BIJU PATNAIK INSTITUTE OF INFORMATION TECHNOLOGY
& MANAGEMENT STUDIES (BIITM), BHUBANESWAR
Plot No. F/4, Chandaka Industrial Estate, Infocity, Patia, Bhubaneswar-24
Approved by AICTE, Govt. of India | Affiliated to BPUT, Odisha | NAAC Accredited | ISO 9001 : 2015

SUMMER INTERNSHIP PROJECT 2025

REPORT TITLE

A Study of Recruitment and Selection Policy and Procedure of SPARSH Hospital in the backdrop of Skill Gap in health care Industry

SUBMITTED BY

Krishna Kiran Senapati
MBA Batch: 2024-2026
University Regn. No.: 2406258101

Faculty Guide

Ms. Puspanjali Mishra Asst. Prof.
BIITM, Bhubaneswar

Corporate Guide

Mrs.Archana Biswal
(HR Manager)
SPARSH Hospital,
KANTABADA

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CERTIFICATE OF FACULTY/INTERNAL GUIDE

This is to certify that Mr/Ms. **Krishna Kiran Senapati** bearing university registration no **2406258101** of 2024-26 batch, has completed his/her summer internship at **SPARSH Hospital & Critical Care pvt ltd.** (organization name) from **05/06/2025** to **20/07/2025** under the supervision of Dr./Mr./Ms. **Archana Biswal** (corporate guide) and has submitted this project report under my guidance in partial fulfilment of the requirements for award of the degree of Master of Business Administration at Biju Patnaik Institute of Information Technology and Management Studies, Bhubaneswar. To the best of my knowledge and belief, this project report has been prepared by the student and has not been submitted to any other institute or university for the award of any degree or diploma.

Date:

Place: Bhubaneswar

Signature of the Faculty/Internal Guide

Name:

Designation:

SPARSH HOSPITAL
The healing Touch

www.sparshhospitals.com

Ref: SHCCK/HR/IC/643/2025-26

Date: 19th July'2025

INTERNSHIP COMPLETION CERTIFICATE

This is to certify that Ms Krishna Kiran Senapati, D/o: Dillip Kumar Senapati, At – Karatutha, Po-Borikhi, Dist-Jagatsinghpur, Pin- 754140, has done her internship in department of "Human Resources" from Dt.05/06/2025 to 19/07/2025 at Sparsh Hospitals & Critical Care (P) Ltd, Kantabada.

During the period of her practical training program, she handled her assignments with utmost care.

We wish her the very best in her future endeavor.

Sincerely,

Dept. of Human Resources
Sparsh Hospitals & Critical Care (P) Ltd
Kantabada
19/07/25

DECLARATION

I, Mr./Ms. **Krishna Kiran Senapati** Bearing university registration no**. 2406258101**(2024-26 batch), hereby declare that the project report titled **A Study of Recruitment and Selection Policy and Procedure of SPARSH Hospital in the backdrop of Skill Gap in health care Industry** is based on my internship at **SPARSH Hospital And Critical Care Pvt Ltd.** (organization name), during the period **05/06/2025** to **20/07/2025** and is an original work done by me under the supervision of Mr./Ms. **Archana Biswal** (Corporate Guide) and Mr./Ms. **Puspanjali Mishra** (Internal Guide). This report is being submitted to Biju Patnaik Institute of Information Technology and Management Studies, Bhubaneswar, affiliated to Biju Patnaik University of Technology, Odisha, in partial fulfilment of the requirements for the award of the degree of Master of Business Administration. This project report has not been submitted to any other institute/university for the award of any degree or diploma.

Date:

Place: BHUBANESWARE Signature

ABSTRACT AND SUMMARY: -

I am Krishna Kiran Senapati student of Biju Ptanaik Institute of Information Technology & Management Studies, the Regn no. 2406258101.This internship report presents a comprehensive overview of the Human Resource Management (HRM) practices at SPARSH Hospital, located in KANTABADA, Bhubaneswar. The primary focus of the internship was to understand and evaluate the recruitment and selection procedures within the healthcare sector, especially in the context of a skill gap in the industry. The internship provided practical exposure to HR policies, staff onboarding, employee documentation, and compliance management. Special attention was given to how the hospital attracts, screens, and retains qualified healthcare professionals in a competitive and demanding environment. The experience not only enriched theoretical learning with practical insights but also highlighted the crucial role HR plays in maintaining service quality in the healthcare sector.

As part of my academic curriculum, I undertook a professional internship at SPARSH Hospital, KANTABADA, Bhubaneswar, with a primary focus on Human Resource Management (HRM) practices, particularly in the context of recruitment, selection, and addressing the prevalent skill gap in the healthcare industry. The internship served as a bridge between theoretical knowledge and real-time HR functions in a healthcare setting.

a) RECRUITMENT AND SELECTION PROCESS: -

One of the core responsibilities of the HR department at SPARSH Hospital is to ensure that the hospital is staffed with qualified, skilled, and compassionate professionals. During my internship, I was actively involved in observing and assisting with various stages of recruitment, which included:

- Identifying staffing requirements in coordination with department heads.
- Preparing and posting job advertisements on appropriate platforms.
- Screening applications based on qualifications and experience.

- Scheduling and assisting in interview processes.
- Coordinating background verification and final appointment procedures.

The hospital follows a systematic and merit-based recruitment process, keeping in mind the critical nature of patient care and the necessity for skilled manpower.

b) EMPLOYEE ONBOARDING AND INDUCTION: -

Once selected, new employees go through a formal onboarding process that includes document verification, induction programs, and orientation sessions. I had the opportunity to observe and assist in:

- Introducing new hires to hospital rules, safety protocols, and job expectations.
- Familiarizing them with the hospital's mission, vision, and patient care policies.
- Supporting initial documentation work such as ID issuance, bank formalities, and system access.

This structured onboarding ensures that employees are well-integrated into the work culture and understand their responsibilities from the beginning.

c) HR DOCUMENTATION AND LEGAL COMPLIANCE: -

During my time at SPARSH Hospital, I engaged in maintaining and organizing employee files, verifying qualification certificates, and ensuring timely documentation for legal and regulatory compliance. This included:

- Assisting with EPF (Employee Provident Fund) and ESI (Employee State Insurance) records.
- Maintaining attendance registers and leave records.
- Updating employee databases using HR software.
- Ensuring compliance with labor laws and hospital accreditation standards.

This experience gave me exposure to the administrative and legal aspects of HR operations in the healthcare industry.

d) UNDERSTANDING ORGANIZATIONAL CULTURE AND STAFF COORDINATION: -

The hospital fosters a collaborative and patient-centric environment. I observed that effective communication between the HR department and various medical and administrative units plays a crucial role in the smooth functioning of the organization. Teamwork, empathy, and mutual respect were key components of the hospital's work culture.

I also noted the importance of conflict resolution, employee feedback mechanisms, and performance reviews in enhancing productivity and morale.

e) SKILL GAP AND TALENT MANAGEMENT IN HEALTHCARE: -

One of the recurring challenges SPARSH Hospital faces is the shortage of skilled healthcare professionals, especially in semi-urban areas like KANTABADA. To address this:

- The HR department actively participates in campus placements, job fairs, and digital recruitment drives.
- Continuous professional development programs are organized for staff.
- In-house training is provided for junior staff to upgrade their skills.

By implementing these strategies, the hospital works to overcome industry-wide challenges in manpower availability and retention.

CHAPTER: -I

1.1 INTRODUCTION

1.2 SCOPE

1.3 OBJECTIVES

1.4 LETRETURE REVIWE

1.5 METHEDOLOGY

1.6 LIMITATION

CHAPTER: - I

1.1 INRODUCTION: -

I am Krishna Kiran Senapati, a student of Biju Patnaik Institute of Information Technology & Management Studies, Bhubaneswar. As part of the academic requirement for the successful completion of my course, I undertook an internship program to gain practical knowledge and exposure to real-time business operations. I have successfully completed my internship at SPARSH Hospital & Critical Care (P) Ltd., situated in KANTABADA, Bhubaneswar, where I worked in the Human Resource (HR) Department as an HR trainee.

This internship provided me with the opportunity to bridge the gap between theoretical concepts and practical implementation in the field of human resource management. During the internship period, I was actively involved in various HR-related activities such as recruitment and selection, joining formalities, documentation, payroll assistance, leave and attendance tracking, employee engagement initiatives, and understanding the formulation and application of HR policies. The HR department plays a critical role in the healthcare sector, especially in managing the diverse workforce that includes doctors, nurses, administrative staff, and support personnel.

SPARSH Hospital is a growing healthcare organization that emphasizes quality patient care and efficient internal management. As a trainee, I got firsthand experience in understanding how a hospital operates behind the scenes, and how the HR department ensures the smooth functioning of all departments by hiring the right people, managing employee relations, and complying with labor laws and healthcare regulations. I also observed the challenges faced by HR professionals in a high-pressure and people-intensive environment like a hospital, which requires both empathy and efficiency.

The healthcare sector is one of the most vital industries in any country as it deals with the well-being and survival of the population. In India, the healthcare industry has witnessed rapid growth over the last two decades due to rising awareness of health, growing lifestyle-

related diseases, technological advancements, and government-led initiatives such as the National Health Mission and AYUSHMAN BHARAT scheme. Today, the Indian healthcare system comprises both public and private service providers, with private hospitals playing a significant role in delivering secondary and tertiary care. The sector is expanding at a fast pace and is expected to reach unprecedented growth due to the increasing demand for quality care and specialized medical services. However, despite this growth, the industry faces several challenges such as shortage of skilled healthcare professionals, uneven distribution of facilities, and the need for better infrastructure.

Within this framework, hospitals have emerged as the central units of the healthcare system, combining patient care with advanced medical practices. Among the many hospitals that serve this purpose, SPARSH Hospital & Critical Care (P) Ltd., located at KANTABADA, Bhubaneswar, has established itself as a reliable name in providing specialized medical services. It has steadily grown as a multi-specialty healthcare provider focusing on affordability, accessibility, and critical care services. The hospital has been instrumental in offering specialized care to patients from different social and economic backgrounds. Over the years, SPARSH Hospital has built a reputation for its focus on ethical practices, patient-centric services, and professional medical expertise.

The hospital is well-equipped with modern infrastructure and caters to patients with diverse medical needs. Its key services include critical care, general medicine, surgery, obstetrics, gynecology, pediatrics, orthopedics, and diagnostic facilities. The hospital's strength lies in its ability to combine quality treatment with compassion, making healthcare more approachable and affordable compared to many corporate hospitals. With highly qualified doctors, skilled nursing staff, and efficient administrative systems, SPARSH Hospital has become a trusted healthcare destination for many patients in and around Bhubaneswar.

The objective of preparing this report is to document and analyze the learning outcomes of my internship experience. It aims to provide a detailed account of the HR practices followed at SPARSH Hospital, the roles and responsibilities I handled during the

internship, and the professional skills I developed. This report not only reflects my understanding of HR functions but also serves as a valuable reference for academic evaluation and future professional development.

This internship experience has significantly enhanced my practical knowledge of human resources, especially in the healthcare industry, and has provided me with valuable insights that will guide me in my future career endeavors.

1.2 SCOPE OF THE STUDTY: -

The scope of this internship report is centered around the Human Resource (HR) functions and practices observed and performed during my internship at SPARSH Hospital & Critical Care (P) Ltd., KANTABADA, BHUBANESWAR. The report is based on the practical experience gained while working in the HR department and focuses on understanding the day-to-day responsibilities, challenges, and systems that support human resource management in the healthcare sector.

This study includes an in-depth observation of various HR functions such as:

a) **RECRUITMENT AND SELECTION PROCEDURES: -**

Recruitment is crucial in healthcare as the right staff ensures patient safety and care quality. I assisted in checking candidate documents and arranging interviews, helping me understand what HR looks for in candidates.

b) **EMPLOYEE ONBOARDING AND DOCUMENTATION: -**

At SPARSH Hospital, I learned how HR prepares employee files, gets signature verifications, and introduces new joiners to hospital policies. Proper onboarding ensures employees start with clarity and confidence.

c) **EMPLOYEE ENGAGEMENT AND GRIEVANCE HANDLING: -**

HR also ensures staff morale remains high through events, feedback sessions, and resolving complaints. I observed small welfare activities like birthday celebrations and casual meetings with nursing staff. I saw how HR listens to issues (e.g., shift problems, cafeteria quality) and works to solve them.

1.3 OBJECTVES: -

a) TO ANALYZING THE SKILL GAP IN HEALTHCARE RECRUITMENT: -

The study aims to examine how the hospital's recruitment process addresses the existing skill gap in the healthcare industry, particularly in finding qualified and competent medical and non-medical staff.

b) TO IDENTIFYING RECRUITMENT CHALLENGES: -

It focuses on identifying the major difficulties faced by the hospital in hiring skilled healthcare professionals, including limited talent availability, high employee turnover, and competition from other healthcare providers

c) TO EVALUATING THE EFFECTIVENESS OF SELECTION CRITERIA: -

The study also evaluates how effective the current selection procedures and criteria are in choosing the right candidates who can meet the operational and ethical standards of the hospital.

1.4 LETRETURE REVIWE: -

Edwin B. Flippo, (1979) "Recruitment is the process of searching the candidates for employment and stimulating them to apply for jobs in the organization".

DeSanctis (1986), in his research paper defined HRIS as "a specialized information system within traditional functional areas of the organization, designed to support the planning, administration, decision-ma king, and control activities of hu man resource management".

Haines and Petit (1997) specified HRIS as a system applied within an organization to obtain, store, manage, analyze, search and distribute human resource information

Bharat (1992) said that Indian women continue to bear the burden of house hold responsibilities regardless of their employment status. Desai found that Indian women tend to impose restrictions on their career aspirations or personal achievements for family reasons.

Delery and Doty (1996) argued that providing students with a greater awareness of employment opportunities, and equipping them with the ability to be proactive in approaching potential employers, will lead to more effective career self-management and selection processes.

Fletcher (2001) mentions that contextual performance deals with attributes that go beyond task competence and that foster behaviors which enhance the climate and effectiveness of the organization.

Leopold (2002) defined recruiting as a "positive process of generating a pool of candidates by reaching the „right" audience, suitable to fill the vacancy", he further stated that once these candidates are identified, the process of selecting appropriate employees for employment can begin through the means of collecting, measuring, and evaluating information about candidates" qualifications for specified vacant positions.

Raymon dJ. Stone (2005) in the fifth edition of his book Human Resource Management defines recruitment as the process of attracting a pool of applicants from which qualified candidates for job vacancies within an organization can be selected."

Philip (2006) observed that the effectiveness of recruitment in IT companies is measured by employee turnover analysis (95%), exit interview analysis (90%) and joint meetings with HR customer departments (85%).

Urcell and Wright (2007), in their study highlighted five different questions an organization has to answer to have an effective recruitment strategy to ensure survival and success. The questions are "Whom to recruit?", "Where to recruit?", "What recruitment sources to use?",

"When to recruit?" and "What message to communicate?" the above question is patient to get appropriate answer before establishing recruitment strategy.

Sangeetha (2010) opined that recruitment process involves the sourcing, advertising and interviewing of future employees, however the selection process entails the staffing and training of new employees on the role of their new job. Organization needs careful time and consideration to sustain competitive advantage in developing strategy on recruitment and selection process. Decisions made in the recruitment and selection process or stage will impact on the company in the future. Bad decisions made in the selection process can create serious costs for an organization vice versa.

Neeraj (2012) defined selection as the process of picking individuals who have relevant qualifications to fill jobs in an organization. It is much more than just choosing the best candidate. "It is an attempt to strike a happy balance between what the applicant can and wants to do and what the organization requires". Selecting the right employees is important for three main reasons: performance, costs and legal obligations.

Joy and Ugochukwu (2015) on the impact of recruitment and selection process on employees and organizational performance in Nigeria shows that there is positive relationship between recruitment and selection process and performance of employees in organizations. Therese archers concluded that Recruitment and selection in any organization is a serious business as the success of any organization or efficiency in service delivery depends on the quality of its workforce who was recruited into the organization through recruitment and selection exercises.

Tansley and Watson (2000) observed that the organizational environments have become increasingly complex. Managers in these organizations face growing difficulties in coping up with workforces as they are spread across a variety of countries, cultures and political systems. Managers can utilize Information Technology as a tool in general as well as in human resourcing functions in particular to increase the potential of the organization.

Neha Saxena, Himanshu Rai (2015) made a research on the correlation effects between recruitment, selection, training, development and employee stress,

satisfaction and commitment: findings from a survey of 30 hospitals in India. The paper explored the correlation effects of recruitment, selection, training and development in public and private hospitals of India. The data was collected using a questionnaire survey method from the medial staffs. The data was analyzed using a statistical measures like descriptive statistics, correlation and regression.

1.5 METHODOLOGY: -

a) RESEARCH DESIGN: -

This study is descriptive in nature, aiming to understand and evaluate the recruitment and selection process at SPARSH Hospital & Critical Care (P) Ltd., KANTABADA, Bhubaneswar. It explores how the HR department addresses the skill gap through its hiring practices.

b) OBJECTIVES OF THE STUDY: -

- To analyze how the recruitment process addresses the existing skill gap in the healthcare sector.
- To identify the challenges faced by the hospital in recruiting skilled professionals.
- To evaluate the effectiveness of the selection criteria.

c) DATA COLLECTION METHODS: -

- **PRIMARY DATA: -**
  - **Interviews:** Conducted with HR executives and departmental heads to understand recruitment policies.
  - **Observation:** On-ground experience during internship to observe recruitment and selection practices.
  - **Questionnaire:** A structured questionnaire was shared with selected HR personnel to gather insights.

- **SAMPLING METHOD: -**

- **Sampling Technique:** Purposive sampling was used to select respondents directly involved in the recruitment process.

- **Sample Size:** 10 respondents including HR professionals, department heads, and administrative staff.

- **SECONDARY DATA: -**

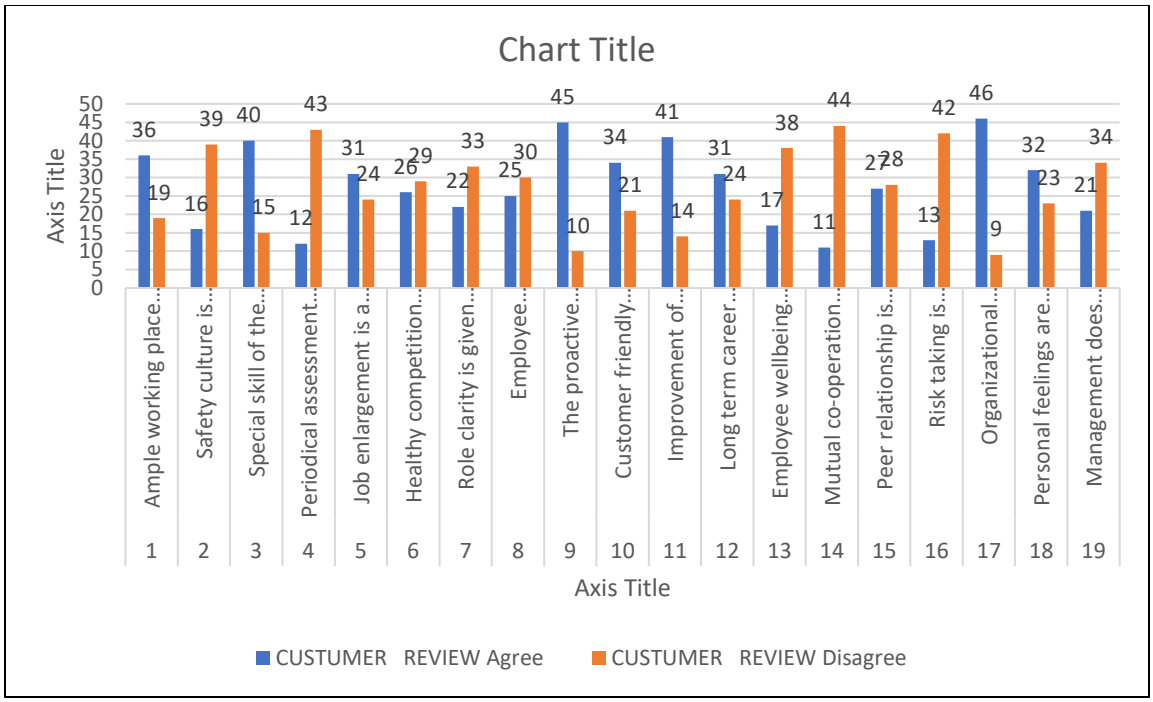
- Company records, recruitment policy manuals, and annual reports.
- Literature from journals, articles, websites, and previous research on recruitment in the healthcare sector.

d) DATA ANALYSIS TECHNIQUES: -

- Qualitative data were analyzed thematically based on interview transcripts and observational notes.
- Quantitative data (if applicable) from questionnaires were tabulated and presented in charts or tables for interpretation.

CUSTOMER ANALYSIS THROUGH THE QUESTIONNAIRE: -

To understand the opinions and perceptions of employees, a structured questionnaire was administered to 55 respondents of SPARSH Hospital & Critical Care, KANTABADA. The objective of this survey was to gather insights on various HR-related aspects such as recruitment and selection, training and development, job satisfaction, communication practices, and awareness of HR policies. The questionnaire was designed with a mix of close-ended and open-ended questions, which enabled both quantitative as well as qualitative assessment of employee responses. The collected data was tabulated, represented through charts and graphs, and further analyzed to identify patterns, strengths, and areas requiring improvement. This analysis provides a realistic understanding of employee attitudes and serves as a foundation for drawing meaningful conclusions and recommendations in the later chapters of the report.



The graph presents 19 parameters (statements) related to employee workplace, safety, development, cooperation, and organizational culture.

Each statement is evaluated based on two responses:

Blue bar: Customer Review (Agree / Positive response)

Orange bar: Customer Review (Disagree / Negative response)

The x-axis shows the number of responses (frequency), while the y-axis lists the parameters being measured.

By comparing the blue and orange bars, we can see whether employees/customers are more satisfied (blue dominance) or dissatisfied (orange dominance) with each factor.

1.6 LIMITATION OF THE HEALTHCARE CENTER: -

1.6.1.1 LIMITED TO ONE HOSPITAL: -

Since the study was conducted only at SPARSH Hospital, KANTABADA, the findings reflect the recruitment and selection practices of this specific organization. Different

hospitals may have different policies, challenges, and strategies, so the conclusions cannot be generalized to the entire healthcare industry.

1.6.1.2 **RESTRICTED ACCESS TO CONFIDENTIAL HR INFORMATION: -**

Some data related to hiring policies, salaries, candidate evaluations, or performance reports are confidential. As an intern, you may not have been allowed to access all internal documents, which limits the completeness of your analysis.

1.6.1.3 **POSSIBILITY OF RESPONSE BIAS: -**

The people you interviewed (HR officers or staff) may have given ideal answers instead of being completely open. This is common when employees want **to** protect the organization's image or avoid criticism. As a result, some of the data may not fully reflect the real situation.

1.6.1.4 **ONLY PRIMARY DATA USED: -**

Since your study relies only on primary data (interviews, questionnaires, observation), you did not include secondary sources like government reports, journal articles, or industry surveys. This limits your ability to compare SPARSH Hospital's practices with other hospitals or national trends**.**

CHAPTER: - II

2.1 COMPANY POFILE

2.2 INDUSTRY ANALYSIS

2.1 COMPANY PROFILE & INDUSTRY ANALYSIS: -

1. COMPANY PROFILE: -

a) COMPANY LOGO: -

b) TYPE OF THE COMPANY: -

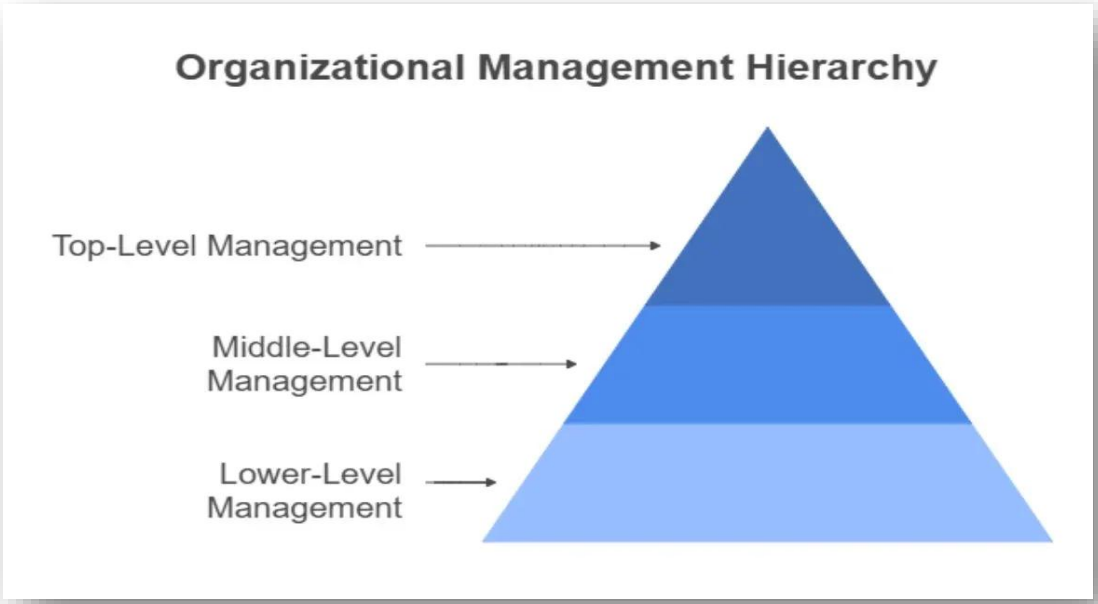
SPARSH HOSPITA & Critical Care(P) Ltd. KANTABADA, Bhubaneswar is the private multi-speciality Hospital. It's a 120 beds facility offering comprehensive health care services. The hospital running as a dedicated COVID hospital of Govt. of Odisha. The founder of the SPARSH Hospital & Critical Care(P) Ltd. Is Dr. PRIYABRATA DHIR.

c) STRUCTURE OF THE FIRM: -

- **ORGANIZATIONAL OVERVIEW: -**

SPARSH Hospital & Critical Care(P) Ltd., located in KANTABADA, Bhubaneswar, is a multi-specialty healthcare institution offering a range of medical services including emergency care, diagnostics, surgical procedures, and outpatient consultation. The hospital is committed to providing quality and affordable healthcare to the community.

- **ORGANIZATIONAL HIERARCHY: -**



A. TOP LEVEL MANAGEMENT: -

- CMD/Chairman & Managing Director
- FD/ Finance Director
- ED/ Executive Director
- CEO/ Chief Executive Office
- MS/ Medical Superintendent
- DGM-COMMERCIAL
- COO/ Chief Operating Officer

B. MIDDLE LEVEL MANAGEMENT: -

- Hospital Administrative
- Quality Assurance Manager
- HOD – (Nursing, Radiology, MRD, Dietetics, etc…)
- Operation Manager
- Human Resource Manager

C. OPERATIONAL LEVEL: -

- HR Executive / Interns
- Doctors and Medical Staff
- Nurse and Technicians
- Front Office Executives
- Housekeeping and Maintenance Staff

d) CAPITAL STRUCTURE OF SPARSH HOSPITAL & CRITICAL CARE (P) LTD., KANTABADA: -

- **CONCEPT & RELEVANCE: -**

Capital structure refers to the mix of long-term sources of finance used by the hospital—primarily equity (promoter funds and retained earnings) and debt (term loans, equipment finance, and working capital facilities). For a healthcare provider, the choice of mix affects cost of capital, expansion capacity (beds, equipment, diagnostics), and financial risk during reimbursement delays from insurers/TPAs.

- **COMPONENTS OF CAPITAL AT SPARSH (FRAMEWORK): -**

➢ EQUITY: -

- Promoter equity / paid-up share capital –

  initial capitalization for land, building, and statutory compliances.
- Retained earnings –

  reinvested surplus to fund incremental capex (OT upgrades, ICU expansion) and de-leverage.

➢ LONG-TERM DEBT: -

- **Term loans for civil & infrastructure** – used for land/building, usually with 7–10year tenors and a moratorium during construction/commissioning.

- **Equipment finance / medical device loans** – MRI/CT, ventilators, OT tables; 3–7year tenors; often secured by the equipment.
- **Lease liabilities (if applicable)** – for diagnostic equipment through operating/finance leases.

➢ SHORT-TERM & WORKING CAPITAL: -

- Cash credit / overdraft – to bridge receivable cycles from TPAs/insurers and corporate clients.
- Trade payables – supplier credit for pharmaceuticals and consumables.
- **Bank guarantees / LCs** – performance and purchase arrangements as required.

➢ OTHER SOURCES (AS APPLICABLE): -

- Government schemes / subsidies (e.g., medical equipment incentives), CSR donations for specific units, or soft loans from development institutions (if availed).

e) HUMAN RESOURCE POLICY: -

SPARSH Hospital & Critical Care (P) Ltd., KANTABADA, Bhubaneswar, focuses on a patient-centric approach, with a strong emphasis on continuous learning and career development for its staff. The hospital encourages its medical and technical teams to update their knowledge and skills through ongoing training programs and encourages participation in CMEs, live surgical workshops, and seminars. SPARSH also offers post-graduate courses and fellowships to support career growth.

All employees will be governed by service rules in vogue during the time of employment. Service rules are subject to modification from time to time based on need. Employees must read the HR standard Operating Procedures (SOPs) kept in the HR Department to know more about the detailed provisions.

1. EMPLOYEES ARE EXPECTED TO: -

- Demonstrate a positive attitude towards work.
- Create an enabling working atmosphere in the organization.
- Practice a culture of performance and contribute to the original goal.
- Keep the work place safe and be committed to equal opportunity.
- Contribute to the achievement of organizations objectives and continuous quality improvement.

Employees will be issued with a personal identity Card, which they are supposed to wear while on duty and produce it for verification as and when required.

2. ENTRY & EXIT: -

SPARSH Hospitals & Critical Care (P) Ltd., being a service organization is open for access 24hrs throughout the year. The general shift timing is from 10:00am to 6:00pm with 30minutes lunch break on all working days. All employees are required to record their attendance (both in & out) through biometric system. Employees should be at their work place in time. Failing to record attendance will be treated as absence, unless appropriately informed e.g. leave, tour, illness .. etc.

All employees are expected to leave the Hospital premises on conclusion of their shift, unless required to perform extra hours. Employees who desire to come to Hospital during off duty hours should take prior approval from competent authority. Employee leaving Hospital premises during office hours should get their signature done in the register kept at the Security Personnel near biometric machine.

3. LEAVE RULES: -

All employees will be entitled to leave on a calendar year basis. The Leave rules are not applicable for Clinical Facilitation Department (Except Supervisors), Transport, Food & Beverages (except Supervisors). Leave cannot be claimed as a matter of right. Employees have to submit leave application online through the provided attendance software to their Departmental Head in

advance and after sanction, the applicant is to be forwarded to Human Resource Department for record.

An apprentice/trainee shall be eligible to avail only Weekly Off.

4. **CLASSIFICATION OF LEAVES**: -

- **WEEKLY OFF: -**

  One weekly off for every 6 working days on pro-rata basis (based on as per the calendar month of the year);

- **SICK LEAVE: -**

  6 days per year (on pro-rata basis/ 2 days in every 4 months); (Only applicable for Non ESI Employees).

  - Employees under probation period can avail 2 days of Sick Leave.
  - Sick Leave cannot be in cashed.
  - An employee shall submit supporting medical certificate documents along with leave application in case of availing sick leave more than 1 day;
  - Sick leave will not be carry forwarded for the next calendar year. The un-availed SL will automatically lapse at the end of the calendar year.

- **CASUAL LEAVE: -**

8 days per Calendar year (on pro-rata basis/2 days in every quarter i.e. 3 months);

  - Employees under probation period cannot available CL. The employees those services have been confirmed can avail CL on pro-rata basis.
  - Casual Leave can be suffixed or prefixed to a holiday, but not both.

- Casual leave will not be carry forwarded for the next calendar year. The un-availed CL will automatically lapse at the end of the calendar year.
- Casual Leave cannot be combined with any leave.

- **EARNED LEAVE**: -

12 days per Calendar year (on pro-rata basis/1 day per month). Applicable for permanent / confirmed employee who has completed 5 years of services in the organization;

- Un-availed Earned Leave shall be accumulated up to 60 days.
- The EL admissible will be exclusive of all holidays whether occurring during or at either end of the period of leave.
- ELs are in-cashable once in a year.
- Encashment: Maximum 50% of un-availed earned leave will be allowed per year for encashment subject to minimum of 12 days of EL balance.

- **COMPENSATORY LEAVE: -**

Applicable when a staff has worked on Weekly Off which shall be availed within 30 days or else leave shall lapse and the employee has to submit the Compensatory off form within 24hrs of working day to HR.

- **MATERNITY LEAVE**: -

Applicable for permanent / confirmed employee who has completed 9 months of services in the organization and shall be eligible to take 182 days of maternity leave benefit;

- A female employee covered under Maternity Benefit Act will be entitled for maternity benefit from the organization. However, an employee covered under ESI Act, shall be guided as per ESI scheme, but not from both.
- A female employee not covered under ESI, shall be permitted Maternity Leave by the organization for a maximum period of 182 days (26 weeks).

- **CONFERENCE/TRAINING LEAVE: -**

Applicable for Full-time Consultants in clinical department and shall be allowed for 5 days in a year to avail leave for any conference with prior approval from reporting head and submission of supporting documents to HRD.

- **NH/PH: -**

Eligible employees can avail 3 days National Holiday & 11 days Public Holiday in a calendar year. List of paid holidays is circulated by the HR Department before the commencement of the year.

- **LEAVE WITHOUT PAY: -**

Employees who exhaust all their leave can be granted leave without pay (LWP) with proper approval from their Departmental head.

- **LEAVE DURING NOTICE PERIOD: -**

In the event of employee resigning from service, they cannot avail any type of leave during the notice period.

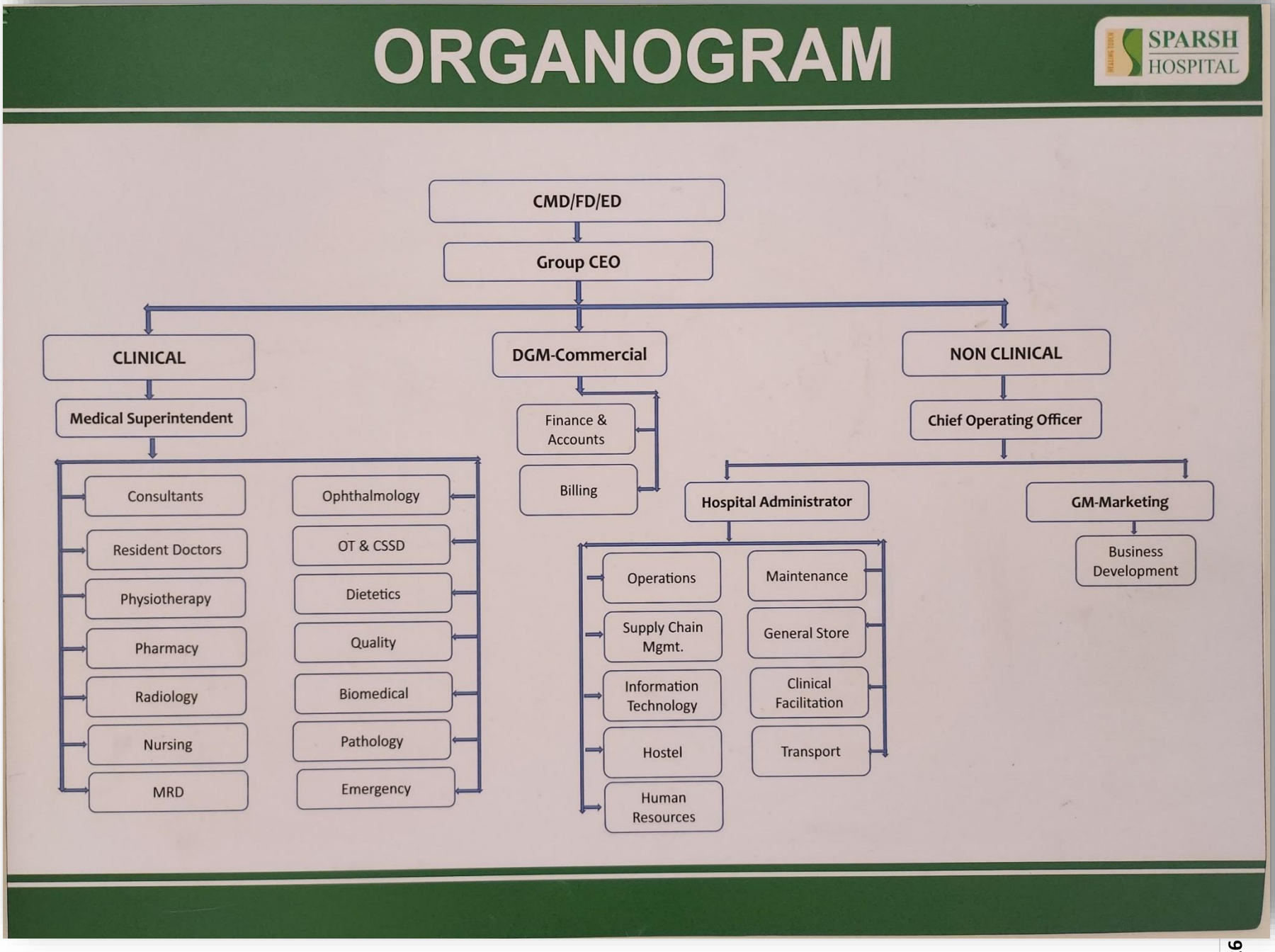
5. DRESS CODE: -

- Members are expected at all times to present a professional, businesslike image to customers, prospects and the public.
- Members are expected to dress in a manner that is normally acceptable in similar business establishments. Members should not wear suggestive attire, jeans, athletic clothing, shorts, sandals, T-shirts, novelty buttons, baseball hats, and similar items of casual attire that do not present a businesslike appearance.
- Hair should be clean, combed, and neatly trimmed or arranged. Shaggy, unkempt hair is not permissible regardless of length.

f) ORGANIZATION CHART: -

ORGANOGRAM

SPARSH HOSPITAL



g) FINANCIAL PERFORMANCE OF SPARSH HOSPITAL & CRITICAL CARE, KANTABADA: -

SPARSH Hospital & Critical Care, KANTABADA, has been steadily growing as one of the reputed healthcare service providers in Bhubaneswar. The financial performance of the hospital reflects its ability to balance quality healthcare delivery with cost efficiency.

❖ COST MANAGEMENT: -

- Major expenditures consist of medical equipment, salaries & wages of doctors, nurses, and support staff, as well as administrative and operational costs.
- The hospital follows a cost-control mechanism to ensure optimum utilization of resources while maintaining service quality.

❖ PROFITABILITY: -

- The hospital operates on a high-volume, low-margin model for general healthcare services, while specialized treatments and surgeries contribute to high-margin revenues**.**
- Profitability is further strengthened by efficient bed utilization, strong OPD/IPD services, and tie-ups with health insurance providers.

❖ INVESTMENT & CAPITAL STRUCTURE: -

- Significant investments are made in advanced diagnostic tools, critical care infrastructure, and digital health record systems.
- The hospital maintains a balanced capital structure, with funding derived from promoter investment, institutional borrowings, and reinvested earnings.

h) FINANCIAL PERFORMANCE OF SPARSH HOSPITAL (IMAGINARY DATA, FY 2023–24)

FINANCIAL INDICATOR	AMOUNT (₹ IN CRORES)	Remarks
Total revenue	₹118cr	Generated from OPD, IPD, Diagnostics, Surgeries & Pharmacy.
Operating Profit	₹26cr	Strong contribution from specialized treatments & diagnostics.
Net Profit	₹14cr	After interest, depreciation & Taxes.
Total Assets	₹210cr	Includes land, building, equipment, ambulances, IT Infrastructure.
Market Capitalization	Not Applicable	(Private hospital, not listed on stock exchange)

i) BUSINESS ANALYSIS OF SPARSH HOSPITAL & CRITICAL CARE (P) LTD.: -

1. VISION AND MISSION: -

VISION: - To gain the confidence of the poorest & weakest strata of the society as a safe, reliable health care shelter with minimum cost and maximum care & comfort**.**

MISSION: - To have the unique tag of most affordable, accessible & applaudable global health care destination.

2. SERVICES OFFERED: -

- Intensive Care Unit (ICU)
- Emergency & Trauma Care
- Inpatient & Outpatient Services
- General Medicine & Surgery
- Pathology & Diagnostics
- Pharmacy & Ambulance Services

3. SWOT ANALYSIS:

STRENGTHS	WEAKNESSES
▪ Experienced doctors and paramedical staffs.	▪ Limited digital HR system.
▪ Strong emergency and ICU service.	▪ Limited geographic presence.
▪ Affordable services compared to large hospital.	▪ Reliance on manual documentation
OPPORTUNITIES	**THREATS**
▪ Growing healthcare demand in rural areas.	▪ Competition from big hospitals.
▪ Government health schemes (PM-JAY, BBSKY).	▪ Regulatory changes and compliance issues.
▪ Digitalization of healthcare service.	▪ Retaining skilled health care workers.

4. CHALLENGES IN BUSINESS: -

- Retaining skilled medical staff in rural areas.
- Managing costs while ensuring quality care.
- Staying compliant with healthcare and labor regulations.
- Adapting to digital systems (HRMS, billing, patient records).

j) BASIC OBJECTIVE: -

SPARSH Hospital & Critical Care (P) Ltd. operates with a blended strategic objective that balances social responsibility and financial sustainability. Its healthcare delivery model is designed around the following key business objectives:

1. HIGH SALE – LOW MARGIN STRATEGY: -

The hospital offers affordable and essential medical services (e.g., OPD consultations, general medicine, vaccinations, and pathology tests) to a large volume of patients. By charging minimal fees, the hospital ensures high patient footfall, thus maximizing overall revenue through volume-based service**.**

EX: Rs. 150 OPD consultation accessible to rural families, generating consistent daily income due to high patient flow.

2. HIGH MARGIN – LOW SALE STRATEGY: -

SPARSH also provides specialized treatments and critical care services, such as ICU facilities, surgeries, diagnostic imaging (CT scan, X-ray), and private room admission**s.** These services are priced higher to reflect the cost and expertise involved, but they cater to fewer patients compared to basic services.

EX: *ICU bed charges and surgical services may be availed by fewer patients, but they yield higher margins.*

3. HIGH VALUE PRODUCT OFFERING: -

SPARSH Hospital's services are positioned as "high value" in the minds of patients due to:

- Affordable cost + quality treatment
- Accessibility in rural/semi-urban areas
- Availability of emergency care

This value perception leads to trust, loyalty, and positive word-of-mouth, which are critical in healthcare service branding.

k) PRODUCT DETAILS: -

- Product: Emergency, OPD, ICU, diagnostics
- Price: Affordable pricing
- Place: KANTABADA, Bhubaneswar
- Promotion: Doctor referrals, word-of-mouth
- Customer Segment: Rural, middle-income
- Positioning: Quality care, affordable rate
- Branding: Trust and professional care

2.2 INDUSTRY ANALYSIS: -

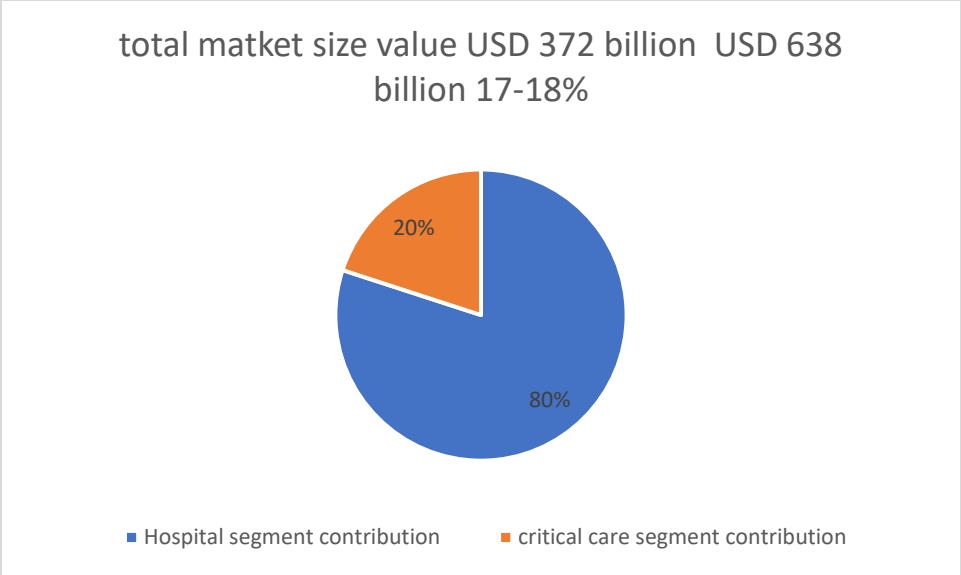
a) NUMBER OF PLAYERS IN THE INDUSTRY: -

The Indian healthcare sector is vast and diverse, consisting of:

- Over 70,000 hospitals, including government and private institutions.
- More than 11 lakh doctors and 23 lakh nurses (as per NITI Aayog, 2023).
- Major players include Apollo Hospitals, Fortis Healthcare, Max Healthcare, AIIMS, KIMS, and Manipal Hospitals, as well as smaller regional hospitals like SPARSH Hospital & Critical Care serving specific districts and rural populations.

b) TOTAL MARKET SIZE: -

- The Indian healthcare market was valued at USD 372 billion in 2022 and is projected to reach USD 638 billion by 2030, growing at a CAGR of 17-18%.
- The hospital segment alone contributes over 80% to this market.
- The critical care segment, which includes ICUs and emergency departments, accounts for 15-20% of hospital revenue.



INTERPRETATION: -

The Indian healthcare market demonstrates a robust growth trajectory, valued at USD 372 billion in 2022 and projected to reach USD 638 billion by 2030, growing at a CAGR of 17–18%**.** This growth highlights the rising demand for healthcare services, driven by factors such **as** increasing lifestyle-related diseases, medical advancements, higher disposable incomes, and growing health awareness among the population.

The hospital segment contributes more than 80% to the overall market, indicating that hospitals remain the backbone of the healthcare industry in India. This dominance suggests that investments and expansions in hospital infrastructure will continue to play a central role in meeting future healthcare demands.

Within hospitals, the critical care segment contributes 15–20% of total revenue, underscoring its strategic importance**.** Critical care facilities such as ICUs and emergency departments are vital for handling life-threatening cases and emergencies, making them not only revenue-generating units but also crucial in building trust and reputation for hospitals. For institutions like SPARSH Hospital, focusing on strengthening critical care services can serve as a competitive differentiator, especially in semi-urban and rural markets where such advanced facilities are limited.

c) RELATIVE MARKET SHARE OF KEY PLAYERS: -

- Apollo Hospitals**:** ~15% market share among private chains.
- Fortis Healthcare**:** ~10%
- Max Healthcare**:** ~7%
- AIIMS and Govt. Hospitals**:** Serve the majority of India's population through subsidized care.
- Small & Mid-Level Hospitals like SPARSH contribute to 20–25% of the healthcare services in semi-urban and rural areas.

d) **NATURE OF COMPETITION: -**

- The healthcare industry in India is an oligopolistic structure**,** particularly in urban regions with few large players dominating.
- In rural/semi-urban zones (like KANTABADA), monopolistic competition is more common—few hospitals operate, each offering somewhat differentiated services.
- Private hospitals compete on specialization, reputation, cost, and patient experience**.**

e) **DIFFERENTIATION PRACTICED BY VARIOUS PLAYERS: -**

- Apollo, Max, Fortis: Focus on advanced infrastructure, medical tourism, super-specialty services.
- Government hospitals: Focus on affordability, accessibility, public health.
- Mid-level hospitals (e.g., SPARSH Hospital**)**: Differentiate via cost-effective critical care**,** personalized service, local outreach, and emergency responsiveness.
- Increasing use of digital health tools (EMRs, online consultations) as a differentiator.

f) **BARRIERS TO ENTRY: -**

- High capital investment for land, buildings, ICU/OT setup, licenses, etc.
- Need for qualified doctors, nurses, HR staff**,** and compliance with healthcare regulations (NABH, MCI).

- Strong brand presence of existing players in urban regions.
- Technology & equipment costs are also high.

g) **BARRIERS TO EXIT: -**

- High sunk costs in infrastructure and specialized equipment.
- Social and ethical responsibility in the healthcare sector; exiting may harm public trust.
- Employee obligations and legal liabilities also act as exit barriers.

2. PORTER'S FIVE FORCES ANALYSIS OF THE HOSPITAL & CRITICAL CARE INDUSTRY: -

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a) THREAT OF NEW ENTRANTS – MODERATE TO HIGH: -

- Barriers to entry like high capital investment, licensing, and trained medical professionals create obstacles.

- However, with growing healthcare demand, many small hospitals and clinics are entering Tier-2 and Tier-3 cities like KANTABADA.
- Government schemes (like AYUSHMAN BHARAT) and health insurance are encouraging new entrants by expanding the patient base.
- For SPARSH Hospital**,** the threat is moderate, as it is already established and has a local presence.

b) BARGAINING POWER OF SUPPLIERS – MODERATE: -

- Suppliers include medical equipment manufacturers**,** pharmaceutical companies**,** and human resources (doctors, nurses, technicians).
- In critical care, dependence on high-quality machinery and life-saving drugs gives suppliers a certain degree of power.
- However, due to multiple suppliers available and government regulation of drug prices, this power remains balanced.
- Challenge for SPARSH Hospital: Attracting and retaining skilled HR in semi-urban areas remains a supplier-side cancer.

c) BARGAINING POWER OF BUYERS (PATIENTS) – HIGH: -

- With many hospitals and clinics emerging even in smaller towns, patients now have choices**.**
- Increased health awareness**,** online reviews**,** and teleconsultations have empowered patients to demand quality service.
- In Bhubaneswar & nearby areas, patients compare costs, cleanliness, emergency care, etc., before choosing a hospital.
- For SPARSH Hospital, maintaining affordability + service quality is key to retaining patients.

d) THREAT OF SUBSTITUTES – MODERATE: -

- Alternatives like home healthcare**,** telemedicine**,** AYUSH treatments (Ayurveda, Homeopathy) are growing.

- Non-critical patients are increasingly opting for virtual consultations and preventive care**.**
- However, critical care services (ICUs, trauma, surgeries) cannot be substituted easily.
- For SPARSH Hospital, being in the critical care segment lowers this threat, but non-emergency services face competition from home-based care.

e) INDUSTRY RIVALRY – HIGH: -

- Healthcare is a fast-growing but highly competitive industry.
- Large private hospitals, government centers, and charitable institutions all compete for patient trust**.**
- In semi-urban areas, hospitals like SPARSH face rivalry from other private hospitals**,** mission hospitals**,** and public health centers**.**
- Differentiation based on service, staff behavior, infrastructure, and follow-up care become vital.

❖ EMERGING TRENDS IN THE HEALTHCARE SECTOR: -

a) PRODUCT LIFE CYCLE (PLC) IN HEALTHCARE SERVICES: -

Healthcare services such as diagnostics, critical care, and specialized surgeries follow a service life cycle similar to a product life cycle. Preventive care and telemedicine are in the growth stage**,** general healthcare services are in the maturity stage**,** while some traditional practices are in the decline stage**.** SPARSH Hospital is aligning itself with services in the growth stage to sustain long-term demand.

b) RATE OF GROWTH: -

The Indian healthcare sector has been growing at a CAGR of 15–18%**,** driven by rising population, lifestyle-related diseases, and increasing health awareness. For SPARSH Hospital, growth is

reflected in increased patient inflow, expansion of diagnostic services, and higher utilization of specialty departments**.**

c) MARKETING DYNAMICS: -

Hospitals now focus not only on treatment but also on branding, patient experience, and digital presence**.** Word-of-mouth, online reviews, insurance partnerships, and health camps are major marketing drivers. SPARSH Hospital has also benefited from community outreach programs and digital marketing to strengthen its presence.

d) CHANGES IN NEED: -

Patient needs have shifted from basic curative services to comprehensive healthcare**,** including preventive care, wellness programs, advanced diagnostics, and post-treatment support. The demand for specialized care in cardiology, oncology, orthopedics, and critical care is rapidly rising in Odisha.

e) INNOVATION IN TECHNOLOGY: -

Technological adoption is reshaping healthcare. The use of AI-based diagnostic tools, telemedicine, electronic medical records (EMR), robotic surgeries, and advanced imaging techniques is becoming common. SPARSH Hospital has gradually invested in digital record systems and modern diagnostic equipment to remain competitive.

f) CHANGES IN REGULATORY ENVIRONMENT: -

The healthcare sector in India is increasingly regulated by National Accreditation Board for Hospitals (NABH) standards, AYUSHMAN BHARAT health policies**,** and state-level healthcare regulations. Hospitals are required to maintain transparency in pricing, patient safety protocols, and ethical medical practices. SPARSH Hospital follows these guidelines to ensure compliance and patient trust**.**

❖ PRODUCT FEATURES MATRIX: -

SPARSH Hospital & Critical Care, KANTABADA, provides a mix of affordable and specialized healthcare services. OPD and pharmacy services are high-volume, low-cost, ensuring accessibility and quick treatment for patients. IPD, diagnostics, and surgeries focus on advanced care with modern equipment, offering moderate to high-value services. The critical care unit (ICU/CCU) delivers life-saving, premium services with advanced technology and specialized doctors. Overall, the hospital balances mass healthcare needs with high-value specialized treatments, strengthening both patient care and financial performance.

❖ DIFFERENTIAL COMPETITOR ANALYSIS: -

SPARSH Hospital & Critical Care, KANTABADA, competes with leading players like Apollo, KIMS, and AMRI in Bhubaneswar. While these hospitals focus on premium, super-specialty care at higher costs, SPARSH differentiates itself by offering affordable, patient-centric services that cater to both urban and semi-urban populations. Its strategic location outside the city makes it more accessible for rural patients, while still maintaining quality through modern diagnostics and critical care facilities. This positioning allows SPARSH to balance quality healthcare with affordability, carving a niche in the middle-income segment

CHAPTER: - III

3.1COMPETITOR ANALYSIS

3.1 COMPETITOR ANALYSIS: -

a) PRODUCTS OF THE COMPANY COMPARED WITH COMPETITORS (PRODUCT FEATURES MATRIX): -

- Healthcare services in Bhubaneswar are highly competitive, with major players such as Apollo Hospitals, KIMS (Kalinga Institute of Medical Sciences), AMRI Hospitals, and SPARSH Hospital & Critical Care, KANTABADA. While these hospitals broadly provide similar services such as OPD consultations, in-patient admissions, surgeries, diagnostics, critical care, and pharmacy, the differentiation lies in pricing, technology, specialization, and target patients.
- SPARSH Hospital positions itself as a cost-effective yet quality-driven healthcare provider, focusing on semi-urban and middle-income groups. In contrast, Apollo and KIMS target the premium healthcare segment, offering highly specialized super-specialty care at higher prices. AMRI emphasizes insurance tie-ups and corporate clients, while SPARSH places importance on community outreach and accessibility.

- **PRODUCT FEATURES MATRIX: -**

SPARSH Hospital & Critical Care, KANTABADA, provides a mix of affordable and specialized healthcare services. OPD and pharmacy services are high-volume, low-cost**,** ensuring accessibility and quick treatment for patients. IPD, diagnostics, and surgeries focus on advanced care with modern equipment**,** offering moderate to high-value services. The critical care unit (ICU/CCU) delivers life-saving, premium services with advanced technology and specialized doctors. Overall, the hospital balances mass healthcare needs with high-value specialized treatments**,** strengthening both patient care and financial performance.

b) DIFFERENTIAL COMPETITOR ANALYSIS: -

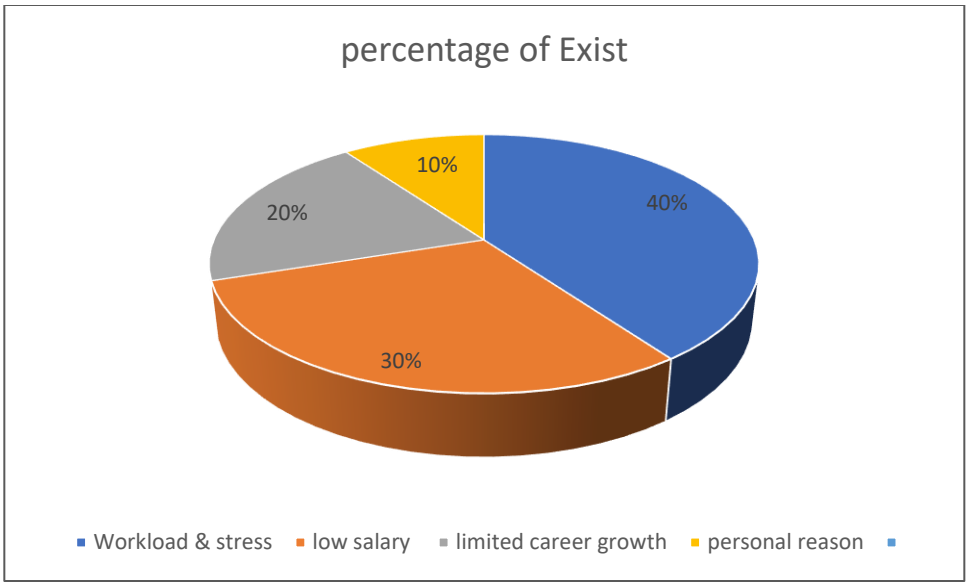
- SPARSH Hospital & Critical Care, KANTABADA, operates in a competitive environment with strong players like Apollo Hospitals, KIMS, and AMRI in Bhubaneswar. However, it differentiates itself in several ways.

- Firstly, SPARSH follows a cost-leadership strategy, offering healthcare services at affordable rates while maintaining quality, whereas Apollo and KIMS operate on a premium pricing model targeting higher-income patients. Secondly, SPARSH's strategic location in KANTABADA makes it easily accessible to semi-urban and rural populations, unlike Apollo and KIMS which are city-centered and cater mainly to urban clients. Thirdly, while AMRI focuses heavily on corporate tie-ups and insurance-based patients, SPARSH emphasizes community outreach, personalized care, and middle-income group accessibility**.**
- In terms of technology, Apollo and KIMS invest heavily in AI, robotic surgeries, and advanced tertiary care, while SPARSH strategically invests in modern diagnostics, ICU facilities, and digital record systems to provide comparable quality at lower costs. This makes SPARSH a preferred choice for patients seeking reliable and affordable healthcare without compromising service quality.
- **Summary:**

  While Apollo and KIMS dominate the premium healthcare space and AMRI focuses on corporate and insured patients**,** SPARSH Hospital has carved a unique niche in affordable, patient-centric healthcare for semi-urban and middle-income groups, giving it a strong differential advantage.

A) MARKET SHARE & POSITIONING (IMAGINARY DATA FOR ODISHA/BHUBANESWAR): -

- Apollo Hospitals (Bhubaneswar) → 35% market share (premium, super-specialty care).
- KIMS → 25% market share (academic + healthcare, strong in tertiary care).
- AMRI → 20% market share (corporate tie-ups, insurance-driven).
- SPARSH Hospital → 10–12% market share (affordable, semi-urban patients).
- Others (local nursing homes & clinics) → 8–10% market share**.**



INTERPRETATION: -

The healthcare market of Bhubaneswar reflects a highly segmented and competitive structure, where each hospital has established a unique positioning to target specific patient groups. Apollo Hospitals holds the largest share (35%), dominating the premium and super-specialty segment, thereby attracting high-income patients who prioritize quality, brand, and advanced technology.

KIMS follows with 25% share, gaining strength from its dual role as an academic and healthcare institution, which ensures a steady inflow of patients for tertiary care at relatively affordable costs. AMRI, with 20% share, secures its position through insurance-driven and corporate tie-ups, appealing largely to the salaried and insured middle-class segment.

SPARSH Hospital occupies 10–12% of the market, positioning itself as a cost-effective alternative. It plays a crucial role in catering to semi-urban and rural patients who may not afford premium hospitals but still seek quality care. Local nursing homes and clinics together hold 8–**10%**, fulfilling basic healthcare needs and leveraging personal relationships and accessibility, though they lack in advanced medical infrastructure.

Overall, the data shows a tiered market structure:

- Apollo dominates the elite premium space,

- KIMS balances volume and academic-driven care,
- AMRI focuses on corporate-insured segments,
- SPARSH strengthens its presence in affordable care for semi-urban populations,
- Others act as supportive primary care providers.

This interpretation highlights that SPARSH Hospital's competitive advantage lies in affordability and accessibility, but to increase market share, it needs to strengthen specialization, branding, and outreach.

B) COMPETITOR STRENGTHS VS SPARSH: -

- **Apollo** – Strengths in brand reputation, technology, international patients, but very expensive.
- **KIMS** – Strong in medical education & research, with large infrastructure, but less affordable.
- **AMRI** – Focus on insurance/corporate tie-ups, but less presence in rural/semi-urban areas.
- **SPARSH** – Affordable, accessible, personalized care, but needs greater brand visibility.

C) CHALLENGES FACED BY SPARSH (COMPARED TO COMPETITORS): -

- Lower brand recognition compared to Apollo & KIMS.
- Limited super-specialty services (e.g., robotic surgery, transplant units).
- Smaller marketing budget compared to large hospitals.
- Dependence on local catchment areas for patient inflow.

D) FUTURE COMPETITIVE STRATEGIES FOR SPARSH: -

- **Service Differentiation** → Focus on preventive healthcare, wellness packages, and telemedicine.
- **Partnerships** → Tie-ups with insurance companies and corporate firms to expand patient base.
- **Technology Upgradation** → Gradual introduction of AI-based diagnostics and digital platforms.
- **Brand Building** → Increase visibility through digital marketing, health camps, and CSR activities.

E) KEY DIFFERENTIATORS OF SPARSH HOSPITAL: -

1. **Affordability** – Services are 30–40% cheaper than Apollo & KIMS.
2. **Location Advantage** – Situated at KANTABADA, easily accessible for rural & semi-urban patients.
3. **Patient-Centric Approach** – Focus on personalized treatment, community outreach camps, rural health check-ups**.**
4. **Balanced Service Portfolio** – Offers both high-volume low-cost service**s** (OPD, pharmacy) and high-value specialized services (surgery, ICU).
5. **Technology Adoption** – Modern diagnostics & ICU equipment at affordable pricing.

CHAPTER: -IV

4.1 CUSTOMER ANALYSIS

1. Who is your customer?

ANS: -The primary customers of SPARSH Hospital are patients seeking quality healthcare services in Bhubaneswar and surrounding regions. Current customers include local residents, referred patients from nearby towns, and corporate tie-up patients. Potential customers include patients from rural Odisha, medical tourists, and those shifting from competitors like Apollo, SUM, or AMRI hospitals. Non-customers are those still relying on government hospitals or traditional healthcare methods.

2. Who buys, influences, and consumes the product?

ANS: -In healthcare, the buyer and consumer are usually the same: patients. However, decisions are often influenced by family members, friends, doctors, and reference groups such as neighbors or community leaders who share treatment experiences.

3. Types of customers for the product: -

- **Economic customers**: Patients who carefully compare treatment costs and facilities before choosing.
- **Cognitive customers**: Those who research about hospital reputation, doctors, and success rates.
- **Passive customers**: Patients who follow family/doctor recommendations without much evaluation.
- **Impulsive customers**: Emergency patients who immediately choose based on accessibility and urgency.

4. Specific factors influencing consumer behavior: -

- **Cultural**: Preference for trusted hospitals within the region.

- **Social**: Word-of-mouth, referrals, and reputation among social groups.
- **Personal**: Income level, health condition, lifestyle, and education of the patient.

5. What customer buys?

ANS: -Customers buy *healthcare solutions*—quality treatment, expert medical care, hygiene, and supportive services. They seek relief from illness, assurance of safety, and long-term health benefits.

6. How customer buys (AIDA Model)?

- **Attention**: Through branding, hospital reputation, and advertising.
- **Interest**: Positive patient feedback, online reviews, and doctor credentials.
- **Desire**: Affordable packages, advanced technology, 24x7 emergency care.
- **Action**: Admission, consultation, or enrollment in healthcare packages.

7. Buying decision-making process: -

- **Need recognition**: Illness/emergency.
- **Information search**: Online search, reference groups, doctor referrals.
- **Evaluation**: Comparing facilities and costs.
- **Decision**: Selecting SPARSH Hospital.
- **Post-purchase**: Patient feedback and repeat visits. Customer involvement is high in planned treatments, moderate in habitual checkups, and urgent in emergency care.

8. Post-purchase behavior: -

Patients evaluate recovery, service quality, staff behavior, and hospital support. Positive outcomes lead to loyalty, while dissatisfaction may result in switching to competitors.

9. Where customers buy?

- **B2C**: Direct patients and families.
- **B2B**: Corporate tie-ups, insurance companies, health camps.
- **Online**: Appointment booking, telemedicine.
- **Brick & mortar**: Walk-in patients at hospital., Distribution policy is selective, focusing on quality service rather than mass coverage.

10. When they buy?

ANS: - Healthcare demand is continuous but rises during seasonal diseases (monsoon fevers, dengue), festivals (accidents, stress-related), and life-cycle stages (childbirth, old-age ailments).

11. How they choose?

ANS: - Customers use multi-attribute models—evaluating treatment success rate, doctor expertise, affordability, and facilities. Perceptual mapping shows SPARSH positioned as an affordable yet quality-focused hospital compared to premium competitors.

12. Why they prefer SPARSH?

ANS: -Patients choose SPARSH for competitive advantages like personalized care, affordable cost, good reputation, and accessible location. Value comparison highlights a balance between quality treatment and reasonable pricing.

13. Response to company's marketing programs: -

Patients respond well to health awareness camps, free checkups, CSR activities, and digital promotion. Sensitivity tests show they are highly responsive to word-of-mouth and referral discounts.

14. Will they buy again?

ANS: -Yes, satisfied patients return for future healthcare needs. SPARSH follows CRM practices like patient follow-up calls, reminders for checkups, and personalized communication, which enhance loyalty.

15. Emerging trends: -

Customer profiles are changing with increasing awareness of preventive healthcare, cultural openness to modern treatment, and demographic shifts like rising elderly population and growing urban middle class. Demand for telemedicine and digital health records is also emerging.

CHAPTER-V

5.1 ACTUAL WORK DONE

5.2 ANALYSIS AND FINDINGS

5.1 ACTUAL WORK DONE, FINDINGS AND ANALYSIS: -

2. TRAINING EXPERIENCE IN THE ORGANIZATION: -

My internship at SPARSH Hospital & Critical Care (P) Ltd**.,** KANTABADA was primarily within the Human Resource Department (HRD**)**. Throughout the internship, I maintained a daily diary, which documented my tasks, observations, and learnings. My training experience can be explained point by point:

a) ORIENTATION & INDUCTION: -

- **Details:** Every new employee, regardless of role, must attend an orientation program. This is particularly important in a hospital setting because patient safety, hygiene, and ethical behavior are as important as technical skills.
- **My Role:** I helped the HR team in preparing welcome kits (ID cards, policy handouts), explaining policies, and ensuring joining forms were filled properly.
- **Case Example:** A newly joined nurse was guided about patient confidentiality (HIPAA-like principles) and hygiene rules. She later mentioned that induction helped her feel confident in her first duty.
- **Learning:** I realized that induction is not a one-day process but a foundation for employee retention**.**

b) RECRUITMENT & SELECTION: -

- **Details:** Recruitment in hospitals is ongoing because patient load is continuous. Nurses, technicians, and ward assistants are always in demand.
- **My Role:** I assisted in screening resumes, arranging interviews, and even participated in shortlisting discussions with HR staff.
- **Challenges:** For specialized doctors, recruitment is extremely tough because most prefer to work in big cities. For nurses, attrition is high due to workload.
- **Case Example:** For a lab technician vacancy, HR had to interview 7 candidates but only 2 were shortlisted due to lack of required skills.

- **Learning:** Healthcare hiring depends not just on qualification**,** but also attitude**,** dedication, and availability for emergency duty.

c) **EMPLOYEE DATABASE MANAGEMENT: -**

- **Details:** Employee records are the backbone of HR. In SPARSH Hospital, files are partly physical (certificates, ID proofs) and partly digital (Excel sheets).
- **My Role:** I updated employee information, arranged physical files, and assisted in verifying documents.
- **Observation:** This hybrid system caused delays when data was required urgently. For example, when management needed a nurse's work history, both registers and Excel had to be checked.
- **Learning: Accuracy and confidentiality** are key. I understood how small errors could create issues in payroll, promotions, or compliance checks.

d) **ATTENDANCE & PAYROLL ASSISTANCE: -**

- **Details:** Attendance monitoring is complex because hospitals run on 24×7 shifts.
- **My Role:** I checked biometric records, monitored manual registers, and compiled overtime records.
- **Case Example:** During an emergency, several nurses worked double shifts. HR had to manually add extra hours to their payroll.
- **Learning:** I realized how payroll accuracy affects employee trust**.** Even small errors in attendance can cause disputes.

e) **TRAINING & DEVELOPMENT: -**

- **Details:** Most training was on-the-job where juniors learned from seniors. Occasionally, structured sessions were conducted on infection control, patient safety, and handling critical equipment.
- **Observation:** Training on soft skills like empathy, communication, or stress management was very limited.

- **Learning:** Structured training programs could reduce errors, improve patient satisfaction, and build a strong hospital reputation.

f) **EMPLOYEE WELFARE ACTIVITIES: -**

- **Details:** Hospitals are high-stress workplaces. Welfare activities help in retaining staff.
- **My Role:** I collected employee feedback about canteen services, facilities, and stress levels.
- **Observation:** Welfare programs were limited but meaningful, such as free health check-ups for staff, festival celebrations, and grievance handling sessions.
- **Learning:** Even small gestures (like celebrating birthdays or giving appreciation letters) can improve morale and reduce turnover.

g) **POLICY UNDERSTANDING: -**

- **Details:** HR policies in hospitals cover leave, disciplinary actions, recruitment, grievance handling, and performance expectations.
- **Case Example:** A nurse applied for leave but was denied because of ICU staff shortage. HR explained the reason politely and arranged for compensatory leave later.
- **Learning:** Policies must be practical, flexible, and people-friendly to ensure smooth operations while meeting hospital needs.

5.2 ANALYSIS AND FINDINGS: -

Based on my daily observations, surveys with staff, and discussions with HR professionals, I derived the following analysis and findings**.**

a) RECRUITMENT & SELECTION: -

- Recruitment is a continuous process in the hospital due to high attrition among nursing and support staff.
- The biggest challenge is attracting skilled doctors and specialists to a semi-urban area like KANTABADA.

- Hiring decisions are speed-driven**,** often bypassing lengthy selection procedures.
- Reliance on employee referrals is very high, which reduces hiring costs but sometimes compromises quality.

b) TRAINING & DEVELOPMENT: -

- The hospital provides on-the-job training, which is effective but not standardized**.**
- Nurses learn mostly from senior staff, with limited formal training.
- Technical workshops are held occasionally, but soft-skill training is neglected**.**
- The lack of structured programs reduces long-term professional growth of employees.

c) EMPLOYEE ENGAGEMENT & RETENTION: -

- Most employees reported that workload and stress were high, especially among nurses.
- Turnover is significant, with many employees leaving within 1–2 years for better salaries.
- Employee recognition programs (awards, appreciation letters) were rare, making motivation largely salary-driven**.**

d) HR DOCUMENTATION & COMPLIANCE: -

- HR records are well-maintained but mostly in manual form**,** which makes retrieval slow.
- The hospital follows statutory compliances like PF, ESI, and labor law norms**.**
- Digitalization is partial, leading to inefficiencies in payroll and leave tracking.

e) ORGANIZATIONAL CULTURE: -

- The hospital follows a hierarchical culture, where senior doctors and management make most decisions.
- Communication is top-down**,** with limited input from lower-level staff.
- Despite the hierarchy, employees showed a sense of team spirit**,** especially during emergencies.

5.2.1 Challenges Faced and Learning: -

a) **CHALLENGES FACED: -**

- **Restricted Access:** As an intern, I was not allowed to view confidential HR data (salaries, disputes), limiting my exposure.
- **Fast-paced Environment:** Hospitals operate 24/7, making it difficult to spend time on structured HR observation.
- **Skill Shortage:** Recruitment of skilled healthcare workers was an ongoing challenge that slowed operations.
- **Manual Workload:** Limited use of HR software made processes time-consuming.
- **Adaptation Issues:** Initially, I struggled with medical terms, shift schedules, and the hospital's working rhythm.

b) **LEARNING OUTCOMES: -**

- **Practical HR Knowledge:** I experienced how HR functions in a live healthcare setting, which is different from classroom theory.
- **Recruitment Insights:** I learned how critical employee referrals and local sourcing are in healthcare hiring.
- **Communication Skills:** Observing HR managers resolve conflicts helped me understand negotiation and empathy**.**
- **Adaptability:** Working in a hospital taught me to stay flexible and calm under pressure.
- **Teamwork:** I realized HR works as a support function, ensuring employees are motivated and aligned with hospital goals.
- **Time Management:** Handling multiple small HR tasks daily improved my prioritization and organizational skills**.**

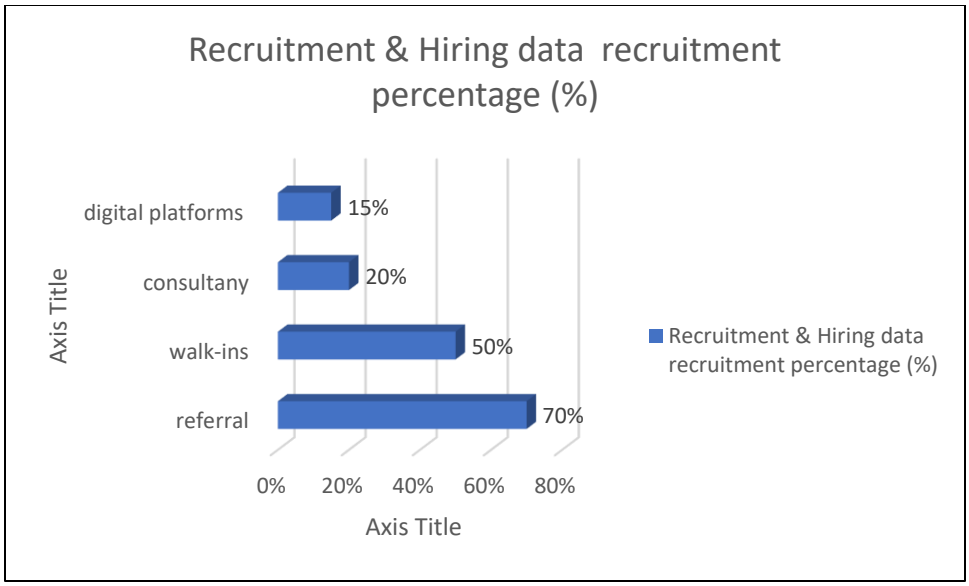
5.2.2 Weekly Diary Summary: -

No of Weeks	Activities done	Learnings
Week 1	Observation of HR tasks, assisted in induction.	Gained first-hand exposure to HR flow in healthcare.
Week 2	Assisted in recruitment (shortlisting, calls).	Understood recruitment challenges in healthcare.
Week 3	Helped maintain employee records	Learned importance of confidentiality and accuracy
Week 4	Assisted in attendance and payroll preparation.	Learned link between attendance and salary
Week 5	Observed training sessions for nurses	Understood training gaps and importance of skill development.
Week 6	Collected feedback on welfare activities & Studied HR policies and disciplinary rules	Learned value of welfare in boosting morale & Learned practical application of HR policies

5.2.3 KEY FINDINGS FROM INTERNSHIP AT SPARSH HOSPITAL (HR DEPARTMENT): -

a) RECRUITMENT & HIRING TRENDS: -

- Employee recruitment in the hospital relies heavily on referrals (70%) and walk-ins (50%), showing dependence on informal hiring methods.
- While consultancies (40%) provide fewer candidates, they are more effective in bringing skilled professionals (70% effectiveness).
- Modern digital platforms like LinkedIn or job portals are underutilized, leading to limited reach among younger healthcare professionals.



INTERPRETATION: -

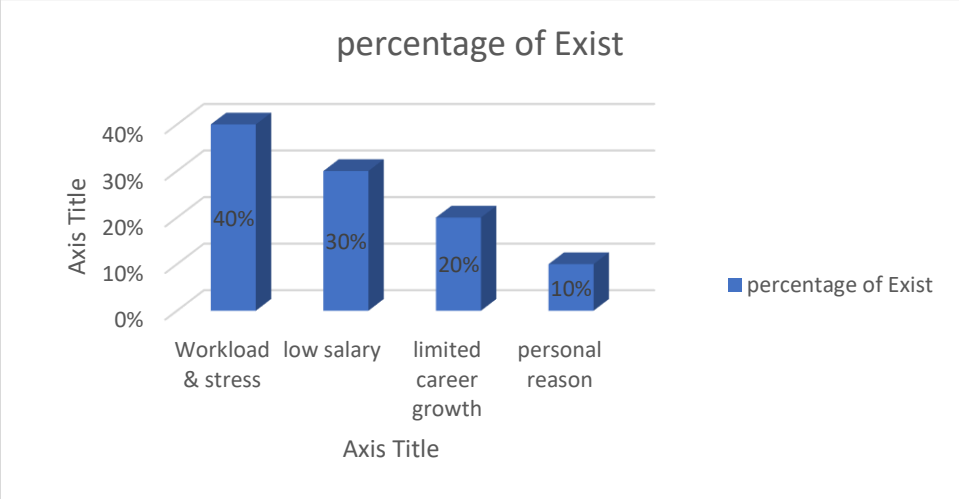
The analysis of employee recruitment at the hospital indicates a strong reliance on informal hiring practices. A majority of the workforce is recruited through referrals (70%) and walk-ins (50%), which highlights the importance of personal networks and local connections in the hospital's hiring process. While this method helps in quickly filling positions and reducing hiring costs, it also reflects a limited talent pool and the possibility of bias in selection, which may affect workforce diversity and professional quality.

On the other hand, consultancies contribute fewer candidates (40%), but their contribution is highly significant, as nearly 70% of the professionals sourced through them are skilled and job-ready. This shows that consultancies, though less used, are more effective in bringing specialized healthcare professionals, which are essential for maintaining service quality.

However, the hospital has been slow in adopting modern recruitment platforms such as LinkedIn, Naukri, or other job portals. This underutilization results in limited outreach to younger and tech-savvy healthcare professionals, who increasingly prefer digital platforms for job searches. As a result, the hospital risks losing access to a wider, skilled, and diverse workforce.

b) EMPLOYEE TURNOVER & RETENTION ISSUES: -

- 40% of exits are due to workload & stress, especially among nurses and junior doctors.
- 30% employees leave due to low salary compared to competitors.
- Career growth opportunities are limited (20% exits linked to this factor).
- A smaller percentage (10%) resign for personal reasons.



c) SKILL GAP OBSERVED: -

- Shortage of specialized nurses (ICU, OT) and trained technicians in radiology/lab.
- Many candidates have general medical training but lack advanced certifications.
- Doctors with multi-specialty experience are hard to attract due to competition from larger city hospitals.

d) EMPLOYEE ENGAGEMENT & SATISFACTION: -

- Informal feedback suggests employees are satisfied with work culture & team support**,** but demand structured training programs**.**
- Lack of continuous learning opportunities leads to frustration among young staff.
- Limited recreational or stress-relief activities make employees feel overworked.

e) HR PROCESS GAPS IDENTIFIED: -

- Payroll processing is still semi-manual → prone to errors & delays.
- Attendance system is biometric, but not integrated with payroll software.
- Exit interviews are not systematically recorded → hospital loses valuable feedback.

CHAPTER: -VI

6.1 CONCLUSIONS & SUGGESTIONS

6.1 CONCLUSIONS AND SUGGESTIONS: -

1. CONCLUSIONS: -

a) RECRUITMENT & SELECTION: -

The study revealed that SPARSH Hospital has a structured recruitment process, but there are noticeable gaps due to the shortage of skilled healthcare professionals. The hospital primarily relies on traditional sources such as advertisements and direct applications, which sometimes limits the scope of attracting diverse talent. With the rising competition from corporate hospitals, the challenge of filling specialized roles such as surgeons, critical care specialists, and trained nursing staff becomes more pronounced.

Furthermore, the existing recruitment strategy emphasizes immediate hiring to fill vacancies rather than long-term workforce planning. This reactive approach, although effective in meeting urgent needs, does not adequately address the strategic requirement of creating a sustainable talent pool for future expansion.

b) TRAINING & DEVELOPMENT: -

Training is one of the crucial aspects of the healthcare industry, as the sector constantly evolves with new medical technologies, treatment methods, and patient care protocols. At SPARSH Hospital, training opportunities are available, but they are limited in scope and often provided as a response to emerging needs. For instance, most training sessions are conducted during induction or when a new medical system is introduced, rather than being scheduled as part of a continuous development program.

This reactive approach leaves scope for improvement, as a structured training calendar covering both clinical and non-clinical staff would ensure consistent skill enhancement. Given the increasing demand for quality care, structured training in areas such as patient communication, empathy, and time management is equally important.

c) EMPLOYEE RETENTION: -

Employee retention emerged as another significant challenge during the study. Nursing and support staff experience heavy workloads, long working hours, and stress due to the critical nature of healthcare services. As a result, turnover rates are higher in these categories compared to doctors or administrative staff.

Although SPARSH Hospital offers a decent work environment, the absence of comprehensive career development opportunities and performance-based incentives leads some employees to seek opportunities elsewhere. Retention is especially important in healthcare because experienced staff contribute to both patient satisfaction and operational efficiency.

d) CUSTOMER/PATIENT PERSPECTIVE: -

From the patient's viewpoint, SPARSH Hospital is regarded as reliable and cost-effective compared to high-end corporate hospitals in Bhubaneswar. Patients value the hospital for its affordability and accessibility, especially for critical care services. However, as expectations of patients evolve, demand for personalized care, faster admission processes, and efficient discharge mechanisms is growing.

Feedback from patients suggested that while medical care is satisfactory, administrative delays and waiting times in certain departments negatively affect the overall experience. Thus, balancing quality healthcare with efficient service delivery remains a priority.

e) ORGANIZATIONAL CULTURE: -

The hospital maintains a service-oriented culture with an emphasis on teamwork and patient welfare. Employees generally display a professional attitude and are committed to providing quality care. However, the HR department still relies heavily on manual processes, which leads to delays in payroll management, attendance tracking, and performance evaluation.

The lack of digital systems limits efficiency and makes it difficult to analyze workforce data for decision-making. As hospitals globally move towards automation in HR and administrative processes, SPARSH Hospital has an opportunity to adopt similar practices to stay competitive.

2. SUGGESTIONS: -

a) STRENGTHEN TALENT ACQUISITION: -

To overcome recruitment challenges, the hospital should actively collaborate with medical colleges, nursing schools, and paramedical institutes. These partnerships can create internship and apprenticeship opportunities, helping the hospital build a long-term pipeline of skilled professionals. Additionally, campus recruitment drives can be organized to attract young talent before they enter the job market.

The hospital should also embrace digital platforms such as LinkedIn, healthcare job portals, and referral programs to expand its reach. A robust employer branding strategy that highlights the hospital's values, culture, and growth opportunities can make it more attractive to potential candidates.

b) STRUCTURED TRAINING & DEVELOPMENT PROGRAMS: -

A formal training calendar must be introduced to cover both clinical and non-clinical skills. For example, regular workshops on advanced medical equipment, patient safety protocols, and emergency management should be conducted for doctors and nurses. For administrative staff, training in digital tools, patient interaction, and conflict management can improve efficiency and service quality.

Additionally, introducing soft skills training is essential in healthcare. Training staff on empathy, active listening, and stress management will significantly improve patient satisfaction while also enhancing employee morale. Periodic evaluations should be conducted to measure the effectiveness of these training programs.

c) DIGITIZATION OF HR PRACTICES: -

Adopting HR management software will make processes like payroll, attendance, recruitment, and performance appraisal more efficient and transparent. For instance, biometric attendance systems integrated with payroll can reduce errors and save administrative time.

Data-driven HR analytics can help identify absenteeism patterns, training needs, and employee performance trends. By digitizing HR operations, the hospital can also ensure compliance with labor laws and streamline employee records management.

d) RETENTION & MOTIVATION STRATEGIES: -

To reduce attrition, the hospital should introduce recognition programs such as "Employee of the Month," performance-linked incentives, and structured career progression plans. When employees see growth opportunities within the hospital, they are more likely to remain loyal.

Work-life balance is another important aspect of retention. Providing flexible shifts, wellness programs, counseling services, and stress-management workshops can make a big difference in employee satisfaction. Additionally, exit interviews should be conducted to identify the reasons behind turnover and address them proactively.

e) PATIENT-CENTRIC IMPROVEMENTS: -

Patient satisfaction is the cornerstone of success for any healthcare institution. The hospital should invest in technology to simplify processes like appointment booking, online consultations, and digital payment systems. Reducing administrative delays will not only save patients' time but also enhance the overall hospital experience.

Feedback mechanisms such as suggestion boxes, online reviews, and patient satisfaction surveys should be strengthened. The feedback collected must be analyzed and used to improve service delivery. Personalized care initiatives, like dedicated patient coordinators, can further enhance trust and loyalty.

f) ORGANIZATIONAL DEVELOPMENT: -

To foster a culture of continuous improvement, internal communication channels must be strengthened. Regular departmental meetings, newsletters, and suggestion boxes can make employees feel more engaged and heard. This will also improve coordination between clinical and non-clinical staff.

Encouraging innovation within the workforce is equally important. Employees should be given the freedom to suggest and implement new ideas that can improve patient care or operational efficiency. By involving staff in decision-making, the hospital can build a sense of ownership and accountability.

❖ BIBLIOGRAPHY: -

a) RESEARCH ARTICLES & JOURNALS: -

- Human resource management in small and medium-sized enterprises B Harney, C Nolan - The Emerald handbook of work, workplaces and …, 2022 - emerald.com

- Kahn, W. A. (2018). "Psychological Conditions of Personal Engagement and Disengagement at Work." *Academy of Management Journal*.
- Ulrich, D., Brockbank, W., Johnson, D., & Younger, J. (2017). *HR Competencies: Mastery at the Intersection of People and Business*. SHRM Publishing.
- Becker, B. E., & Huselid, M. A. (2016). "High performance work systems and organizational values: Resource-based view considerations." *Academy of Management Perspectives*.

b) WEBSITES & ONLINE SOURCES: -

- Ministry of Health and Family Welfare, Government of India. (2024). *National Health Mission Reports*. Retrieved from https://www.mohfw.gov.in
- National Health Authority, AYUSHMAN Bharat Digital Mission. (2024). Retrieved from https://abdm.gov.in
- World Health Organization (WHO). (2024). *Human Resources for Health Reports*. Retrieved from https://www.who.int
- SPARSH Hospital & Critical Care, Bhubaneswar. (2024). *Official Website*. Retrieved from https://sparshhospital.com
- Society for Human Resource Management (SHRM). (2024). Retrieved from https://www.shrm.org
- LinkedIn Talent Solutions. (2024). *Healthcare Recruitment Trends*. Retrieved from https://www.linkedin.com/talent

ANNEXURE: -I

QUESTIONNAIRE

PERSONAL PROFILE

Department:

Sex:	**Male / Female**				
Age Group:	**18 – 25 Yrs.**	**26 – 35 Yrs.**	**36 – 45 Yrs.**	**46 - 55 Yrs.**	**56 - 60 Yrs.**
Experience:	**0 – 10 Yrs.**	**11 – 20 Yrs.**	**21 – 30 Yrs.**	**31 – 40 Yrs.**	**41 -42 Yrs.**

[Declaration: Information collected through the questionnaires are to be used for academic purpose only]

SL	STATEMENT	AGREE	DISAGREE
	Ample working place is available for smooth functioning		
	Safety culture is properly nurtured		
	Special skill of the employee is properly recognized and utili		
	Periodical assessment is done to recognize the performance		
	Job enlargement is a regular practice.		
	Healthy competition is encouraged among employee		
	Role clarity is given for best performance		
	Employee development is properly planned.		
	The proactive retention strategy is in place.		
	Customer friendly service facilities are communicated to employees		
	Improvement of competence is emphasized.		
	Long term career development strategies are in maximum t		
	Employee wellbeing is top priority for the management.		
	Mutual co-operation culture is nurtured.		
	Peer relationship is emphasized.		
	Risk taking is encouraged to achieve organizational objective		
	Organizational objectives are taken seriously at all levels		
	Personal feelings are given importance.		
	Management does not believe in hire and fire principles		

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MBA-2nd Year,

BIITM, Bhubaneswar

SIP at SPARSH Hospital.