

Role of Multi-Specialty Hospitals in India's health care service delivery system

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Abstract:Health is not only vital for an individual to provide a happy life, but it is also required for all valuable activities in society. As a consequence, no organization can expect desired productivity unless it employs healthy personnel. Human productivity and the "development" process are both dependent upon quality health. A healthy community is a cornerstone upon which an economically sustainable society can be built. It is absurd to expect sick people to add constructively to development efforts. People throughout the world have diverse approaches to health. According to the World Health Organization, health is "a condition of complete physical, mental, and social well-being, rather than merely the absence of malady or infirmity."

As a necessary consequence, good health is considered a balance of physical, mental, and social well-being. The Planning Commission has acknowledged the critical role of public health in community enrichment. The following has been stated: "In whatever sphere, health is paramount to national progress. Nothing can be deemed more valuable in terms of economic development resources than people's health, which is a reflection of their energy and capacity as well as their potential man-hours for productive work in proportion to the number of people sustained by the nation. The worker's health is a vital issue for the effectiveness of industry and agriculture".

Keywords

Healthcare, Multi-specialty hospitals, Health Services.

Introduction

In general, health-related factors can be grouped into three categories: congenital, environmental, and personal. Similarly, the diverse factors that impact one's health status can be divided into three categories: psychological health, spiritual development, and physical wellbeing. Multi-specialty hospitals offer highly technical tertiary specialized services, including disease diagnosis and treatment, medical care units, and advanced

diagnostic support services. Advancement and highly specialized staff are generally characteristic of multi-specialty health care. It provides highly focused care to the population of an outsized area and in some cases worldwide. Moreover, it's stated as highly specialized medical aid usually over a protracted period consisting of advanced and sophisticated procedures and coverings performed by medical professionals in modern facilities best. These definitions indicate that tertiary health care is multi-specialty health care provided by hospitals. Government Hospitals and Medical Colleges, Chandigarh³² from the general public sector, and MaxMohali Superspecialty Hospital, Mohali from the private sector are samples of multi-specialty hospitals.

MSH (Multi-Specialty Hospital) provides various services

Line Services

- Emergency services: MSH provides emergency services 24 hours a day, with immediate diagnosis and accidental injuries. Well-defined procedures and work distribution.
- Outpatient services: For patients with mild, serious, acute, and chronic illnesses with diagnostic, treatment, prevention, and rehabilitation services.
- Inpatient services: Each of these MSH wards typically has a clinic, changing room, X-ray, and other equipment needed to care for the patient.
- Intensive care unit: where the patient is monitored and actively treated. Employees are therefore specially trained to work in this field.
- Operation theatres: Operating rooms have pre-anesthesia and sterilization rooms and another essential laboratory for emergencies.

Supportive Services

- Central Sterile supply and management: The store manager provides central sterility, sterilization, maintenance, and distribution of instruments, medical equipment, clothing, etc.
- Diet Management: Food management includes the kitchen, bulk food store, and dining room, providing nutritious meals throughout the hospital.
- Pharmacy service management: It is the most important service that exists in MSH for purchasing and dispensing drugs and other drugs.
- Laundry services: Here washing machines provide efficient, bacteria-free mechanical laundry with the necessary care and supervision.
- Laboratory and X-ray facilities: X-ray and testing facilities provide routine microbiology of urine and blood, and appropriate laboratory diagnosis with ongoing monitoring.

- Nursing services: these services are provided by staff nurses and ward boys, according to standards accepted by the Nursing Council of India.

Auxiliary Services

- Registration and indoor case records: In-house logging and recording instances are integral to MSH as it helps to encrypt records and maintain statistics for future planning and management.
 - Stores: These MSH have central stores that supply bulk items, such as glass stores, linen stores, and pharmacies.
 - Transport: Recruit transporters to transport supplies and patients such as trolleys, stretchers, and wheelchairs.
 - Mortuary: It has a cold storage area, as sometimes for medical-legal reasons post-mortems are required.
- A broader hospital professionals with a wide array of disciplines >> The most common concern that a patient confronts at a contemporary hospital is that they are advised to transfer to another one after being diagnosed since the traditional hospital lacks the necessary doctors and staff to treat them.
 - A wider range of diagnostic instruments >>in a multi-specialty hospital, all tests and screenings are already taken care of. All of the examinations may be completed under one roof thanks to the various equipment and qualified employees.
 - Improved collaboration with insurance carriers >> A multi-specialty hospital will work with insurance providers that will only pay for their treatments. Because multispecialty hospitals treat a variety of conditions, they frequently collaborate with several insurance providers to pay for their various medical treatments, either separately or on their whole.
 - A multispecialty hospital, which is equipped with a large team of doctors and staff from plenty of specializations, puts an end to this problem. Thanks to active collaboration and communication, all of your problems are treated in one location.

Significance of multi-specialty hospitals in India

Most nations struggle to provide their citizens with economical, high-quality healthcare. If a resource-constrained country like India wants to accomplish the twin goals of reasonable and high-quality healthcare for everybody, the healthcare delivery paradigm will need to be dramatically re-engineered. India faces two major challenges: a big population and a low per capita GDP, both of which limit the amount of money available to invest in healthcare facilities. Outside of big metropolitan regions, there is a severe paucity of doctors, which perpetuates the problem.

The rapid surge in the incidence of chronic non-communicable diseases (NCDs) threatens to elevate a severe issue to apocalyptic proportions. Governments have sought to close the gap between supply and demand by deploying band-aid solutions, such as expanding super-specialty hospitals.

When done at a suitable scale, that is neither reasonable nor a practical way to deal with the medical services supply-request error. While essential medical care should comprise the bedrock of any medical services framework, we shouldn't disregard the situation of the large numbers of Indians who are sitting tight for emergency clinic-based tertiary therapy for ailments like coronary illness and malignant growth. As indicated by cardiovascular specialist Devi Shetty (Narayana Wellbeing), a country the size of India requires 2.5 million heart medical procedures consistently. Assessed 1,00,000 methods are done on affluent individuals that can bear to visit premium private emergency clinics. The rest are compelled to sit tight in line for a long time at clogged government medical clinics, and most of them bite the dust before seeking the therapy that requires.

General Hospital model: relevant or not, an approach toward Focused Health Facilities

The exemplary tertiary (clinic-based) medical care office is an overall emergency clinic - a multi-specialty office that treats everybody and handles everything, from the most perplexing multi-modular therapies to more direct techniques in fortes like dentistry, ophthalmology, and ENT. A larger part of patients falls into the last class, requiring the administration of a solitary specialty utilizing methods that can be normalized. A multi-reason GH, by attempting to upgrade assets and cycles across numerous claims to fame, turns out to be less than ideal for all.

The GH model brings the treatment of mind-boggling and direct cases under one rooftop, conflating plans of action with contradictory measurements of result, worth, and installment. This outcome is an unnecessary expansion in cost and debilitation of value.

The GH model is additionally exceptionally capital-serious. Given the need to take care of various strengths, these medical clinics become swollen administrations. They are specialist-driven, and not patient-driven, in their business processes. Besides, high fixed costs swell the expense of treatment. Co-finding various claims to fame that have various requirements make it difficult to designate the expenses of staffing and space precisely. The complicated association of the GH and the failure to firmly interface input expenses to yield esteem prompts wayward charging practices and swelling clinic bills.

The Focused Health Facilities (FHF) model has proactively flourished in two strengths: eye care and obstetrics. The Public Malignant growth Lattice is an illustration of how such a model can be sent to serve the tremendous quantities of disease patients the nation over. The

errand currently is to reuse this involvement with different claims to fame. India faces remarkable difficulties in conveying superior grade, reasonable medical services to the majority. The FHF model uses India's colossal patient numbers to make a framework that conveys adaptable, excellent consideration at a lower cost. On the off chance that India can wed its abilities in executing huge scope mission-arranged projects with its data innovation capacities, there is not an obvious explanation for why it can't be a worldwide focal point for top-notch medical care. Such capacities will likewise be appealing to patients from different nations that don't have the minimum amount expected to construct comparable huge scope, high-volume care organizations.

Challenges faced by MSH and required suggestions

- Incentives and motivations of health care providers in the public sector need to be improved as it is already too tedious to face such a difficult scenario with insufficient resources.
- Due to lack of facilities and economic reasons, most medical professionals in public hospitals move to the private sector, so there is a need to end this diversion and disparity between the public and private sectors. Private area.
- Expensive health services in private hospitals lead to high spending (OOPE), somore health insurance initiatives are needed and the public health sectors are well equipped and effective.
- It is necessary to increase the bed capacity of these hospitals, especially in the public sector. With enhanced laboratory services.

Conclusion

Hospitals are critical components of the healthcare system. They are health-care institutions with inpatient facilities and established medical and other dedicated staff that would provide medical, nursing, and allied services 24 hours a day, seven days a week. Long-term human development is encouraged by comprehensive and cost-effective healthcare services provided by competent and adequate healthcare professionals, as well as efficient and sustainable health facilities. While the private sector covers over 70% of the Indian population, hospital beds, doctors, and nurses are in limited quantity. To attain the necessary requirement of 2.5 doctors, 5 nurses, and 3.5 beds per 1,000 inhabitants by 2034, an investment of around \$245 billion is required. Although India aims to increase public spending on health care from 1.4 percent of GDP to 2.5 percent by 2025, the target date is still half a decade away. As a result, India poses a considerable investment opportunity. India's healthcare will be able to attract significant long-term financing and private equity with a more systematic and structured approach that includes fiscal incentives. Thus, for qualitative and quantitative healthcare services, the government must promote the inventive

and efficient use of these new technologies for the development of India's health.

Abbreviations

WHO: World Health Organization

OOPE: Out-of-Pocket-Expenditure

MSH: Multi-Specialty Hospital

GDP: Gross Domestic Product

NCD: Non-Communicable Disease

ENT: Ear, Nose, and Throat Doctor

FHF: Focused Health Facility

GHM: General Hospital Model

ASHA: Accredited Social Health Activist

Notes

1. Health Givers: Doctors, Staff nurses, Ward boys, ASHA workers, Anganwadi Workers.
2. Healthcare is a multitude of services provided to individuals or communities by health agencies, to promote, maintain or restore health" (UNICEF: 2018)

Reference

Subramaniam Swaminathan, "General Hospital model is ineffective", India in transition, The Hindu, Business Line, 18 Feb 2020.

Chatterjee Paramita, "Why single-specialty hospitals will be a potential game-changer", BW Business World, 28 Dec 2015.

Goel, S.L., 1984, "Public Health Administration", Sterling Publishers, New Delhi.

Chauhan, C., 2015, "Health sector heading for a major Revamp", Kurukshetra, Goi, June, 63(8), 20-31.

Sinha, D., 2015, "Economic and Political Weekly", December 5, Vol L(9), 14-19.

Kaur Harcharan, "Tertiary Health care in Punjab: A Case Study of Rajindra Hospital, Patiala", Ph.d Thesis, Punjab University, Chandigarh, 2006.

Narayan K. V., "Changing Health Care System", Economic and Political Weekly, March 22-29, 2003.

Friesner Daniel and Rosenman Robert, "The relationship between service intensity and the quality of health care: An exploratory data analysis", Health Services Management Research, 2005.