - Endoscopy
  - Others \_\_\_\_\_ (specify)
18. Give your impressions of the services you received
- |   |                 |
|---|-----------------|
| - the doctor who treated you was knowledgeable and good | Yes/Somewhat/No |
| - the nursing care is caring and efficient              | Yes/Somewhat/No |
| - the staff in general are courteous and helpful        | Yes/Somewhat/No |
| - were you overall satisfied with the care given        | Yes/Somewhat/No |
19. Give your impressions of OPD / Casualty amenities
- |   |                 |
|---|-----------------|
| - general cleanliness is good               | Yes/Somewhat/No |
| - toilets and water supply are satisfactory | Yes/Somewhat/No |
| - seats, fans and lights were adequate      | Yes/Somewhat/No |

## Questionnaire for Head of Departments (Ancillary)

1. How long have you been Head of the Department ?
2. Do you conduct regular meetings of employees whom you supervise ? Yes / No
3. Do you feel that there is good communication with management ? Yes / No
4. Are you involved in selection of staff for your department ? Yes / No
5. Are you involved in the annual budget process for your department ? Yes / No
6. Are you informed about the financial performance of your department ? Yes / No
7. Do you regularly evaluate the performance of the employees you supervise ? Yes / No
8. Do you know and understand the vision and mission of the hospital ? Yes / No
9. Do you communicate the vision and mission to your employees ? Yes / No
10. Does your department have written policies and procedures ? Yes / No
11. Do you set goals each year for your department ? Yes / No
12. Do you feel a part of planning and decision making in the organization? Yes / No
13. Do you orient new employees in your department ? Yes / No
14. Do you provide any inservice or on the job training for your employees ? Yes / No
15. Have you attended any seminar, program or course on management training ? Yes / No
16. Do you have written standards that guide the work of your department ? Yes / No
17. Do you have enough qualified staff to do the required work ? Yes / No
18. Do all of your employees have job description ? Yes / No
19. Do you know the organization plan or structure of the hospital ? Yes / No



# QUESTIONS FOR PATIENTS

1. Is the hospital clean ? Yes / No  
wards ? Yes / No  
OPD ? Yes / No  
Toilets ? Yes / No

Added to 17b Appendix

2. In the OPD, were staff available ? Yes / No - leave it for 22

3. Was the time you waited in OPD acceptable ? Yes / No - Added to 17b

4. Did you experience any problem with security ? Yes / No

5. Did you have any problem with your hospital record or chart being lost ? Yes / No } leave for 23

6. If you took food from the hospital, was it tasty ? Yes / No

7. Was the food served at appropriate times ? Yes / No

8. Did the food appear appetizing ? Yes / No

9. In the wards, was your linen available in adequate supply ? Yes / No

10. Were the taps, lights, and fans working in your ward ? Yes / No - 17

11. Did a chaplain visit you while you were in the hospital ? Yes / No

12. Did you feel that care given by the chaplains was appropriate ? Yes / No

13. Were you aware that St. Martha's is a Christian hospital ? Yes / No - taken care of in 10

17(b)  
Appendix

IP

QUESTIONNAIRE FOR STUDENTS

1. Do you know the vision and mission of the hospital ? Yes / No
2. Do you feel a part of the hospital and its work ? Yes / No
3. Do you have any opportunities for spiritual development ? Yes / No
4. If you have a personal or family problem, is there someone to guide you or counsel you ? Yes / No
5. Is the hospital a place you would like to remain as an employee ? Yes / No
6. During your training do faculty and staff stress care of the poor ? Yes / No



**Questionnaire for Doctors**

Department: \_\_\_\_\_

Years of service in St. Martha's Hospital : \_\_\_\_\_

## Part A

### Hospital goals

Given below are a list of objectives/goals for an institution like St. Martha's Hospital. We would like you to indicate for each objective/goal, your impression on a) How important the objective/goal should be and enter your answer under the first column ("should be") and b) How much the hospital is fulfilling it at present. Enter this impression under the second column ("is"). For your answer choose a score ranging from 1 to 5 as shown below.

#### Score

1      2      3      4      5

Not important at all

Of great importance

(For first column)

or

or

Not fulfilling it at all

Fulfilling it completely

(For second column)

Should be

Is

1. The hospital should foster among all staff respect for human life from conception to its natural end
2. Hospital should provide medical care to the public irrespective of caste, creed and social status.
3. While providing high quality medical care the hospital should ensure use of appropriate, low cost yet effective care whenever possible
4. The hospital should serve as a model of efficient health care.
5. The hospital should treat all patients with human concern, compassion.
6. The hospital should emphasise especially the health concerns of women and children
7. The hospital should subsidise services for the poor.
8. The hospital should provide spiritual care to the sick respecting the individuals religious beliefs



Should be

Is

9. The hospital should serve as a training institution where trainee doctors and nurses will learn to deliver competent health care ethically and compassionately

10. The hospital should keep the national health priorities in mind when planning its services.

11. The hospital should foster a sense of moral and ethical integrity among all its staff.

12. Any other goals you think the hospital should / is pursuing

a) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

c) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. What major factors have helped the hospital realise its goals ?

14. What major factors have hindered the hospital from realising its goals ?

## Part B

### Hospital Functioning:

Given below are different aspects of the functioning of St. Martha's Hospital. Please indicate against each to what extent you agree or disagree that the hospital follows these aspects. For your answer choose a score ranging 1 to 5 as shown below and enter it in the column ("Score")

#### Score:

1      2      3      4      5

#### Completely Disagree

#### Completely Agree

#### Score

1. The hospital constantly tries to improve the quality of health care
2. The hospital innovates to find means of reducing the cost of health care to make it more affordable
3. The hospital is kept clean
4. The hospital functioning is such as to be efficient; and reduce waste.
5. The hospital functioning is such as to provide prompt attention to patients.
6. The hospital motivates all its staff to work in a caring and compassionate manner.
7. The hospital involves each department in preparing the departments budget
8. The hospital is concerned about ways to generate additional income
9. The hospital charges are reasonable compared to charges by other similar hospitals in the city
10. The hospital has reasonable rules and regulations  
If you score 1 or 2, specify unreasonable rules

---

---



Score

11. The hospital is ready to accept innovations and new and better ways to do things

12. Relationship among staff is friendly and conducive to work

13. The hospital shows concern for the staff and workers

14. Any suggestions to improve the functioning of the hospital

a) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

c) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Part C

#### QUESTIONNAIRE FOR ALL STAFF

**For each item please circle Yes or No**

1. Is there someone in the organization to whom you can communicate your problems ? Yes / No
2. Do you feel that your complaints or grievances are heard ? Yes / No
3. Do you feel a part of the health care team ? Yes / No
4. Do you know what is the mission of the hospital ? Yes / No
5. Do you have promotional avenues open to you ? Yes / No
6. Did you undergo orientation when you joined the hospital ? Yes / No
7. Do you feel appreciated in your work ? Yes / No
8. Do you think the rules and policies are fair ? Yes / No
9. Have you read and understood and Employee Service Rules ? Yes / No
10. Do you have opportunity to suggest ways that your department's work or function could improve ? Yes / No
11. If you have a personal or family problem, is there someone in the hospital who can guide or help you ? Yes / No
12. Is the area where you work comfortable and safe ? Yes / No
13. Since joining work, have you received any training or new skills ? Yes / No
14. Do you have a job description ? Yes / No
15. Do you participate in any special events or extra curricular activities in the hospital ? Yes / No



## Questionnaire for Staff (Ancillary Department)

1. Is there someone in the organization to whom you can communicate your problems ? Yes / No
2. Do you feel that your complaints or grievances are heard ? Yes / No
3. Do you feel a part of the health care team ? Yes / No
4. Do you know what is the mission of the hospital ? Yes / No
5. Do you have promotional avenues open to you ? Yes / No
6. Did you undergo orientation when you joined the hospital ? Yes / No
7. Do you feel appreciated in your work ? Yes / No
8. Do you think the rules and policies are fair ? Yes / No
9. Have you read and understood the Employee Service Rules ? Yes / No
10. Do you have opportunity to suggest ways that your department's work or function could improve ? Yes / No
11. If you have a personal or family problem, is there someone in the hospital who can guide or help you ? Yes / No
12. Is the area where you work comfortable and safe ? Yes / No
13. Since joining work, have you received any training or new skills ? Yes / No
14. Do you have a job description ? Yes / No
15. Do you participate in any special events or extra curricular activities in the hospital ? Yes / No

MISSION, PHILOSOPHY, OBJECTIVES AND STRATEGIES OF ST. MARTHA'S HOSPITALINTRODUCTION:

St. Martha's Hospital, run by the Sisters of the Good Shepherd, is a Catholic, voluntary and charitable institution. Its objectives are to serve the sick and suffering, especially young girls and women and to restore them to complete physical, mental and spiritual health. The Sisters of the Good Shepherd have been striving unceasingly in their chosen mission of Mercy and Reconciliation which involves, in particular, helping young girls and women in distress to become self-supporting and to regain their self-respect.

Historical Back-ground:

St. Martha's Hospital was started in 1886 by the Congregation of Sisters of the Good Shepherd. This Congregation was founded in Angers, France, in 1835, by a French Nun Sr. Mary Euphrasia Pelletier mainly to deal with the moral and social problems thrown up by the French Revolution, such as large numbers of homeless children, marginalised women, and young girls. She gave the Congregation the name of the Sisters of the Good Shepherd, inspired by the Biblical parable of the Good Shepherd, who left the 99 sheep of his fold to seek and find the one sheep that was lost. A woman of great vision and strength of will, she was also a highly compassionate and resourceful innovator who found ways and means to help the helpless, driven by a deep religious faith and a dynamic understanding of fellow human beings. In particular, she fostered special programmes, characterised by deep love, understandings and kindness, that were directed to the relief and rehabilitation of suffering women and girls.

Bishop Charbonneaux MEP invited the Sisters of the Good Shepherd to India to extend their services to women, young girls, and children who were outcasts or socially marginalised. In response to his request, Sr. Mary Euphrasia sent five of her Sisters to Bangalore in 1854 with the mission of uplifting deprived women, young girls and children.

The experience of these Sisters in reaching out to the sick and suffering in Bangalore during a severe famine in 1876-1877, and the outbreaks of epidemics of cholera and plague that followed, led to the idea of starting a hospital; and, in 1886, this idea became a reality when Sr. Mary Visitation Leusch built St. Martha's Hospital with 80 beds on land gifted for the purpose by the Maharaja of Mysore. The far-sighted Sr. Mary Visitation guided the Hospital through its early years until her premature death in 1893. In Sr. Mary Hyacinth Gonnet (1894-1920) she had a worthy successor who ably administered and developed the hospital over the next quarter century.



In 1933 the School of Nursing was started. In 1963, at the behest of the Catholic Bishops Conference of India. St. Martha's became the teaching hospital of St. John's Medical College. During the next 20 years, St. Martha's grew into a 600-bed hospital with a large surgical department a full-fledged department of Obstetrics and Gynaecology and considerable clinical and para-clinical facilities. An outreach programme at Uttarahalli for students of the School of Nursing was set up and programmes for medical and para-medical training were started in the hospital.

Even after its association with St. John's Medical College ceased in 1983, St. Martha's has successfully maintained the enlarged facilities created during that association. It completed its Centenary in 1986 and remains not only the second oldest but also a leading hospital of Bangalore, beloved of the common people of the city and the surrounding areas for its good medical and surgical facilities, the high standard of its nursing care, its ethical soundness and its non-profit character.

#### Vision:

We, the Sisters of the Good Shepherd have been inspired by the merciful life of our Lord Jesus, to bring reconciliation and healing to this broken world, to strive to create an environment of compassionate care arising from profound love, for all persons in need of wholeness and healing but more especially, women, young girls and children.

#### Mission:

Our Mission as Good Shepherd Sisters in India is by prayer and sacrifice to bring reconciliation through our own experience of the merciful love of Jesus the Good Shepherd to all, especially to girls, and women who are poor and exploited by means of qualitative social, educational and Health Ministries.

#### We Believe that:

1. Every person is created in the image and likeness of God and is a unique person with intrinsic value. As our Mother Foundress St. Mary Euphrasia has said: "One person is of greater worth than the whole world".
2. Life should be respected and every child has a right to be born and to be born to live happily.
3. We should imbibe the spirit of Jesus the Good Shepherd and show forth His compassionate love to all those in need of health service and particularly to women, young girls and the children, and to the poor, the lonely and the lost.

4. Self-sacrifice and deep spiritual motivation substantially help in the alleviation of human suffering.
5. A spirit of joyful service, of kindness, justice and sensitivity to the hopes, aspirations, sorrows, anxieties and burdens of those we serve should be the main ethos of our ministry.
6. We should provide competent medical and nursing care in a spirit of loving service to all, irrespective of caste, creed, race or gender.
7. A spirit of dedication, commitment, co-operation and collaboration should be the main activating and animating force in the organisation.
8. Education and research are essential to enhance and improve the quality of patient care.
9. We should, at all times, respond in a practical, compassionate and holistic way to the problems of society and to its needs for relief of suffering from sickness and disease.

OBJECTIVES:

1. To promote respect for the worth and dignity of all human life from the moment of conception until death.
2. To serve all the sick and ailing, especially young girls, women and children, irrespective of caste, creed or race, giving them health care of a high quality at a cost that the common people can afford.
3. To develop a team spirit so that we can collaborate with other groups who are engaged in the promotion of health by prevention or cure of disease and by alleviating suffering from illness.
4. To provide competent and comprehensive health care for the whole person, the family and the community, with love and compassion as taught by Jesus Christ, the Good Shepherd.
5. To provide health care and service with honesty and integrity and with due regard to the principles of medical and bio-ethics as applicable to a Catholic hospital.
6. To conduct educational/teaching programmes in various fields, such as nursing, laboratory technology, radiography, rehabilitation, and post-graduate medical studies and others and, in so doing, to maintain a high standard of competence in the delivery of health care.
7. To provide alternative systems of health care both in the Hospital and its Community Health work.
8. To initiate, or participate in, such other activities as are conducive to the improvement of the health of the people at large, and contribute towards improvement of the quality of life, more particularly amongst



the weaker sections of society.

9. To provide counselling and support to people in crisis.
10. To make people respect life and become aware of the importance of preserving an ecologically sound environment on our planet.

STRATEGY:

1. We shall promote St. Martha's Hospital as a good health care Institution in the city of Bangalore, aiming to be a "people's hospital" and serving the less affluent sections of the population especially women, young girls and children.
2. We shall selectively upgrade medical technology, keeping pace with advancements in the field and, while so doing, shall lay particular emphasis on services for women young girls and children.
3. We shall develop and follow policies for the rational use of drugs and therapeutics and rational methods of treatment and care.
4. We shall always lay emphasis on giving service which is of high quality and showing due sensitivity to the needs of patients. The maximum precautions shall be taken to protect the patients from acts of culpable negligence, dereliction of duty and breach of medical ethics.
5. We shall respect the religion of every one of our patients when we take care of their spiritual needs (for Catholics by administering the sacraments).
6. We in the hospital shall, at all times, be courteous and considerate to each other, to the patients, visitors and to all members of the public who come into contact with us.
7. We shall create a climate conducive to the pursuit of excellence. We shall motivate all who are working in the hospital to give of their best, to be dedicated and committed, using the means of prayer services, retreats, talks, seminars and inservice programmes, aided by periodical evaluations and appropriate use of the mass media.
8. We shall follow, uphold, and promote the teachings of the Church. We shall oppose and prevent the practice of abortion as well as artificial methods of Family Planning, explaining and encouraging Natural Family Planning methods through audio-visuals, posters, street plays peace walks etc.

9. We shall endeavour through our training programmes, community health care and outreach programmes (in rural and urban slums), our various clinics, family counselling and welfare centres, as also through holding of nutrition classes, to promote health care for all while, at the same time, creating awareness of the conditions that lead to disease.
10. We shall lay strong emphasis on value education for patients, the public, the staff and our students.
11. We shall be friend and be readily accessible to people suffering from sickness and to those in crisis. We shall help them by showing compassion and through pastoral care.
12. We shall strive to create an awareness of the evils of smoking, drinking, addiction to drugs and of the importance of regular exercise and proper nutrition for the maintenance of sound health, both of mind and body.
13. We shall endeavour to create an awareness of the importance of a clean and healthy environment and of living in harmony with nature.

\* \* \* \* \*



Dated: 21st November, 1986

NEW ORIENTATION FOR ST. MARTHA'S HOSPITAL

(Based on the choice of Option 6 - "Give up ownership and administration partly and retain some of the sisters; e.g. for special services".)

1. The presence of the Good Shepherd Sisters at St. Martha's Hospital will continue in the area and buildings identified as their own (the identification will be finalized in due time).
2. Their ownership and administration of the Hospital will be passed on to A Church Society (contacts are being made.) To facilitate the transfer and provide the necessary link with the Ancillary Services special to the Good Shepherd Sisters, it is desirable that a few sisters should remain on the Governing Body and perhaps in other key positions.
3. Their service in the Hospital as doctors, nurses and supportive personnel, inspired by their mission of reconciliation, will be fixed from time to time only in certain areas of work by common agreement between the Society and the Sister Provincial.
4. Their apostolate will now have an opportunity to flourish both in the premises and outside in activities more visibly expressing the Spirit and Charism of the Good Shepherd.
5. Their life with this added dimension will be further enriched, their dedication to the disadvantaged will be more visible, and their witnessing more challenging.
6. This Development is the outcome of the action of the Holy Spirit on the discerners and in agreement with the high priority given to Option 6 by the Sisters of the Province, who collectively valued it as their second choice. It is enriched not as a diminution but as a growth and flowering of the primary inspiration, not as a set-back but as a privilege and challenge in the history of the Good Shepherd Sisters at St. Martha's.

Flourish  
More visible spirit/charism  
Enriched  
Dedication more visible  
witnessing more challenging  
Not diminution but growth/planning

Not set-back but a  
privilege and challenge

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Summary of the Discernment of St. Martha's Hospital from November 1985 to November 1986 and its follow up procedures of June 86.

**Introduction:** As St. Martha's Hospital was launching in to the centenary year (1986) many queries were coming up with regard to its future. Some of the anxieties expressed by the sisters working in the hospital were as follows. Opinions and suggestions. Other institutions and organisations also were contacted in order to. St. Martha's has grown to a large hospital from its humble beginning with a small number of sisters available, it is not possible to manage and administer it in a satisfactory manner. The extended Provincial Council had a consultation with 18 sisters selected from the different. The sisters were not equipped to manage such a large institution on the specialised health-care institution. October 85.

3. The sisters did not wish to stand in the way of the growth and development of the hospital situated in the heart of the city with doctors who may wish to have more facilities than the sisters can afford or group was engaged providing a communal discernment through prayer, reflection, sharing and clarification on various issues pertaining to the options. 4. Thus freed, the sisters would be able to utilize the resources (particularly sisters themselves) for work which would "express better the spirit and charism of the Good Shepherd". Following this, 3 other options were given their priorities as follows:

5. How would the hospital fall in line with the "Goal" and "thrust" of the Province.
6. The desire of the young sisters seemed to work in a non-institutionalised set and to reach out to the larger percentage of populations in the rural areas and slums.

In order to allay these anxieties, the sisters working in the hospital had asked to initiate a process of discernment - In addition the superior General who suggested the same. Thus the Provincial Council initiated the process of discernment, under the guidance of Rev. Fr. Balaguer S.J. and with the help of the former Provincial (Sr. Bertha), the Superiors of St. Martha's and Manjula Nilayan Communities (Sr. Gemma & Sr. Teresita).

On 1st November 1985, a special circular was sent with the copy of the orientation for St. Martha's Hospital to each.

Preparatory Stage - This was divided into three phases -

1st Phase began during the 1st week of November 1985 and was completed by April 1986. During this phase the whole community of St. Martha's together with the Provincial council studied the various possibilities for the future of the hospital. The results of this study was circulated to the whole Province. The six options with pros and cons are been enclosed herewith.

II Phase During the 2nd phase each sister in the Province was asked to read the six options with Pros and Cons, prayerfully and carefully before God. After the individual study and reflections on these papers, each community considered together the points, discussed and clarified them with the assistance of one of the members from the extended Provincial Council. After

1. Legal implications of such a transfer.
2. Financial implications of such a transfer.
3. Management implications of such a transfer.
4. Transfer modalities.
5. Repurcussion of C.B.C.I. taking over another large establishment
6. Other relevant details that may be necessary.  
(Refer enclosure)

This working paper was to be taken up at the Gov. Board meeting of the C.B.C.I. Society for Medical Education.

After some more correspondence and meetings with the C.B.C.I. Society for M.E., to consider the feasibility of transfer of part of St. Martha's Hospital and administration, three representatives from the C.B.C.I. (Bishop Ambrose of Bellary, Bishop Alan Delastic of Lucknow, Bishop Patrick D'Souza of Varnasi) met the Provi Council on the 12th December 1987. The bishops expressed their doubts about the C.B.C.I. taking over part of St. Martha's Hospital due to various reasons. They suggested that the Archbishop of Bangalore be contacted to see the feasibility of the C.B.C.I. - Karnataka taking over St. Martha's Hospital.

On the 14th December 1987, the Archbishop was met by the Provincial and one of the councillors to discuss the new proposal. The Archbishop did not think this was feasible either. However, the Archbishop expressed his keen interest in St. Martha's and assured the sisters of all the possible help in overcoming the problems. A draft on the new structure of St. Martha's Society which was drawn up by Fr. Balaguer was explained to the bishop.

As a follow up, another meeting was held on 21st Feb 88 between the Provincial Council, Superior, St. Martha's Hospital, the Archbishop of Bangalore and his V.G, Mgr. Ignatius Pinto.

During this meeting, the Archbishop mirrored back to the group the procedures so far; the discernment leading to the choice of options viz., requests made to C.B.C.I. Society and other religious congregation, plans made for a new society that would include more lay persons and finally the request was made to the Archbishop to help with the future planning and management of the hospital. The bishop wanted to be assured that the request from the sisters for help still held good and that no other changes were made in the planning. He shared with the group that he could only visualise other congregations getting involved in the management of the hospital as equal partakers. The Governing Board would consist of the Archbishop or his VG as Chairman and other Congregations as members on whom the responsibility for the management of the hospital would rest. He said that he had already contacted the Maria Bambino Sisters, Daughters of St. Camilus, St. Joseph's of Lyons and Sisters of John the Baptist.



WORKING DRAFT of proposed handing over of  
St. Martha's Hospital to another Church Society.  
This offer is made specifically to the CBCI  
Society for Medical Education.

This working Paper has been prepared jointly by the Management of St. Martha's Hospital and the Administration of St. John's Medical College & Hospital.

- I. LEGAL IMPLICATIONS OF SUCH A TRANSFER: The land in possession of St. Martha's Hospital was granted initially in 1884 - further 2 acres in 1885 making a total of 18 acres and 30 guntas, as per proceedings of the Government of His Highness, the Maharaja of Mysore, and sanction to construct a compound wall was given on January, 5, 1910. A portion of the land along Kempegowda Road, was acquired by the Municipality and compensation paid to St. Martha's Hospital. The exact extent of the land and buildings now possessed by St. Martha's is indicated in plan, hereto annexed. The "Lady Superior" of St. Martha's Hospital has been in possession and enjoyment of the said property which is surrounded by the compound wall and constructions erected from time to time. The Khata of the property stands in the name of St. Martha's Hospital in the Municipal Registers.

St. Martha's Hospital is registered under the Karnataka Society's Registration Act. It is proposed that the transfer may be effected in either of the two following ways:

- a) St. Martha's Society merges into CBCI Society for Medical Education and ceases to exist as St. Martha's Society and the Good Shepherd Congregation leases the property to the CBCI Society for Medical Education for a period of 99 years, with the name of St. Martha's Hospital remaining the same.
- b) St. Martha's Society continues to exist as such, invites the members of the CBCI Society to be members of St. Martha's Society after which the members of St. Martha's Society as it exists before, resign and the Good Shepherd Congregation leases the property to St. Martha's Society as it exists as a new Body for a period of 99 years.

While handing over in an as-is-where-is condition, the entire hospital complex, that is:

1. Medical and Surgical Blocks;
2. O.P.D. and O.T. Blocks;
3. Maternity block consisting of General and special wards, sick nursery premature unit, Shanti ward, Jyothi ward;
4. Children's creche;
5. Central Building;
6. St. Joseph's Quarters & St. Edith's Quarters;
7. Prema Bhavan, Laundry, Canteen;
8. Prosthetic & Orthotic Centre and Physiotherapy;
9. Block containing the dental dept. speech therapy, etc.
10. Nursing School & Hostel as indicated in the annexed plan;
11. Community Building & Chapel,

The Good Shepherd Sisters will retain the following:

The Sisters of the Congregation of the Good Shepherd have been considering various options regarding the future set-up of St. Martha's Hospital. They have now opted for "Give up ownership and administration partly and retain some of the Sisters, eg., for special services".

2. From the explanation given, the idea appears to be to divide the hospital geographically and functionally into two parts: the major part of the hospital will then be handed over to a church (church-related?) Society, retaining a small part, which will be utilised for

- (i) Centre for family welfare,
- (ii) Follow-up of drug addicts, suicidals, alcoholics, etc.,
- (iii) Counselling centre for those requiring it after discharge from the hospital and
- (iv) any other service which the Good Shepherd Sisters see as part of the specific healing ministry, particular to them.

Will this be women oriented?

3. During informal discussions, it was stated that

- (i) With the small number of Sisters available, it is not possible to own, manage and administer the large hospital complex;
- (ii) The Sisters of the Good Shepherd Congregation are not equipped to manage such a large, specialised health-care institution;
- (iii) The Sisters of the Good Shepherd Congregation do not wish to stand in the way of growth and development of the hospital, situated as it is in the heart of the City, with doctors who may wish to have more sophisticated facilities than what the sisters wish to or can afford to provide;
- (iv) The Sisters can utilise the resources thus freed (particularly, the sisters themselves) for work which would "express better the spirit and charism of the Good Shepherd".

4. Some problems:

- (i) It has been stated "It is desirable that a few sisters should remain on the Governing Body and perhaps in other key positions". It is not clear as to what "a few" means. If the objectives of the Society taking over are not similar, conflict situations are likely to arise. With the long-association of the Good Shepherd Sisters with St. Martha's Hospital, and their continuing on the Governing Body and managing part of the "hospital", though for specialised services, the public will continue to associate the decisions of the new Society with that of the Good Shepherd Congregation. Those decisions may not reflect the objectives and policies of the Good Shepherd Congregation, who may have to look on helplessly or disassociate themselves completely from the new Society.
- (ii) The areas being taken up by the Sisters, as envisaged, will need constantly the services of the hospital. A dependence situation arises and the sisters may have to make the best of a bad situation, because the priorities of the new Society may be different. Even where there is written agreement, the actual working may prove to be difficult.



- (ii) Have enough members (but not majority) to influence all decisions (30-40%). Even though the rest of the members have a majority, almost all decisions will go the way the sisters want since other members do not belong to the homogeneous group but their voice will be important, they will also have a great sense of responsibility.
  - (iii) The Good Shepherd Sisters can have their presence in the Governing Body, making the members of the Society aware of the needs and influencing them to some extent, by having a minority membership (10-20%) in the Governing Body. By having a block membership, the Sisters can bring in considerable influence on the decisions but the decision-making will not be in their hands.
8. The best alternative, under the present circumstances, would appear to be 7(1). This is suggested in view of
- (i) the option,
  - (ii) the need to have roots in the local church (congregation), and
  - (iii) the events (recent) taking place around us.

It is worthwhile to take note of what Dr. George Joseph, Executive Director, Council of Healing Ministry, Church of South India has to say: "One of ten hears fears and doubts expressed about the future of the Church-related health-care work in the country. Though disconcerting this to a large extent, seems to be justifiable. The Church leaders often express shock and surprise when it is revealed that more than 60% of the mission hospitals have been closed down in the post-independence era in the country.. Scores of our institutions are languishing and it is only logical to presume that several of these may cease to function in the not-so-distant future, unless appropriate remedial measures are instituted". The same may happen to us. We have the example of the U.S.I. Hospital in Bangalore, where internal quarrels produced havoc. It is imperative to have a governance which will ensure not only continuance but growth and development along the lines which the Good Shepherd Sisters like to have, seeing the Ministry of Healing as a vital part of the Ministry of the Church.

9. Suggested structure : General Body
- 1-11 : Good Shepherd Sisters working in the hospital.
  - 12-18 : " " " from the Provinciate (other than in the Hospital).
  - 19 : Vicar-general of the Archdiocese
  - 20 : Parish Priest
  - 21-22 : Presidents, St. Luke's Guild and Catholic Association of Bangalore
  - 23 : Executive Director, CHAI
  - 24-26 : Three Catholics of good standing from Bangalore & around (elected for 3 years)
  - 27-30 : The Director, Medical Superintendent, Nursing Superintendent and Principal, School of Nursing

The above distribution ensures 60% membership by the Good Shepherd Sisters, thereby giving complete control and 40% membership by others, bringing fresh viewpoints and sharing of responsibility. It would also ensure an equal representation ~~Executive Director~~ for those working in the hospital and those outside the hospital.

Governing Body: 1-6: Good Shepherd Sisters  
7-10 Elected by the general body from among the members other than the Good Shepherd Sisters.

This proposal would require only a minimal change of the memorandum of association and the rules and regulations of the society.

### OPTION 1

#### KEEPING THE HOSPITAL - GIVING IT A NEW ORIENTATION ACCORDING TO PROVINCE THRUST

#### REASONS <sup>56</sup>FOR

1. The hospital provides scope for christian service of healing, not only to the individual, but also families. A Catholic Hospital is needed and can be very relevant today.
2. It could be given a new direction by developing a community health department where we could educate people coming to the hospital to prevention of disease and wholistic health.
3. Through outreach programmes we could cater to those who cannot visit our hospital
4. We could emphasise on low cost drugs which would mean lesser financial burden for patients and safer treatment. There can be a progressive increase in the number of persons given free and concessional care as also the quantum of assistance to the poor and needy. We could specialize in services more in line with charism and province thrust.
5. The training programmes which are conducted here could be re-oriented and diversified more so as to give better expression to our charism and keep in line with province thrust.
6. A variety of Good Shepherd works which expresses our charism can continue. The sisters have an opportunity for working with all types of people. The experience thus gained is an enrichment for the province. There is also scope for personal development, elderly sisters can find a meaningful apostolate; and the sisters often feel privileged to experience their role as co-redemptorists in facilitating reconciliation etc.

#### REASONS AGAINST

1. Since we are not a medical congregation there is:-
  - a) Insufficient training of sisters for advanced medical care, community health care; administration.
  - b) Lack of interchange of sisters in the province.
  - c) Therefore lack of replacements.
2. The sisters often find themselves in conflict between giving the latest and the best treatment to patients who can afford to pay, and our efforts to keep our service simple.
3. The special contribution of the Good Shepherd Sisters and our identity is not so obvious owing to:-  
the size of the institution, and the lack of focus on the charism; overwork and the present administration set-up which sometimes prevents us from having time and showing concern as well as compassionate love.

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### OPTION 11

GIVING UP EVERYTHING COMPLETELY ( OWNERSHIP AND USE OF THE LAND AND BUILDINGS, ADMINISTRATION AND SERVICES ) AND WITHDRAWING ALL THE SISTERS.

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#### REASONS FOR

1. The administration and running of a hospital of this capacity and size is a tremendous task and requires many qualified sisters.
2. The hospital has grown so big that it is not possible for us to be seen as helping the poor.
3. Our work and medical advancement in the hospital creates a conflict in keeping with the goal and thrust of the province.
4. Without the hospital the sisters would be free to give religious witness in more needy areas
5. Sisters would be free to take up more relevant ways of expressing the charism and take up works which give a more definite expression of it.



OPTION II

REASONS AGAINST

In giving up St. Martha's Hospital the province and the congregation will lose a rich and rewarding field of apostolate where much is being done and can be done in line with our charism and province thrust.

The various opportunities provided in the hospital to exercise our charism are as detailed below:-

1. Training young girls and women for nursing, para-medical and other sciences, including domestic work according to our philosophy of compassionate love, mercy and preferential option for the poor. They in turn help their families.
2. Giving preference to students from disadvantaged socio-economic background for nurses' training.
3. Reaching out to young women and girls in distress is possible and various types of help can be given to them. Much crisis intervention is done - though not in an organised way.
4. The poor and rich are nursed with care and kindness without distinction. Special concern is shown to the poor who are given free or concessional treatment as the need arises.
5. Reconciliation of patients, families and staff is a constant concern of the sisters.
6. Training for religious sisters of other congregations which is a great contribution to the work of the church especially in the villages.
7. The ethical and christian values practised here are precious and should be safeguarded.
8. Many of the services now offered to the province will be lost.
9. It is difficult to find an organisation that will takeover the hospital and run it in a christian spirit.
10. The option would cause insecurity and fear among sisters.

OPTION III

GIVING UP OWNERSHIP AND ADMINISTRATION COMPLETELY AND RETAINING THE SERVICES OF THE SISTERS ONLY

REASONS FOR

1. We will be doing an injustice to the people of the city if we continue to hold on to the ownership and administration of the hospital when it has grown beyond our ability to keep it relevant to today's health needs.
2. Giving up ownership and administration will free the sisters from the responsibility and tension of a complex situation.
3. The new owners may do a better job by making maximum use of the place and assets and so provide better facilities modern up-to-date equipment and techniques.
4. They can go ahead with specialisations according to today's trends, appoint personnel for management in medical, nursing and other departments. They will be better able to handle the labour problems and complexities of a modern hospital.
5. The sisters can (presuming permission from new ownership) carry out our special services to the poor, to women and girls and continue our special care of the poor patients.
6. Without the burden of Administration and management the sisters can concentrate on being caring, compassionate and generous religious; their service will be seen as a sign of real self-dedication.
7. Our presence will help to ensure continuity of the moral tone of the hospital and the practice of medical ethics.

REASONS AGAINST

1. The new administration may not be favourable to our mission and philosophy. It may prevent us from expressing our charism by not giving us opportunities and facilities.

...3...

2. Once we give up ownership and administration we may be losing precious opportunities to deal with many marginalised people e.g. poor, drug-addicts, alcoholics, suicidals etc.
3. It may not be possible to help our own sisters and girls or give free or concessional care as we do now.
4. Since service is usually linked with administration which carried out the goals and objectives, to carry on the service without either ownership or administration may not solve the problems we face now.
5. We may still be seen as owners of the hospital, in that may we shall be a counter witness.

#### OPTION IV

RETAIN OWNERSHIP AND GIVE UP ADMINISTRATION AND SERVICE OF SISTERS FULLY.

#### REASONS FOR

1. The sisters would be free to work in other Good Shepherd apostolates in the province, or to start new communities in the province relevant to the needs of today.
2. Keeping ownership would give us a source of income which could be used for extra-mural activities more in keeping with the Good Shepherd charism and today's thrust.
3. Since we remain owners, the administration could be given up for a certain number of years after which the matter could be reconsidered.

#### REASONS AGAINST

1. We might lose a vast area of fruitful apostolate where reconciliation can be done. The special character of the Good Shepherd care given to patients might be lost.
2. It might be a counter-witness to retain the ownership, if we give up the service and administration, as we might appear to be commercially minded.
3. As owners the liabilities of buildings and land might still be on us.
4. There might be discrimination; corruption might creep in and we might lose the opportunity to impart Gospel values.

#### OPTION V

GIVING UP OWNERSHIP AND ADMINISTRATION PARTLY (KEEPING FOR INSTANCE AT LEAST FOR SOMETIME ONE OR MORE SISTERS IN THE EXECUTIVE AS A INSPIRATION AND IF POSSIBLE CONTROL) AND RETAINING THE SERVICES OF THE SISTERS FULLY.

#### REASONS FOR

1. Good Shepherd sisters have a special impact because of their personal approach to people as persons. While this could continue, the burden of administration would be lessened.
2. Our very presence has a witness value and we can impart the charism to those with whom we work.
3. As co-owners and/or co-administrators we have some voice in policy-making. This will enable us to continue the good work that has already been done over the past 100 years.
4. We will have less property and so our responsibility will be decreased with fewer tensions.
5. There may be better control and supervision over usage and wastage of material.



#### OPTION V

#### REASONS AGAINST

1. Sisters in administration may often be in a conflicting situation between the new co-owners and/or co-administrators and the sisters in service may feel frustrated if the standard is falling and if the co-owners and/or co-administrators have no interest in the Good Shepherd Charism.
  2. We may have less say in things, so we may not be able to maintain a Christian atmosphere or have spiritual, moral or ethical standards.
  3. As co-owners we may still incur the odium of doing business, and as co-administrators we might be blamed for the failures in administration of our partners.
- N.B. That the land is always in all cases to be used as given is taken for granted.

#### OPTION VI

GIVING UP OWNERSHIP AND ADMINISTRATION PARTLY (AS IN NO. 5) RETAINING  
SOME OF THE SISTERS FOR SPECIAL SERVICES OR AS AN INSPIRATION AND EXAMPLE

#### REASONS FOR

1. Possibility to develop services in the spirit of the Good Shepherd charism, answering the urgent needs of the city and the call of the church today.
2. Being established in the heart of the city where there is a concentration of social evils is an added advantage.
3. The possibility of using hospital facilities as and when needed by the sisters for particular Good Shepherd services e.g. unwed mothers, suicidals, drug addicts etc.
4. Part ownership will permit the sisters to have their residence and facilitates them to carry out the special services.
5. The sisters may continue to have a voice in policy making ensuring Christian principles and compassionate care.

#### REASONS AGAINST

1. Uncertainties regarding :-
  - competence of sisters for special services
  - continuation of valued based goals and policies of the hospital with which the sisters would be associating.
2. Shortage of qualified sisters as well as the difficulty of preparing them in a short period.

A FRAMEWORK FOR THE ESTABLISHMENT / MAINTENANCE  
OF A COMMUNITY HEALTH DEPARTMENT AT  
ST. MARTHA'S HOSPITAL-BANGALORE.

REPORT OF A COMMITTEE OF EXPERTS

- \* Dr. George Joseph (CSI Ministry of Healing, Madras);
- \* Dr. Dara S. Amar, (Professor & Head, Department of Community Health, St. John's Medical College, Bangalore);
- \* Dr. Ravi Narayan, (Coordinator, Society for Community Health Awareness, Research and Action, Bangalore);
- \* Sr. H. Lalitha, (Professor, Community Health Nursing, St. John's College of Nursing, Bangalore);
- \* Mr. R.M. Christopher, (Social Scientist, Department of Community Health, St. John's Medical College, Bangalore).

AUGUST 1992



## R E P O R T

After studying all the relevant papers and reports, visiting the urban and rural field practice areas and discussing with various staff members involved in the rural and urban extension of the hospital and Nursing School (refer Appendix A-F) the Committee recommends:

1. A reoriented/integrated Community Health Department at St. Martha's Hospital should evolve by a phased merger of all the existing activities of extension, outreach and training which the hospital is undertaking outside and beyond the institution already - more especially the rural work at Uttarahalli and the urban slum work through community health project.
2. The department should be a response to the post centenary mandate of outreach and field training and supported by a policy commitment at all levels.
3. The department should cater to two functions immediately - service and training, and research must be an important and added component ultimately. In the initial phase research may be seen as a sub-unit/focus under training component.
4. The department will also have two outreach focus/components - Rural and Urban.
5. The rural component should function with Uttarahalli as base. The committee feels that Uttarahalli has become too urbanised and therefore other villages situated more peripherially, needs to be selected for student field work. Already we hear that St. Martha's administration have ear-marked six villages (out of 16 villages in the drainage area) for the rural health practice for nursing students. Further, we understand that a base-line

evaluation survey of the socio-economic and health situation in these villages have been carried out by the nursing college.

For the Urban field practice areas, Koramangala Slum seems to be ideally suited. The committee suggests that some adjacent slum blocks be included in addition to the existing block, where the service is being rendered, currently. Subsequently it has also been found that Koramangala slum comes under the jurisdiction of the World Bank Aided IPP-VIII slum improvement scheme. This envisages setting-up of MCH care service including permanent centres. Therefore, this development will be supportive of the training programme in the future, and will provide an added advantage and opportunity of working in collaboration with government agencies.

6. Focussed well defined, geographical areas in both rural and urban situation must be adopted for comprehensive primary health care/community health service in close coordination with government services. While the departments services will be complimentary to government efforts, the degree of this complementarity and the investments in 'alternative services provision' will depend on the area/population covered and the extent of available services and overlap.
7. As a general principle alternative services may have to be provided more in the rural situation while in the urban situation there may be need for greater educational, organisational, facilitation of linkages role. A certain degree of flexibility is necessary.
8. The services should be comprehensive primary health care and include in both situations.
  - a) Curative Services for minor ailments
  - b) Maternal health services
  - c) Domiciliary Deliveries
  - d) Pre school care (Anganwadis)
  - e) Under 5 care
  - f) Health Education



- g) School health programme including Child to Child, Child to Mother, Mother to Mother and Child to Community.
- h) Nutrition Education
- i) Family Welfare including NFP
- j) Immunization
- k) Mental Health
- l) Environmental health
- m) Health information system
- n) Training programme for traditional birth attendants village level volunteers and mothers, etc.

9. Since a large number of nurses, nursing students and women workers are likely to be participants of the programmes during service and training situations the overall focus of the Community Health Departments thrust should be towards generating and promoting a Women's Movement in which MCH, Family Welfare, etc., form an important component. Women's development must therefore be an important wider focus of the initiative and would include formation of Mahila Mandals, promoting home economics activities, setting up tailoring and other income generating activities and awareness building on social issues.

10. In Uttarahalli because of the neighbouring mills and small scale industries and in the urban slums because of home based industries and the phenomenon of working women-labourers, domestics and factory workers an occupational health component to the services can also be developed as the departmental programme evolve.

#### 11. Staffing of the Department

- a) The Community Health Department should be coordinated by a Head of Department who should be an experienced Community Health professional. He/She may be a doctor or nurse with substantial public health experience as well as postgraduate qualification in Community Medicine/PSM/Public Health. This person must be similar to Head of Department of any other clinical department in the hospital in terms of status and function. The coordinator should have a teaching appointment in the School of Nursing.

- b) The coordinator should be supported by two Sister tutors who supervise the field programmes of the rural and urban field practice areas and are attached to the School of Nursing as well. Both of them should have substantial field experience and not be fresh graduates since they will have to ensure meaningful training programmes for student nurses and effective services which will enhance the learning experiences.

The rural and urban allotment could be rotated between the tutors every 6 months/1 year so that both have experience of both situations.

- c) The rural and urban centres must have a medical officer each who provides efficient clinical services and takes part in all the training and service programmes actively.
- d) As at present two or three part time medical officers could be attached to the centre for additional support. If they are from other systems of medicine their involvement would enhance the plural nature of health services offered to the community.
- e) Staff nurses should be allotted to both rural and urban field practice areas and should be given both service and training responsibilities. We suggest that since Community extension is a mandate of the hospital all staff nurses of the college should be encouraged to rotate through the community health department both rural/urban field practice areas to enhance the community health orientation of all staff nurses in the hospital. Postings should be for minimum periods of 6 months so that some continuity is maintained. While the urban programme may require one staff nurse, the rural programme may have more depending on the number of students posted to the rural health centre.
- f) The MOs and staff nurses of the rural and urban health centres should be supported by 2-3 field based, community oriented social workers, ANMs or community health organisers and or



facilitators. Team members for this job are to be identified not by professional qualifications only but by their aptitude and interest in grass roots work - especially for primary health care, community organisation, health education and women's development/empowerment. While they could be MSWs or graduates from various community health training centres run by voluntary/NGO sector, commitment and experience should be as important as requisite qualification. While most of these will be female since the focus will be on women of the community, some male staff at this level would help to involve the men folk of the community as well.

- g) Ancillary staff such as driver, and in the rural centres such as hostel aids, housekeepers or watchmen may be appointed as the needs and situation demands.
- h) The rural and urban field practice areas are to be considered as community wards of the hospital and unless meaningful and efficient and realistic field services are operational in these community wards - learning experiences of students posted there would be inadequate. Care should therefore be taken to ensure that adequate staff are available and the centres are not understaffed and the team overstretched.

## 12. Training

While student-Nurse training will be an important component the department should also include training of community based health workers as an important component and priority. This will include:

- i) training of existing TBAs
- ii) Community/Village health workers - Male/Female
- iii) Mothers
- iv) Youth

Further continuing education and refresher training programme for the field staff of St. Martha's department and government and other NGOs working in that area may be considered.

13. The Department should explore/establish linkage with a wide range of organisations to enhance the nature and quality of its own programmes.
  - a) Involve government health services by involving PHC staff and reciprocally encourage students participation in National Health Programmes at local Rural Primary Health Centre/ Corporation Urban Health Centre levels.
  - b) Voluntary organisations working in the designated field service/practice areas. Already the existing programmes have established contacts with Women's Voice, KKNSS, AWAS, Rotary Club, Round Table-7 and others. There are many other NGOs who need to be actively identified. These must be strengthened and greater mutual collaboration enhanced. They could also be used for helping in the training process through their role as guest faculty and by providing field experiences in their respective areas. Voluntary organisations like Rotary, Lions and Round Table can also be contacted to sponsor specific programmes.
14. Local Health Committees should be constituted in Rural and Urban field service/training areas. They should be operationalised in Uttarahalli. In Koramangala, a committee already exists which should be further strengthened.
15. Referral Services to Government PHC, Corporation Maternity Home-Neelasandra, St. Martha's Hospital, St. John's Hospital and other government centres should be established in an organised way. Referred patients from rural and urban field practice areas who come to St. Martha's Hospital should be considered favourably for purpose of payment of services. This is particularly important since this policy would be greatly supportive of the team working in the field practice areas.
16. All departments of the hospital should be encouraged to support the hospital outreach mandate through the CH department by extending specialist services, specialist camps and involving in



ongoing service, training and health education programmes of the department in both urban and rural areas.

17. In the existing urban health team there is already an attempt to have a plural mix of medical officers, and health systems. This should be further strengthened and a plural integrated health care promoted in both rural and urban centres health workers and health centre staff and student nurses should also be trained/oriented to provide services in alternative systems of health care.

Students from colleges of other systems of medicine as well as other medical colleges/pharmacy colleges and social work colleges should be offered training in the rural and urban field practice areas on a voluntary basis at a later date. This will also help in the integration and multi disciplinary interaction process.

18. For immunization and many other components of Primary Health Care it is possible to tap resources - vaccines etc., from government health sector provided records are maintained and submitted regularly. These should be an important area of Govt-NGO collaboration.

19. For many of the suggested programme components there are local resources centres that can be contacted and details of programme components, organisation, records, survey forms, etc., can be got for use after studying ongoing similar programmes.

- i) St. John's Medical College, Department of Community Health, is an important resource centre with numerous field activities and rich experience.
  - ii) There are many other centres as well and groups such as VHAK and CHC could be contacted to identify other programmes that can be used for staff development and gaining from ongoing experience.

20. Ultimately the evolution and organisation of an integrated Community Health Department must be built on a strong hospital

policy commitment to:

- i) Outreach/extension
- ii) Field training-community based
- iii) Promoting/supporting Primary Health/Community Health.

This already exists. It will now have to be supported by complimentary policies that support adequate staff involvement in community health.

## 21. Staff Security

The most important policy decision is to treat this new department on par with all the clinical units with staff getting the same salary structure and benefits and facilities that are available to all other staff in the hospital.

The Committee feels that at a later stage, the staff of field practice areas must actually get an additional incentive but for the time being, parity with equivalent hospital staff is a basic requirement.

22. The demands of rural and urban field training centres are very different from that of a secondary level hospital and nursing college. Therefore, the committee feels that a certain degree of flexibility in the timings, and application of other provisions such as compensatory off, etc., for work done on non-working days etc., will need to be considered for the staff of this new department.

This need not be considered as special privilege but a policy flexibility in the context of the training centre. Experience elsewhere has shown that any attempt to get a Community Health Department to fit into a typical 9-4p.m. routine of a hospital, affects mobility and ultimately the efficiency of the department since community health work demands longer hours and more flexibility in the programme with the community having a greater say in the planning and organisation of programme.

23. Details regarding suggestion for training - based on the experience of various committee members is available in the reports which are appended. These can be considered by staff of the new department while evolving training and service programmes.



## APPENDIX - A

### I - PLANNING FOR REORGANISATION OF COMMUNITY HEALTH DEPARTMENT

#### AT ST. MARTHA'S HOSPITAL, BANGALORE.

(1991 - 1992)

#### Steps of the Process

- \* The St. Martha's Hospital Advisory Board suggested in the minutes of its meeting on 20th August 1991 that there was a vital need for a separate department of Community Health which will be responsible for the work in rural and urban areas.
- \* The present set up at St. Martha's Hospital includes (i) A rural extension centre at Uttarahalli, established 25 years ago as the Perpetual Help Health Centre, primarily for training of the students of the School of Nursing. (ii) An urban community health effort focussing on some urban slums as part of a centenary project since 1986.
- \* The governing body at its meeting on October 14, 1991 resolved that a committee of experts be requested to go into various aspects of the proposal and the following were suggested to be on the committee. Dr. George Joseph (CSI Ministry of Healing-Madras), Dr. Ravi Narayan (Community Health Cell-Bangalore), Dr. Dara Amar and Mr. R.M. Christopher (Department of Community Health, St. John's Medical College-Bangalore) and Mrs. H. Lalitha (Community Health Nursing Professor, College of Nursing, St. John's Medical College).

The terms of reference of the committee were:

1. Advisability/feasibility of establishing/maintaining a Community Health Department for rural and urban programmes.
2. Objectives - General and specific.
3. Training (School of Nursing) and Service.
4. Organisation and Coordination.
5. Staff.
6. Finance.
7. Any other relevant matter.

FOLLOW UP

- \* The first meeting of the committee was held on 16th December 1991. The committee was briefed on the background to the project and got an opportunity to discuss with various members of the Hospital Planning Committee, their perspectives on the need of a Community Health Department. As a first step the committee asked for reports on existing services in the community apart from the Annual Report of the Hospital (1990-91) which was distributed at the meeting.
- \* A report on the Perpetual Help Health Centre, Uttarahalli, by Ms. Dorcas Kujis (Sr. Tutor, School of Nursing, St. Martha's Hospital) and a report on Community Health Department by Dr. Sr. Teresita, Medical Superintendent was circulated to the committee as background. A report on the urban posting in Community Health Nursing in Koramangala Slums was also circulated.
- \* Dr. Dara Amar and Mrs. Lalitha had a discussion on the matter and prepared an initial draft note on Reorganisation of Community Health Department - St. Martha's Hospital which was considered at the second meeting of the committee on 10th March 1992. The notes covered ideas on the rural and urban component (Appendix B).
- \* Three members of the committee, Mrs. Lalitha, Dr. Ravi Narayan and Mr. R.M. Christopher went through the note and discussed the suggestions adding details and related issues to the note. This was then, compiled as a second stage draft proposal for further deliberations by the committee and all concerned (Appendix C).
- \* Dr. Dara Amar and Sr. Lalitha visited Uttarahalli Health Centre and made some observations and suggestion on 1992 (Appendix D).
- \* Dr. Dara Amar, Sr. Lalitha and Mr. R.M. Christopher visited Koramangala slum - Health and Development Programme on 3rd April 1992 and made some suggestions (Appendix E).
- \* Prof. George Joseph visited Uttarahalli rural health centre on forenoon of 3.7.1992 along with Dr. Dara Amar and two senior nursing faculty of St. Martha's Hospital Nursing School. On the



same day he visited Koramangala Slum Project area in the afternoon along with Mr. Chander and Ms. Geetha, social workers. His observations and suggestions are included in Appendix F.

- \* On -8-1992 Dr. Dara Amar, Dr. Ravi Narayan and Mr.R.M.Christopher met in the Department of Community Medicine at St. John's Medical College and after perusing all the reports drew up the final report incorporating suggestions from all the earlier reports included as appendices B-F.

-X-X-X-X-X-

(This report is being discussed on 19.8.1992 by the Expert Committee and the final report will be submitted to St. Martha's Hospital Governing Body.)



## PERSONAL DATA

Year of joining:

Religion:

Status ( Religious / Layperson):

Given below are list of statements relating to various aspects of your education in St. Martha's School of Nursing Give the extent to which you are satisfied with each aspect ,in the form of a number ranging from ONE to FIVE in the blank provided against each statement.

	5	4	3	2	1.
	Fully satisfied	moderately satisfied	partially satisfied	minimally satisfied	least satisfied
1. The encouragement you get from home to perform well in your studies.					
2. The encouragement you get from teachers to do well in you studies.					
3. The encouragement you get from the staff in the hospital to do well.					
4. The encouragement you get from the warden to do well in studies.					
5. The facilities on the campus for your personal/professional/spiritual development:					
*classroom					
*chapel					
*canteen					
*hospital services					
*hostel					
*library					
*mess					
*recreation					
*sick room					
6. The facilities for your social development:					
*interaction with faculty/staff					
*interaction with peers/seniors					
*involvement in the campus activities					
*S.N.A. activities					
*C.N.G.I. activities					
*sports					



7. The faculty/staff who are directly involved in your education \_\_\_\_\_
- \*show genuine interest in your welfare \_\_\_\_\_
  - \*show respect to all of you \_\_\_\_\_
  - \*are available whenever needed by you \_\_\_\_\_
  - \*discipline you when appropriate reasonably \_\_\_\_\_
  - \*provide you with appropriate supervision \_\_\_\_\_
  - \*are firm yet concerned with your welfare \_\_\_\_\_
  - \*demonstrate fairness in dealing with you \_\_\_\_\_
  - \*are competent in various teaching methods \_\_\_\_\_
  - \*use appropriate evaluation methods fairly \_\_\_\_\_
  - \*demonstrate moral/ethical values in dealing with you \_\_\_\_\_
  - \*possess good personal skills & are confident in selves \_\_\_\_\_

#### PART B

1. Do you know the vision and mission of the Hospital ? Yes / No
2. Do you feel a part of the Hospital and its work ? Yes / No
3. Do you have any opportunities for spiritual development ? Yes / No
4. If you have a personal or family problem, is there someone to guide or counsel you ? Yes / No
5. Is the Hospital a place you would like to remain as a Staff Nurse ? Yes / No
6. During your training, do faculty and staff stress on care of the poor ? Yes / No

ST. MARTHA'S HOSPITAL—EVALUATION

SECTION: 1.NURSING EDUCATION

- \*Faculty
- \*Ancillary Staff
- \*Students

2.NURSING SERVICE

- \*Ward-in charges
- \*Nursing Staff

METHOD OF EVALUATION:

- \*Questionnaire
- \*?Focused Group Interview

Note: All members of each category will not asked to take part in the evaluation process. Only a selected representative number will be included depending on the following criteria:

The staff be it in the Nursing Education or Service should -

- \*have worked in the institution for a continous period of six months.
- \*be willing to take part in the evaluation .

Mrs. Maryann Charles.



## PERSONAL DATA

Department: \_\_\_\_\_ Designation: \_\_\_\_\_

Status (Religious/Layperson): \_\_\_\_\_

Duration of service (years) : \_\_\_\_\_

Educational Qualification: \_\_\_\_\_

Institution where Nursing was completed: \_\_\_\_\_

Date of completion of Nursing course: \_\_\_\_\_

Have you undergone an Inservice Education  
Programme after joining St.Martina's hospital ? \_\_\_\_\_

Given below are certain aspects of the institution you are expected to be aware of. Please indicate your awareness, by encircling 'Y' if your awareness of each aspect listed is YES and 'N' if it is NO.

- |   |     |
|---|-----|
| 1.The vision of the Good Shepherd Congregation: | Y/N |
| 2.The philosophy of the institution :           | Y/N |
| 3.The objectives and goals of the institution:  | Y/N |
| 4.The policies regarding :                      |     |
| *Work   | Y/N |
| *Benefits/Salaries                              | Y/N |
| *Promotions                                     | Y/N |
| *Recruitment of staff                           | Y/N |
| *Selection of students                          | Y/N |
| *Disciplinary action                            | Y/N |
| 5.The welfare facilities/schemes:               | Y/N |
| 6.The worker's union:                           | Y/N |
| 7.Performance appraisal:                        | Y/N |

Given below are list of objectives, goals & functions of your institution. Give your opinion to the extent to which you think the objectives, goals & functions should be fulfilled under column A & under column B the extent to which each of them are presently fulfilled .Please give your answer in the form of a number ranging from ONE to FIVE in the blank provided under each column.

	1	2	3	4	5			
	Not fulfilled at all.				Fulfilled completely			
						COLUMN-A	COLUMN-B	
1.The hospital provides services to the the sick irrespective of caste/creed/race/social status.						_____	_____	
2.The hospital strives to provide high quality care at a cost affordable for the common man.						_____	_____	
3.The hospital focuses its services on health concerns of women and children mainly.						_____	_____	
4.The hospital endeavours to provide competent and comprehensive health care thro' recent yet cost effective technology.						_____	_____	
5.The hospital fosters a sense of dedication, moral & ethical integrity among its employees.						_____	_____	
6.The professional skills of the employees are enhanced thro' continuing education programs						_____	_____	
7. The hospital strives to develop in its employees a desire to serve the poor & weak sections of society.						_____	_____	
8. An awareness of the social problems & injustices is developed in the employees, keeping in mind the National Health priorities						_____	_____	
9. The hospital provides spiritual care to the sick respecting the individual's religious beliefs						_____	_____	
10. The hospital provides subsidised care to those individuals in need						_____	_____	



- |   |       |       |
|---|-------|-------|
| 11. The hospital attempts to develop Urban & Rural centres of Health care for the underprivileged & oppressed women and children. | _____ | _____ |
| 12. The hospital strives to expand its department & education programs as per the need of society.                                | _____ | _____ |
| 13. The hospital constantly tries to improve the quality of the health care.  | _____ | _____ |
| 14. The hospital creates awareness of a clean & healthy environment to the public.  | _____ | _____ |
| 15. The hospital serves as a model of efficient health health care.   | _____ | _____ |
| 16. The hospital fosters in all its employees a respect for respect for human life at all stages of life.                         | _____ | _____ |
| 17. The hospital tries to develop in its employees a team spirit & a family atmosphere.   | _____ | _____ |
| 18. Rules & regulations of the institution are reasonable   | _____ | _____ |
| 19. The hospital shows concern for the welfare of its employees.  | _____ | _____ |

20. Give any THREE POSITIVE aspects of the hospital:

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21. Give any THREE NEGATIVE aspects of the hospital which you have experienced:

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23. Give any THREE suggestions for improving the hospital functioning:

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To what extent are you able to accomplish the following tasks . Give your answer honestly by encircling a number ranging from ONE to FIVE where 1 means you are 'not able to do the task at all' and 5 means you are 'able to do the task to the best of your ability' Given below is space provided for comment .Please give your comments if you have faced any problems /difficulties to do these tasks.

1. I am able to provide care to all patients irrespective of their caste/creed/social status. 1 2 3 4 5

---

---

2. I am able to provide the best possible care to all patients at all times. 1 2 3 4 5

---

---

3. I am able to uphold my moral/ethical values in dealing with all the patients /co-workers. 1 2 3 4 5

---

---

4. I am able to meet the spiritual needs of the patients daily respecting their own religious views. 1 2 3 4 5

---

---

5. I am able to participate in activities which will enhance my skills /professional abilities. 1 2 3 4 5

---

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## PART-B

Below are a list of questions relating to various aspects of your functions . Please answer each question by encircling either 'YES' or 'NO'.

1. How long have you been as Ward -in -Charge ?
2. Do you conduct regular meetings of employees whom you supervise ? Yes/ No
3. Do you feel there is good communication with the management ? Yes/ No
4. Are you involved in selection of staff for your ward ? Yes/ No
5. Are you involved in the annual budget process for your ward ? Yes/ No
6. Are you informed about the financial process for your ward ? Yes/ No
7. Do you regularly evaluate the performance of the employees you supervise ? Yes/ No
8. Do you know and understand the vision and mission of the hospital ? Yes/ No
9. Do you communicate the vision and mission to your employees ? Yes/ No
10. Do your department have written policies and procedures ? Yes/ No
11. Do you set goals each year for your ward ? Yes/ No
12. Do you feel a part of planning and decision making in the hospital ? Yes/ No



- |  |         |
|--|---------|
| 13. Do you orient new employees in your ward ?                                 | Yes/ No |
| 14. Do you provide any inservice or on the job training for your employees ?   | Yes/ No |
| 15. Have you attended any seminar , program or course on management training ? | Yes/ No |
| 16. Do you have written standards that guide the work of your ward ?           | Yes/ No |
| 17. Do you have enough qualified staff to do the required work ?               | Yes/ No |
| 18. Do all your employees have job description ?                               | Yes/ No |
| 19. Do you know the organisation plan or structure of the hospital ?           | Yes/ No |

## PART-B ( STAFF/ FACULTY)

Below are a list of questions relating to the functioning of the institution . Please answer by encircling either 'YES' or 'NO' .

1. Is there someone in the organisation to whom you can communicate your problems ? Yes/No
2. Do you feel that your complaints and grievances are heard ? Yes/ No
3. Do you feel a part of the health care team ? Yes/ No
4. Do you know what is the mission /purposes of the hospital and / or school of nursing ? Yes/ No
5. Do you have promotional avenues open to you ? Yes/ No
6. Did you undergo orientation when you joined the hospital or institution ? Yes/ No
7. Do you feel appreciated in your work ? Yes/ No
8. Do you think the rules and policies are fair ? Yes/ No
9. Have you read and understood the Employee Service Rules ? Yes/ No
10. Do you have opportunity to suggest that your department's work or function could improve ? Yes/ No
11. If you have a personal or family problem, is there someone in the hospital or school of nursing who can guide or help you ? Yes/ No
12. Is the area where you work comfortable and safe ? Yes/ No
13. Since joining work, have you received any new training or skill ? Yes/ No
14. Do you have a job description ? Yes/ No
15. Do you participate in any special events or extra curricular activities in the hospital or School of Nursing ? Yes/ No



**ST.MARTHA'S HOSPITAL REVIEW TEAM MEETING – 30<sup>TH</sup> JUNE 1998**

A meeting of the St.Martha's Hospital Review Team was held on 30<sup>th</sup> June 1998 at 2 p.m. at the St. Martha's Hospital community parlour.

**Members present**

1. Dr. Prem Pais
2. Dr. Rebekah Naylor
3. Dr. Ravi Narayan
4. Ms. Mary Ann Charles
5. Sr. Sabena
6. Sr. Ann Marie
7. Dr. Sr. Teresita
8. Sr. Clementia
9. Sr. Theresa Meera

[Mr. Thomas Kandasami, member of the Review Committee was out of the country and unable to attend]

1. The meeting was held to report on the progress of the process of data collection in areas allotted to each member of the Review team and identify needs and further action on the matter. (vide communication of Dr. Ravi Narayan, Chairperson of Review Team, CHC:5.4/98 dated 19<sup>th</sup> June 1998, Communication III).
2. Dr. Rebekah Naylor reported the following :
  - a. All the questionnaires that she had sent have been received except those from Dietary and Laundry department, which are now being followed up by the Nursing Superintendent.
  - b. She circulated a set of standards, which she had evolved to be used as a framework for review for all the departments allotted to her. She requested feedback from all present within a week on these standards.
  - c. A tour of the hospital to meet the heads of various departments was then proposed, and this would be followed up in coordination with the sisters incharge.
  - d. She clarified that the questionnaire for Head of Department and for staff prepared by her, would have to be sent to all the respective department allotted to her.
  - e. For lower grade workers, it was decided after some discussion that a sample of approximately 50 would be taken from all the departments and questionnaires in Kannada and Tamil would be administered to them. It was decided that this would be done later in July along with the administration of questionnaires to patients.

### 3. Ms. Mary Ann Charles reported the following:

- a. She circulated another set of proformas for Nursing faculty, ancillary college staff and students; ward in charge and nursing staff. These incorporated some of the ideas and questions from Dr. Rebekah Naylor and Dr. Prem Pal's earlier draft questionnaires.
- b. With regard to sampling, it was decided as follows:
  - ◆ Nursing college faculty and Ancillary staff – all 25 currently employed
  - ◆ Students – 15 per batch excluding 1<sup>st</sup> year – total  $15 \times 3 = 45$
  - ◆ Ward in charges – all currently employed
  - ◆ Nursing staff – Random selection of around 50 including both SMH Alumni and those trained in other colleges.
- c. It was decided that the proforma for 'staff' prepared by Dr. Rebekah Naylor would be attached to all the Nursing staff since they were employees of the hospital.
- d. Some other minor changes were considered and the modified versions would be completed soon for distribution.

### 4. Dr. Prem Pais reported the following

- a. Due to some communication gap the revision of the questionnaire for doctors was delayed and would be ready by the end of the week.
- b. As decided for the nursing section (item 2(iii) above) all the doctors who got a proforma – would get the 'staff' proforma prepared by Dr. Rebekah Naylor as well – so that there would be some uniformity of data collection in these areas and possibility of comparison of the responses by sub groups.
- c. In terms of sampling, it was decided as follows:
  - ◆ All heads of departments and full time doctors would be given a proforma;
  - ◆ All residents would not be included.

### 5. Patients survey

With regard to patients – both outpatients and inpatients, it was decided that the proformas being finalised by Dr. Prem Pais – would be translated into Kannada, Tamil and Hindi and a sample of around 50 outpatients and 50 inpatients would be selected, (using a grid to be worked out by the team in consultation with statistician so that as representative a sample as possible could be included in the review). These proforma would be pilot tested before being administered to the patients.

### 6. Dr. Ravi Narayan suggested

- a. The next phase of data collection would now be organised in July. The questionnaires to be distributed would be sent out in the first half of July. The questionnaires to be administered would be given out in the second half of July.



- b. He requested Sr. Annie Marie to identify a group of volunteers from the Nursing college – both faculty and senior students who could be trained to administer the questionnaire to lower grade hospital staff and inpatients and outpatients. A group of 5-6 would be adequate and they would be given some training / orientation by members of the Review team before the dates / venues for administering the questionnaire were finalised.
- c. He would also be circulating a short covering letter that will be attached to all the proformas explaining the background to the Review and emphasising the need for active participation as well as our efforts at maintaining confidentiality. (See Appendix 1 – please ring CHC (Phone nos. 553 15 18 & 552 5372) to confirm if it is okay).
- d. Regarding the areas covered by him which were training / community health department and vision/mission issues and external linkages – he would be circulating a plan soon about this as soon as the hospital staff related data collection was organised. Most of this would be through focus group discussion with stakeholders in the areas allotted to him eg., Governing Body; staff of CH department; training coordinators, etc.

## 7. Reporting

In response to a query from Dr. Rebekah Naylor about the nature of the reporting, it was suggested that each member of the team would make a draft report of the area covered by them integrating both quantitative and qualitative data collected by them.

Since there would be much overlap between reviewers and their areas, these would then be integrated through discussion and dialogue in subsequent meetings and a consolidated report will be submitted with recommendations by the Review team by end of September 1998. The first preliminary reporting meeting would be at the end of August 1998 / early September 1998 by which time, hopefully most of the data by proforma, interview, group discussions etc., would have been collected.

Each review team member was requested to make their own arrangements for analysis of the responses from respondents in the areas they were covering.

## 8. List of respondents

The Sisters were requested to prepare lists of all the potential respondents in each category including all currently employed.

Members of the Review committee would be in touch to identify the samples from complete list of students, nursing staff, lower grade staff, etc., which should also be prepared. Sr. Anne Marie agreed to follow up this matter.

The next meeting would be held in the end of August 1998 after most of the data collection was over. Till then, the Review team members could be in touch with Sisters at SMH or Dr. Ravi Narayan at CHC for any further matters related to the ongoing review.

Bangalore  
10<sup>th</sup> July 1998

## APPENDIX - 1

Draft of letter to be attached to all questionnaires during distribution

### St. Martha's Hospital Review - 1998

YOUR  
OPINION IS  
CRUCIAL

THE HEALTH COMMISSION SET UP BY THE PROVINCIAL CHAPTER OF THE GOOD SHEPHERD SISTERS, HAVE REQUESTED A TEAM OF RESOURCE PERSONS TO REVIEW THE HEALTH MINISTRY OF ST.MARTHA'S HOSPITAL THROUGH A PARTICIPATORY, INTERACTIVE AND REFLECTIVE PROCESS. AS PART OF THIS PROCESS STAFF OF ST.MARTHA'S HOSPITAL AND A SAMPLE OF SUTDENTS OF THE NURSING COLLEGE AND PATIENTS ARE BEING INVITED TO PARTICIPATE, BY FILLING IN SPECIAL QUESTIONNAIRES PREPARED BY THE REVIEW COMMITTEE. THESE WILL BE CIRCULATED / ADMINISTERED IN JULY 1998. YOUR PARTICIPATION IN THIS REVIEW IS CRUCIAL TO HELP US IDENTIFY THE FUTURE DIRECTIONS AND THRUSTS AND ALSO MEASURES TO MAKE THE HEALTH MINISTRY MORE MEANINGFUL. ALL YOUR RESPONSES AND SUGGESTIONS WILL BE CONFIDENTIAL. WE INVITE YOU TO JOIN US IN THE TASK AND MAKE THE REVIEW A SUCCESS.

JOIN  
THE  
REVIEW

DR. RAVI NARAYAN  
MR. THOMAS KANDASAMI  
MS. MARY ANN CHARLES

DR. PREM PAIS  
DR. REBEKAH NAYLOR

15<sup>TH</sup> JULY 1998

S.M.H. BANGALORE

[All completed questionnaires must be returned to the Medical / Nursing Superintendents offices latest by 25<sup>th</sup> July 1998 and put in the box specifically provided for them]

Department:

Years of service in SMH:

Date:

Signature  
(optional)



## EVALUTATION OF ST. MARTHA'S HOSPITAL

### *AREAS ASSIGNED : NURSING SERVICE DEPT. & SCHOOL OF NURSING*

Sample : Nursing Service Dept - \* Ward inCharges  
\* Staff Nurses

School of Nursing - \* Faculty  
\* Student nurses

### Description of the Sample:

Ward in Charges : There were totally 19 Ward in Charges in the hospital. All of them were included in the evaluation. All (100%) were lay persons. The mean duration of years of service was 10.4 years (n = 13), with a range of 1&1/2 years to 32 years. A six of them did not respond to the duration of their service in the institution, they hence were not included for computation of the mean duration of service. All (100%) had done the General Nursing Course, and only 2 (10.5%) had some additional qualification out of whom one had done a course on Administration. Twelve (63.2%) of them had there training from St. Martha's School of Nursing. One (5.3%) had completed her course as early as in the 1950s, 4(21.0%) in the 1960s, 5(26.3%) in the 1970s, 6(31.5%) in the 1980s and 2(10.5%) in the 1990s. Most 15 (78.9%) had Inservice Education after having joined St. Martha's hospital.

Staff Nurses : The staff nurses were sampled from the total list of all categories, using the simple random sampling technique. Hence a total of 50 staff were selected, of which 47 were accepted for analysis. Most of them were junior staff 37 (78.7%), with just two or three years of service and 10 (21.3%) were interns with less than a years service. Only 3 (6.4%) were religious and the rest 44 (93.6%) were laypersons. Most 31(66.0%) of the staff were alumnae of St. Martha's School of Nursing, while 16 (34.0%) were from other institutions, of which 7 (43.7%) were from institutions within Bangalore city itself and the rest from out of Karnataka state. The mean duration of service for the staff was 2.09 years with a range of 2 months to 10 years. Only 3 (4.3%) had not received any inservice education after having joined the institution. Majority 45 (95.7%) had done there G.N.M. course, 2 (4.3%) had done their Basic B.Sc.

Faculty : The total number of faculty in the School of Nursing were 15. All were taken for the evaluation. Ten (66.6%) were tutors, 3 (20.0%) were clinical instructors and 2 (13.3%) were senior tutors. Only 1(6.7%) was a religious while the rest, 14 (93.3%) were lay persons. The mean duration of years of service was 3.87 years with a range of 10 months to 16 years. Most 10 (66.6%) had a basic B.Sc. qualification, 4 (26.6%) had done their P.C.BSc. and 1(6.7%) had done her General Nursing after which she had done her Diploma in Nursing Education. Eleven (73.3%) had their nursing training in Karnataka of which 9 (81.1%) were trained within Bangalore itself. Eleven (73.3%) had inservice education after joining the institution.

Student Nurses : The students were selected from the 2<sup>nd</sup>, 3<sup>rd</sup> and the 4<sup>th</sup> year , although those in their 4<sup>th</sup> year have completed their training in the institution they were selected in the category of students since they considered to be under the School of Nursing . The 1<sup>st</sup> year students were not selected since it was assumed that it would be too early to get a valid opinion from them . The students were selected through simple random technique , and comprised a total number of 45 , (i.e. 15 per batch . Only 4 (8.8%) were religious and the rest were laypersons . Most 42 (93.3%) were Christians while 3 (6.6%) were Non Christians .

### Methodology :

The evaluation of these assigned areas was performed primarily from information provided by the selected sample through a questionnaire . The questionnaires were prepared based on the selected functions of the hospital or the School of Nursing , the individual functions of each category , their expectations and suggestions . All the members of the review committee had accepted the format proposed and a copy of the questionnaires for each category is attached .

### Results :

#### 1. Awareness of Nursing Personnel in relation to ---

	W/S	S/N	F	St/N
a. Vision of the hospital	19(100.0%)	32(68.1%)	14( 93.3%)	42( 93.3%)
b. Philosophy	18( 94.7%)	32(68.7%)	15(100.0%)	----
c. Objectives / Goals	19(100.0%)	37(78.7%)	15(100.0%)	----
d. Policy regarding				
work	19(100.0%)	44(78.7%)	15(100.0%)	----
benefits	16( 84.2%)	35(74.5%)	15(100.0%)	----
promotion	17( 89.5%)	34(72.3%)	15(100.0%)	----
recruitment	16( 84.2%)	41(87.2%)	12( 80.0%)	----
student selection	15( 78.9%)	43(91.5%)	14( 93.3%)	----
discipline	16( 84.2%)	43(91.5%)	14( 93.3%)	----
e. Welfare Facilities	14( 73.7%)	26(55.3%)	11( 73.3%)	----
f. Workers Union	15( 78.9%)	15(31.9%)	8( 53.3%)	----
g. Performance Appraisal	17( 89.5%)	21(44.7%)	9( 60.0%)	----



2. **Extent to which the objectives / goals /functions of the hospital are met presently :** The ward in charges , staff nurses and the faculty were given a list of statements pertaining to the above mentioned aspects .They were asked to rate each of the statements on a 5 -point scale according to the extent to which they believed these aspects were presently fulfilled and also to the extent to which they thought these aspects should be fulfilled. However most of them did not answer to the latter part .

The results of the extent to which the above aspects are met are presented in percentages .

	5	4	3	2	1
1. Service given to the sick irrespective of any factor (W/S)	89.5	10.5	---	---	---
(S/N)	48.9	38.2	8.5	2.1	2.1
( F )	66.7	20.0	13.3	---	---
2. Quality care affordable to the common man (W/S)	63.2	26.3	10.5	---	---
(S/N)	29.8	29.8	31.9	2.1	6.3
( F )	20.0	40.0	40.0	---	---
3. Main beneficiaries - women / children (W/S)	42.1	21.0	31.6	5.3	---
(S/N)	15.0	21.3	31.6	21.3	10.7
( F )	---	20.0	53.3	20.0	6.7
4. Provides cost effective competent care (W/S)	42.1	36.8	10.5	10.5	---
(S/N)	6.3	8.5	36.2	23.4	25.5
( F )	6.7	26.7	53.3	13.3	---
5. Fosters dedication and ethical values (W/S)	73.7	21.0	5.3	---	---
(S/N)	27.7	36.2	12.8	12.8	12.8
( F )	40.0	46.6	6.7	---	6.7
6. Enhances skills through CE programs (W/S)	21.0	36.8	31.6	10.5	---
( S/N )	14.9	25.5	36.2	21.3	2.1
( F )	6.7	40.0	46.6	---	6.7
7. Fosters a desire to serve the poor ( W/S )	57.9	36.8	5.3	---	---
( S/N )	29.8	34.0	27.7	6.4	2.1
( F )	40.0	26.7	33.3	---	---
8. Builds social awareness among its staff ( W/S )	15.8	47.4	26.3	10.5	---
( S/N )	12.8	36.2	38.3	8.5	4.2
( F )	---	4.3	66.7	26.7	---

9. Meets spiritual needs of all patients						
( W/S )	63.1	26.3	10.5	---	---	
( S/N )	48.9	34.0	14.9	2.1	---	
( F )	40.0	33.3	13.3	13.3	---	
10. Provides care at subsidised cost to those in need						
( W/S )	73.7	10.5	15.8	---	---	
( S/N )	4.3	48.9	25.5	2.1	---	
( F )	40.0	33.3	26.7	---	6.7	
11. Develops community centres for those in need						
( W/S )	73.7	21.0	---	5.3	---	
( S/N )	29.8	29.8	29.8	8.5	2.1	
( F )	33.3	26.7	40.0	---	---	
12. Expands depts. & education programs as per need						
( W/S )	63.2	21.0	15.8	---	---	
( S/N )	6.4	25.5	40.4	19.1	8.5	
( F )	---	40.0	53.3	6.7	---	
13. Attempts to improve quality of care						
( W/S )	73.7	26.3	---	---	---	
( S/N )	34.0	46.8	17.0	2.1	---	
( F )	13.3	66.7	13.3	6.7	---	
14. Creates cleanliness awareness in public						
( W/S )	68.4	21.0	10.5	---	---	
( S/N )	59.5	29.8	4.3	6.4	---	
( F )	33.3	60.0	6.7	---	---	
15. Serves as a model of efficient health care						
( W/S )	78.9	21.0	---	---	---	
( S/N )	46.8	42.6	6.4	---	4.2	
( F )	33.3	46.7	20.0	---	---	
16. Fosters respect for life in all its staff						
( W/S )	78.9	21.0	---	---	---	
( S/N )	29.8	53.2	12.8	4.3	---	
( F )	33.3	40.0	13.3	---	---	
17. Fosters a team spirit and family atmosphere						
( W/S )	73.7	26.3	5.3	---	---	
( S/N )	23.4	40.4	21.2	8.5	6.4	
( F )	46.7	26.7	26.7	---	---	
18. Has reasonable rules and regulations						
( W/S )	57.9	36.8	5.3	---	---	
( S/N )	25.5	40.4	23.4	8.5	2.1	
( F )	20.0	33.3	46.7	---	---	
19. Shows concern for its staff's welfare						
( W/S )	68.4	15.8	15.8	---	---	
( S/N )	10.6	40.4	34.0	10.6	4.3	
( F )	26.7	53.3	20.0	---	---	



The ward in charges and the staff nurses were given an additional five statements relating to their functions or tasks . they were asked to rate these statements on a 5-point scale depending on their ability to perform the said functions . Below the results are presented in percentages . They were also asked to comment if they were unable to perform these functions to the best of their abilities . The reasons provided are also presented in percentages after categorising them under specific headings .

		5	4	3	2	1
1. Provides care to all irrespective of caste /creed /social status .						
	( W/S )	89.5	10.5	---	---	---
	( S/N )	78.7	12.8	8.5	---	---
2. Provides best possible care at all times						
	( W/S )	36.8	36.8	21.0	---	5.3
	( S/N )	8.5	53.3	31.9	4.3	---
3. Upholds moral & ethical values						
	( W/S )	78.9	21.0	---	---	---
	( S/N )	57.4	36.2	4.3	2.1	---
4. Meets spiritual needs of all patients						
	( W/S )	57.9	31.6	5.3	---	5.3
	( S/N )	59.6	23.4	10.6	4.3	2.1
5. Participates in activities to improve self						
	( W/S )	52.6	21.0	10.5	15.3	---
	( S/N )	42.6	29.8	14.9	12.7	---

Majority of the Ward Sisters and Staff Nurses said that due to lack of sufficient staff and work overload they were unable to provide the best possible care to all patients. In relation to the ability to uphold their moral and ethical values, only the staff nurses responded that they were unable to do so at all times due to misunderstanding with their co-workers. None of them gave any reasons regarding their ability to meet the spiritual needs of the patients and their participation in activities which would enhance their skills and professional abilities.

The nursing students were selected from the 2<sup>nd</sup> and 3<sup>rd</sup> year on a random basis. Those who had completed their training and who in this institution are considered to be in their 4<sup>th</sup> year were also selected randomly using the table of random numbers. The 1<sup>st</sup> years were excluded from the evaluation since the committee felt that it would be too early to be able to get a valid opinion from them. These students were given a set of four statements relating to the encouragement they receive from various individuals; facilities available; facilities for their social development and characteristics of the faculty. Each of these statements had several items under them. The students had to rate each of these statements on a 5 - point scale reflecting the level of their satisfaction on each of the aspects. This tool was prepared based on a study conducted by

	1	2	3	4	5
1. Encouraged received from:					
home	0(---)	0( -- )	0( -- )	4( 8.8)	41(91.1)
teachers	1( 2.2)	0( -- )	6(13.3)	14(31.1)	24(53.3)
staff	1( 2.2)	8(17.7)	12(26.7)	20(44.4)	4( 8.8)
warden	1( 2.2)	4( 8.8)	10(22.2)	19(42.2)	11(24.4)

It is obvious that the students are satisfied with the encouragement they receive from their parents, teachers and the warden to do well in their studies. The staff however do not seem to play a major role encouraging their juniors to perform well in their studies.

2. Facilities available:					
classroom (n=44)	0( --- )	1( 2.2)	5(11.1)	15(33.3)	23(51.1)
chapel (n=44)	0( --- )	0( -- )	0( -- )	10(22.7)	34(77.3)
canteen (n=44)	6(13.6)	7(15.9)	11(25.0)	15(34.1)	5(11.4)
hospital services (n=45)	2( 4.4)	4( 8.8)	14(31.1)	14(31.1)	11(24.4)
hostel (n=45)	1( 2.2)	3( 6.6)	8(17.7)	17(37.8)	16(35.6)
library (n=45)	0( --- )	2( 4.4)	5(11.1)	14(31.1)	24(53.3)
mess (n=44)	5(11.1)	11(25.0)	12(27.3)	13(18.2)	3( 6.8)
recreation (n=45)	3( 6.6)	6(13.3)	10(22.2)	15(33.3)	11(24.4)
sick room (n=45)	6(13.3)	6(13.3)	14(31.1)	15(33.3)	4( 8.8)

Most of the students again seem satisfied with their classroom, chapel, hostel, library facilities. They seem most dissatisfied in relation to canteen, mess, and sickroom facilities. They appear to be moderately satisfied with the hospital services and recreation facilities.



3. Activities required for their social development					
interaction with faculty	1( 2.2)	6(13.3)	14(31.1)	14(31.1)	10(22.2)
interaction with peers					
& seniors	1( 2.2)	2( 4.4)	12(26.7)	17(37.8)	13(28.9)
campus activities( n=44)	0( --- )	3( 6.8)	8(18.2)	26(59.0)	7(15.9)
SNA activities	1( 2.2)	0( -- )	6(13.3)	17(37.8)	21(46.7)
CNGI activities (n=44)	1( 2.2)	5(11.3)	17(38.6)	11(25.0)	10(22.7)
sports activities	1( 2.2)	2( 4.4)	4( 8.8)	26(57.8)	12(26.7)

The only area where the students appear to be quite satisfied is in relation to the SNA activities. The rest of the activities relating to their social development would have to be scrutinised more deeply for the overall development of the students

4. Characteristics of their faculty					
shows genuine interest	1( 2.2)	3( 6.7)	8(17.6)	16(35.5)	17(37.8)
shows respect	1( 2.2)	4( 8.8)	15(33.3)	16(35.6)	9(20.0)
is available	1( 2.2)	2( 4.4)	8(17.8)	18(40.0)	15(33.3)
disciplines fairly (n=44)	0( --- )	0( -- )	6(13.6)	19(43.1)	19(43.1)
supervision good (n=44)	0( --- )	0( -- )	6(13.6)	16(36.4)	22(50.0)
firm yet concerned (n=44)	0( --- )	1( 2.3)	10(22.7)	17(38.6)	16(36.3)
fair in dealings (n=44)	1( 2.3)	5(11.4)	11(25.0)	18(40.9)	9(20.5)
competent (n=44)	0( --- )	4( 9.0)	14(31.8)	15(34.1)	11(25.0)
evaluation fair (n=44)	1( 2.3)	4( 9.0)	13(29.6)	20(45.5)	6(13.6)
shows moral values					
in dealings (n=44)	1( 2.3)	4( 9.0)	9(20.5)	17(38.6)	13(29.5)
has good personal skills					
(n=44)	0( --- )	3( 6.8)	10(22.7)	16(36.3)	15(34.0)

In relation to the characteristics of the faculty the students again appear to be satisfied with most aspects except in relation to their ability to show genuine interest in the welfare of the student, being fair in their dealing with student, being competent in various teaching methodologies and being fair in their evaluation methods

NURSING STUDENTS ( N= 45 ; 15/ BATCH of 2<sup>nd</sup> , 3<sup>rd</sup> & 4<sup>th</sup> year )

	YES	NO
1. Knows vision and mission	42 ( 93.3 )	3 ( 6.3 )
2. Feels part of the hospital	45 ( 100.0 )	0 ( -- )
3. Opportunities for spiritual growth	43 ( 95.6 )	2 ( 4.4 )
4. Availability of guidance & counselling	29 ( 64.4 )	16 ( 35.6 )
5. Remain as staff in the same hospital	34 ( 75.6 )	11 ( 24.4 )
6. Stress on care of poor during training	37 ( 82.2 )	8 ( 17.8 )

WARD IN CHARGES ( N = 19 )

Mean duration of service = 10.44 yrs. ( Range = 1 to 32 yrs.)

This was calculated from data provided by 13 of the ward-in -charges

	YES	NO	NA
1. Conducts regular meetings	11 ( 57.9 )	6 ( 31.6 )	2 ( 10.5 )
2. Has good communication with management	17 ( 89.4 )	1 ( 5.3 )	1 ( 5.3 )
3. Involved with plan of annual budget	5 ( 26.3 )	13 ( 68.4 )	1 ( 5.3 )
4. Involved in selection of staff	1 ( 5.3 )	17 ( 89.4 )	1 ( 5.3 )
5. Informed of financial process	4 ( 21.0 )	13 ( 68.4 )	2 ( 10.5 )
6. Evaluates staff performance	17 ( 89.4 )	1 ( 5.3 )	1 ( 5.3 )
7. Dept. has written policies	11 ( 57.9 )	7 ( 36.8 )	1 ( 5.3 )
8. Sets goals each year for dept.	9 ( 47.4 )	9 ( 47.4 )	1 ( 5.3 )
9. Feels part of planning & decision-making	7 ( 36.8 )	10 ( 52.6 )	2 ( 10.5 )
10. Knows vision & mission of hospital	18 ( 94.7 )	0 ( -- )	1 ( 5.3 )
11. Communicates above to staff	18 ( 94.7 )	0 ( -- )	1 ( 5.3 )
12. Orients new employees	17 ( 89.4 )	1 ( 5.3 )	1 ( 5.3 )
13. Provides ISE or on- the- job training	12 ( 63.2 )	6 ( 31.6 )	1 ( 5.3 )
14. Attended CE- program on management	12 ( 63.2 )	6 ( 31.6 )	1 ( 5.3 )
15. Written standards are there to guide work	11 ( 57.9 )	7 ( 36.8 )	1 ( 5.3 )
16. Enough qualified staff available	14 ( 73.7 )	4 ( 21.0 )	1 ( 5.3 )
17. All Staff have job description	15 ( 78.9 )	2 ( 10.5 )	2 ( 10.5 )
18. Knows organisational plan	12 ( 63.2 )	5 ( 26.3 )	2 ( 10.5 )

WARD IN-CHARGES



# GENERAL FUNCTIONS OF MANAGEMENT :

	Yes	No	N/A
1. Someone available to communicate problems	19 (100.0)	0 ( -- )	0 ( -- )
2. Complaints are heard	18 ( 94.7)	1 ( 5.3 )	0 ( -- )
3. Feel part of a team	19 (100.0)	0 ( -- )	0 ( -- )
4. Knows the mission of the hospital	19 (100.0)	0 ( -- )	0 ( -- )
5. Promotional avenues available	9 ( 47.4)	10 (52.6)	0 ( -- )
6. Orientation received when joining institution	17 ( 89.4)	2 (10.5)	0 ( -- )
7. Feels appreciated	18 ( 94.7)	1 ( 5.3)	0 ( -- )
8. Feels policies/ rules are fair	18 ( 94.7)	1 ( 5.3)	0 ( -- )
9. Knows employee service rules	18 ( 94.7)	0 ( -- )	1 (5.3)
10. Opportunities to give suggestions	14 ( 73.7)	4 (21.0)	1 (5.3)
11. Availability of personnel for guidance	19 (100.0)	0 ( -- )	0 ( -- )
12. Work area comfortable and safe	17 ( 89.4)	2 (10.5)	0 ( -- )
13. New skill training received	12 ( 63.2)	7 (36.8)	0 ( -- )
14. Has a job description	17 ( 89.4)	2 (10.5)	0 ( -- )
15. Participates in special functions	9 ( 47.4)	10 (52.6)	0 ( -- )

## FACULTY : SCHOOL OF NURSING ( N = 15)

Tutors = 10 (66.7)      Senior Tutors = 2 (13.3)      Clinical Instructors = 3 (20.0)  
Mean duration of service = 3.97 Yrs ( range = 10 months to 16 years)  
Qualification : B.Sc. = 10 (66.7) : P.C.B.Sc. = 4 (26.6) & D.N.E. = 1 ( 6.7)

# GENERAL FUNCTIONS OF MANAGEMENT :

	YES	NO	NA
1. Someone available to communicate problems	14( 93.3)	1( 6.7)	0( -- )
2. Complaints are heard	13( 86.6)	1( 6.7)	1( 6.7 )
3. Feel part of a team	14( 93.3)	0( -- )	1( 6.7 )
4. Knows the mission of the hospital	5(100.0)	0( -- )	0( -- )
5. Promotional avenues available	10( 66.7)	3(20.6)	2(13.7)
6. Orientation received when joining institution	14( 93.3)	1( 6.7)	0( -- )
7. Feels appreciated	14( 93.3)	1( 6.7)	0( -- )
8. Feels policies/ rules are fair	14( 93.3)	1( 6.7)	0( -- )
9. Knows employee service rules	15(100.0)	0( -- )	0( -- )
10. Opportunities to give suggestions	13( 86.6)	2(13.3)	0( -- )
11. Availability of personnel for guidance	13( 86.6)	2(13.3)	0( -- )
12. Work area comfortable and safe	15(100.0)	0( -- )	0( -- )
13. New skill training received	13( 86.6)	2(13.3)	0( -- )
14. Has a job description	15(100.0)	0( -- )	0( -- )
15. Participates in special functions	13( 86.6)	2(13.3)	0( -- )

# STAFF NURSES ( N = 47 )

Junior Staff Nurses : 37 (78.7) & Interns : 10 (21.3)

Status : Religious - 3 ( 6.4) & Lay people - 44 (93.6)

Institutions studies: St. Martha's - 31 ( 66.0) & Others - 16 ( 34.0)

Mean Duration of Service: 2.09 yrs ( range 2 months to 10 yrs)

Inservice Education received : 45 ( 95.7)

Qualification : G.N.M.- 45 ( 95.7) ; B.Sc. - 2 ( 4.3) & Additional degrees - 2 ( 4.3)

## GENERAL FUNCTIONS OF MANAGEMENT :

	YES	NO	NA
1. Someone available to communicate problems	43( 91.5)	4( 8.5)	0( -- )
2. Complaints are heard	36( 77.0)	11(23.0)	0( -- )
3. Feel part of a team	47(100.0)	0( -- )	0( -- )
4. Knows the mission of the hospital	47(100.0)	0( -- )	0( -- )
5. Promotional avenues available	30( 63.8)	17(36.2)	0( -- )
6. Orientation received when joining institution	45( 95.7)	2( 4.3)	0( -- )
7. Feels appreciated	42( 89.4)	5(10.6)	0( -- )
8. Feels policies/ rules are fair	42( 89.4)	5(10.6)	0( -- )
9. Knows employee service rules	40( 85.1)	7(14.9)	0( -- )
10. Opportunities to give suggestions	30( 63.8)	17(36.2)	0( -- )
11. Availability of personnel for guidance	22( 46.8)	25(53.2)	0( -- )
12. Work area comfortable and safe	45( 95.7)	2( 4.3)	0( -- )
13. New skill training received	40( 89.4)	7(14.9)	0( -- )
14. Has a job description	44( 93.6)	3( 6.4)	0( -- )
15. Participates in special functions	35( 74.5)	12(25.5)	0( -- )



Questions to be asked/reviewed by the governing board.

1. Should the hospital be a Maternal & Child Health Institution or a General Hospital?
2. Should the hospital be run like a Corporate or Mission Hospital?
3. Will Scientific Advancement affect the humane aspect of care in the Hospital?
4. Are the rules and regulations fair and equal for all categories of Staff?
5. Should the Institution take a social standing on issues related to maternal and Child health?

Dear Dr Ravi Narayan.

I am sorry for the delay in sending you the material. I am herewith enclosing a copy of the completed work of my section for evaluation. I have sent a copy to Dr. Poon Pais. Could you kindly send a copy to Sr. Irene Marie & Dr. Rebecca N.

Wishing you a Happy New Year. I am going to Delhi today. (4/1/99) and will return on 18/1/99.

Thanking you.

Yours sincerely,  
Marylin

4/1/99.

P.S. I am unable to compress the table on goals & objectives due to some problem in the computer.

received  
5/1/99  
(1073)

Sl.No.	Name	C
<u>SENIOR SPECIALIST</u>		
1.	Dr. Nalini Pais	9
2.	Dr. A. Jayarajan	
3.	Dr. C.S. Rajan	
4.	Dr. C.M. Balakrishna	
5.	Dr. K.S. Geetha	
6.	Dr. K.V. Ragimuram	
7.	Dr. N.W. Vajjayanthi	
8.	Dr. S. Geethanjali	
9.	Dr. S.S. Giridhar	

<u>SPECIALIST</u>		
10.	Dr. Indira Ramesh	
11.	Dr. B.G. Gopalakrishna	
12.	Dr. Nita Appaiah	
13.	Dr. Ajit Anide	
14.	Dr. B.M. Parthasarathy	
15.	Dr. Keshavamurthy	
16.	Dr. S.K. Sharma	
17.	Dr. Shubha Rama Rao	
18.	Dr. Kishore Baindur	
19.	Dr. N.K. Thomas	
20.	Dr. K.G. Rajaram	
21.	Dr. Sanjiv Rao	
22.	Dr. H.N. Usha	
23.	Dr. Mukesh Bannane	
24.	Dr. Shobha N. Gudi	
25.	Dr. Purna Reddy V.C.	
26.	Dr. Basavaraju	
27.	Dr. Praveena Shenoi	
28.	Dr. Y.A. Suresh	
29.	Dr. Jayanthilal	
30.	Dr. Smita Anil	
31.	Dr. B.G. Rajesh	



JUNIOR SPECIALIST

32. Dr. N. Aradh Kumar
  33. Dr. Ganesh Prasad
  34. Dr. Bharathi B.
  35. Dr. Narayan C. Hebsur
  36. Dr. Narendra Kumar R.
  37. Dr. Ramalingaiah
  38. Dr. Narendra Babu
  39. Dr. Ashwini T.S.
  40. Dr. Dineswara U.
  41. Dr. Rosemarie K.
  42. Dr. Sunu Dominic
  43. Dr. Bharati S. Maiti
  44. Dr. Vijay B. Girisagar
  45. Dr. Vinay K.K.
  46. Dr. Fushpa R. Lengade
- same code as  
S.No

- | <u>Sl.No.</u> | <u>Name</u> | <u>(P) + S No</u> |
|---------------|-------------|-------------------|
|---------------|-------------|-------------------|

1. Asst. Administrator
2. Finance Manager
3. Accounts Officer
4. Personnel Officer
5. Hospital Engineer

Nursing  
Com H - 67.15

SCHOOL OF NURSING, ST. MARTHA'S HOSPITAL

LIST OF STUDENTS - SEPTEMBER '94 BATCH

SL. NO.	NAMES	SL. NO.	NAMES
1.	A. ANTHONIA (SR.)	31.	LISMY JOSEPH T.
2.	ANCY GEORGE	32.	MAGI MARIA GEORGE
3.	ANCY PAUL	33.	MARY REBEKA S.
4.	ANITTA ANTONY	34.	MALLIKA PUSHPA RANI
5.	ANTHONY MARY A.	35.	MARGARET FERNANDES
6.	BIANU REKHA K.	36.	MINI K.
7.	BILBY K. JOHN	37.	NANCY DIANA RODRIGUES
8.	BINU K. CHACKO	38.	NAVAJYOTHI S.
9.	BINDUMOL MATHEW	39.	RANI JOSEPH
10.	BEAULAH MANOMNAI S.	40.	REJI THOMAS (SR.)
11.	C. AUXILIA	41.	REENA C.P. (SR.)
12.	CYNTHIA ROSHAL CUTINHA	42.	RINNY JOHN
13.	IMMACULATE CYNDRELLA	43.	SAJI C.S.
14.	DAISY MATHEW (SR.)	44.	SARAMMA M.X. (SR.)
15.	DEKEY PALZOM	45.	SAVARIAMMAL A. (SR.)
16.	D. IGNATIUS A. DEEPA	46.	SHIGY P.V.
17.	ELARUTH LEPCHA	47.	SHILA ABRAHAM
18.	FERNANDES N. MANUEL	48.	SONIYA MARY
19.	GRACY LOBO	49.	SOPHIA S. POOVATTIL
20.	H. SAKINA	50.	SOYKUTTY MATHEW
21.	IRENE P.J.	51.	SUNITHA NATANA VAS
22.	JACINTHA PINTO	52.	SUSHEELA MARY A.
23.	JAMINA JACOB	53.	URMILA MONDAL M.
24.	JANET D'SOUZA	54.	VIMALA C.
25.	JAYAMOL JSSEPH (SR.)	55.	VALENTINA D'SOUZA (SR.)
26.	JENNIFER ANN ODGERS	56.	ROSE MARY DOMINIC (SR.)
27.	JOMCY GEORGE		
28.	JULIA JOSEPH		
29.	JULIE P.E.		
30.	LILY D'SOUZA (SR.)		

Date: 03.07.1998

(Sr. Anne Marie)  
PRINCIPAL



SCHOOL OF NURSING, ST. MARTHA'S HOSPITAL

LIST OF TEACHING FACULTY & OFFICE STAFF

SL. NO.	NAMES	DESIGNATION	EXPERIENCE IN ST. MARTHA'S SCHOOL OF NURSING
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TEACHING FACULTY:

1.	SR. ANNE MARIE	PRINCIPAL	14 YEARS
2.	MS. KAMALA SANTIAGO	ASST. PRINCIPAL	16 YEARS
3.	MS. VIOLET SHOBANA MATHIEW	SENIOR NURSING TUTOR	11 YEARS
4.	MS. SUSAN GEORGE	SENIOR NURSING TUTOR	9 YEARS
5.	MS. ELSIE RAJAN	SENIOR NURSING TUTOR	8 YEARS
6.	MS. HELEN ALEXANDER	NURSING TUTOR	2½ YEARS
7.	MS. NEETHI SUSAN MANI	NURSING TUTOR	2½ YEARS
8.	MS. GLORIA ABRAHAM	NURSING TUTOR	2½ YEARS
9.	MS. SUNITHA K.S.	NURSING TUTOR	2½ YEARS
10.	MS. MARY SHAGEELA C.X.	NURSING TUTOR	1 YEAR
11.	MS. VERONICA J. SALDANHA	NURSING TUTOR	7 YEARS
12.	MS. CICILIYAMMA V.J.	NURSING TUTOR	1 YEAR
13.	MS. SALOMI THOMAS	NURSING TUTOR	3 YEARS
14.	MS. AGYMOL JOSEPH	CLINICAL INSTRUCTOR	2 YEARS
15.	MS. SUSAN KUMAR	CLINICAL INSTRUCTOR	2 YEARS
16.	MS. ELIZA BEENA	CLINICAL INSTRUCTOR	1 YEAR

OFFICE STAFF:

1.	MS. B. NIRMALA	LIBRARY ASST.	9 YEARS
2.	MS. R. CHITRA	ACCOUNTS ASST.	5 YEARS
3.	MR. MUKUNDA N.	CLERK-TYPIST	3 YEARS
4.	MR. P. DEEPAK	CLERK-TYPIST	2 YEARS
5.	MR. J.A. PATRICK	ATTENDER	22 YEARS
6.	MS. L. BRIDGET	SWEEPER	20 YEARS

Date: 07.07.1998

(Sr. Anne Marie)  
PRINCIPAL

SL. NO.	NAMES	SL. NO.	NAMES
1.	R. AMALA VALARMATHI (SR.)	1.	ANITHA IRIN MATHIAS
2.	ANCY GEORGE	2.	ANITHA MARIA TELLIS
3.	ANGELINE GRACY NORONHA	3.	ANITHA S.
4.	ANJU BABY	4.	ANTONY MARY SOOSAI (SR.)
5.	ANITHA D'SILVA	5.	ANMINI N.V. (SR.)
6.	ANNAMMA STEPHEN	6.	ASHA VINCENT
7.	ANN MERLIN JOSEPH	7.	ASHULI KAINEE (SR.)
8.	ANUMOL CHACKO	8.	A. JYOTHSNA
9.	ARULSEELI C. (SR.)	9.	A. LUCY
10.	CAPRINA DUFF	10.	BETSY ABRAHAM
11.	CAROLYN DAWN D'MONTE	11.	BIJI MATHIEW
12.	CLERA MENEZES	12.	C.M. JESSY MATHIEW (SR.)
13.	DAISY A. (SR.)	13.	DAISY N.M. (SR.)
14.	DAISY P. (SR.)	14.	DSIAY SREENA
15.	DEEPA KURIAN	15.	DEENAMMA MATHIEW
16.	DEEPA T. MATHIEW	16.	D.F. SILVA MATHU MATHI (SR.)
17.	DORIN THERESA FERNANDES	17.	FLORINE GEETHA LOBO
18.	FRANTZ CANDICE ANTIONETTE	18.	G. MARIA DAYANA
19.	GLORY P. (SR.)	19.	H. ANGEL MARY
20.	JACINTHA D'SILVA (SR.)	20.	HANNIE PRESCILA G.
21.	JANCY JOHN	21.	JEEVA K.G.
22.	JENEVEW D'SOUZA	22.	J. JOYCE
23.	JINY JOSEPH	23.	JULIE THOMAS
24.	LISSAMMA T.V.	24.	JYOTHI PRESCILA LOBO
25.	LIZY P.O. (SR.)	25.	LAIJI C.L. (SR.)
26.	LUXI KURIAKOSE	26.	LAVEENA EDNA SHAILA PINTO
27.	MARIA THERESA SHANTHI S.	27.	LEGI GEORGE
28.	MIRIAM PAULINE N.	28.	LINCY ANTONY
29.	MARY ANN S.	29.	LITA CLARA CHANDRA PRAEHA D'SOUZA
30.	MARY A.P. (SR.)	30.	LUCY GEORGE (SR.)
31.	MARY JESINTEA	31.	LYDIA REENA PINTO
32.	MARY PATRICIA SHALINI P.	32.	MARY THOMAS
33.	D. MARY VASANTHA	33.	MARY JOSEPH (SR.)
34.	MENDONSA LORNA MARIA	34.	MARYKUTTY THOMAS
35.	MINIMOL GEORGE	35.	MAREES T.V. (SR.)
36.	NAIBY VARGHESE P.	36.	M. AGNES SHEELA
37.	NIRMALA ROSE KUMARI	37.	NEENAMOL C.J.
38.	RAJIMOL PHILIP	38.	NICOLA SHIAN JIN CHEN
39.	REGINA B.	39.	NIRMALA THOMAS A.T.
40.	RINIMOL JACOB	40.	N. SUGANTHI NAYAGAM
41.	SAJITEA ANTONY K.	41.	REEMA DOLLY
42.	SALY M.V. (SR.)	42.	REENA KURIAN (SR.)
43.	SARASWATHY K.	43.	ROSANMA THOMAS (SR.)
44.	SAVITHA D'SOUZA	44.	SAPNA JOHN
45.	SHAIKY MICHAEL (SR.)	45.	SEARMILA L.
46.	SHEEJA F.P.	46.	SEIJI A.C.
47.	SINI SEBASTIAN K.	47.	SEINEY K.O.
48.	SMITHA GEORGE	48.	SINI VARGHESE
49.	SMITHA VARGHESE	49.	SIMONE D.J. ALEXANDER
50.	SUNITHA LOBO S.	50.	SIMPLE JOSE
51.	SUSANNA THOMAS	51.	SIMI JOSE
52.	VEENA J.M.F.	52.	SKITHA ROSILIND
53.	VERONICA LOBO	53.	SMITHAMOL JOSE
54.	SUBI PHILIP	54.	SONIA MATHIEW
		55.	SUJA SAMUEL
		56.	TANIA MARY PENTONY
		57.	THRESIA T.J. (SR.)
		58.	USHAS D. ANNS
		59.	SHIJI THOMAS

NOTE: NO. OF INTERNS - Sept'94 Batch = 56  
 No. OF STUDENTS - Sept'95 Batch = 59  
 NO. OF STUDENTS - Sept'96 Batch = 54

(Sr. Anne Marie)  
 PRINCIPAL



## List of Nursing Staff

### Senior Ward Sisters/Ward Sisters

01	01.04.1975	Mrs.Gnanam Jayraj, Senior Ward Sister
02	15.07.1980	Mrs.Aleyamma Varghese, Senior Ward Sister
03	01.03.1984	Mrs.Mary John, Senior Ward Sister
04	01.12.1984	Mrs.Pauline Lobo, Ward Sister
05	26.06.1989	Ms. Ermelinda F.R, Senior Ward Sister
06	20.09.1991.	Mrs.Elsamma Chacko, Ward Sister

07	01.01.1994	Mrs.Sagayamary Manuel, Ward Sister
08	01.09.1995	Mrs.Philomena Mendez, Senior Ward Sister
09	11.09.1996	Mrs.M.M.Fernandez, Ward Sister

### Senior Staff Nurses

01	02.09.1993	Mrs.Annamma George
02	12.04.1994	Mrs.Kandida Mary
03	01.03.1993	Mrs.Molly Anthony
04	02.12.1996	Mrs.Sarasa W.Raj,
05	08.07.1996	Mrs.Mercy John
06	18.07.1994	Mrs.Molly George
07	17.01.1995	Mrs.Mary Jacintha
08	01.02.1995	Mrs.Velanganni Pushpa
09	01.08.1995	Ms.Thresiamma Joy
10	19.01.1998	Mrs.Colleen Zacharias
11	26.03.1994	Ms.T.Sara Lovely
12	17.07.1995	Mrs.Gracy L.D'Omha

### Staff Nurses

01	01.03.1996	Ms.Navakani
02	05.03.1996	Mr.Benny N.Thomas
03 ✓	06.05.1996	Ms.Jyothi Mable D'Souza
04	15.05.1996	Mr.Sija Stephen
✓ 05	15.03.1996	Mrs.I.S.Nazeene
06 ✓	10.09.1996	Ms.Shanthi Fernandes ✓
07	14.09.1996	Ms.Ani Mathew
08 2	02.09.1996	Ms. Leela J ✓
✓ 09	04.11.1996	Ms. Lisamma Abraham
✓ 10	01.09.1996	Ms.N.Mary Prema
11 3	02.01.1997	Ms.Hilda Mary ✓
✓ 12	19.09.1995	Ms.Sheeba Varghese
✓ 13	15.01.1996	Ms.Shiji Thomas
✓ 14	12.12.1996	Ms. Lovely Abraham
✓ 15	08.11.1995	Ms.Shiby Susan John
16	21.04.1997	Ms.S.Stella Mary
✓ 17	09.04.1997	Mr.Rejimon K.J.
18	09.01.1997	Ms.Daisamma P.A
19 4 ✓	01.09.1997	Ms. Vimala A ✓
20 5	01.09.1997	Ms.Salomy Francis ✓

21 6	01.09.1997	Ms.Violet Rodrigues ✓
22 7	01.09.1997	Ms.Solly Joseph ✓
23 8 ✓	01.09.1997	Ms. Mary T.G. ✓
24 9	28.09.1997	Ms.Sini Mathew ✓
25 10 ✓	01.09.1997	Ms. Vijimol P.C ✓
26 11	01.09.1997	Ms.P.Anala Sudha ✓
27 12 ✓	01.09.1997	B.Elizabeth C.George ✓
28	31.07.1997	Ms.Arunima
29	02.09.1997	Ms.Sreedevi T
30	02.09.1997	Ms. Sheeba M.G
31	02.09.1997	Ms.Beena Kurian
32 13	01.12.1997	Ms.Beena Xavier ✓
33 14	01.01.1997	Ms.Leonie Leahy ✓
34	04.06.1997	Ms.Jinimole Anthony K
35 ✓	09.12.1997	Ms.Sonia John
36 ✓	05.01.1998	Ms. Maria Selvi
37	19.01.1998	Ms.Saji Philip
38	02.01.1998	Ms.Savithramma
39	20.09.1997	Ms.Sincymole Thomas

#### INTERNS

0140	04.03.1998	Ms.Mary Florine Monteiro
0241	04.03.1998	Ms.Shobha C.G
0342	04.03.1998	Ms.Muthumani
0443	04.03.1998	Mr.Binu Kurian
0544	04.03.1998	Mr.Biju K.Easow
0645	04.03.1998	Ms. Usha M.K
0746	04.03.1998	Mr.Anish Thomas K
0847	04.03.1998	Mr.Jojo Sebastian
0948	05.03.1998	Ms.Sudhamani
1049	12.03.1998	Ms.Minimol K.C
1150	20.04.1998	Ms.Jainamma John
1251	23.04.1998	Ms.Liji Abraham
1352	23.04.1998	Ms.Milly Jacob
1453	29.04.1998	Ms.Jollykutty K.J
1554	24.04.1998	Ms.Shashikala B
1655	04.05.1998	Mrs.Mariam Abraham

#### Staff Nurses on Bond : 50.

01	30.11.1996	Ms.Annet Priya Monteiro
02	01.09.1996	Sr.Ancy Joseph
03	01.09.1996	Ms.Anitha Mathew
04	01.09.1996	Ms.Annie John
05	01.09.1996	Ms.A.Anthoniammal Celine
X 06	01.09.1996	Ms.Anancia Mary G
07	01.09.1996	Ms.Beena Joseph
X 08	01.09.1996	Ms.Beena Victoria CJ
09	01.09.1996	Ms.Bindu Anthony
10	01.09.1996	Ms.Bindu Kallumkal
11	01.09.1996	Ms.Binu Joseph
12	01.09.1996	Ms.Charulata Baruah
13	01.09.1996	Sr.Claramma Antony
14	01.09.1996	Ms.Dalia Mathew
15	01.09.1996	Ms.Dayamol Abraham
16	01.09.1996	Ms.Deepa Joy
17	01.09.1996	Ms.Dorothy D'Souza
18	01.09.1996	Ms.D'Souza Angelia M.Leonard
19	01.09.1996	Ms.D'Souza Dalia Francisca



20	01.09.1996	✓ Ms. Francina A
21	01.09.1996	Ms. Gertrude A
22	01.09.1996	Ms. Gincymol Joseph
23	01.09.1996	Ms. Gracy Mascarenius
24	01.09.1996	Ms. Jenny Thomas
25	01.09.1996	Ms. Judith Evelyn Fanaken
26	01.09.1996	Ms. T. Josephine Mary Cleatus
27	01.09.1996	Ms. Antanitta Viji A.P
28	01.09.1996	Ms. K. J. Kochurani
29	01.09.1996	Ms. Cicilamma Jose K
30	01.09.1996	Ms. Leena K.P
31	01.09.1996	Ms. Liji Joseph
32	01.09.1996	Ms. Liji Paul
33	01.09.1996	Sr. Lissy M.C
34	01.09.1996	Ms. G. Little Flower
35	01.09.1996	✓ Sr. Mareena K.A
36	01.09.1996	Ms. Michael Mary E
37	01.09.1996	Ms. Moly E.C
38	01.09.1996	Ms. Moliamma Thomas
39	01.09.1996	Ms. Nirmaia M. Jyothi A.N.
40	01.09.1996	Ms. Premalatha B
41	01.09.1996	Ms. Reena Joseph K
42	01.09.1996	Ms. Rita C.V
43	01.09.1996	Ms. Salini K. Joseph
44	01.09.1996	Ms. Shanthi Mendonca
45	01.09.1996	Ms. Shelly Paul
46	01.09.1996	Ms. Shyni Varghese
47	01.09.1996	Ms. H.R. Shyla Remy Rose
48	01.09.1996	Ms. Soye Joseph
49	01.09.1996	Ms. Suja V. Simon
50	01.09.1996	Ms. Suniama M.M
51	01.09.1996	Ms. Sunitha E.V
52	01.09.1996	Ms. Swapna A
53	01.09.1996	✓ Ms. Tassania Ann Weston
54	01.09.1996	Ms. Valsa T.O
55	01.09.1996	Ms. Vimal P.M
56	01.09.1996	Ms. D'Souza Valentina Gabriel
57	01.09.1996	Ms. Shiji Manuel
58	01.09.1996	Ms. Josephine <del>a</del>
59	01.09.1996	Ms. Lisy E.K.
60	01.09.1995	✓ Ms. Ancilla Veena Rodrigues
61	01.09.1995	Sr. Mary C.A

ANCILLARY DEPTS

## GENERAL ADMINISTRATION

GA + SLN

01	01.10.1979	Mrs. Mary Christina, PS to Administrator
02	12.05.1977	Mrs. Mary Fatima, Senior Clerk Typist
✓03	07.05.1974	Mrs. Thelma Kumar, PS to Med. Supdt.
04	03.01.1977	Mrs. Philomena Rani, Senior Clerk
05	01.04.1977	Mrs. Mary Magdalene, Sen. Grad. Clerk
✓06	20.04.1977	Mr. K. Chandrasekaran, Sen. Clerk Typist
✓07	01.10.1979	Ms. Susheela C, Clerk
08	01.07.1981	Mr. A. Anthuraj, Clerk Store Keeper
09	01.07.1976	Ms. S. Violet, Clerk Store Keeper
✓10	01.10.1986	Ms. Philo Lazar, Receptionist
11	03.07.1989	Mrs. Alice S. Robert, Sen. Clerk Typist
✓12	11.09.1989	Mrs. Sachita Y, Clerk Typist
13	06.05.1991	Mr. C.G. Ramesh, Clerk Typist]
✓14	16.04.1992	Mrs. Violet Ramani, Jr. Stenographer
✓15	01.10.1992	Mrs. Nirmala B, Library Asst.
✓16	02.11.1992	Mrs. Rosamma Chummar, Teacher
✓17	01.09.1994	Ms. Dhanakoti, Clerk
✓18	26.06.1995	Mr. N. Mukunda, Clerk Typist
19	17.06.1996	Mr. P. Deepak, Clerk Typist
✓20	01.02.1996	Ms. Noella Sequeira, Part time Receptionist
✓21	22.12.1997	Ms. Mary Flora, Receptionist

## MAINTENANCE

M + SL NO

01	06.04.1976	Mr. M.D. Ameer, Sen. Electrician
✓02	01.10.1968	Mrs. Mary Selvam, Sen. Tel. Op.
✓03	26.06.1973	Mrs. Deepa Srinivasmurthy, Sen. Tel. Op.
✓04	01.06.1980	Ms. J. Veronica, Sen. Tel. Op.
✓05	01.07.1984	Ms. P. Shanthi, Sen. Tel. Op.
✓06	01.01.1967	Mr. S. George, Sen. Driver
07	01.11.1986	Mr. Balram Singh, Driver
08	01.02.1988	Mrs. Asha Babu, Tel. Operator
09	27.12.1989	Mr. John Stanley, Sen. Store Keeper
✓10	07.02.1991	Mr. S.E. Krishna, Electrical Supervisor
✓11	01.10.1992	Mr. Mahadeva, Driver
12	02.09.1992	Mr. Preston J. Aden, Driver
✓13	10.09.1992	Mr. G.R. Shashi Kiran, Asst. to Hosp. Engr.
✓14	14.09.1992	Mr. Sriranga, Diesel Mech. Electrician
15	01.10.1981	Mr. Arokia Raj Franklien, Stores Manager
16	08.03.1993	Mr. Irudaya Raj, Driver
17	15.05.1995	Mr. D.R.K. Murthy, Grounds Supervisor
✓18	01.03.1998	Mr. U. Bastian, Driver
19	01.03.1996	Mr. Anthony Raj, Driver

## PARAMEDICAL STAFF (PA)

## DENTAL (DR)

✓01	01.07.1980	Mr. Y. Krishnamurthy, Dental Tech.
✓02	15.09.1994	Mrs. D. Farooq, Dental Hygienist
✓03	17.08.1973	Mrs. Lourdmay, Dental Hygienist

## ECG (EG)

01	01.02.1967	Ms. Hilda Fernandez, ECG Tech. Asst.
✓02	01.06.1978	Mrs. Aleyamma V.C, ECG Tech. Asst.
✓03	01.11.1982	Mr. Andrew Devasagayam, Sen. ECG Tech. Asst.
✓04	17.10.1992	Mr. B.S. Govindaraju, Jr. ECG Tech.
✓05	17.10.1992	Mrs. Manjula, Jr. ECG Tech.

## ORTHOPAEDICS (O)



# PHYSIOTHERAPY (P)

01	20.07.1973	Mrs. Anthoniamma Lazar, Phy. Tech. Asst.
02	01.09.1997	Ms. Sneha Marina, Jr. Physiotherapist
✓03	23.10.1997	Mr. Arjun B.V., Jr. Physiotherapist
✓04	04.11.1997	Mr. Shinu K. Punnoose, Jr. Physiotherapist
✓05	01.12.1997	Ms. Manju K, Jr. Physiotherapist
06	01.12.1997	Ms. Isabel Sugritha, Jr. Physiotherapist
✓07	12.03.1998	Ms. Vandana Deshmukh, Jr. Physiotherapist
08	04.06.1998	Mr. Panduranga Setty, Chief Physiotherapist

# OPHTHALMOLOGY (OP)

✓01	15.01.1970	Mr. Suresh Ravel, Part time Refractionist
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# MEDICO SOCIAL UNIT (MU)

✓01	01.03.1988	Mrs. M.K. Geetha, Medico Social Worker
✓02	06.01.1994	Mrs. Umavathi Rai, Medico Social Worker
✓03	20.01.1997	Mrs. Maria C.A. Crasta, Med. & Psy. Soc. Worker

# E.N.T (R)

✓01	01.06.1992	Mrs. Mangala Narayan, Part time Sp. Th. & Audiol
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# FAMILY WELFARE DEPARTMENT (F)

✓01	12.09.1995	Mrs. Kumari Baptist, N.F.P. Instructor
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# DIETARY (D)

✓01	05.06.1996	Ms. Nafeesunnisa, Dietician
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# RADIOLOGY (R)

✓01	12.10.1974	Mr. Thomas K. George, Radiographer
02	25.07.1992	Mr. Isaac Puzazhenthil, Jr. Radiographer
✓03	17.11.1993	Mr. Gerald Raj, Jr. Radiographer
✓04	01.03.1994	Mr. A. Mohan Kumar, Jr. Radiographer
✓05	11.03.1996	Mr. Bejoy Augustine, Jr. Radiographer
✓06	06.05.1996	Mr. K. Surendran, Jr. Radiographer
07	01.10.1997	Mr. P. Thiruvaramam, Jr. Radiographer

# C. LABORATORY (L)

✓01	01.09.1980	Mrs. Chandraleela, Senior Lab. Tech.
✓02	23.12.1981	Ms. Jilius Christy, Senior Lab. Tech.
✓03	21.04.1986	Mr. Lincoln N. Rajan, Tutor Technician
04	01.11.1989	Mrs. S. Vijaya, Lab. Technician
05	02.04.1990	Mrs. Rosily Jose, Lab. Tech. Asst.
✓06	05.08.1992	Mrs. Nirmala M. Mary, Jr. Lab. Tech.
✓07	05.04.1993	Ms. Jinimol Mathew, Jr. Lab. Tech.
✓08	08.05.1993	Mrs. Mary Matilda, Jr. Lab. Tech.
09	01.02.1994	Mrs. Betty Shanthakumari, Jr. Lab. Tech.
10	17.08.1994	Ms. Anthony Mary, Jr. Lab. Tech.
11	16.06.1997	Ms. Thriveni, Biochemist
12	01.07.1997	Mr. Vijayakumar S, Jr. Lab. Tech.

### Accounts Dept (AC)

01	03.12.1973	Mrs. M.A. Prathima, Asst. Accountant
02	03.06.1972	Mr. Ignatius Benjamin, Asst. Accountant
03	01.10.1979	Mr. W. P. Borthwick, Sen. Accts. Asst.
04	01.01.1984	Mr. A. Jayakumar, Sen. Accts. Asst
05	18.03.1985	Ms. Shobha J. Rao, Sen. Accts. Asst
06	20.4.1987	Mrs. S. Malini, Sen. Accts. Asst
07	17.07.1989	Mr. Joseph Balraj, Accts. Asst
08	21.02.1992	Mr. Martin S. Seelan, Accts. Asst.
09	10.09.1992	Mr. Shivamadaiah, Accts. Asst
10	26.12.1992	Mr. M. C. Nataraja, Accts. Asst.
11	26.04.1993	Mr. C. Nagaraja, Accts. Asst
12	30.04.1993	Mr. Ramakrishna, Accts. Asst
13	17.05.1993	Mr. Venkatesh Kumar, Accts. Asst
14	31.05.1993	Mrs. R. Chitra, Accts. Asst
15	21.07.1993	Mrs. Theresa Vijaya, Accts. Asst
16	12.04.1996	Mr. Venkatesh SS, Accts. Asst

### MEDICAL RECORDS DEPARTMENT

(MR)

01	12.08.1967	Mr. V. R. Sivadas Pillai, Sen. Med. Rec. Asst.
02	12.10.1970	Mrs. Mumavar Sultan, Senior Clerk
03	10.07.1968	Ms. Manuel Mary, Sen. Clerk Typist
04	23.11.1970	Mrs. Regina Aronianathan, Sen. Clerk
05	01.06.1978	Mrs. Navilla Sagayanathan, Junior Clerk
06	01.09.1978	Mrs. M. Elizabeth, Asst. Clerk
07	29.04.1995	Ms. J. Jeeva, Med. Rec. Technician



Personnel DepartmentList of CL IV Employees - July 1998 (updated)

<u>Sl.No.</u>	<u>Date of Appt.</u>	<u>Name and Designation</u>
1.	1.6.1970	Mr. D. Nagaraj, Electrician
2.	1.12.1976	Mr. M. Manickam, Tailor
3.	1.6.1978	Mr. M. Dayalan, Electrician
4.	7.1.1996	Mr. A. Don Bosco, Carpenter
5.	3.6.1972	Mrs. A. Philoma Murthy, Attendant
6.	4.11.1973	Mrs. Charlotte Samuels, House Keeper
7.	28.6.1978	Mrs. Olive D'Souza, House Keeper
✓ 8.	6.5.1957	Mr. J. Jacob, Senior Ward Boy
9.	1.8.1962	Mr. A. Anthuraj, Senior Ward Boy
✓ 10.	15.1.1963	Mr. N.J. Arulappa, Senior Ward Boy
11.	8.6.1963	Mr. C.J. Arulappa, Senior Ward Boy
12.	1.11.1964	Mr. J. Anthony, Senior Ward Boy
✓ 13.	1.6.1966	Mr. J. Arulappa Suresh, Ward Boy
✓ 14.	1.7.1967	Mr. A. Joseph, Gateman
✓ 15.	22.5.1972	Mr. P. Anthony, Ward Boy
16.	1.4.1973	Mr. Elias Raj, Ward Boy
17.	19.12.1973	Mr. J. Francis, Ward Boy
✓ 18.	20.12.1974	Mr. A. Benjamin, Ward Boy
19.	1.1.1965	Mrs. S. Mary, Nurse Aid
20.	14.7.1966	Mrs. S. Lily Pushpa John, Nurse Aid
✓ 21.	16.4.1968	Mrs. A. Selvia, Nurse Aid
✓ 22.	6.5.1968	Mrs. C.P. Mary Josephine, Nurse Aid
23.	1.6.1968	Mrs. Rita Pushparaj, Nurse Aid
24.	30.11.1971	Mrs. A.S. Rita, Nurse Aid
25.	1.6.1972	Mrs. A. Shanthi Maria Bushan, Nurse Aid
✓ 26.	20.6.1972	Mrs. Shanthamma, Nurse Aid
27.	1.10.1972	Mrs. Lourdmay Yagappa, Nurse Aid
28.	1.10.1974	Mrs. Lily Maria, Nurse Aid
29.	1.10.1974	Mrs. K. Nirmala Reddy, Nurse Aid
30.	1.3.1975	Mrs. Irudiamary, Nurse Aid
✓ 31.	1.6.1978	Mrs. D. Vijayakumari, Nurse Aid
✓ 32.	1.6.1978	Mr. A.J. Patrick, Peon
✓ 33.	9.9.1959	Mr. J. Rayappa, Senior Cook
34.	1.7.1970	Mr. B.K. Ramachandra, Dhobi
✓ 35.	1.6.1978	Mr. M. Muniappa, Dhobi
✓ 36.	15.6.1965	Mr. J. Anthony, Gateman
37.	1.5.1967	Mr. A. Alphonse. Mali

<u>Sl.No.</u>	<u>Date of Appt.</u>	<u>Name and Designation</u>
✓38.	1.9.1968	Mr. J. Anthony D'Cruz, Helper/Ward Boy
39.	1.3.1969	Mr. M. Ramlal, Watchman
✓40.	5.11.1969	Mr. A. Anthony, Watchman
✓41.	8.3.1973	Mr. C. Yagappa, Watchman
42.	9.2.1974	Mrs. Helen David, Helper
43.	1.3.1973	Mr. R. Arasu, Helper
44.	13.12.1974	Mr. J. Balappa, Helper
✓45.	1.4.1976	Mr. C. Kanickaraj, Helper
46.	1.7.1976	Mrs. P. Elizabeth, Helper
✓47.	1.6.1977	Ms. L. Catherine, Helper
48.	1.6.1978	Mrs. D. Chandramma, Helper
49.	1.6.1978	Mrs. A.M. Sagaya Rajeshwari, Nurse Aid
✓50.	1.4.1977	Mr. S. Sebastian, Helper
51.	1.8.1978	Mrs. M.A. Amalamary, Helper
52.	1.7.1979	Mrs. B. Elizabeth, Helper
53.	1.9.1979	Mrs. Gnanaradha, Helper
54.	1.9.1979	Mrs. Lakshmi Devi, Helper
55.	1.9.1979	Mrs. N. Saraswathy, Helper
56.	1.3.1981	Mrs. J. Alcy Theresa, Helper
57.	1.3.1981	Mrs. Mary Elizabeth, Helper
58.	1.1.1983	Mr. Anthony swamy (Dass), Mali-Helper
59.	1.1.1983	Mr. G. Krishnamurthy, Mali-Helper
60.	1.1.1983	Mr. S. Alphonse, OT Attender
✓61.	1.1.1983	Mr. Francis Xavier, Mali-Helper
✓62.	1.1.1983	Mrs. M. Susheela, Helper
63.	1.1.1983	Mrs. S. Caroline, Mary, Helper
64.	1.1.1983	Ms. M. Magdalene Mary, Helper
65.	1.1.1983	Mrs. Mary Josephine, Helper
66.	1.1.1983	Mrs. A. Stella, Helper
67.	1.1.1983	Mrs. Eleanor R. Standon, Helper
✓68.	1.1.1960	Mrs. Anthoniamma Aseervatham, Sweeper
69.	15.6.1960	Mrs. Irohamma P, Sweeper
70.	15.1.1964	Mrs. Jayamary Michael, Senior Sweeper
71.	1.1.1962	Mrs. G. Chellamma, Senior Sweeper
✓72.	1.1.1964	Mrs. Rajamma Sebastian; Sweeper
73.	15.2.1964	Mrs. S. Philomena Chinnappa, Sweeper
74.	1.7.1965	Mrs. Arul Mary, Sweeper
75.	1.6.1966	Mrs. Anthoniamma Sweeper
✓76.	11.1.1964	Mrs. Shara'da Manibalan, Sweeper
77.	1.1.1965	Mrs. Philomena Muthu, Sweeper



<u>Sl.No.</u>	<u>Date of Appt.</u>	<u>Name and Designation</u>
78.	10.6.1964	Mrs. Chellamma Veeraswamy, Sweeper
✓79.	1.7.1967	Mrs. C. Mariamma Chinnappa, Sweeper
80.	1.7.1967	Mrs. Pushpa Theresa Anthony, Sweeper
81.	1.5.1968	Mrs. Powneatha Gopal, Sweeper
82.	1.6.1978	Mrs. Arpudha Mary, Sweeper
✓83.	1.8.1968	Mrs. M. Amaravathy, Sweeper
84.	1.10.1967	Mrs. T. Susai Mary, Sweeper
85.	1.3.1966	Mrs. Gowramma Chickanna, Sweeper
86.	1.9.1971	Mrs. K.G. Mary, Sweeper
87.	1.9.1973	Mrs. V. Nagamma, Sweeper
88.	1.3.1973	Mrs. Rita Anthonyswamy, Sweeper
89.	1.8.1973	Mrs. Philomena Michael, Sweeper
90.	1.8.1978	Mrs. Lourdmery Simon, Sweeper
91.	1.11.1980	Mrs. Lourdmery Jaya, Sweeper
92.	1.3.1981	Mrs. P. Celine, Sweeper
✓93.	16.3.1981	Mrs. L. Bridgit Morris, Sweeper
94.	1.4.1981	Mrs. R. Sundor, Sweeper
95.	1.1.1983	Mrs. P. Mallika, Sweeper
96.	1.1.1983	Mrs. V. Gnanammal, Sweeper
✓97.	1.1.1983	Mrs. R. Amayamma, Sweeper
98.	1.1.1983	Mrs. R. Lourdmery, Sweeper
99.	1.4.1986	Mrs. G. Mary, Sweeper
100.	2.6.1986	Mrs. Alankaramma, Sweeper
101.	1.11.1985	Mr. A. Gnanaprakasam, Helper
✓102.	1.11.1985	Mr. B.K. Srinivasaiah, Dhobi
103.	1.11.1985	Mr. M. Chandra, Dhobi
104.	1.9.1986	Mrs. Sagayamary, Helper
✓105.	30.9.1986	Mrs. Alphonse Mary, Helper
106.	1.3.1987	Mrs. Sagayamary Christina, Helper
107.	1.3.1987	Mrs. Jayamary Robert, Helper
108.	1.3.1987	Mrs. Sagayalourdmary, Helper
✓109.	1.2.1988	Mrs. Sagayamary Elizabeth, Helper
✓110.	4.2.1988	Mrs. Stella Sounderaj, Helper
✓111.	1.2.1988	Mr. Sylvester Charles, Helper
✓112.	1.2.1988	Mr. C. Patrick, Helper
✓113.	1.2.1988	Mr. V.M. Muniappa, Dhobi
114.	2.11.1988	Ms. Philomena Solomon, Helper
115.	2.11.1988	Mrs. V. Susheela, Helper
116.	1.2.1988	Mrs. Philomena Jayaraj, Helper
117.	1.8.1988	Mr. D. Vincent, Helper
118.	1.7.1989	Mrs. Govindamma P, Helper

<u>Sl.No.</u>	<u>Date of Appt.</u>	<u>Name and Designation</u>
119.	1.7.1989	Mrs. S. Jayamma, Helper
120.	1.7.1989	Ms. J. Leela, Helper
✓121.	1.7.1989	Mrs. Chowriamma, Helper
✓122.	1.8.1989	Mrs. K. Susheela, Helper,
123.	1.8.1989	Mrs. Manjula Saleen, Helper
124.	1.1.1990	Mrs. Pushpa Doraiswamy, Helper
✓125.	1.2.1990	Mr. J. Henry, Helper
✓126.	1.11.1991	Mrs. Leema Rose, Helper
127.	1.11.1992	Mr. Richard, Helper
128.	1.11.1991	Mr. Venkatesh, Helper
129.	1.5.1992	Mr. Elangovan, Helper
130.	1.5.1992	Mrs. Vennila, Helper
131.	1.11.1991	Mrs. Sophia, Helper
132.	1.3.1993	Mrs. Ajitha P.P, Hospital Aid
133.	1.3.1993	Ms. Evelyn Angel, Hospital Aid
134.	1.3.1993	Mrs. Mary Asha, Hospital Aid
✓135.	1.3.1993	Ms. Rosy Shakeela, Hospital Aid
136.	1.3.1993	Mr. Upakara Raj, Hospital Aid
137.	1.5.1992	Mrs. M. Saroja, Helper
✓138.	20.9.1993	Mrs. Gavimarie, Helper
139.	20.9.1993	Mrs. Maria Philomena, Helper
140.	20.9.1993	Mr. Arokiadass, Helper
✓141.	20.9.1993	Mr. K.A. Varghese, Helper
✓142.	25.9.1993	Mrs. B. Rajeshwari, Helper
143.	2.11.1993	Mr. C.L. Rajan, Helper
144.	11.12.1993	Mrs. Roseline, Helper
✓145.	14.2.1994	Mr. P. Manikya, Helper
146.	2.9.1993	Mr. Jayaprakash, Helper
✓147.	1.3.1994	Mr. G. Subramani, Helper
148.	1.3.1994	Mrs. K. Sudha, Helper
149.	31.3.1994	Mrs. Sagayamary M, Helper
150.	26.4.1994	Mrs. Regina, Mary, Helper
✓151.	28.4.1994	Mr. Narayan S, Helper
152.	20.6.1994	Mrs. Gracey, Helper
153.	1.8.1994	Ms. Sindhu P, Hospital Aid
✓154.	1.8.1994	Ms. Hemavathi G, Hospital Aid
✓155.	1.8.1994	Mrs. Kuppamma, Helper
156.	1.11.1994	Mrs. S. Lilly, Helper
✓157.	1.11.1994	Mrs. R. Lakshmi, Helper
158.	2.1.1995	Mr. Balraj, Helper
159.	1.5.1995	Mrs. Veronica, Helper



<u>Sl.No.</u>	<u>Date of Appt.</u>	<u>Name and Designation</u>
✓160.	1.9.1995	Ms. Renuka, Hospital Aid
161.	1.9.1995	Ms. Usha Rani, Hospital Aid
162.	1.9.1995	Mrs. Anthony Marie, Helper
163.	1.9.1995	Ms. J. Queenie, Helper
164.	1.9.1995	Ms. J. Philomena, Helper
165.	1.9.1995	Ms. Mary Roseline, Hospital Aid
166.	1.2.1996	Mrs. Esther, Helper
167.	1.2.1996	Mrs. Jyothi Mary, Helper
168.	1.2.1996	Mr. Viswanath, Helper
169.	1.2.1996	Mrs. L. Rosemary, Helper
✓170.	1.8.1996	Ms. Thange Anitha, Hospital Aid
171.	1.11.1996	Mr. A. Peter, Hospital Aid
✓172.	1.11.1996	Ms. R. Nirmala, Hospital Aid
173.	1.11.1996	Ms. Pramila, Hospital Aid
174.	1.11.1996	Ms. Sagayamary, Hospital Aid
175.	1.11.1996	Ms. Geetha C, Hospital Aid
176.	15.5.1997	Mrs. Elizabeth Rani J, Helper
✓177.	15.5.1997	Mrs. Utharimay, Helper
178.	16.8.1997	Mr. P. Paulraj, Helper
179.	10.1.1998	Mrs. Norma Newbigging, House Keeper
180.	3.3.1998	Mr. S.N. Babu, Helper
181.	23.11.1981	Mr. Y. Benedict, Bench Fitter
182.	23.11.1981	Mr. Anthony Xavier, Bench Fitter
183.	1.3.1985	Mr. Arokiadass, Carpenter
184.	1.3.1985	Mr. Joseph Tony, Bench Fitter
185.	23.11.1987	Mr. N. Babu, Cobbler
186.	1.3.1992	Mr. Srinivas, Cobbler
187.	18.4.1997	Mr. Nanjappa, Cobbler
188.	8.9.1997	Mrs. Parvatha D.V, Tailor

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ST. MARTHA'S HOSPITAL  
BANGALORE

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MEMORANDUM OF ASSOCIATION

AND

RULES AND REGULATIONS

- - - - -

Registered under the Mysore Societies  
Registration Act, 1960  
Act No. 17 of 1960



FORM No. 14

S.No. 118/65-66  
Bangalore

CERTIFICATE OF REGISTRATION

I hereby certify that the ST. MARTHA'S HOSPITAL, is this day registered under the Mysore Societies Registration Act, 1960 (Mysore Act No. 17 of 1960)

Fees paid Rupees Fifty only.

Given under my hand at Bangalore, the 10th day of November One Thousand Nine Hundred and Sixty-five.

(Sd.) R. BHARANIAH  
Registrar of Societies in Mysore

SEAL

Of the Registrar of  
Societies in Mysore,  
BANGALORE.

TRUE COPY

## ST. MARTHA'S HOSPITAL

BANGALORE

- - - - -

## MEMORANDUM OF ASSOCIATIONS

1. The Name of the SOCIETY is ST. MARTHA'S HOSPITAL, its Registered Office being in Kempe Gowda Road, Bangalore.
2. The objects for which the Society is established are:-
  - a) to take over the assets, liabilities and engagements of ST. MARTHA'S HOSPITAL, Kempe Gowda Road, Bangalore.
  - b) to maintain and manage the aforesaid ST. MARTHA'S HOSPITAL for providing Medical and Surgical treatment to all patients irrespective of caste, creed, race or religion, and to provide for the care, nursing and attention as may be required for the proper treatment on such terms as the Governing Body may deem fit.
  - c) to procure the services of qualified Medical Practitioners, Surgeons, Nurses, Lady-workers, attendants and servants either for remuneration or gratuitously or in any honorary capacity for the purposes aforesaid.
  - d) to provide and supply all such medicines, and medical, surgical and pharmaceutical preparations appliances, instruments and things and all such provisions and necessities as may be required for the purposes aforesaid.
  - e) the training and maintenance of the personnel thereof, and adoption of such other measures and means that may seem good and proper in the estimate of the Governing Body.
  - f) That the St. Martha's Hospital shall be conducted as a non-profit basis and in the event of any surplus, the same will be utilised for the attainment of its objects.
3. GOVERNING BODY: The names, addresses and occupation of the Members who form the FIRST GOVERNING BODY are:-

NAMES	AGE	ADDRESSES	OCCUPATION
1. Rev. Mary Aloysius Walsh	70	St. Martha's Hospital Bangalore	President and Superior
2. Rev. Mary H.F. Quinn	45	St. Martha's Hospital Bangalore	Vice-President and Member
3. Rev. Mary Agnes Quigley	32	St. Martha's Hospital Bangalore	Nursing Superintendent and Member
4. Rev. Mary Virginia Comey	42	St. Martha's Hospital Bangalore	I/C Maternity Section
5. Rev. Mary Coleman McCoy	33	St. Martha's Hospital Bangalore	I/C School of Nursing and Member
6. Dr.F.H. Narenha	83	Brigade Road Bangalore	Medical Superintendent and Ex-Officio Member



NAMES	AGE	ADDRESSES	OCCUPATION
7. Dr. O.B. Silgardo	54	St. Martha's Hospital Bangalore	R.M.O. and Ex-officio Member

We, the several persons whose names and addresses given above, are desirous of forming ourselves into a Society under the Mysore Societies Registration Act of 1960 (Act No. 17 of 1960)

NAMES	AGE	ADDRESSES	OCCUPATION
1. Rev. Mary Aloysius Walsh	70	St. Martha's Hospital Bangalore	President and Superior (Sd.)
2. Rev. Mary H.F. Quinn	45	St. Martha's Hospital Bangalore	Vice-President and Member (Sd.)
3. Rev. Mary Agnes Quigley	32	St. Martha's Hospital Bangalore	Nursing Superintendent and Member (Sd.)
4. Rev. Mary Virginia Comey	42	St. Martha's Hospital Bangalore	I/C Maternity Section (Sd.)
5. Rev. Mary Coleman McCoy	33	St. Martha's Hospital Bangalore	I/C School of Nursing and Member (Sd.)
6. Dr. F.H. Naronha	83	Brigade Road, Bangalore	Medical Superintendent and Ex-officio Member (Sd.)
7. Dr. O.B. Silgardo	54	St. Martha's Hospital Bangalore	R.M.O. and Ex-officio Member (Sd.)

WITNESS

8. Mr. George da Costa	41	34 Mahatma Gandhi Road, Bangalore-1	Advocate
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Bangalore,  
Dated 19th September 1965

ST. MARTHA'S HOSPITAL  
BANGALORE

RULES AND REGULATIONS

I NAME

The Society shall be called ST. MARTHA'S HOSPITAL

II REGISTERED OFFICE

Its Registered Office shall be at Kempe Gowda Road, Bangalo City

III

GOVERNING BODY

- (1) The Governing Body of the Society shall consist of the PRESIDENT, the SECRETARY, and not less than seven and not more than ten Members elected at the Annual General Meeting of the Society.
- (2) The Members of the Governing Body shall be elected from among the Sisters of the Good Shepherd, who have attained the age of Majority. The Medical Superintendent, Administrator and Resident Medical Officer of St. Martha's Hospital shall be ex-officio Members.
- (3) The President shall be elected from among the members of the Governing Body who shall hold tenure till the next Annual General Meeting. In the absence of the President, the President shall Nominate one of the Members of the Governing Body to act as President, and the said Acting President shall have the powers of the President.
- (4) In the event of any vacancy arising from among the Members of the Governing Body by resignation or death such vacancy shall be filled by co-option by the Governing Body within the month of such vacancy.
- (5) Once every year the General Meeting of the Members of the Society shall be held. At each meeting ten Members shall form the quorum and the President shall be entitled to preside at such Meetings or in his absence any person nominated by the President. The President shall be entitled to exercise his casting vote when the votes cast at the Meeting for and against a proposition are equal. Within fifteen days after the date of such Meeting a list shall be filed with the Registrar of Joint Stock Companies, the names, addresses and occupation of the Members of the Governing Body entrusted with the management of the affairs of the Society. At the Meeting of the Governing Body the quorum shall be seven. If at the General Meeting or the Meeting of the Governing Body there is no quorum, the Meeting shall stand adjourned to a date fixed by the President and communicated to the Members. At such adjournment meeting no quorum shall be required.
- (6) All the properties both moveable and immoveable belonging to the Society shall vest in the Governing Body of the Society and all properties to be hereafter acquired or received as gifts in pursuance of the objects of the Society shall be acquired in the name of the Society. The members of the Governing Body shall only be trustees and will not by any means be the individual owners of the properties of the Society.

IV

POWERS OF THE GOVERNING BODY

- (7) Except as hereinafter provided the administration, management and all the business relating to the Society shall be carried on by the Governing Body. The Governing Body also shall do and carry out all other acts and deeds conducive to the attainment of the objects of the Society.
- (8) All properties now belonging to the Society or hereafter to be established in furtherance of the objects of the Society shall be under the control, guidance and supervision of the Governing Body.



- (9) The Society may and is hereby entitled from time to time at their discretion, to borrow or secure the payment of grant from Government or any other person or Public Body any sum or sums of money for the purpose of the Society and for that purpose to sell mortgage, charge and deal with the whole or any part of the assets of the Society in such manner and upon such terms and conditions as they think fit and in particular by mortgage, by creating charge or other immoveable properties of the Society.
- (10) All documents relating to the properties or to any loans secured by the Society as aforesaid shall be executed for and on behalf of the Society by the President of the Society.
- (11) All communications and correspondence with the Society shall be addressed to the Secretary, St. Martha's Hospital, Kempe Gowda Road, Bangalore City.
- (12) The Official year shall be the financial year.
- (13) The working hours of the Society shall be between 9 A.M. to 12 NOON and 3 P.M. to 5 P.M. or as directed by the Governing Body.
- (14) Any change in the name or rules of the Society shall be made according to sections 9 and 10 of the Mysore Societies Registration Act 1960.
- (15) The Annual Returns of the Society will be filed with the Registrar of Societies as per Section 13 of the Mysore Societies Registration Act 1960.

V

MEMBERSHIP:

- A. The Members of the Society shall consist of:-
- i) the members of the Governing Body, who signed the Memorandum.
  - ii) The Rev. Mother Superior of St. Martha's Hospital.
  - iii) The ex-officio members and such others, as the Rev. Mother Superior may call upon in writing to be members of the Society and who have intimated their consent in writing to the Governing Body.
- B. Qualification for Membership:-
- i) A member of the Congregation of the Good Shepherd assigned to work at St. Martha's Hospital for the duration of the assignment, as intimated in writing by the Congregation to the St. Martha's Hospital.
  - ii) The Medical Superintendent/Administrator and the Resident Medical Officer of the St. Martha's Hospital shall be ex-officio members until such time as their services are terminated by the Hospital authorities in writing:

C. Termination of Membership:-

- i) on death of a member
- ii) on a member leaving Bangalore without intending to return
- iii) on a member leaving or being expelled from the Congregation
- iv) on a member tendering his resignation in writing to the Governing Body,
- v) on the termination of the services of a member or an ex-officio member with St. Martha's Hospital.

VI. DISSOLUTION

(16) If, upon dissolution of the Society there shall remain after satisfaction of all debts and liabilities any property whatsoever the same shall be dealt with in accordance with the Provisions of Sec. 23 of the Mysore Societies Registration Act of 1960.

We certify that the above is the correct copy of the Rules and Regulations of ST. MARTHA'S HOSPITAL.

NAMES	AGE	ADDRESSES	OCCUPATION
1. Rev. Mary Aloysius Walsh	70	St. Martha's Hospital Bangalore.	President and Superior (Sd.)
2. Rev. Mary H.F. Quinn	45	St. Martha's Hospital Bangalore.	Vice President and Member (Sd.)
3. Rev. Mary Agnes Quigley	32	St. Martha's Hospital Bangalore.	Nursing Superintendent and Member (Sd.)
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6. Dr. F.H. Naronha	83	Brigade Road, Bangalore	Medical Superintendent and Ex-officio Member (Sd.)
7. Dr. O.B. Silgardo	54	St. Martha's Hospital Bangalore	R.M.O. and Ex-officio Member (Sd)

WITNESS

Mr. George da Costa 41 34 Mahatma Gandhi Road, Advocate  
Bangalore-1

Bangalore,  
Dated 19th September 1965.



QUESTIONNAIRE FOR HEAD OF PHARMACY

1. Please attach a list of staff and their qualifications.
2. What hours is the pharmacy open ?
3. Is there one central pharmacy ? Yes / No
4. Does the pharmacy serve both outpatient and inpatients ? Yes / No
5. Is the pharmacy located so that it is easily accessible ? Yes / No
6. Is pharmacy stores adjacent to the pharmacy ? Yes / No
7. Is a licensed pharmacist incharge of the stores ? Yes / No
8. Is the pharmacy license upto date ? Yes / No
9. Does the hospital have a Pharmacy and Therapeutic Committee ? Yes / No
10. Is there a hospital formulary or drug list available to all who prescribe and use drugs ? Yes / No
11. Is the pharmacy computerized ? Yes / No
12. Is the inventory in the pharmacy checked regularly ? Yes / No
13. Are emergency drugs in the patient care areas maintained by the pharmacist ? Yes / No
14. Are there written appropriate policies and procedures regarding prescribing and ordering practices ? Yes / No
15. Are any preparations manufactured by the pharmacy ? Yes / No
16. Is cost to the patient considered in the selection of drugs and brands ? Yes / No
17. Are inservice or continuing education programs conducted for staff ? Yes / No
18. Are books and journals available for staff ? Yes / No
19. Do drug representatives deal directly with the pharmacists ? Yes / No
20. Do you consider your space adequate ? Yes / No

QUESTIONNAIRE FOR MEDICAL RECORDS DEPARTMENT HEAD

1. Please attach a list of Medical Records Officers and their qualification and experience .
2. Please attach a list of other staff positions in the departments .
3. Are inpatient and outpatient records maintained in the same department ? Yes / No
4. Is a medical record maintained for every patient treated or assessed ? Yes / No
5. Are any department functions computerized ? Yes / No
6. Is confidentiality, security, and integrity of information maintained ? Yes / No
7. Is there a policy regarding retention time of medical records ? Yes / No
8. Is there regular review of completeness of medical records with feedback to the concerned staff ? Yes / No
9. Are written operative reports included in the medical record of patients undergoing operative or other invasive procedures ? Yes / No
10. Is coding system used for inpatient diagnosis ? Yes / No
11. Is coding system used for outpatient diagnosis ? Yes / No
12. Is a discharge summary written for every patient admitted for 48 hours or more ? Yes / No
13. Are medicolegal charts kept separately and secured ? Yes / No
14. Is there a medical records committee ? Yes / No



## QUESTIONNAIRE FOR CHAPLAINS

1. Please attach a list of staff and their qualifications.
2. Number of Christian staff or employees :  
     Professional staff (medical & nursing ) :       -----  
     Administration :                                       -----  
     Class III & IV :                                       -----
3. How many nuns or sisters of the order are working regularly in the hospital ?
4. How many services per week are conducted with :  
     Patients :  
     Staff :  
     Students :
5. How many visits or contacts are made with patients daily ?
6. In hiring or appointing employees, is preference or weightage given to Christian applicants ? Yes / No
7. Does the Chaplain have an adequate office where he can counsel patients or families ? Yes / No
8. Is there an adequate budget for the Chaplain's office ? Yes / No
9. Does the organization allow the Chaplain the freedom to minister and communicate the Christian faith ? Yes / No
10. Do hospital staff refer patients or families to you for help and counselling ? Yes / No
11. Do you pray with patients, especially in crisis or before surgery ? Yes / No
12. Is Christian literature available to patients in all areas of the hospital ? Yes / No
13. Is there adequate place for private prayer and public worship ? Yes / No
14. Have there been any special emphases, or retreats for staff and students in the past one year ? Yes / No
15. Has there been improvement in the attitude of the community towards Christianity as a result of the hospital ? Yes / No

QUESTIONNAIRE FOR PERSONNEL OFFICER

1. Please attach a list of staff in the Personnel department and their qualifications and experience.
2. What is the title of the person with responsibility for Personnel?
3. How many total employees are there ?

Medical staff	-----
Nursing staff	-----
Clerical staff	-----
Technicians	-----
Others	-----

4. Is there a Policy Manual containing personnel policies ?  
( Please enclose) Yes / No
5. Does each department have a Head of the Department or Supervisor through which personnel administration is carried out ? Yes / No
6. Are there prescribed procedures for recruitment and selection of employees ? Yes / No
7. Does every employee receive an appointment letter and sign an appointment order ? Yes / No
8. Are all employee personnel files maintained in one place for the entire organization ? Yes / No
9. Are current health files kept on each employee ? Yes / No
10. Do all employees have job descriptions in a standardized form ? Yes / No
11. Are employee performance evaluations performed regularly ? Yes / No
12. Is there a written policy regarding promotions ? Yes / No
13. Is an exit interview conducted when an employee resigns ? Yes / No
14. Are employee records and files computerized ? Yes / No
15. Is payroll computerized ? Yes / No
16. Are salary scales revised at regular intervals ? Yes / No
17. Are salaries and compensation comparable to similar positions within the community ? Yes / No



- |   |          |
|---|----------|
| 18. Is there a formal orientation for new staff ?   | Yes / No |
| 19. Is the Personnel Department responsible for enquiries and disciplinary procedures ?   | Yes / No |
| 20. Are there prescribed cadre positions in each department ?   | Yes / No |
| 21. Is there a superannuation or pension plan for all staff ?   | Yes / No |
| 22. Is there a recognized union in the hospital ?   | Yes / No |
| 23. Is there a Labour settlement in force at present ?  | Yes / No |
| 24. Are medical staff and first level management staff subject to Employee Service Rules and Leave Rules as for other employees ? | Yes / No |
| 25. Is the Personnel Department responsible for staff welfare activities ?  | Yes / No |
| 26. Does the hospital have a plan for human resource development at all levels ?  | Yes / No |
| 27. Are programs in place to develop existing staff ?   | Yes / No |
| 28. Are there "cross training" opportunities within the organization ?  | Yes / No |

QUESTIONNAIRE FOR ASSISTANT ADMINISTRATOR

1. Please attach a list of supervisory and technical staff with their qualifications and experience.
2. Please attach a list of major equipments in these departments such as vehicles, generators, incinerators, etc.
3. Does the hospital provide ambulance service for patients to and from hospital ? Yes / No
4. Are ambulance equipped with life saving items such as oxygen ? Yes / No
5. Is ambulance service available all 24 hours ? Yes / No
6. Does the transport department provide service for other departments such as purchase and administration ? Yes / No
7. Are there written procedures regarding :
 

maintenance of vehicles	Yes / No
logging of trips	Yes / No
accidents	Yes / No
8. Are security services given over to a contractor ? Yes / No
9. Does the hospital maintain a security service ? Yes / No
10. Is there a procedure for investigation of security lapses or problems ? Yes / No
11. Do staff express any security concerns ? Yes / No
12. Is there adequate control of visitors in the patient care areas ? Yes / No
13. Are there written procedures regarding disposal of hazardous wastes, contaminated materials, tissues, food wastes ? Yes / No
14. Are legal requirements met regarding pollution control ? Yes / No
15. Does the hospital have one or more incinerators ? Yes / No
16. Is survey made of all areas at least annually to identify environmental hazards and unsafe practices ? Yes / No
17. Are essential services supported by generators during power outages ? Yes / No
18. Is there adequate planning to meet present and future needs for water and electricity ? Yes / No
19. Are measures enforced to conserve water and electricity ? Yes / No



20. Is there a preventive maintenance program for all hospital and biomedical equipments ?

Yes / No

21. Is there timely response to complaints from departments regarding building and equipment maintenance ?

Yes / No

22. Is there procedure for disposal of scrap materials ?

Yes / No

23. Are there plans developed in case of disaster ?

Yes / No

QUESTIONNAIRE FOR HEAD OF LAUNDRY

- 1 Please attach a list of all equipments in the laundry and date of purchase
- 2 How many pieces or items are handled daily in the laundry ?
- 3 How many staff are employed in the laundry ?
- 4 What are the working hours of the laundry ?
5. Are there written policies and procedures which address :
 

Collection of linen	Yes / No
Disinfection of contaminated linen	Yes / No
Washing of linen	Yes / No
Equipment performance	Yes / No
Distribution of linen to patient care areas	Yes / No
6. Is there a central store for linen ? Yes / No
7. Is the supply of linen considered adequate in all patient areas ? Yes / No
8. Are universal precautions followed by staff in handling contaminated linen ? Yes / No
9. Is the rate of loss or damage of linen monitored ? Yes / No
10. Are there targets or standards set regarding rate of loss ? Yes / No



QUESTIONNAIRE FOR HEAD OF DIETARY DEPARTMENT

1. Please attach a list of staff and their qualifications.
2. At what hours is food service available ?
3. Is food service available to patients ? Yes / No
4. Is food service available to staff and students ? Yes / No
5. Is food service available to attenders and visitors ? Yes / No
6. Does a Contractor provide part or all of the service ? Yes / No
7. Are patients on therapeutic diets required to take food from the hospital ? Yes / No
8. Is the kitchen regularly inspected regarding cleanliness ? Yes / No
9. Do kitchen staff have health checkups ? Yes / No
10. Do kitchen staff follow procedures for safe handling of food ? Yes / No
11. Is there a Quality Control procedure or program for therapeutic diets ? Yes / No
12. Does a dietitian counsel and educate all inpatient department ? Yes / No
13. Is diet counselling available in the outpatient department ? Yes / No
14. Does the department have a recognized training program ? Yes / No
15. Are inservice and continuing education programs available to the staff ? Yes / No

QUESTIONNAIRE FOR HEAD OF CSSD

1. Please attach a list of staff and their qualifications.
2. Please attach list of equipments and date of purchase.
3. What are the hours of the department ?
4. Does the department have written policies and procedures ?  
( Please enclose) Yes / No
5. Are Quality Control procedures followed ? Yes / No
6. Is there Infection Control surveillance in the department regularly ? Yes / No
7. Does the department serve all areas of the hospital including  
operation theatre ? Yes / No
8. Are inservice training programs available to staff ? Yes / No
9. Is the space adequate for the department ? Yes / No
10. Are there additional autoclaves in theatre or in other departments ? Yes / No



QUESTIONNAIRE FOR HEAD OF PROSTHETIC AND ORTHOTIC CENTRE

1. Please attach a list of staff and their qualifications.
2. Please attach a list of equipments and date of purchase.
3. Please attach list of services and appliances provided.
4. Are goals set and treatment plans formulated for each patient ? Yes / No
5. Does the department receive patients referred from outside as well as St. Martha's patients ? Yes / No
6. Are funds or other resources available so that poor patients can be treated ? Yes / No
7. Do you consider your space to be adequate ? Yes / No
8. Does the Centre have a training program ? Yes / No
9. Do you have written policies or procedures fro your department ? Yes / No  
( Please enclose )

QUESTIONNAIRE FOR HEAD OF PHYSIOTHERAPY

1. Please attach a list of staff and their qualifications.
2. Please attach a list of equipments and date of purchase.
3. What are the hours for the laboratory ?
4. Does the department serve inpatients and outpatients ? Yes / No
5. Is it easily accessible to the patients ? Yes / No
6. Do you consider the space adequate ? Yes / No
7. Do you also visit the wards to assess and treat patients ? Yes / No
8. Do you interact with medical and nursing staff to plan rehabilitation and treatment for the patient ? Yes / No
9. Do you make progress notes in the patient record ? Yes / No
10. Do all clinical units fully know and utilize the services of your department ? Yes / No
11. Are inservice and continuing education programs available for staff ? Yes / No
12. Does your department have a recognized training program ? Yes / No
13. Do you have written policies and procedures followed by the department ? Yes / No
14. Is an occupational therapist available in the department ? Yes / No
15. Does your department treat patients from outside not referred by the hospital ? Yes / No



QUESTIONNAIRE FOR HEAD OF LABORATORY

1. Please attach a list of staff and their qualifications.
2. Please attach a list of equipment available and when purchased.
3. During what hours are laboratory services available ?
4. Are the following services provided ?
 

Haematology	Yes / No
Serology	Yes / No
Biochemistry	Yes / No
Microbiology	Yes / No
Histopathology	Yes / No
Cytology	Yes / No
Blood Gases	Yes / No
5. Does the hospital have a licensed blood bank ? Yes / No
6. Do you have an internal Quality Control Program ? Yes / No
7. Do you participate in an external Quality Control Program ? Yes / No
8. Do you use disposable needles and syringes ? Yes / No
9. Do you have written policies and procedures that address : (please enclose)
 

Specimen Collection	Yes / No
Specimen Preservation	Yes / No
Instrument Calibration	Yes / No
Quality Control & Remedial Action	Yes / No
Equipment Performance Evaluation	Yes / No
Test Performance	Yes / No
Disposable Needles & Syringes	Yes / No
10. Are there inservice and continuing education programs available for staff ? Yes / No
11. Does the laboratory have a recognized training program ? Yes / No
12. Do you consider your space adequate ? Yes / No
13. Are universal precautions followed by laboratory staff ? Yes / No
14. Do you have a licensed blood bank ? Yes / No
15. Do you perform tests for patients referred from outside ? Yes / No

QUESTIONNAIRE FOR HEAD OF X-RAY DEPARTMENT

1. Please attach a list of staff and their qualifications.
2. Please attach list of equipments and date of purchase.
3. Please attach list of procedures and X-rays available.
4. What hours are the services of the department available ?
  
5. Are there written procedures which are followed fro preparation of patients for special procedures ? Yes / No
6. Can emergency portable films be done in casualty and crucial care areas at all hours ? Yes / No
7. Are Quality Control procedures in place ? Yes / No
8. Are radiation protection procedures written and followed ? Yes / No
9. Are radiation badges worn by all staff ? Yes / No
10. Are inservice and continuing education programs available for staff ? Yes / No
11. Does the department have a recognized training program ? Yes / No
12. Is there an area for developing films in the operation theatre ? Yes / No
13. Are X-rays read and reported within 24 hours ? Yes / No
14. Do you consider space adequate ? Yes / No
15. Do you perform X-rays and procedures on patients referred from outside ? Yes / No



# Questionnaire for faculty and ancillary – staff (Nursing College)

## PERSONAL DATA

Department:

Designation:

Status (Religious/Layperson):

Duration of service (years) :

Educational Qualification:

Institution where Nursing was completed:

Date of completion of Nursing course:

Have you undergone an Inservice Education Programme after joining St.Martha's hospital ?

Given below are certain aspects of the institution you are expected to be aware of. Please indicate your awareness, by encircling 'Y' if your awareness of each aspect listed is YES and 'N' if it is NO.

- |   |     |
|---|-----|
| 1.The vision of the Good Shepherd Congregation: | Y/N |
| 2.The philosophy of the institution :           | Y/N |
| 3.The objectives and goals of the institution:  | Y/N |
| 4.The policies regarding :                      |     |
| *Work   | Y/N |
| *Benefits/Salaries                              | Y/N |
| *Promotions                                     | Y/N |
| *Recruitment of staff                           | Y/N |
| *Selection of students                          | Y/N |
| *Disciplinary action                            | Y/N |
| 5.The welfare facilities/schemes:               | Y/N |
| 6.The worker's union:                           | Y/N |
| 7.Performance appraisal:                        | Y/N |

Given below are list of objectives, goals & functions of your institution. Give your opinion to the extent to which you think the objectives, goals & functions should be fulfilled under column A & under column B the extent to which each of them are presently fulfilled. Please give your answer in the form of a number ranging from ONE to FIVE in the blank provided under each column.

1	2	3	4	5		
Not fulfilled					Fulfilled completely	
at all.						
					COLUMN-A	COLUMN-B
1. The hospital provides services to the the sick irrespective of caste/creed/race/social status.					_____	_____
2. The hospital strives to provide high quality care at a cost affordable for the common man.					_____	_____
3. The hospital focuses its services on health concerns of women and children mainly.					_____	_____
4. The hospital endeavours to provide competent and comprehensive health care thro' recent yet cost effective technology.					_____	_____
5. The hospital fosters a sense of dedication, moral & ethical integrity among its employees.					_____	_____
6. The professional skills of the employees are enhanced thro' continuing education programs					_____	_____
7. The hospital strives to develop in its employees a desire to serve the poor & weak sections of society.					_____	_____
8. An awareness of the social problems & injustices is developed in the employees to plan to fulfil the national health priorities.					_____	_____
9. The hospital provides spiritual care to the sick respecting the individual's religious beliefs					_____	_____
10. The hospital provides subsidised care to those individuals in need					_____	_____



- |   |       |       |
|---|-------|-------|
| 11. The hospital attempts to develop Urban & Rural centres of Health care for the underprivileged & oppressed women and children. | _____ | _____ |
| 12. The hospital strives to expand its department & education programs as per the need of society.                                | _____ | _____ |
| 13. The hospital constantly tries to improve the quality of the health care.  | _____ | _____ |
| 14. The hospital creates awareness of a clean & healthy environment to the public.  | _____ | _____ |
| 15. The hospital serves as a model of efficient health health care.   | _____ | _____ |
| 16. The hospital fosters in all its employees a respect for respect for human life at all stages of life.                         | _____ | _____ |
| 17. The hospital tries to develop in its employees a team spirit & a family atmosphere.   | _____ | _____ |
| 18. Rules & regulations of the institution are reasonable   | _____ | _____ |
| 19. The hospital shows concern for the welfare of its employees.  | _____ | _____ |

20. Give any THREE POSITIVE aspects of the hospital:

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21. Give any THREE NEGATIVE aspects of the hospital which you have experienced:

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23. Give any THREE suggestions for improving the hospital functioning:

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## Questionnaire for faculty and ancillary – staff (Nursing College)

### PART-B (STAFF/FACULTY)

Below are a list of questions relating to the functioning of the institution . Please answer by encircling either 'YES' or 'NO' .

1. Is there someone in the organisation to whom you can communicate your problems ? Yes/No
2. Do you feel that your complaints and grievances are heard ? Yes/ No
3. Do you feel a part of the health care team ? Yes/ No
4. Do you know what is the mission /purposes of the hospital and / or school of nursing ? Yes/ No
5. Do you have promotional avenues open to you ? Yes/ No
6. Did you undergo orientation when you joined the hospital or institution ? Yes/ No
7. Do you feel appreciated in your work ? Yes/ No
8. Do you think the rules and policies are fair ? Yes/ No
9. Have you read and understood the Employee Service Rules ? Yes/ No
10. Do you have opportunity to suggest that your department's work or function could improve ? Yes/ No
11. If you have a personal or family problem, is there someone in the hospital or school of nursing who can guide or help you ? Yes/ No
12. Is the area where you work comfortable and safe ? Yes/ No
13. Since joining work, have you received any new training or skill ? Yes/ No
14. Do you have a job description ? Yes/ No
15. Do you participate in any special events or extra curricular activities in the hospital or School of Nursing ? Yes/ No

# Questionnaire for Nursing Students

## PERSONAL DATA

Year of joining:

Religion:

Status ( Religious / Layperson):

Given below are list of statements relating to various aspects of your education in St. Martha's School of Nursing Give the extent to which you are satisfied with each aspect ,in the form of a number ranging from ONE to FIVE in the blank provided against each statement.

5	4	3	2	1.
Fully	moderately	partially	minimally	least
satisfied	satisfied	satisfied	satisfied	satisfied
1.	The encouragement you get from home to perform well in your studies.	_____		
2.	The encouragement you get from teachers to do well in your studies.	_____		
3.	The encouragement you get from the staff in the hospital to do well.	_____		
4.	The encouragement you get from the warden to do well in studies.	_____		
5.	The facilities on the campus for your personal/professional/spiritual development:	_____		
	*classroom	_____		
	*chapel	_____		
	*canteen	_____		
	*hospital services	_____		
	*hostel	_____		
	*library	_____		
	*mess	_____		
	*recreation	_____		
	*sick room	_____		
6.	The facilities for your social development:	_____		
	*interaction with faculty/staff	_____		
	*interaction with peers/seniors	_____		
	*involvement in the campus activities	_____		
	*S.N.A. activities	_____		
	*C.N.G.I. activities	_____		
	*sports	_____		



7. The faculty/staff who are directly involved in your education \_\_\_\_\_

\*show genuine interest in your welfare \_\_\_\_\_

\*show respect to all of you \_\_\_\_\_

\*are available whenever needed by you \_\_\_\_\_

\*discipline you when appropriate reasonably \_\_\_\_\_

\*provide you with appropriate supervision \_\_\_\_\_

\*are firm yet concerned with your welfare \_\_\_\_\_

\*demonstrate fairness in dealing with you \_\_\_\_\_

\*are competent in various teaching methods \_\_\_\_\_

\*use appropriate evaluation methods fairly \_\_\_\_\_

\*demonstrate moral/ethical values in dealing with you \_\_\_\_\_

\*possess good personal skills & are confident in selves \_\_\_\_\_

PART B

1. Do you know the vision and mission of the Hospital ? Yes / No

2. Do you feel a part of the Hospital and its work ? Yes / No

3. Do you have any opportunities for spiritual development ? Yes / No

4. If you have a personal or family problem, is there someone to guide or counsel you ? Yes / No

5. Is the Hospital a place you would like to remain as a Staff Nurse ? Yes / No

6. During your training, do faculty and staff stress on care of the poor ? Yes / No

# Questionnaire for Staff Nurses

## PERSONAL DATA

Department:

Designation:

Status (Religious/Layperson):

Duration of service (years) :

Educational Qualification:

Institution where Nursing was completed:

Date of completion of Nursing course:

Have you undergone an Inservice Education Programme after joining St.Martina's hospital ?

Given below are certain aspects of the institution you are expected to be aware of. Please indicate your awareness, by encircling 'Y' if your awareness of each aspect listed is YES and 'N' if it is NO.

- |   |     |
|---|-----|
| 1.The vision of the Good Shepherd Congregation: | Y/N |
| 2.The philosophy of the institution :           | Y/N |
| 3.The objectives and goals of the institution:  | Y/N |
| 4.The policies regarding :                      |     |
| *Work   | Y/N |
| *Benefits/Salaries                              | Y/N |
| *Promotions                                     | Y/N |
| *Recruitment of staff                           | Y/N |
| *Selection of students                          | Y/N |
| *Disciplinary action                            | Y/N |
| 5.The welfare facilities/schemes:               | Y/N |
| 6.The worker's union:                           | Y/N |
| 7.Performance appraisal:                        | Y/N |





11. The hospital attempts to develop Urban & Rural centres of Health care for the underprivileged & oppressed women and children. \_\_\_\_\_
12. The hospital strives to expand its department & education programs as per the need of society. \_\_\_\_\_
13. The hospital constantly tries to improve the quality of the health care. \_\_\_\_\_
14. The hospital creates awareness of a clean & healthy environment to the public. \_\_\_\_\_
15. The hospital serves as a model of efficient health health care. \_\_\_\_\_
16. The hospital fosters in all its employees a respect for respect for human life at all stages of life. \_\_\_\_\_
17. The hospital tries to develop in its employees a team spirit & a family atmosphere. \_\_\_\_\_
18. Rules & regulations of the institution are reasonable \_\_\_\_\_
19. The hospital shows concern for the welfare of its employees. \_\_\_\_\_



20. Give any THREE POSITIVE aspects of the hospital:

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21. Give any THREE NEGATIVE aspects of the hospital which you have experienced:

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23. Give any THREE suggestions for improving the hospital functioning:

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To what extent are you able to accomplish the following tasks . Give your answer honestly by encircling a number ranging from ONE to FIVE where 1 means you are 'not able to do the task at all' and 5 means you are 'able to do the task to the best of your ability' Given below is space provided for comment .Please give your comments if you have faced any problems /difficulties to do these tasks.

1. I am able to provide care to all patients irrespective of their caste/creed/social status. 1 2 3 4 5

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2. I am able to provide the best possible care to all patients at all times. 1 2 3 4 5

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3. I am able to uphold my moral/ethical values in dealing with all the patients /co-workers. 1 2 3 4 5

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4. I am able to meet the spiritual needs of the patients daily respecting their own religious views. 1 2 3 4 5

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5. I am able to participate in activities which will enhance my skills /professional abilities. 1 2 3 4 5

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# Questionnaire for Staff Nurses

## PART-B ( STAFF/ FACULTY)

Below are a list of questions relating to the functioning of the institution . Please answer by encircling either 'YES' or 'NO' .

1. Is there someone in the organisation to whom you can communicate your problems ? Yes/No
2. Do you feel that your complaints and grievances are heard ? Yes/ No
3. Do you feel a part of the health care team ? Yes/ No
4. Do you know what is the mission /purposes of the hospital and / or school of nursing ? Yes/ No
5. Do you have promotional avenues open to you ? Yes/ No
6. Did you undergo orientation when you joined the hospital or institution ? Yes/ No
7. Do you feel appreciated in your work ? Yes/ No
8. Do you think the rules and policies are fair ? Yes/ No
9. Have you read and understood the Employee Service Rules ? Yes/ No
10. Do you have oppurtunity to suggest that your department's work or function could improve ? Yes/ No
11. If you have a personal or family problem, is there someone in the hospital or school of nursing who can guide or help you ? Yes/ No
12. Is the area where you work comfortable and safe ? Yes/ No
13. Since joining work, have you received any new training or skill ? Yes/ No
14. Do you have a job description ? Yes/ No
15. Do you participate in any special events or extra curricular activities in the hospital or School of Nursing ? Yes/ No

# Questionnaire for ward incharges

## PERSONAL DATA

Department:

Designation:

Status (Religious/Layperson):

Duration of service (years) :

Educational Qualification:

Institution where Nursing was completed:

Date of completion of Nursing course:

Have you undergone an Inservice Education  
Programme after joining St. Martha's hospital ?

Given below are certain aspects of the institution you are expected to be aware of. Please indicate your awareness, by encircling 'Y' if your awareness of each aspect listed is YES and 'N' if it is NO.

- |  |     |
|--|-----|
| 1. The vision of the Good Shepherd Congregation: | Y/N |
| 2. The philosophy of the institution :           | Y/N |
| 3. The objectives and goals of the institution:  | Y/N |
| 4. The policies regarding :                      |     |
| * Work   | Y/N |
| * Benefits/Salaries                              | Y/N |
| * Promotions                                     | Y/N |
| * Recruitment of staff                           | Y/N |
| * Selection of students                          | Y/N |
| * Disciplinary action                            | Y/N |
| 5. The welfare facilities/schemes:               | Y/N |
| 6. The worker's union:                           | Y/N |
| 7. Performance appraisal:                        | Y/N |



Given below are list of objectives, goals & functions of your institution. Give your opinion to the extent to which you think the objectives, goals & functions should be fulfilled under column A & under column B the extent to which each of them are presently fulfilled. Please give your answer in the form of a number ranging from ONE to FIVE in the blank provided under each column.

	1	2	3	4	5		
	Not fulfilled				Fulfilled completely		
	at all.						
						COLUMN-A	COLUMN-B
1. The hospital provides services to the the sick irrespective of caste/creed/race/social status.						_____	_____
2. The hospital strives to provide high quality care at a cost affordable for the common man.						_____	_____
3. The hospital focuses its services on health concerns of women and children mainly.						_____	_____
4. The hospital endeavours to provide competent and comprehensive health care thro' recent yet cost effective technology.						_____	_____
5. The hospital fosters a sense of dedication, moral & ethical integrity among its employees.						_____	_____
6. The professional skills of the employees are enhanced thro' continuing education programs						_____	_____
7. The hospital strives to develop in its employees a desire to serve the poor & weak sections of society.						_____	_____
8. An awareness of the social problems & injustices is developed in the employees, keeping in mind the National Health priorities						_____	_____
9. The hospital provides spiritual care to the sick respecting the individual's religious beliefs						_____	_____
10. The hospital provides subsidised care to those individuals in need						_____	_____

- |   |       |       |
|---|-------|-------|
| 11. The hospital attempts to develop Urban & Rural centres of health care for the underprivileged & oppressed women and children. | _____ | _____ |
| 12. The hospital strives to expand its department & education programs as per the need of society.                                | _____ | _____ |
| 13. The hospital constantly tries to improve the quality of the health care.  | _____ | _____ |
| 14. The hospital creates awareness of a clean & healthy environment to the public.  | _____ | _____ |
| 15. The hospital serves as a model of efficient health health care.   | _____ | _____ |
| 16. The hospital fosters in all its employees a respect for respect for human life at all stages of life.                         | _____ | _____ |
| 17. The hospital tries to develop in its employees a team spirit & a family atmosphere.   | _____ | _____ |
| 18. Rules & regulations of the institution are reasonable   | _____ | _____ |
| 19. The hospital shows concern for the welfare of its employees.  | _____ | _____ |



20. Give any THREE POSITIVE aspects of the hospital:

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21. Give any THREE NEGATIVE aspects of the hospital which you have experienced:

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23. Give any THREE suggestions for improving the hospital functioning:

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To what extent are you able to accomplish the following tasks . Give your answer honestly by encircling a number ranging from ONE to FIVE where 1 means you are 'not able to do the task at all' and 5 means you are 'able to do the task to the best of your ability' Given below is space provided for comment .Please give your comments if you have faced any problems /difficulties to do these tasks.

1. I am able to provide care to all patients irrespective of their caste/creed/social status. 1 2 3 4 5

---

---

2. I am able to provide the best possible care to all patients at all times. 1 2 3 4 5

---

---

3. I am able to uphold my moral/ethical values in dealing with all the patients /co-workers. 1 2 3 4 5

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4. I am able to meet the spiritual needs of the patients daily respecting their own religious views. 1 2 3 4 5

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5. I am able to participate in activities which will enhance my skills /professional abilities. 1 2 3 4 5

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## PART-B

Below are a list of questions relating to various aspects of your functions . Please answer each question by encircling either 'YES' or 'NO'.

1. How long have you been as Ward -in -Charge ?
2. Do you conduct regular meetings of employees whom you supervise ? Yes/ No
3. Do you feel there is good communication with the management ? Yes/ No
4. Are you involved in selection of staff for your ward ? Yes/ No
5. Are you involved in the annual budget process for your ward ? Yes/ No
6. Are you informed about the financial process for your ward ? Yes/ No
7. Do you regularly evaluate the performance of the employees you supervise ? Yes/ No
8. Do you know and understand the vision and mission of the hospital ? Yes/ No
9. Do you communicate the vision and mission to your employees ? Yes/ No
10. Do your department have written policies and procedures ? Yes/ No
11. Do you set goals each year for your ward ? Yes/ No
12. Do you feel a part of planning and decision making in the hospital ? Yes/ No

- |  |         |
|--|---------|
| 13. Do you orient new employees in your ward ?                                 | Yes/ No |
| 14. Do you provide any inservice or on the job training for your employees ?   | Yes/ No |
| 15. Have you attended any seminar , program or course on management training ? | Yes/ No |
| 16. Do you have written standards that guide the work of your ward ?           | Yes/ No |
| 17. Do you have enough qualified staff to do the required work ?               | Yes/ No |
| 18. Do all your employees have job description ?                               | Yes/ No |
| 19. Do you know the organisation plan or structure of the hospital ?           | Yes/ No |



## QUESTIONNAIRE FOR HEAD OF DEPARTMENTS

1. How long have you been Head of the Department ?
2. Do you conduct regular meetings of employees whom you supervise ? Yes / No
3. Do you feel that there is good communication with management ? Yes / No
4. Are you involved in selection of staff for your department ? Yes / No
5. Are you involved in the annual budget process for your department ? Yes / No
6. Are you informed about the financial performance of your department ? Yes / No
7. Do you regularly evaluate the performance of the employees you supervise ? Yes / No
8. Do you know and understand the vision and mission of the hospital ? Yes / No
9. Do you communicate the vision and mission to your employees ? Yes / No
10. Does your department have written policies and procedures ? Yes / No
11. Do you set goals each year for your department ? Yes / No
12. Do you feel a part of planning and decision making in the organization? Yes / No
13. Do you orient new employees in your department ? Yes / No
14. Do you provide any inservice or on the job training for your employees ? Yes / No
15. Have you attended any seminar, program or course on management training ? Yes / No
16. Do you have written standards that guide the work of your department ? Yes / No
17. Do you have enough qualified staff to do the required work ? Yes / No
18. Do all of your employees have job description ? Yes / No
19. Do you know the organization plan or structure of the hospital ? Yes / No