

Hospital

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Abstract

Hospital's hospital management system Hospital management and organisation is a key part of a hospital's success. Hospital management is key to the success of the hospital and its staff, says the hospital's chief executive. The hospital's staff are responsible for managing and running the hospital. Hospital Development and it's administration has been criticised for its lack of transparency in the past. The hospital has been accused of mismanaging the development of a new hospital in the city. The hospital has a history of mismanagement.

Keywords: Hospital, Healthcare, Patient, Management, Development, Health

Introduction

India's Public Health System has been developed over the times as a 3- league system, videlicet Primary, secondary and tertiary position of health care. District Health System is the abecedarian base for Enforcing colorful health programs, delivery of healthcare and operation of health services for Defined geographic area. District Hospital is an essential element of the quarter health system and functions as a Secondary position of health care which provides restorative, preventative and promotive healthcare services to The people in the quarter.

Community Health Centre's, Primary Health Centre's and Sub-centres. Still, at present. There are 605 quarter hospitals in 640 sections of the country as per NRHM data as on 30-6-2010. The Government of India is explosively committed to strengthen the health sector for perfecting the health status Of the population.

A number of way have been taken to that effect in the post independence period. Colorful Specialists like surgeon, croaker , obstetrician and gynaecologist, paediatrician, orthopaedic surgeon, Ophthalmologist, anaesthetist, ENT(observance, nose, throat) specialist and dentist have been placed in the Quarter headquarter hospital.

Study Rational

It is necessary to study hospital management and development because many people die due to the small and big mistakes of the hospital.

The purpose behind this project is who should have what facilities in the hospital and those facilities should be running smoothly.

The following incidents have happened due to the mistakes of the hospital management:



59 die in two Maharashtra govt hospitals in last 48 hours, CM orders high-level probe

By Sudhir Suryawanshi | Express News Service | Published: 04th October 2023 08:35 AM

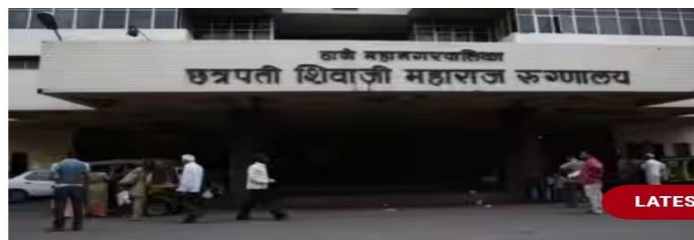


A total of 59 deaths have been recorded in two Maharashtra government hospitals in the last 48 hours – 35 in Shankarrao Chavan Hospital in Nanded and 24 in Ghati Hospital in Aurangabad. Maharashtra Chief Minister Eknath Shinde took serious cognizance of the deaths in Nanded and Ghati and ordered a high-level inquiry. He denied the Opposition’s allegations that the deaths in Nanded and Ghati took place due to a shortage of medicines and the unavailability of doctors.

Govt orders probe after 18 patients die in Thane civic-run hospital in 24 hours

Written by [Rupsa Chakraborty](#) +1 More

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Among the deceased, six were from Thane, four from Kalyan, three from Shahpur, and one each from Bhiwandi, Ulhasnagar, Govandi and Saki Naka, while one patient is yet to be unidentified. (Express File Photo)

The Maharashtra government has ordered a probe after 18 patients died in 24 hours at the Thane Municipal Corporation-run Chhatrapati Shivaji Maharaj Memorial (CSMM) Hospital in Kalwa, with official saying there has been a surge in the number of patients due to the temporary shifting of Thane district hospital near the mental health hospital.

According officials, there was a surge in cases at the hospital, due to the temporary relocation of Thane district hospital that is being redeveloped as a super specialty hospital.

They said many patients were rushing to Kalwa hospital, unaware of the district hospital being temporarily shifted.



Nanded: 24 patients, including 12 newborns die in 24 hours at govt hospital

By Lokmat English Desk | Published: October 02, 2023 8:24 PM

Government hospitals in Maharashtra face scrutiny over recent healthcare failures



Nanded: 24 patients, including 12 newborns die in 24 hours at govt hospital

A shocking incident has come to light at a government hospital in Nanded, Maharashtra, where 24 patients lost their lives in the past 24 hours. This disturbing revelation raises serious questions about the functioning of government hospitals in the state and their ability to provide adequate medical care.

Dr Wakode, Dean of Government Medical College Nanded, provided an explanation for the recent tragic events, stating, "In the last 24 hours, 6 male and 6 female newborn babies died, along with 12 adults who succumbed to various ailments, primarily snake bites. We faced some challenges due to staff transfers during this period. There is an institute called Haffkine that we were supposed to purchase medicines from, but unfortunately, that didn't happen. Additionally, patients come to our hospital from distant areas, which disrupts our sanctioned budget. Nevertheless, we procure medicines locally and provide them to our patients."

Hospital

A hospital is a health care institution furnishing case treatment with specialized medical and Nursing staff and medical outfit.

The best-known type of hospital is the general sanitarium, which generally has an exigency Department to treat critical health problems ranging from fire and accident victims to a unforeseen illness. Quarter hospital generally is the major health care installation in its region.

With numerous beds for ferocious care and fresh beds for cases who need long-term care. Specialized hospitals include trauma centers, recuperation hospitals, children's hospitals, seniors' (senior) hospitals, and hospitals for dealing with specific medical requirements similar as psychiatric treatment (see psychiatric hospital) and

certain complaint orders. Specialized hospitals can help reduce health Care costs compared to general hospitals.

Hospitals are classified as general, specialty, or government depending on the sources of Income entered. A tutoring sanitarium combines backing to people with tutoring to medical scholars And nursers. A medical installation lower than a hospital is generally called a clinic. Hospitals have a range Of departments and specialist units similar as cardiology. Some hospitals have inpatient departments and Some have habitual treatment units. Common support units include a drugstore, pathology, and radiology.

Hospitals are generally funded by public backing, health organisations(for profit or nonprofit), Health insurance companies, or charities, including direct charitable donations. Historically, hospitals Were frequently innovated and funded by religious orders, or by charitable individualities and leaders.

Types of Hospital –

In the INDIA you can separate hospitals grounded on a variety of factors that includes Functionality, size, position, power and specialization. Then they're in further detail :

Some other Types of Hospitals

Now that you have a general idea of the main orders of hospitals, it's time to explore individual types to learn further about what they've to offer. There's a vast array of types of hospitals out in the world moment, so let's get started

1. **Academic Medical Centers:** Academic medical centers frequently serve specific medical seminars or universities. Installations like this offer a variety of services to treat the general healthcare requirements of their communities as well as technical services while contemporaneously offering educational openings to scholars in the healthcare field.
2. **Acute Hospitals:** Acute hospitals concentrate solely on the treatment and care of people with short-term needs like the following ails, conditions, Injuries, Surgeries Surgery reclamations, Obstetric care, Postnatal care They aren't equipped to handle habitual or long- term care for cases. According to EOSCU, roughly 91 percent of hospitals are acute care installations. Utmost people who are treated in acute care hospitals stay for 10 days or smaller.
3. **Itinerant Surgery Centers:** Fastening on same- day surgical care, itinerant surgery centers offer surgical procedures without taking cases to be admitted to hospitals for the operation or recovery. They're cost-effective options for cases and give a less stressful surgical terrain than numerous hospitals can give.
4. **Children's Hospitals:** Children's hospitals specialize in the care and treatment of children and the conditions that affect youngish cases. It's a type of specialty sanitarium, which means the staff has entered fresh training to prop in the treatment of children for a variety of acute and long- term medical requirements
5. In addition to offering medical treatment to children, children's hospitals are extensively praised for the position of psychosocial support they offer the children in their care and their families especially in the case of children who bear long stays in the sanitarium.
6. **Clinics:** Clinics are generally much lower than hospitals and operate solely on an inpatient base. They are n't equipped to keep cases overnight for recovery, treatment, opinion or observation.
7. **District Hospitals:** District hospitals serve as healthcare capitals for their geographic regions. They've more expansive ferocious care installations and long- term care programs in addition to furnishing necessary treatments in fields like obstetrics, general surgery, plastic surgery and further.
8. **For-Profit Hospitals:** For-profit hospitals are investor-owned facilities. This means the profits they earn go to shareholders who have invested in the facilities rather than back into the hospital for improvements, new services and medical advancements.
9. **Free Hospitals:** Free hospitals do not charge patients for the services they provide. They are generally located in areas that reach out to patients of poor socio-economic classes and frequently operate at a loss. As a result, they often struggle to provide the amenities and level of services many physicians strive to offer.
10. **General Services Hospitals:** General service hospitals focus on general and necessary services for the community, Like :
 - i. Surgery

- ii. OB/GYN services
- iii. Pediatric services
- iv. General medical care

They offer little in the way of specialty services and may not be equipped to give long- term care to cases. Utmost hospitals moment are general services hospitals.

- 11. Government- Funded Hospitals:** State or civil governments give subventions or public backing to government- funded hospitals to operate. Stagers hospitals are maybe the most notorious of these kinds of hospitals. EOSCU reports that there are presently 213 federally funded hospitals in theU.S.
- 12. Hospitals in a System:** Sanitarium systems are a lot like sanitarium networks. Larger systems can offer specialty services as well as general services, though cases may have to travel to a different installation to have their requirements met. This helps reduce costs for the hospitals while offering confidence among cases that they will admit a certain standard of care from any sanitarium within that system.
- 13. Independent Hospitals:** Independent hospitals are getting decreasingly rare as healthcare costs rise and numerous hospitals look for the fiscal benefits network cooperation provides. Still, there are still independent hospitals throughout the country chancing great success while meeting the medical and healthcare needsof their communities.
- 14. Large Hospitals:** Because they generally have 500 or further beds, large hospitals are able of serving the broader requirements of the community. Some larger hospitals offer a combination of acute and long- term care services while also furnishing exploration openings in some cases and accommodating a variety of specializations.
- 15. Local Hospitals:** While once the backbone of healthcare in America, numerous original hospitals are moreover facing check or being incorporated into larger healthcare systems so that they can continue to give necessary services to their communities while meeting the substantial fiscal burdens local hospitals experience.
- 16. Long- Term Hospitals:** Hospitals furnishing long- term care can meet the requirements of cases suffering from habitual ails, taking psychiatric care, cardiac recuperation, or who are going through expansive recuperation after accidents or injuries. This might include hospitals that offer burn centers, cancer centers, and analogous types of care installations.
- 17. Medium Hospitals:** Medium hospitals generally have between 100 and 300 beds though some may have as numerous as 500 beds.
- 18. Not- for- Profit Hospitals:** Nearly two- thirds of all hospitals located in civic areas are considered to be not- for- profit hospitals, meaning they aren't bounden to shareholders to earn gains. Numerous of these nonprofit installations admit duty benefits that are unapproachable to for- profit installations.
- 19. Osteopathic Hospitals:** Fastening on diet and the terrain to impact health as well as manipulation of the body, osteopathic hospitals take a holistic approach to mending and case care. Rather than treatment, osteopathic hospitals tend to concentrate on precautionary measures.
- 20. Municipal- Funded Hospitals:** Municipal- funded hospitals are community hospitals funded, at least in part, by original governments. They're frequently small installations that give limited acute care services to original populations.
- 21. Private Hospitals:** Possessors and investors who recover their investments via freights charged to the cases they help or their insurance providers give backing for private hospitals. Installation possessors and directors determine the budget, manage finances and insure compliance with colorful canons and regulations related to medical care. Cases frequently prefer private hospitals because of the numerous offered amenities, better croaker – to- case rates and a variety of services that are unapproachable in installations that have further limited budgets.
- 22. Psychiatric Hospitals:** Psychiatric hospitals attend to the internal health requirements of their cases. The staff who work in them treat a variety of internal health conditions through the use of specifics, psychotherapy and behavioral curatives. Some hospitals and treatment centers concentrate on short- term treatments while others offer long- term care for psychiatric cases.
- 23. Small Hospitals:** As the name implies, these are generally small- scale operations with smaller than 100 beds. Numerous of them are located in pastoral communities with no other sanitarium or medical center within short driving range or offer largely technical treatment options.

- 24. Rehabilitation Hospitals:** Rehab hospitals and treatment centers concentrate simply on patient recuperation for a variety of ails and injuries. Some installations offer both outpatient and inpatient recuperation services while others concentrate simply on inpatient services and ferocious remedy rules.
- 25. Research Hospitals:** Exploration hospitals commit their sweats to probing cures for certain conditions in addition to treating ails, conditions, injuries and colorful healthcare conditions. St. Jude Children's Research Hospital may be one of the most notorious exploration hospitals in the United States, but there are plenty further.
- 26. Rural Hospitals:** Generally fitted with 100 or smaller beds, pastoral hospitals are located outdoors large civic areas and operate on small budgets. They generally give introductory care. However, they'll transport cases in need of more critical care to larger hospitals in their regions, if demanded. Nearly 72 percent of all rural hospitals are defined as "critical access" hospitals, meaning they've smaller than 25 beds and are located 35 or further long hauls from the coming- nearest sanitarium. According to American Hospital Association, there were 1,825 rural community hospitals in 2016.
- 27. Specialty Hospitals:** Specialized hospitals are generally combined with larger hospitals or healthcare networks and offer specific treatments. You may find a variety of specialty hospitals within one community, including
1. Women's hospitals
 2. Children's hospitals
 3. Cardiac hospitals
 4. Oncology hospitals
 5. Psychiatric hospitals
 6. Trauma centers
 7. Cancer treatment centers

Specialty installations generally exceed at furnishing the types of services listed above while offering limited technical care, other than the basics, for conditions outside their specialties.

- 28. Super Specialty Hospitals:** Super specialty hospitals offer largely technical treatments along with a staff that has entered expansive education and training in insulated conditions. They will frequently have slice-edge outfit to offer largely sophisticated individual and treatment options to the cases who visit them.

Specialized hospitals or units within hospitals may have access to treatment options that are n't available at other hospitals, similar as organ transplants, specialty medical bias and specifics that bear veritably precise running and training to administer.

Function of Hospital

- 1) The top function of a hospital is the treatment and care of cases.
- 2) To lower the prevalence of conditions through early discovery and treatment.
- 3) To raise the quality of law and general norms of medical practice.
- 4) To introduce regular review, analysis and bettered monitoring of patient care.
- 5) To produce avenues for a common link between general public and policy makers.
- 6) To share in and put into practice, the safety programmes of the hospital.
- 7) To develop maintain an effective system of clinical and executive records and reports.
- 8) To estimate the requirements for installations, inventories and outfit's and also use these installations for evaluation, control and conservation.
- 9) To give the means and styles by which person can work together in groups with the object of care of hospital, department, case and community.
- 10) To share in the fiscal plan for the operation of the hospital.
- 11) To initiate, use and share in exploration systems designed for enhancement of patient care and other hospital services

Emergency Service for Hospitals

- **Five way of Emergency Care:** Unforeseen illness or injury can do without warning, and while no one generally plans a trip to the Emergency Department, everyone should know what to anticipate after they arrive. The Emergency Department(ED) at St. Mary's Regional Medical Center provides critical care to cases who have traumatic injury, major ails or other issues that bear immediate treatment.

The staff includes croakers, nurses and other healthcare professionals who follow specific procedures so that you can get the care you need as snappily as possible. Following are the five way to anticipate when you arrive at the St. Mary's Regional ED.

The way of Care-

- 1) Triage
- 2) Registration
- 3) Treatment
- 4) Reevaluation
- 5) Discharge

Triage: Triage is the process of determining the inflexibility of a case's condition. Cases with the most severe extremities admit immediate treatment. That's why some cases may admit medical care before you, indeed if they arrived at the ED(Emergency Department) after you.

When you arrive at the ED(Emergency Department), exigency technicians determine the reason for your visit. A registered nanny will take your medical history and perform a brief examination of your symptoms. The triage registered nanny might assign you a precedence position grounded on your medical history and current condition according.

Position 1 – Reanimation(immediate life- saving intervention); position 2 – exigency;

Position 3 – critical; position 4 –Semi-urgent; Level 5 –Non-urgent.

In some cases, an exigency registered nanny may start individual testing to drop the time spent staying for medical treatment. Should your symptoms worsen as you stay, notify the exigency technician or triage nanny incontinently. Only one person may accompany the case in the triage area.

Registration: The enrollment process is important for two reasons it lets the ED staff gather information for your case record and we gain your concurrence for treatment. Both are necessary to order individual tests to enable the physician determine.

The stylish treatment option for you. Case Access Specialists can conduct bedside enrollment for cases who have been taken directly to a treatment room.

Treatment: Every case who comes to the Emergency Department at St. Mary's Regional receives treatment from an attending croaker or mid-level guru. Depending on your condition, a registered nanny may start an intravenous(IV) line. Physicians may also order blood tests on an critical base.

Test results help exigency drug croakers assess your condition. The results could be available within one to two hours, while you're in the ED.

Still, some test results may bear a longer stay. During your treatment, the staff in the ED will help make sure you're comfortable and informed. Only two callers are allowed at one time in the case room.

Reevaluation: An ED croaker or mid-level guru will rethink your condition after they admit your test results because the results may give them fresh sapience into the type of treatment you need. You know your body.

How you feel can be just as important as your test results, so be sure to let croakers or nurses know about any pain or discomfort you may feel. The staff may also communicate your particular croaker for fresh information. However, we may relate you to an on- call croaker, If you don't have a particular croaker.

Discharge: Part of our job is to keep you healthy long after you've left the ED. All cases admit written home-care instructions to follow when discharged. The instructions describe how you can safely watch for your crack or illness, directions for your specified specifics and recommendations for follow-up medical care.

It's important to completely understand all instructions. If you have a question – let us know while you're then. You may admit a phone call asking for your opinions about your stay. Your commentary allow us to continually give outstanding exigency care to all our cases

Clinical Services

Outdoor Patient Department(OPD):The installation shall be planned keeping in mind the maximum peak hour case cargo and shall have the compass for unborn expansion. OPD shall have approach from main road with signage visible from a distance.

1. event and Enquiry
2. Waiting Spaces
3. Layout of OPD
4. Case amenities
5. Conventions
6. Nursing Services
7. Quality Assurances in Clinics

Desirable Services:

1. Air- cooling
2. Case calling system with electronic display
3. instance collection Centre
4. TV in staying area
5. Computerized Registration
6. Public Telephone cell
7. Provision of OPD director

Organizational Structure of a Hospital

Organization is a dynamic process in which colorful directorial conditioning bring people together and binds them together for the achievement of common ideal or common. Pretensions. The pattern of hospital association is identical to that of an artificial factory; only the difference is of title of position. For illustration, the Director or Administrator of a hospital may be the General Manager of an assiduity. Lower executive position is demanded in a lower hospital. Private hospitals are organized by a pot or board of trustees. Government hospitals are generally managed by a board of trustees but no commercial body.

• Its association is grounded upon the following principles

1. **Team fellow:** An individual supervises a professional platoon of medical/ paramedical staff. The services are integrated and coordinated.
2. **Division of Services** – Hospital undertakes a number of conditioning like; opinion, treatment or remedy, recuperation, education and forestallment. These conditioning are farther sub-classified. Groups and sub- groups are formed to carry out these conditioning.
3. **Homogenous Approach** – A sanitarium caters to both itinerant and bed cases(rehabilitants and Convalescents). The association should form a homogenous approach with common or intertwined services.
4. **Evaluation of Services** – Services handed by the hospital should be rated in terms of quality and acceptable for meeting the cases and community conditions.
5. **executive Responsibility** – The relations amongst the colorful people and takes in a hospital must be precisely maintained. Responsibility should be assigned meetly. Once responsibility is assigned, responsibility should be reported to the superior for its performance. This is necessary to insure a high quality of patient care.
6. **Budget Preparation and Backing** – Large hospitals treat nearly 15 lacs patient per time, and perform 18 thousand major surgeries and 33 thousand minor surgeries. Their monthly budget is about Rs. 16-18 crores. Numerous hospitals have their own finance. There should be budgeting and a planned programme for capital backing.
7. **gift Hunt** – A hospital should be staffed by competent medical experts and non- medical staff. The association should formulate a programme to attract good croakers and surgical specialists as well as to attract the cases.
8. **Governing Body** – Each hospital has the top operation to decide its course of action, and policy guidelines and to exercise overall supervision and control. It's the legal and moral responsibility for the conduct of hospital as an institute.

Construction and Planning

Planning for health care installations shall include, in addition to space and functional requirements, vittles for infection control and protection of cases during any emendations or new construction. Continual health care installation upgrade through addition and new construction involving being installations can produce conditions that can be dangerous to cases. During the programming phase of a construction design, the proprietor shall give an Infection Control Risk Assessment.

An ICRA(Infection control threat assessment) is a determination of the implicit threat of transmission of colorful agents in the installation. This nonstop process is an essential element of a installation functional or master program to give a safe terrain of care.

The ICRA(Infection control threat assessment) shall be conducted by a panel with moxie in infection control, threat operation, installation design, construction, ventilation, safety, and epidemiology. The panel shall give streamlined attestation of the threat assessment throughout planning, design, and construction.

The ICRA(Infection control threat assessment) shall only address structure areas anticipated to be affected by construction. The design professional shall incorporate the specific, construction-affiliated conditions of the ICRA in the contract documents.

The contract documents shall bear the constructor to apply these specific conditions during construction. The ICRA is initiated in design and planning and continues through construction and addition.

After considering the installation's patient population and programs, the ICRA shall address but not be limited to the following crucial rudiments

- a) The impact of dismembering essential services to cases and workers.
- b) Case placement or relocation.
- c) Placement of effective walls to cover susceptible cases from airborne pollutants similar as Aspergillussp.
- d) Air running and ventilation needs in surgical services, airborne infection insulation and defensive terrain apartments, laboratories, original exhaust systems for dangerous agents, and other special areas.
- e) Determination of fresh figures of airborne infection insulation or defensive terrain room conditions.

Objective

To give safe, secure, and high quality medical care. To foster excellent health professionals who'll lead into the future. To support and develop community health and medical services. To promote advanced medical care and circulate it to the world.

A hospital operation system is a software designed to manage all the areas of a hospital similar as medical, fiscal, executive and the corresponding processing of services. Reduce hospital operating costs, Better collaboration among the different departments and give top operation a single point of control.

Hospital System handles conditioning of major departments in a hospital like

1. Front Office/ OPD Management
2. Case operation(scheduling, enrollment , etc)
3. Case care operation and departmental modules(radiology, pharmacyand pathology labs)
4. Investigative Labs
5. Billing
6. Medical Stores
7. Financial Accounting(billing, insurance processing, accoutrements operation, accounts outstanding/ receivable, payroll)

Hospital operation system can be developed by using cascade model which is a popular interpretation of development life cycle model for software engineering. It describes a development system that's direct and successional. It has distinct pretensions for each phase of development. In this model formerly, a phase of development is completed.

Conclusion

In the final analysis, Hospital directors would be suitable to significantly improve the functional control and therefore streamline operations, which would enable to improve the response time to the demands of patient care because it automates the procedure. Since the Hospital Management System is essential for maintaining

detail about the Doctor, Patient, Hospital staff, etc., we understand that by using the Hospital Management System design the work came veritably easy and we save lot of time.

The functionality of the design is frequently bettered as well as producing tremendous savings, in both original and life- cycle costs. It helps to insure that the stylish value will be attained over the life of the building.

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