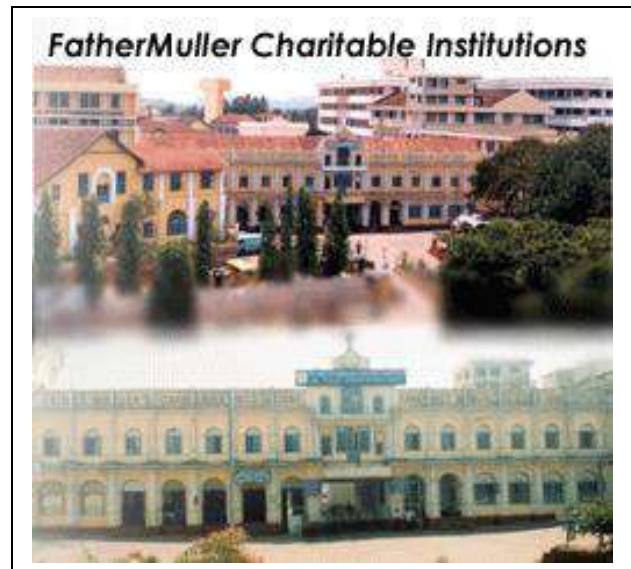


STRATEGIC PLAN



FATHER MULLER CHARITABLE INSTITUTIONS

(FMCI)

Submitted by

**Official Committee
Strategic Plan of FMCI,
Mangalore**

October 2008

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CONVENOR'S FOREWORD

As I write this foreword for the Strategic Plan Document, my eyes are focused on the Indian Space Research Organization, ISRO, at Sri harikota. It's the day when India Launched the first Independent mission to the moon. The Polar satellite Launch Vehicle PSLV is already in action. The Chadrayaan 1 will add a new chapter to space History. It's the realization of a dream of an ambitious nation and years of hard work and commitment of thousands of Scientists, Engineers and Technicians. Any nation or organization that has a true vision, clear mission, Specific, realistic and time-bound Goals and Objectives would make tremendous progress in science and technology. It's the vision and mission of the visionaries that takes a nation or an organization to excellence. And that mission continues for all ages.

Father Augustus Muller was also a visionary, a dreamer in the realm of Healthcare. He dreamt of a Healthcare set up that would serve humanity with commitment and compassion. His mission was to provide excellent facility for comprehensive healthcare and medical education. His mission continues. For the past 128 years Father Muller Charitable Institutions have remained faithful to the Vision and Mission of the founder.

In the context of Changes in the Health Care ministry, in Medical Education and Research, in Technology and Approaches of treatment etc, a need was felt by the management to revisit the Vision and Mission statements, the goals and Objectives of the Institutions. It is with this purpose in mind the director assigned us with the job of revisiting and reinventing the Vision and Mission Statements. It all began in the month of July, 2008. Dr Aloysius Sequeira, Professor and Head, Department of Humanities, Social Science and management, National Institute of Technology, Surathkal, and Karnataka was requested to be the facilitator for the entire exercise. Our journey began with an input session by Dr Sequeira to a focus group of medical professionals working in FMCI including the student body and a pilot study of the strategic intent was conducted. The facilitator along with the core group consolidated the inputs provided by the focus group and arrived at a draft vision and mission statements. Since then a series of meetings have been held at various levels and today we are ready with the final draft. We present this draft to the director to be placed at the Governing Board for its approval.

I would like to convey my sincere thanks to Dr Aloysius Sequeira for his devotion and dedication towards this assignment. He has been very generous in sharing his knowledge, time, experience etc. He has been a good guide and facilitator who brought the best out of every person. I thank all the members of the official committee constituted by the director. My sincere thanks go to the Dean, Principals, HODs and all the members of the focus group, all the clerical staff for their active participation in all the exercises. Last but not the least I thank the director Rev.Fr Patrick Rodrigues for placing his trust in us and for giving us this opportunity.

I conclude my words with the hope that all that we have put in writing will help Father Muller Charitable Institutions to focus on the vision and to serve humanity with commitment and compassion and to excel in medical education and Research.

***Rev. Fr. Denis D'Sa
Convenor-Official Committee***

ACKNOWLEDGEMENTS

I wish to thank numerous individuals, both within FMCI and outside, who participated in the Strategic Plan project and have enriched its outcomes. The Official Committee was appointed by the Director on 9th July 2008 to prepare a Strategic Plan which includes vision and mission statement for FMCI. The committee consisted of 14 members from within FMCI and outside. The Convenor of the committee then constituted a Focus Group to carry out a pilot study of the assigned project. Dr Aloysius Sequeira, Professor and Head, Department of Humanities, Social Science and Management, National Institute of Technology, Suratkal, Karnataka was requested to be the resource person and facilitator for the entire exercise. I place on record the generous services offered by Dr Sequeira. He has been a wonderful resource person, guide, facilitator. I thank him sincerely for all his help and support. The committee is grateful to all those who were generous with their time and provided valuable inputs during the formulation of Strategic Plan for FMCI. The Committee is grateful to the Director for the support and encouragement. The Faculty, Staff and Students of FMCI, who participated in the pilot study through focus group responded with tremendous enthusiasm in providing valuable inputs and sharing their experiences. Thanks to all the Administrators, Deans and Principals of different institutions of FMCI who provided important inputs to enhance the quality of the Strategic Plan. The Committee also thanks all the Heads of the Departments and Course Coordinators for providing insight into departmental goals and objectives. Thanks to all who spared their valuable time in typing and editing this Strategic Plan project report.

**Rev. Fr. Denis D'Sa
Administrator, FMCI
Convenor-Official Committee**

EXECUTIVE SUMMARY

Strategic Management is a comprehensive and on-going management process focused on achieving the long term goals and objectives of the organisation. Strategic Management consists of analyses, decisions and actions an organisation undertakes in order to create and sustain competitive advantage. Today, strategic management has moved beyond for-profit business organizations to include governmental agencies, hospitals and other non-for-profit organizations. Strategic Management consists of four step process that encompasses strategic intent, strategy formulation, strategic implementation and strategic evaluation. Strategic planning analyses the current and expected future situation, determines the direction of the organisation, and develops means of achieving vision and mission.

Methodology:

An Official Committee consisting of 14 members with Rev.Fr.Denis D'sa FMFC Administrator as Convenor and Prof. A.H. Sequeira as Moderator was appointed by the Director. The committee was given the terms of reference for preparing the Strategic Plan report and to be submitted before end of September 2008. The Convenor of the Committee constituted a Focus Group of internal stakeholders to carry out a Pilot Study of a project. The Moderator prepared a concept paper on Strategic Intent and communicated to all the Focus Group members. A meeting of the Focus Group was then convened and the Moderator presented highlights of Strategic Plan and the methodology to be adopted. The group was appraised of SWOT analysis, Stakeholders analysis, Environment analysis and Resource analysis for FMCI. With these inputs, the Focus Group deliberated on preparing the draft Strategic Intent of FMCI. Group discussions were conducted to articulate the vision and mission statements for FMCI. The inputs from all the groups were compiled and a draft of vision and mission was arrived. This draft was refined by a core Group consisting of Heads of the Institutions along with the Moderator and Convenor.

The vision and mission was then translated into institutional goals and objectives for FMCI through the intervention of the Moderator and other Experts, keeping in view the background of FMCI, its structure and resources.

The draft document of Strategic Intent was communicated to all the members of the Official Committee. Later the Convenor convened a meeting of the Official Committee and the draft document was presented and suggestions were invited.

The Committee Members deliberated on the draft document and provided useful suggestions. The modified draft of vision and mission, along with the institutional goals and objectives, and with a concept paper prepared by the Moderator were communicated to all the Heads of the Departments. They were requested to identify and formulate the departmental goals and objectives. The HODs after discussing with the departmental faculty formulated the goals and objectives for their respective departments and communicated the same to the Convenor. These were consolidated into the Strategic Plan after minor editing.

An important step in preparing Strategic Plan is designing the strategies to convert the vision, mission, goals and objectives into results. Strategies that suit FMCI were identified. These strategies meant for a non-profit organization like FMCI, can be broadly categorized **4 Generic Strategies** depending on the market and resources which include:

1. Leadership in Quality
2. Focus on Customers
3. Innovation in processes and Delivery
4. Resources mobilization and Development

Based on the above four broad strategies, further **8 Specific Strategies** were identified for FMCI which include:

1. Quality Assurance in Healthcare & Education
2. Customer Relationship Management
3. Research, Consultancy and Extension
4. Infrastructure and Facilities Planning, Development and Implementation.
5. Management Information System
6. Human Resources Management
7. Financial Resources Management
8. Nurturing Organizational Culture

To translate the strategy into reality, some important actions required for each strategy were identified. The performance areas, performance measurement and the time durations required to achieve the goals would be decided by the various Working Groups. The Working Group shall consist of 6 to 8 members drawn from different departments. All the Convenors of the various Working Groups along with few members of the Management Committee would constitute the Coordination Committee, for which a Chair Person is to be nominated by the Director. The Coordination Committee will be over all incharge of planning and implementation of the Strategic Plan. The Strategic Plan would be presented to the Governing Board for approval before implementation.

This Strategic Plan report is a humble attempt to bring scientific approach planning, organizing and controlling the various functions of FMCI. It would also facilitate effective and efficient utilization of resources to achieve the goals. About 85 per cent of the inputs to the Strategic Plan are provided by the internal stakeholders thus making the Strategic planning process truly participative. The Strategic Plan will also address some issues of achieving accreditation and deemed university status for FMCI.

The implementation of the Strategic Plan is intended to make FMCI a world-class institution. The Plan would enhance the capability of the institution and facilitate enhancement of both quality and productivity of products and services.

**LIST OF MEMBERS OF OFFICIAL COMMITTEE TO PREPARE VISION
& MISSION STATEMENT:**

1. Rev. Fr Denis D'Sa, Administrator, FMCC - *Convener*
2. Dr Aloysius Sequeira, Professor & HOD,
Dept of Humanities, NITK - *Moderator*
3. Rev. Fr Frank Rodrigues, Chaplain, FMCI
4. Dr S.K. Tiwari, Principal, FMHMC
5. Sr Jacintha D'Souza, Principal, FMCON
6. Ms Jyothi Pinto, Personnel Officer, FMCI
7. Dr Nanda Kishore, Professor & HOD, Dermatology, FMCC
8. Prof. Eric Patrao, Dean, Project Cell, St Joseph Engineering College
9. Mr Eric Sequeira, Advocate, Mangalore
10. Sr Shalini, AC, Ex.Professor, St Agnes College
11. Dr (Miss) Jacintha D'Souza, Principal, School of Social Work
12. Rev. Fr Onil D'Souza, Director, CODP
13. Capt. John Prasad Menezes, Former President, Chamber of Commerce
14. Mr N.G. Mohan, Managing Director, Beta Agencies & Products Pvt Ltd

LIST OF THE MEMBERS OF FOCUS GROUP

1. Dr B.Sanjeev Rai, Dean, FMMC
2. Dr S.K. Tiwari, Principal, FMHMC
3. Sr Jacintha D'Souza, Principal, FMCON
4. Sr Flora D'Souza, Principal, FMSON
5. Mrs Chanu Bhattacharya, FMCON
6. Dr L.L. Joshua, Medical Superintendent
7. Dr Ashok Kumar, HOD, Biochemistry
8. Dr Malathi, Associate Professor, Biochemistry
9. Dr K.S. Bhat, Professor & HOD, Medicine
10. Dr Edward Nazareth, Professor & HOD, Orthopaedics
11. Dr Varadaraj Shenoy, Professor & HOD, Paediatrics
12. Dr Jacob Chacko, Professor, Orthopaedics
13. Dr Padmaja Uday Kumar, Professor & HOD, Pharmacology
14. Dr Princy L. Palatty, Professor, Pharmacology
15. Dr Hilda D'Souza, Associate Professor, Pathology
16. Dr Norman Mendonca, Associate Professor, Ophthalmology
17. Dr B.P. Shelley, Associate Professor, Neurology
18. Dr Col F.E.A. Rodrigues, Professor & HOD, Ophthalmology
19. Dr Nanda Kishore, Professor & HOD, Dermatology
20. Prof. M.N. Madhyastha, Advisor, Research & Development Cell
21. Mr Narasimman S., Course Coordinator, BPT
22. Rev. Fr Frank Rodrigues, Chaplain, FMCI
23. Dr Prasanna Kumar, HMC

CHAPTER I

INTRODUCTION

1.0 The Genesis of Fr. Muller’s Charitable Institutions (FMCI):

In the year 1880, a German visionary Jesuit Missionary Rev. Fr. Augustus Muller started the Fr.Muller’s Charitable Institutions (FMCI). He was responsible to conceptualise, nurture and develop the Fr.Muller’s Charitable Institutions that have become an icon of noble service to the sick, the poor and the needy besides providing quality medical education to all deserving students irrespective of caste, creed, gender or income groups. FMCI has emerged as an institution par *excellence* in the field of health–care services and health education, driven by the mantra of “*heal and comfort*”.

The magnificent and humane endeavour launched by Fr Muller, has sustained and progressed under the Catholic Diocese of Mangalore administered under the able Leadership of His Lordship Bishop of Mangalore. The key objective of Fr Muller’s Institutions has been to provide complete and comprehensive health care with state-of-the-art facilities to numerous patients who flock these institutions from different corners of the country and also to provide quality medical education.

1.1 Milestones of Progression:

Fr Muller was greatly touched by the plight of hundreds of leprosy patients who were abandoned by their own kith and kin and he built a new leprosy hospital. It was one of the earliest leprosy clinics in South Kanara, which provided succor and relief to those affected by this deadly disease.

Having tried homeopathy on leprosy patients, Fr Muller was convinced that Allopathic treatment was needed which subsequently led to the setting up of the general hospital in 1895. A male and a female ward of 12 beds each were completed in 1901 and was subsequently expanded in response to the growing needs. A plague hospital was set up when the deadly epidemic Bubonic Plague hit Mangalore in 1902. When disaster struck again in 1907 in the form of Cholera Fr Muller Hospital was converted into cholera camp to provide comfort to the afflicted.

The expansion came step by step keeping in view the needs and requirements of the society and local conditions. X-ray Unit, Maternity Ward, Dental Clinic, Eye Clinic, regular out- patient departments etc., were added to provide comprehensive health care to the people. Then there was the clinical lab, the blood bank, the Nursing School and colleges, Homeopathic College, Medical College, etc., and finally a full-fledged modern hospital with state-of-the-art facility to meet the challenges of modern day health care.

The journey in the last 128 years has been an arduous one considering the challenges this institution had to face time and again. Needless to say the institution has grown by leaps

and bounds keeping abreast with changing times and circumstances. It has emerged as a leading multi-specialty hospital of the city having a capacity of more than 1050 beds and more than 700 free beds to cater to the poor sick patients. It is well equipped to cater to people suffering from varied ailments like AIDS, mentally challenged, emotionally disturbed, drug addicts, alcoholics apart from those suffering from other chronic as well as common diseases. The hospital has expanded with establishment of X-Ray Unit, Dental Clinic, Clinical Laboratory, Blood Bank and T B Hospital. Fr Muller's Institutions have accorded top priority to update technology by installing sophisticated precision equipments, non-invasive diagnoses and surgeries and other state-of-art techniques in providing quality health care facilities. The hospital provides services in as many as 32 super specialty departments.

Fr Muller Medical College has earned global reputation as an outstanding institution of medical education and research. It offers UG, PG and several diploma programs attracting the best talented students all over India and abroad. The Homeopathy Medical College has earned national and world wide reputation in the field of Homeopathy and conducts UG and PG programs and research. The Homeopathic manufactory supplies medicines to different corners of the country and abroad. The School of Nursing has been a pioneer institution in the field of training young women in general nursing and other diploma programs. The College of Nursing has popularized its programs in Graduate and Post – graduate nursing.

1.2 Hospitals and Educational Programs:

Fr Muller Hospital deals with two principles of treatment i.e. Allopathy and Homoeopathy. Fr Muller's Charitable Institutions encompass:

1. Fr Muller Medical College Hospital
2. Fr Muller Homoeopathic Medical College and Hospital
3. Fr Muller School of Nursing
4. Fr Muller College of Nursing

The various departments under the FMCI are as follows:

DEPARTMENTS OF FATHER MULLER MEDICAL COLLEGE:

PRE-CLINICAL DEPARTMENTS

Anatomy
Physiology
Biochemistry

PARA-CLINICAL DEPARTMENTS

Pathology
Microbiology
Pharmacology
Community Medicine
Forensic Medicine

CLINICAL DEPARTMENTS

General Medicine
General Surgery
Obstetrics & Gynaecology
Paediatrics
Orthopaedics
Ophthalmology
E.N.T.
Anaesthesiology
Dermatology
Psychiatry
Radio-Diagnosis
Physiotherapy
Hospital Administration

FR MULLER HOMOEOPATHIC MEDICAL COLLEGE AND HOSPITAL

Department of Anatomy
Department of Physiology & Biochemistry
Department of Homoeopathic Pharmacy
Department of Pathology & Microbiology
Department of Forensic Medicine & Toxicology
Department of Community Medicine
Department of Organon and Homoeopathic Philosophy
Department of Homoeopathic Materia Medica
Department of Repertory
Department of Obstetrics and Gynaecology
Department of Surgery and Homoeopathic Therapeutics
Department of Practice of Medicine

FATHER MULLER COLLEGE OF NURSING

Departments of College of Nursing:
Medical Surgical Nursing
Community Health Nursing
Psychiatric Nursing
Paediatric Nursing
OBG Nursing
Fundamentals of Nursing
Administration
Education
Research
Advance Concepts

What sets Fr Muller's institution apart from the rest is that medical facilities are provided for the underprivileged at an affordable cost. No patient at Fr Muller's Hospital has ever been refused to be treated for want of money. In addition to excellence in professional skills Fr Mullers also strives to excel in upholding respect for life and dignity of person with genuine humaneness.

2.0 Emerging Challenges

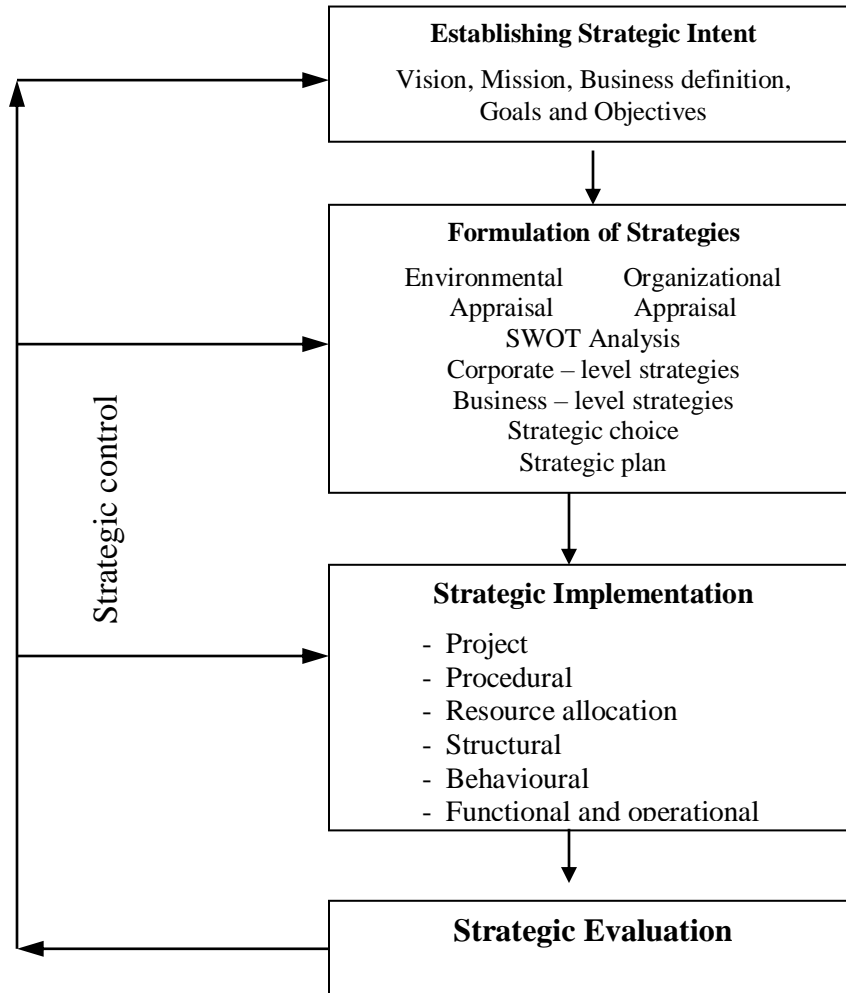
Thanks to globalization and growing competition from all corners, the rules of running an organisation have changed quite dramatically – especially from after the 90s. The main stakeholders of the organisation are expected to visualize the internal and external environmental changes in wake of the impact of Liberalization, Privatization and Globalization (LPG). The aspirations of the stakeholders also have undergone significant change. The era of globalization has cascading implications for knowledge, education and learning in interdisciplinary areas and research studies. This clearly demands strategic thinking and planning – in other words, the ability to look ahead, view the big picture, including the organisation and the competitive environment to consider how they fit together and decide an overall winning direction for the organisation thereafter.

3.0 Strategic Management Process

Strategic Management is a comprehensive and on-going management process focused on achieving the long term goals and objectives of the organisation. Today, strategic management has moved beyond for-profit business organizations to include governmental agencies, hospitals and other non-for-profit organizations.

Strategic Management consists of four step process that encompasses strategic intent, strategy formulation, strategic implementation and strategic evaluation (Fig. 1). The strategic planning process consists of establishing strategic intent and formulation of strategies.

Fig 1: Comprehensive Model of Strategic Management Process



Strategic Plan:

It involves developing a strategic vision and mission, setting objectives, and crafting a strategy. This plan is useful for coping with the environmental changes, optimum utilization of resources and achieve success through a planned strategy. A winning strategy must fit the organizations external and internal situation, build sustainable competitive advantage and improve the organization performance. This has been a motivation to develop a Strategic Plan for FMCI.

Methodology adopted for preparing Strategic Plan of FMCI:

An Official Committee consisting of 14 members with Rev.Fr.Denis D'sa FMCI Administrator as Convenor and Prof. A.H. Sequeira as Moderator was appointed by the Director. The committee was given the terms of reference for preparing the Strategic Plan report and to be submitted before end of September 2008. The Convenor of the Committee constituted a Focus Group of internal stakeholders to carry out a Pilot Study of a project. The Moderator prepared a concept paper on Strategic Intent and communicated to all the Focus Group members. A meeting of the Focus Group was then convened and the Moderator presented highlights of Strategic Plan and the methodology to be adopted. The group was appraised of SWOT analysis, Stakeholders analysis, Environment analysis and Resource analysis for FMCI. With these inputs, the Focus Group deliberated on preparing the draft Strategic Intent of FMCI. Group discussions were conducted to articulate the vision and mission statements for FMCI. The inputs from all the groups were compiled and a draft of vision and mission was arrived. This draft was refined by a core Group consisting of Heads of the Institutions along with the Moderator and Convenor.

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CHAPTER II

REINVENTING STRATEGIC INTENT FOR FMCI

2.0 Strategic Intent:

Strategic intent is the purposes the organization strives for. These may be expressed in terms of hierarchy of Strategic intent. Broadly stated, these could be in the form of vision and mission statement for the organisation as a corporate whole. When stated in precise terms, as an expression of aims to be achieved operationally, these may be the goals and objectives.

2.1 Vision:

Vision is the highest in hierarchy of strategic intent. It is aspiration of organization or person to become. A vision is more dreamt of than it is articulated. This is the reason why it is difficult to say what vision an organisation has. By its nature it could be hazy and vague as dream that one experienced that previous night and is not able to recall perfectly in broad day light. Yet it is a powerful motivator to action. And it is from the actions that a vision could often be derived. A well –conceived vision consists of two major components : Core ideology and Envisioned future

2.2 Mission:

Mission is the statement that defines the role that an organisation plays in the society. It refers to the particular needs of that society, for instance, its health care needs, medical education needs etc. A hospital and medical college are both engaged in satisfying the health care needs and medical education needs respectively.

Mission statements reflect the collective purpose of an organization. While the vision statement is broad based, the mission statement is more specific and focused on the means by which the organisation will compete.

Vision and Mission statements are regarded as an essential elements of any progressive organisation.

2.3 Articulation of Vision and Mission for FMCI:

The vision and mission statements for FMCI were articulated through continuous discussions with the stakeholders as follows:

FMCI VISION STATEMENT

Our Vision is to heal and comfort the suffering humanity with compassion and respect; and to be recognized as a global leader in medical education and research.

FMCI MISSION STATEMENT

Our Mission is:

- To be progressive in providing holistic health care services to all.
- To establish and operate hospitals with state-of-the-art facility.
- To create and foster centres of excellence in medical education and research.
- As a charitable institution, to be a pioneer in reaching out to the marginalized.
- To be recognized as a Global leader in providing quality patient care, best medical education and research responsive to society's needs.

2.3.1 BASIC COMPONENTS OF FMCI VISION STATEMENT

1. Organization’s fundamental reason/core purpose of existence:

- *Heal and comfort suffering humanity*
- *Medical education and research.*
- *Provide healthcare services on charitable basis*

2. Organization’s core values:

- *Charity as a ‘Moto’*
- *Service with compassion and respect*
- *Excellence in quality of Products & services delivery*
- *Dedicated services to marginalized people*

3. Organizations goals and envisaged future:

- *Set high standards of excellence in providing quality healthcare services*
- *Be recognized as a global leader in medical education and research*

2.3.2 ESSENTIAL COMPONENTS OF FMCI MISSION STATEMENT

1. **Customers:** Responsibility *to all* who seek health care prevention and cure.
2. **Services or Products:** Providing *holistic health care services, medical education, research.*
3. **Markets:** *All levels* (local, regional, national and global) of customers irrespective of any restrictions, in health care services and medical education.
4. **Technology:** Application of *state-of-the-art facilities* for diagnostic, treatment, teaching and research purposes.
5. **Philosophy:** To be identified as a *charitable* institution and pioneer in reaching out to the *marginalized.*
6. **Self concept and Public image:** Recognized as a *Global leader* in providing quality patient care, medical education and research.

CHAPTER III

SETTING GOALS FOR FMCI: ORGANIZATIONAL AND DEPARTMENTAL LEVEL

3.0 Goals :

Goal setting is one of the basic tools used by organizations to assist in setting a direction and achieving it. Successful organizations often set long- and short-term goals for service development, improving quality, reducing errors, becoming more customer-focused, and building better internal and public relations."

The Goals of nonprofit organisation are more complex, their source of support is more complex, and the interaction between their support and performance is more complex. Still the goals of most nonprofit organizations are clear enough. Whatever be the type of nonprofit organisation, the intuitive goal is *“Get as much as possible in the way of resources; do as much as possible with these resources”*. In nonprofit organizations, normally goals are not quantified easily and hence, may not be used directly as a basis for a measurement system. Though goals are difficult to articulate, a statement of clear goals provides the organization clear direction, allocation of scarce resources, scan the environment and effective management control.

3.1 Objectives:

Objectives are ways and means of achieving the goals. They are concrete and specific in contrast to goals which are generalized. Objectives are written using the thumb rule- SMART (S-Specific, M-Measurable, A-Attainable, R-Relevant and T-Time bound). Many authors and managers use goals and objectives inter-changeably. However, there is overwhelming evidence available now, as inferred from recent strategic management literature, that goals connote the broader sense of the term objectives.

3.2 GOALS AND OBJECTIVES OF FMCI : ORGANISATION LEVEL

Goal I: Effective Organization & Governance

- Objective 1. To provide corporate strategy & overall direction.
- Objective 2. To build a sound system of human values and organizational culture.
- Objective 3. To encourage participation of key stakeholders in decision making.
- Objective 4. To proactively set and monitor goals, strategies and policies.
- Objective 5. To enable decentralization of authority and delegation of power.
- Objective 6. To approve comprehensive service rules and policies for administration.
- Objective 7. To implement Management Information Systems (MIS) for timely and effective decision making and control.
- Objective 8. To establish comprehensive grievance redressal mechanism for all faculty, staff, students and patients.

Goal II: Mobilization, Optimum Allocation and Utilization of Financial Resources

- Objective 1. To mobilize sources of funding for short and long term programmes, and creating infrastructure.
- Objective 2. To evolve program budget through consultative process.
- Objective 3. To implement effective auditing procedures.
- Objective 4. To monitor business analysis using cost-effectiveness, cost-benefit analysis, system analysis and operations analysis.
- Objective 5. To institute a comprehensive financial control mechanism.

Goal III: Provide Requisite Physical Resources and Utilization

- Objective 1. To provide adequate infrastructure for hospital facilities.
- Objective 2. To create ample infrastructure of classroom and labs for academic and research programmes.

- Objective 3. To acquire state-of-art-the equipment and gadgets required for patient care, imparting training to students & carry out research.
- Objective 4. To furnish infrastructure for common facilities such as library, central computer center, canteen, transportation, residential accommodation, recreation, co-curricular & extra-curricular activities.

Goal IV: Strengthening and Nurturing Human Resources: Faculty and Staff

- Objective 1. To select and retain the best talent manpower of medical professionals and other staff of the hospital and medical college.
- Objective 2. To plan career growth through attractive compensation and promotional opportunities to faculty & staff.
- Objective 3. To provide opportunity for upgrading the qualification of faculty through attractive packages.
- Objective 4. To render in-service training, faculty exchange between reputed medical institution from abroad and professional development.
- Objective 5. Monitor and reward the faculty and staff through a good performance appraisal system.

Goal V: Attract and train potential talented students

- Objective 1. To attract potential and talented students on competitive basis from all sections of society to different UG, PG, Research and other programmes.
- Objective 2. To provide necessary assistance and facilities for acquisition, assimilation and dissemination of knowledge.
- Objective 3. To encourage students to participate in co-curricular & extra-curricular activities.
- Objective 4. To yield scholarship to deserving students belonging to lower income group and weaker sections of the society.
- Objective 5. To inculcate ethical values and service attitude to the society.
- Objective 6. To form Alumni Association with strong network of chapters within India and abroad.

Goal VI: Affirm the Teaching Learning Process

- Objective 1. To provide good learning environment with sufficient lighting, ventilation and audio-visual equipment.
- Objective 2. To provide teaching by competent teachers and experts in their domain of specialization.
- Objective 3. To establish facility for creating high quality learning resources in different formats & media.
- Objective 4. To undertake curriculum planning, development, review and revision periodically.
- Objective 5. To encourage students in creative thinking, experimental learning, case study analysis and simulation exercises.
- Objective 6. To establish Information Communication Technology (ICT) services for creation and disseminating knowledge.
- Objective 7. To establish Chairs of Excellence with funding from external agencies.

Goal VII: Enhance Research and Consultancy Activities

- Objective 1. To enroll students for Post Graduate and PhD programmes
- Objective 2. To obtain funded research projects from Government and other agencies.
- Objective 3. To undertake collaborative research activities with industry.
- Objective 4. To network with other reputed institutions and R&D organizations.
- Objective 5. To encourage faculty to publish research papers in peer reviewed research journals.
- Objective 6. To create productive environment for young researchers.
- Objective 7. To provide Fellowships and Assistantships through college or project fund.
- Objective 8. To undertake consultancy and explore potential for research.
- Objective 9. To involve students in consultancy activities.

Objective 10. To establish linkage between consultancy, research and teaching.

Objective 11. To establish an integrated consultancy cell to cater to the consultancy needs of all the departments.

Goal VIII. Undertake Extension Activities

Objective 1. To bridge the gap of transfer of knowledge from the organisation to develop various social, scientific and cultural aspects of the society.

Objective 2. To act as focal point of social change and development of the region.

Objective 3. To create awareness in society to eradicate superstitions, unhygienic methods of living, addiction and environmental destruction.

Objective 4. To provide preventive and curative healthcare facilities in rural areas.

C. FATHER MULLER COLLEGE OF NURSING:**29. SCHOOL OF NURSING**

GOALS 1: Provide student centered nursing education to contribute to the needs of nursing manpower development of the country.

Objective 1: To make students acquire knowledge of theory and principles of nursing and allied subjects which are involved in the delivery of comprehensive nursing practice.

Objective 2: To provide quality care to patients/clients at various settings such as hospital, community and other health care agencies based on problem solving approach and evidence based care.

GOALS 2: Promote overall development in the nursing student with special emphasis on cultural, intellectual, psycho-social and spiritual aspects.

Objective: To promote overall development in the nursing student with special emphasis on cultural, intellectual, psycho-social and spiritual aspects

GOALS 3: Uphold and instill respect for life from conception to death in the staff and students.

Objective: To practice ethical values in their personal and professional life, rendering nursing service in a committed manner with the spirit of Jesus Christ and that of the Founder Father Muller especially to the deprived of the society.

30. COLLEGE OF NURSING

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Objective: To practice ethical values in their personal and professional life, rendering nursing service in a committed manner with the spirit of Jesus Christ and that of the Founder Father Muller especially to the deprived of the society.

GOALS 4: Move into leadership positions in nursing, empowered to contribute towards meeting the issues and challenges confronting nursing profession.

Objective: To assume leadership positions in nursing service, education and administration with a high level of professional knowledge and competency.

Chapter IV

THE ENVIRONMENTAL APPRAISAL

4.0 Environment Appraisal

The environmental and organizational appraisal are preconditions to identify and design relevant strategies for any organisation. An attempt has been made to conduct the environment appraisal for both external and internal environments. The environment in which FMCI exists could be broadly divided into two parts: external and internal environment.

4.1 . External Environment Appraisal:

This is external to the organisation and the factors are uncontrollable. The main external environment sectors have changed and thus have an impact on FMCI and these include.

Market Environment:

- a) Customers factors, such as, needs, preferences, perceptions, attitudes, values, behaviours and customer satisfaction.
- b) Product factors, such as, demand, image, features, design, utility, function, price, promotion, differentiation & availability of substitutes.
- c) Marketing intermediary factors, such as, levels and quality of customer service, distribution channels, logistics, costs, delivery systems, middle agents and financial intermediaries.
- d) Competitor related factors, such as, different types of competitors and nature of competition.

Technological Environment: These include factors are related to the knowledge applied for producing services and goods which have an impact on FMCI. Some of the important factors are:

- a) New technological developments in medical fields.
- b) Sources of technology, acquisition and transfer.
- c) Communication and infrastructural technology.
- d) Technology for Research and development.

Regulatory Environment: These consist of factors related to planning, promotion and regulation of activities by the Government that have impact on FMCI. Some of them include:

- a) Medical Council of India (MCI)
- b) Central Council of Homopathy (CCH)
- c) Indian Nursing Council (INC)
- d) Rajiv Gandhi University of Health Sciences, Karnataka (RGUHS)

- e) State & Central Governments
- f) Physical Environmental Regulations
- g) Local Administration.

Supplier Environment: This consists of factors related to cost, reliability and availability of goods and services required for production or services that have impact on FMCI. These include:

- a) Raw materials and medicines
- b) Utilities – power, water, gas
- c) Equipment, spares and after sales services
- d) Finance for plan and non-plan expenses of FMCI

Economic Environment: These are macro-level factors related to means of production and distribution of wealth which have impact on FMCI. Working under liberalized era, funding may be easier but the interest rate fluctuations is a deterrent. The local and global population from time to time experience upsurge and downsurge of economic fortunes, there by impacting earning capacity of people.

Political Environment: The political systems, processes and legislation of government may have impact on functioning of FMCI. The minority status protection given to FMCI has been respected so far by the governments.

Socio-cultural Environment: Factors related to human relationship within society may have some impact on FMCI. These include demographic characteristics, environmental concerns, social customs & beliefs, family structure, educational levels and life styles.

International Environment: Global environment may have impact on funding, student enrollment, collaboration and acquisition of technology both equipment and knowledge.

4.2 Internal Environment Appraisal:

The internal environment consists of BOG members, students, employees, resources, strategic intent and culture. The strengths and weaknesses constitute parts of internal environment of FMCI. The strength is an inherent capability of FMCI which could be used to gain strategic advantage. A weakness, on the other hand, is an inherent limitation or constraint which create a strategic disadvantage to FMCI. Strengths and weaknesses of any organisation are controllable factors.

Organizational appraisal for FMCI is conducted through SWOT Analysis as follows:

SWOT ANALYSIS**Some important Strengths of FMCI include:**

- (a) 128 years of committed service in healthcare and education industry.
- (b) Motivated, efficient and competent manpower at all levels.
- (c) Brand name and brand image of FMCI established at local, national and international levels.
- (d) State-of-the-art technology provided for teaching, training, research and treatment.
- (e) Strong Leadership and support from the Diocese of Mangalore.

A few Weaknesses of FMCI are:

- (a) Inadequate research initiatives
- (b) Absence of Strategic Plan
- (c) Accreditation not completed
- (d) Deemed University status not obtained.

Some important Opportunities for FMCI are:

- (a) Scope for new courses, services and products for which demand exists
- (b) Scope for new campuses and hospitals
- (c) New markets and market segments
- (d) Linkages with external institutions and sign MOUs.
- (e) Accreditation for all programs.
- (f) Upgradation to 'Deemed University' status

Some Threats for FMCI include:

1. Fluctuation in the economic and market conditions
2. Competition in the external environment
3. Fast obsolescence of technology and emerging of new technologies
4. Higher compensation for professional manpower
5. Availability of utilities to support infrastructure such as power, water and other forms energy.

CHAPTER V

STRATEGIES FOR FMCI

5.0 Strategies:

Indeed, good strategy and good strategy execution are the most trust worthy signs of good management. Aggressive pursuit of a creative, opportunistic strategy can propel an organization into a leadership position, paving the way for its products and services to become the industry standard. In short, the better conceived an organization's strategy and the more proficient its execution, the greater the chances the organisation will be a leading performer in its markets and truly deserve a reputation for talented management.

Considering the Strategic Intent and environmental appraisal in which FMCI operates, the following strategies are found to be appropriate and necessary to leverage the existing functional structure into an organic and responsive structure, so that the changes envisaged are effectively implemented. These strategic approaches are recommended keeping in mind the non-profit motive of FMCI and in response to the economic, market and resource conditions.

The broad *4 Generic Strategies* identified for FMCI are:

1. Leadership in Quality
2. Focus on Customers
3. Innovation in processes and Delivery
4. Resources mobilization and Development

5.1 Based on the above broad strategies, 8 *Specific Strategies* are identified for FMCI which include:

1. Quality Assurance in Healthcare & Education
2. Customer Relationship Management
3. Research, Consultancy and Extension
4. Infrastructure and Facilities Planning, Development and Implementation.
5. Management Information System
6. Human Resources Management
7. Financial Resources Management
8. Nurturing Organizational Culture

Each specific strategy along with the some important actions required for implementation at FMCI are:

Strategy 1: *Quality Assurance (QA) in Healthcare & Education*

QA in Healthcare and Hospital:

Action 1.1: Ensure quality of healthcare services and products

Action 1.2: Focus on ethical issues concerning healthcare services.

Action 1.3: Conduct internal audit of various processes adopted in the hospitals.

QA in Medical Education :

Action 1.4: Evolve Curriculum Planning, Development & Evaluation sensitive to changing advancements in medical sciences.

Action 1.5: Conduct internal audit of various processes adopted in hospital teaching, clinical teaching and outpatient teaching.

Action 1.6: Conduct performance evaluation of students through periodical assessment.

Action 1.7: Modernize the library with latest books, journals, e-books, e-journals, data bases, access to e-libraries and expand digital library

Action 1.8: Improve book bank and inter library borrowing facilities for students and faculty.

Action 1.9: Introduce new programs at certificate, Degree, PG levels

Action 1.10: Provide audio visual and digital teaching aids.

Action 1.11: Establish linkages for teaching and research institution at national and international levels

Action 1.12: Establish institution – industry- neighborhood networking

Action 1.13: Promote interdisciplinary and multi disciplinary approach in curriculum design.

Action 1.14: Provide training in teaching pedagogy to faculty for effective teaching

Strategy 2: *Customer Relationship Management*

- Action 2.1:** Setup active grievance redressal mechanism for customers.
- Action 2.2:** Build proactive customer relationship initiative
- Action 2.3:** Attract new customer groups and enhance corporate alliances
- Action 2.4:** Identify new market segments both in urban and rural areas.

Strategy 3: *Research, Consultancy and Extension*

- Action 3.1:** Establish research initiatives among PG students and provide financial support.
- Action 3.2:** Provide study leave to promote research among faculty
- Action 3.3:** Provide seed money to teachers to initiate research
- Action 3.4:** Sign MOU with other reputed Institutions of research sciences within India and Abroad.
- Action 3.5:** Enhance research publication by faculty in reviewed journals
- Action 3.6:** Enhance the faculty registration for M Phil and PhD programs.
- Action 3.7:** Promote consultancy services in different specialties
- Action 3.8:** Expand extension activities such as community development, social work, medical camp, social work, blood donation camp, aids awareness, adult educational literacy, health and hygiene awareness and community development
- Action 3.9:** Constitute Research Committee for project proposals appraisal
- Action 3.10:** Expand the existing outreach programs

Strategy 4: *Infrastructure and Facilities Planning, Development and Implementation.*

- Action 4.1:** Prepare a master plan for infrastructure development
- Action 4.2:** Formulate perspective plans for short-term & long-term development plans for providing lecture theatres, operation theatres, outpatient departments and hospitals for different users.
- Action 4.3:** Provide facilities for specialty clinics.
- Action 4.4:** Enhance and improve the facilities in hostels, guest house and canteen
- Action 4.5:** Improve overall ambience of FMCI campus
- Action 4.6:** Expand sports and physical education facilities

Strategy 5: *Management Information System*

Action 5.1: Implement MIS for effective decision making at all levels.

Action 5.2: Implement Office Automation Systems (OAS) and Executive Information Systems (EIS) to improve efficiency in administration.

Action 5.3: Setup centralized computer services for students, faculty and staff and procure latest computing equipment and software.

Action 5.4: Implement intranet communication for disseminating information and decisions through e-circulars among all the students and employees.

Action 5.5: Arrange video conferencing facility with outside stakeholders and universities.

Action 5.6: Provide computer aided learning packages.

Strategy 6: *Human Resources Management*

Action 6.1: Recruit competent and motivated faculty and staff

Action 6.2: Offer attractive compensation packages to the faculty and staff

Action 6.3: Conduct in-house training, retraining and skill development programs for all faculty and staff.

Action 6.4: Organize seminars, workshops, refresher course, symposia and conferences.

Action 6.5: Depute faculty and staff to attend seminars, workshops and conferences outside the institution.

Action 6.6: Undertake faculty and staff development through distance education and continuing education programs

Action 6.7: Implement effective performance appraisal system for faculty through self appraisal and peer appraisal.

Action 6.8: Setup grievance redressal cell for students and employees.

Action 6.9: Strengthen Alumni Association and start new chapter at different location.

Strategy 7: *Financial Resources Management*

Action 7.1: Mobilize fund development through various sources such as donations, funded projects, government schemes, corporates etc.

Action 7.2: Revisit the present pricing policy adopted for various products and services in healthcare and education.

Action 7.3: Develop funding mechanism for sustaining charitable, welfare and developmental activities.

Action 7.4: Create Institutional Development Fund and corpus fund for future developments.

Action 7.5: Mobilize funds from alumni

Action 7.6: Increase revenue generation through consultancy

Action 7.7: Generate fund from self financing courses.

Strategy 8: *Nurturing organizational culture.*

Action 8.1: Create attitudinal changes among students, faculty and staff to accept changes

Action 8.2: Develop receptivity to learning and changes

Action 8.3: Develop a culture of democratic functioning, delegation and decision making.

Action 8.4: Develop a mechanism for mentoring students and counseling

5.2 PERFORMANCE AREAS:

Performance areas relate to specific areas within and outside the organisation where performance is to be measured. An attempt has been made to identify some of the performance areas for the different strategies identified for FMCI.

(Note: The list of performance areas is not exhaustive and could be enlarged)

Performance Areas (Format)

<p>Human Resources</p> <ul style="list-style-type: none"> - Recruiting - Training - Employee turnover - Compensation - Achievements - Rewards - Welfare 	<p>Quality Assurance</p> <ul style="list-style-type: none"> - Standards compliance - Regulators compliance - Complaints - Customer satisfaction - Teaching content - Teaching Methods - Curriculum review - Evaluation of learning
<p><u>Marketing</u></p> <ul style="list-style-type: none"> - Sales - Pricing - Marketing share - New product sales - Distribution - Brand Image - Customer loyalty - Innovation in marketing - Product development 	<p><u>Research & Development</u></p> <ul style="list-style-type: none"> - Copy Rights - Patents - Publication in journals - Presentation in seminar, workshop, conferences - Panel of Reviewer - Collaborative research - Funded projects - MOU Signed
<p><u>Finance</u></p> <ul style="list-style-type: none"> - Costing - Productivity of Labour, Raw materials & energy - Sources & application of funds - Financial Statements - Financial Ratios 	<p><u>Management Information System</u></p> <ul style="list-style-type: none"> - Internet connectivity - Web Management - Intranet facility - Information security - Office automation - EIS & OIS

5.3 PERFORMANCE MEASURE

After determining the performance areas for different strategies, the performance measures should be identified. Some important performance measures for the performance areas identified for FMCI are given below.

(Note: The list of performance measure is not exhaustive and could be expanded)

Performance Measurement (Format)

<u>Performance Area</u>	<u>Performance Measure</u>
Price	- Price per service
Publication in Research Journal	- No of publications per Dept. per year - No of publication per faculty per year
Funded Projects	- Total No. of projects - Projects per department - Total amount sanctioned
Training	- Total No. of training programs - Types of training program - Target Groups - Group sizes & total trainees - No. of training programs conducted by Dept. per year - No. of trainees trained by department per year
Customer complaints	- No. of total complaints - Nature of Complaints - No. of complaints enquired and Redressed
Curriculum review	- Frequency of the review - Percentage of new knowledge added
Programs conducted	- Total No. of programs - Total No. of participants - Total No. of seminars/workshops/conferences

5.4 ACTION PLAN

An Action Plan gives concise details of requirements to implement the actions. Three important types of information are included in the action plan. These are **What** – actions to be performed, **Who** – is responsible for performance and **When** – time frame to achieve the performance. The format for sample Action Plan is given below:

Action Plan (Sample format)

What <i>(Actions)</i>	Who <i>(is Responsible)</i>	When <i>(to achieve)</i>
Training	HOD	December 2008
Curriculum Review	HOD/Dean	December 2009
Research Publication	Faculty	June 2009
Office Automation	Computer Systems Manager	December 2009
Pricing	Administration	April 2009
Standards Compliance	Hospital Supdt	December 2009
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5.5 Resource Implications:

In order to implement the actions identified for various strategies, it is recommended that the resources needed such as manpower, money, office space, time, training, support from other department, technology etc., should be available. The format for resource implication is given below:

Resource Implications (Sample Format)

Actions	Resources Required		
	Physical	Human	Financial

CHAPTER VI

STRATEGIC PLAN IMPLEMENTATION

6.0 Strategic Plan Implementation Working Groups:

To translate the strategy into reality, important actions required for each strategy were identified. The performance areas, performance measurement and the time durations required to achieve the goals in specific domains would be decided by the various Working Groups. The Working Group shall consist of 6 to 8 members drawn from different departments. All the Convenors of the various Working Groups shall constitute the Coordination Committee, for which a Chair Person shall be nominated by the Director. The Coordination Committee will be over all incharge of planning and implementation of the Strategic Plan. The Working Groups may be constituted as follows:

1. Quality Assurance Group (QAG)
For Strategy 1
2. Customer Relationship Management Group (CRMG)
For Strategy 2
3. Research, Consultancy and Extension Group (RDG)
For Strategy 3
4. Infrastructure Planning and Development Group (IFPDG)
For Strategy 4 and Strategy 7
5. Management Information System Group (MISG)
For Strategy 5
6. Human Resources Management Group (HRMG)
For Strategy 6 and Strategy 8

Each Working Group shall have a leader who will be a senior faculty member among the teaching faculty. Each Working Group shall consist of 6 to 8 members drawn from various departments/sections and interdisciplinary in nature. The leader of Working Group may be designated as Convener of the respective Group. Some of the strategies may be addressed by more than one working groups. The Strategic Plan shall be presented to the Governing Board for approval before implementation.

6.1 STRATEGIC PLAN COORDINATION COMMITTEE

The proposed Strategic Plan Coordination Committee constitution may be as follows:

1. Chair Person (*to be nominated by Director*)
2. Administrator, FMMC - Member
3. Administrator, FMMCH - Member
4. Administrator, FMHMCH - Member
5. Dean, FMMC - Member
6. Medical Superintendent, FMMCH - Member
7. Nursing Superintendent, FMMCH - Member
8. Principal, FMHMC - Member
9. Medical Superintendent, FMHMC - Member
10. Principal, FMCON - Member
11. Principal, FMSON - Member
12. Convener QAG - Member
13. Convener CRC - Member
14. Convener RDC - Member
15. Convener IFPDC - Member
16. Convener MISG - Member
17. Convener HRMC -Member

The committee shall hold frequent meetings but not less than 4 meetings in a year to review the implementation of the strategic plan.

6.2 Readiness Assessment for implementation of Strategic Plan at FMCI:

Organization readiness to accept changes consequent to implementation of new strategic plan shall be assessed independently by a third party. The third party will also act as both an enabler and facilitator for smooth implementation of the Strategic Plan. The approximate time frame for this activity shall be about 3 months after the approval of the strategic plan by Governing Body.

6.3 PATHWAY FOR SUCCESSFUL STRATEGIC PLAN IMPLEMENTATION

