

**Evaluation Report
and
Alternative Future Strategies
for
CHRISTIAN MEDICAL COLLEGE AND HOSPITAL, VELLORE**

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Contents, Introduction and Summary of Future Strategies

- I. **Introduction**
- II. **Summary of Future Strategies**
- III. **CMCH through the years**
- IV. **Policy Formulation**
- V. **Financial Implications of Future Strategies**

**REPORT TO THE EXPERT GROUP
DURING PHASE I OF THE OVERALL EVALUATION OF CMCH**

INTRODUCTON:

It all started with a phone call from CMCH on 2nd March 1979. Prof. J. G. Krishnayya, Executive Director, SRI, was asked whether SRI would be interested in undertaking a partial evaluation study of CMCH as an organisation, with the objective of:

- a) Looking at CMCH's progress over the past 5 years;
- b) Identifying CMCH's strengths and weaknesses;
- c) Presenting needs of CMCH to funding agencies abroad; and
- d) Identifying future directions for CMCH.

It was also mentioned that several other consultants had been contracted in connection with this study. The idea was that each consulting body would present its approach to the study and CMCH would finally decide whom to designate for the task.

SRI took a wholistic view of the institution and identified several approaches through which the evaluative study could be carried out. It was decided that the institution's view of

itself and the environment's view of the institution both would be necessary to arrive at a comprehensive image of CMCH. As a first step in this direction interest groups both within and outside the institution were identified.

To get a clear internal view of CMCH, SRI decided that an integrated computer model of CMCH activities would be a most useful tool. Since Finance was mentioned as an area of special concern to CMCH, SRI decided to lay greater emphasis on it both within the computer model and through a separate sub-study. Questionnaire surveys among the interest groups were identified as the tools for getting further clarifications on the internal and external views.

To give CMCH policy-makers a good idea of where they were going and also to provide them with a policy analysis tool for the future it was decided to carry out a goal-hierarchy exercise with CMCH top administrators.

These ideas were presented to CMCH at a meeting in Madras where other consultants also came with their study-designs. The SRI approach was considered the most suitable and the study commenced.

The subsequent period was devoted to the design of questionnaires, to discussions on sampling methodology, to developing a framework for the computer model, etc.

A team of 5 persons spent 5 weeks at CMCH during May-June; the subsequent analysis was done mainly by 3 persons.

Simultaneously with the questionnaire design, a preliminary framework for the computer model was also developed. As a part of the questionnaire design a *Thurston scale* was developed for measuring 'Christian Commitment'. Several measures of Financial performance of various departments were developed and tested out with the data already with us.

This initial period was also devoted to reading the background material in order to get a 'feel' for CMCH as an institution with a 75 year-long history. CMCH had sent us their Annual Reports for the last ten years which formed part of the background reading - both for data-gathering purposes and for getting to know the institution.

Books about Dr. Ida Scudder, Dr. Paul Brand, and Dr. Mary Verghese were also read to acquaint ourselves with the formative philosophy followed by the founders and pioneers of CMCH.

SRI staff visited several hospitals in Bombay and Pune to get some comparative ideas on bed strength, administration, budget, etc.

In May, five SRI analysts went to Vellore for a visit which lasted about 5 weeks. The tasks accomplished during this trip were (a) Finalisation of questionnaires, (b) Administration of Questionnaires to Doctors and Nurses in CMCH, (c) Collection of data on all the different activities of CMCH, (d) **Goal Hierarchy Exercise** with the top administration, and (e) Study of the Management Information System.

SRI staff also undertook some ad-hoc studies for CMCH senior staff. One was the study of OPDs at the instance of the Medical Superintendent to check on the patient flows and delays involved. The other, at the instance of the Nursing Superintendent, related to a brainstorming on the exodus of nurses. These studies were carried out and the resulting Notes were given to the initiators. Several notes on the financial operations were also prepared and given to CMCH. These notes do not form part of this Report.

After our return from Vellore we started building up the computer model. SRI staff also made trips to All India Institute of Medical Science, New Delhi; Post-graduate Institute, Chandigarh; CMC, Ludhiana, and JIPMER, Pondicherry, to collect as much information as possible. One SRI analyst met the Health Department officials of the Tamil Nadu Government in Madras to obtain health statistics of Tamil Nadu and also to get their opinion about CMC. 245 questionnaires were tabulated and analysed.

The visits to other medical institutions were used to administer the questionnaires for 'Outside Doctors' and to have open ended discussions about CMCH. Collection of statistics here was not very successful as these institutions either did not have the data or were not willing to give it to us.

The options regarding futures to be followed by CMCH were discussed when Dr. Carman, Dr. Suner Rao and Mr. Jacob of CMCH visited SRI on November 5, 6 and 7. During this period the "Allocation of Rs. 100" subset on the goal hierarchy exercise was also carried out to arrive at the constraint-free priorities of CMCH.

Throughout the study, as desired by CMCH, we have taken the role of helping, and being part of, a CMCH team which is progressing towards Phase II and Phase III of the overall evaluation exercise. Therefore we have been sending our notes to CMCH as and when they are ready, and have not been very formal and structured in presenting our analyses and projections.

In the final segment of the study we have put together all the analyses and future projections in a form such that the details can be referred to as and when necessary but do not clutter up the substantive conclusions and projections.

In the following pages, **Section II** provides a "Summary of Future Strategies" wherein the major issues related to the **4 possible future strategies** for CMCH have been outlined.

Section III is an **overall evaluation of CMCH through the years**, assimilating information from questionnaire analyses, the computer model, informal discussions, the goal hierarchy exercise and financial analyses, etc.

Section IV describes the future strategies in detail. Here we are presenting the options as described by the CMCH representative who visited SRI in November.

Section V provides detailed financial implications of the 4 strategies.

Section II: SUMMARY OF FUTURE STRATEGIES

There are four major strategies which CMCH could adopt in the future:

Strategy 1 is an extrapolation of the present ("Both-And") philosophy of CMCH by which it feels that both community work and speciality work are equally important and should be given the attention they deserve. Financially this is a marginal strategy with the maintenance budget balancing every year with either a deficit or a small surplus depending on the situation.

Strategy 2 is an extension of the above philosophy, but believes that it is necessary to compartmentalise the 3-pillars of the medical effort: community health, the common general departments, and the specialities. A new 200-bed hospital is either built or acquired to provide appropriate training to medical students, while a part of the main hospital would cater only to specialities. Paramedical and post-graduate programme function in all areas. This strategy is also a financially feasible strategy, though it requires sizeable support during the first few years.

Strategy 3 is a major shift to the Health Care Systems approach. The institution would train the regular MBBS students as well as intermediate level doctors and nurse-practitioners; the community health service area would be expanded to cover a total of 4 blocks. Community health worker training would be expanded. No further investment would be made in the speciality departments, and they would naturally crumble with time. CMCH would change from a referral centre to a low-cost effective-cure centre which would refer its patients to other speciality hospitals. Financially this is a poor strategy with the institution being in chronic deficit.

Strategy 4 envisages CMCH being transformed into a Post-graduate institution concentrating on the speciality departments and on research. The undergraduate programme would be scrapped and the loss-making part of the community development programme would up gradually. This strategy is very sound financially and would bring in surpluses in the future, but there would be a definite change in the 'culture of the institution.