

The **McGraw-Hill** Companies

Tata McGraw-Hill Professional
Leadership Essentials Series

NURTURING LEADER

Prathap
Reddy

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Shrinivas Pandit

Leadership Counsellor



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To

*Late Swami Swaroopanand of Pawas, Ratnagiri District
whose affection and blessings kindled in me the spirit
of spiritual enquiry.*



Preface

“Technologies must relieve the pain of society”

**—A P J Abdul Kalam
President of India**

In studying effective business leaders, my focus has been on a broad range of questions: what is the background of these people? What key challenges have they faced? How did they succeed? What techniques have they used? And what can managers learn from them to become effective chief executives?

One of the important findings of my studies has been that outstanding chief executives do not possess any superhuman qualities or mystical powers. They follow simple common sense practices in the daily grind of business to rise to the top.

Effective professionals of all vocations learn from what they see elsewhere. A powerful turning point in a career, like the death of spouse or patient, impacts one to think differently. That event, backed by passion for a cause, becomes the trigger. Such a committed person is then likely to take an entrepreneurial path, from which he would derive more satisfaction.

Their entrepreneurial competencies give entrepreneurs the pleasure of building a new institution to fulfil a vision. Such professionals show an edge over their run-of-the-mill colleagues. What helps them perform outstandingly is their commitment to a cause.

Apollo Hospital's Chairman Prathap Reddy is one such successful entrepreneur. His performance provides sound guidelines to other medical professionals and entrepreneurs on how to build a chain of modern hospitals. His vision to provide medical care at affordable cost to all sections of the society and creating a nurse-centered brand based on the philosophy of *Tender Loving Care* are innovations worth emulation.

An affectionate person, Dr. Reddy is always there when you need his help. If you can properly absorb his messages and implement his ideas, modifying them as per your needs, you are on your road to successful entrepreneurship.

SHRINIVAS PANDIT



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From his extremely busy schedule, Dr. Prathap Reddy spared time for my study of Exemplary CEOs. He answered all my questions patiently and enthusiastically. It was quite an experience for me. Million thanks.

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Prathap's executive assistant at Apollo, Chennai—Malathi—was helpful in arranging meetings and providing information. Many thanks.

The ever helpful Chandani Palshetkar, our neighbour, worked on my computer to make a significant contribution in the completion of this project. Thank you.

My family members ignored me completely to give me my space for this book. I am grateful to them for this non-vocal support. Thanks to all others whose names may have been inadvertently left out.

SHRINIVAS PANDIT



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Introduction

THIS BOOK DOCUMENTS how globalisation has opened up world health space to creative businessmen for providing extraordinary healthcare and superior products to patients. It is a call to businessmen and medical professionals to provide service standards of the highest order. We get a glimpse here of what is attempted to meet this tall order.

“Among the oldest discoveries in the practice of medicine is the fact that human beings come equipped with resources for healing that are best mobilised not by detached scientific efficiency but by communication and supportive human outreach.”

—Norman Cousins
The Healing Heart



Globalisation Opens World Health Space

THE CONCEPT OF globalisation has unleashed creative forces in every sphere of business and life. It has demolished boundaries in thought and created a vast space for human creativity to flourish. Internet, the main product of this cataclysmic change process, has revolutionised mindsets.

Globalisation has enabled free flow of people, information, ideas, knowledge, and products. It has catalysed people into thinking the unthinkable. In healthcare, it had lead hospitals to become health clinics, illness to health, surgery to healing, and patient treatment to patient care. It is a path many businessmen, entrepreneurs, doctors, and professionals have chosen to tread. It shows a paradigm shift in service industry, which has far reaching implications on individual and global well-being.

Globalisation has opened up the global health space. Advanced medical technology and posh hospitals are available but the cry for better service is still heard all over the world. The USP for capturing a significant portion of that space would therefore be

a system of hospital administration, services, and treatment processes in which tender loving care for patients lies embedded.

Entrepreneurs have started attracting patients with additional products, like convalescence facilities at tourist spots, some sightseeing, etc. When you mix patients' needs and tourists' needs, you open up a phenomenal space for business in medical tourism.



Capture the Health Space

COURTESY GLOBALISATION, a vast health space currently valued at US\$ 21 billion, and with an estimated growth of 17 per cent per annum, projected at US\$ 39 billion by 2006, has been created. Our insurance companies' involvement in healthcare is pretty poor compared with those in the west. Private hospitals are mainly driving this boom with 70 per cent market share. It is growing at 2.5 per cent annually. The scope for capture of the global space is immense; we do not see much competition. The market has no global business brands like GE, J&J, or Sony. Filling the global health space gainfully is a call on our creativity, and we must take it.

The global health space can be captured: technology is importable, capital is available, infrastructure can be built, and management is do-able. We have key players in the private sector like Apollo, Wockhardt, Escorts, and Max India. Apollo is investing Rs 2000 crore in setting up super specialty hospitals in Mumbai, Nepal, and Malaysia. As in all areas of human endeavour, here also, we need creative leadership and we claim

we have it. That said, it might sound a wee bit incongruous to think that what is still in scarce supply are seer skills.

Prathap Reddy is doing the same. He has a picture in mind of Apollo health clinics spread across the global health space. Globalisation triggered him to think big. There are no MNCs operating in healthcare industry. People have started thinking positively about health. They have moved conceptually from sickness to health, from operations to holistic living and healing. The old adage, *prevention is better than cure* has returned to occupy people's minds. Prathap put it together in thinking of hospitals that will grow into healing clinics to meet the new demand.

The creative foray however, is not only in thinking big, or putting bricks, mortars, and hospital staff together and leveraging the posh product. It is more in providing quality service of immeasurable dimensions, which captures the hearts of patients. It means making available a continuous attention process built on *Tender Loving Care*, TLC as he calls it. Whether receptionists, ward boys, nurses, or doctors, they will be treating the patients, poor and rich, with these cardinal values. This is a difficult call but the staff at Apollo have taken it. This is the need of the global patient, and Prathap is trying hard to meet it.

The seer in Prathap saw the missing link needed to capture global health space. In product-service supply chains, missing links provide invaluable clues to improvisation. There is money in the gaps where handicaps are marginalised. As in any game, one has to find the space—it requires different seeing.

In business, the search for uncaptured space leads to spotting unmet needs, which stimulate dreams and opportunities. The leader goes through a malleable frame of thinking as he resolves the phenomenon to get a clear picture. To this end, he assembles people with appropriate attitudes and skills, and shares the dream. He gives shape to its realisation step by step.



The Credo for Patient Care

IN THE “sickness to health”, and “curing to healing” processes, Prathap caught hold of the correct pulse of global patient—compassion and affection. He rightly thought that affectionate care will endear the hospital staff to its patients, which in turn will transform the hospital to a health clinic. In the process, they become missionaries. Seers are missionaries, aren’t they? “*Tender Loving Care*” is not a product. Prathap has made it a credo—serve the patients on their terms.

The health space cannot be captured with five star facilities, sophisticated equipment, or tautological service brands. It has to be genuine, continuous care, from the heart. As Prathap says, “Care for everyone with the same genuine affection, evident in your gaze, body language, and actions, as you will care for your dearest one”.

Prathap and his Apollo—established in 1983—have a long way to go. Prathap is laying down the correct foundation. The positivist in us remembers that well begun is half done. However, continuous caring service is dicey business because it is totally

dependent on missionary zeal. That kind of a passion is easily seen in the natural habitat of charities. In a business setting, it is a rare sapling to nurture; one is not working only for the poor or handicapped. It has no religious or ideological billing. It has almost no content of sacrifice.

In commercial ventures, maintaining the tempo of commitment to credo is a gigantic task. It calls for sustained efforts at keeping leaders with the same pedigree of commitment, enthusiasm, and creativity. And the calling is sacred because it is concerned with the lives of people.



The Calling

VISIONARY LEADERS LIKE Jamshetji Tata, T. V. Sundaram Iyengar, Ghanashyamdas Birla, Henry Ford, Merck&Co's George Merck II, GE's Thomas Edison, J&J's Robert W. Johnson, and Sony's Masaru Ibuka, are inspired by three main callings—to do one's best, to help people, and to build a better world.

Way back in 1886, pioneering industrialist Jamshetji Tata had two successful mills under his belt, the Empress Mills at Nagpur, and Swadeshi Mills in Bombay. He and his colleagues had the wherewithal, drive, and imagination, to multiply their wealth by expanding the textile business. He then decided to venture into something totally unknown to him—steel, hydroelectric power, and technical education. Tata Steel, Tata Hydroelectric Company, and Indian Institute of Science in Bangalore, were thus born.

Visionary leaders engage in philanthropic activities of different types, and donate large sums to a variety of social causes. They work for the needy sections of the society. They build institutions of art, culture, music, dance, drama, education, science, craft, you name it. Concern for the unfortunates of the society, wider environment and excellence is so ingrained in their character

that the business is used as a tool for making profits and ploughing them into creative venture of improving life for all.

With the same ingredients of calling, viz. do one's best, help others, and build a better world, Prathap wants to capture the newly created global health space.

*He is a dhanvantari—a doctor with a healing touch.
He has seen the space and brought entrepreneurship
into it, to fulfil his calling.*

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The Art of Recognising Gratitude



“A commitment not to accept even 1 percent failure is the key to progress.”

“Established in 1983 Apollo Hospitals Enterprise Ltd (AHEL)—Turnover Rs.700 crores (Estimated), PAT Rs. 60 crores (Estimated), March 2006. It has a network of 40 hospitals including one in Colombo, Sri Lanka; 67 clinics including Managed and Franchisee Clinics; over 7000 licensed beds; a network of 311 retail pharmacies across the country; and over 15,000 employees.”

P: *What I receive is many times more than what I give.* The only thing is that one can't quantify it. When patients leave with their relatives, they only know the precious thing they got back: life, health, or whatever. They know they have to pay the bill. They only look at you. Probably they cannot express their feelings. But if one looks in their faces, one will see abundant satisfaction and gratitude. That is what I experience in that gaze. A silent meeting of hearts makes me speechless and grateful to God. What more can one want?

S: *Where does this sense of deep gratitude to God comes from?*

P: My mother shaped and brought out the softer side in me. I believe her special love propelled me ceaselessly during my growth years. My wife's strong spiritual influence has made the single largest impact on all of us. She is my greatest asset. My father was an agriculturist, and a pillar of peace in the village. These influences helped me realise that we are but instruments in the Master's hand.

S: *Feeling at one with the patient is one thing and feeling for the patient is another. Giving more and taking less is a difficult philosophy to adapt in the growing commercial culture and the transactional upbringing that all of us go through. With such pervasive corrosion of human values how did you build the sensitivity of your staff?*

P: You are right—people don't know how to receive a patient properly, treat him lovingly, or feel the gratitude in his eyes and body language. They want to hear it in words, or see it in writing. On the other hand, most patients and their relatives don't have the words to express themselves, or they don't know how. I tell my boys in uniform, or the nurses, or the house keeping boys who clean toilets, "Watch the gratefulness in his eyes. Don't wait for his words. Remain humble inside. Imagine what you and

your ailing mother would have felt while leaving the hospital; and you will be able to understand the meaning of his expressions and the million thanks conveyed in his profoundly potent silence. This is a competency you will develop with application”. It took time, but they saw me do it; and I was not tired of telling them again and again.

While Prathap lays the credit at the Master's feet, I believe it is his capacity to empathise and unite with the intimate feelings of his patients that deepened his sense of gratitude towards both patients and God. The art of recognising gratitude lies in being in a state of acceptance, in a receptive mood, when someone is offering something. One must develop the ability to perceive clearly that which is being communicated through silence, word, gesture, whatever. That competency is a sure index of one's humility and spiritual health.



The Death of a Patient and the Birth of a Hospital

S: You are a cardiologist. Where did you pick up this entrepreneurial bug?

P: I am not a entrepreneur. I was not looking for a business opportunity. I was comfortable in America. I returned in 1971 because my father said, “of what use is your expertise if the country does not from it benefit?” On my return, I got established in Chennai. I found, I could do everything here that I was doing over there. In 1979, a young man who could not go to the US for heart surgery, because he could not afford the cost, died on Deepavali day. His young wife had then to look after two children. I had never lost a patient in that way. I could not bear the pain, and that was the turning point in my life.

Death is a critical event and a turning point. In Thought Leaders, I have observed:

They (leaders) made the difference with their unique perceptive thinking. They did not take the event lightly. They treated it seriously, to change their careers. Depending upon the depth of one's sensitivity at the moment of watching the death, it can bring about a critical shift in awareness. (Pandit, S., 2001)

Such events trigger one to look at deeper meaning of life and its connection to one's calling.

S: How was it a turning point?"

P: I felt it should not happen to anybody. If Indians abroad can show excellence there, what prevents them from showing it over here? I am equal or better over there, then why not here? I couldn't get an ordinary telephone; and other such well-known hassles were bugging me. The outside infrastructure, inside equipment, and the infrattitude (infrastructure of attitudes), are the bottlenecks to decent healthcare. I went back to States in 1981 to share my feelings with my friends on what could be done.

S: What did they say?

P: All my doctor colleagues had grown in specialisation, stature, and assets. All of them were sceptical, wondering how I would get anything done in India without the political and bureaucratic interference? I said, I could with your support. They replied, of course it is there, so that was it. I think all of us have intelligence. *How much you can bring out depends upon your belief in yourself, and belief is power.* If you know in your heart that you can do it, you surely can.

S: You are a skilled doctor but building an infrastructure is a tedious job, with all the known red-tapism. It is a big challenge. How did you handle it?

P: Urban land ceiling problems consumed one and a half years. Import of medical equipment, number of applications to be made, visits to Delhi, you name it; and guess the time spent on it.

S: You had to wade through the mud of delays and agonising follow-ups. The little things are a great hassle. What about the secretarial help?

P: At the HM hospital where I was working, I requested the owner to construct two rooms over the car shed. Whenever I had the time, I went upstairs and dictated to my daughters. The greatest secretarial help came from my four daughters. They have the fire. They prepared the hospital brochure so well, that when I took it abroad they were surprised to see such good quality material from India. They were school and college girls. They have been involved in this venture since that time. They are a great source of strength to me. The team is not just Apollo, it extends to the family as well. Today every Apollo member is a family member.

S: Most of the doctors are interested only in their knitting, i.e. actual surgery or whatever their expertise. The hassle of building an infrastructure facility is not their cup of tea. It is boring, and a colossal waste of energy to say the least.

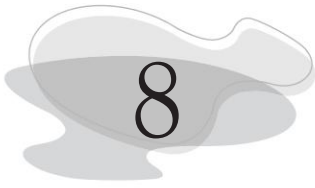
P: Apollo's success is depended exactly on that point. We completely took away the doctor from all these hassles. I brought up that extra in me to do that, i.e. build a hospital. I bought the plot for Rs 22 lakhs and I was getting Rs 3 crore. A friend said, "sell the plot, make money and do something else". I didn't take it for the money. That was not my purpose. I did it to fill in the void, the gap.

S: Gap finding shows an entrepreneurial spirit. Entrepreneurs are good at building infrastructures. So you spotted the gap and jumped in to make some profit from it. Isn't it?

P: Any protein you give should have a price tag on it. In this venture, the price tag is cost effective good health. I didn't want to be known as the guy who came from abroad and made money on sicknesses. Profit is not a bad word, e.g. pharmaceuticals make money in the medical field—you do not call them bad. The media lambasted us initially. In the last five or six years they have stopped. In the first three years, whenever we published results, they criticised us, "What are you bloating on, you are making profits on a sick man's money, etc". The press used to eat me up. Profit was one aspect but my drive was to fill in the gap, the void in the deficient healthcare area.

Thus a hospital was born. See the sequence of events. Prathap loses a heart patient because he could not afford to go to US for surgery. Not so much the shock of death but that his life could not be saved in India for want of adequate facilities, sent shivers down Prathap's spine. That turmoil within, led to his thinking afresh on life's purpose, goals— and on what could be done to save the next life from such a disaster. This friction within gave birth to the idea of building a healthcare facility— and the hospital was born.

Here, we are able to establish a clear nexus between cause and effect, trigger and event, reason and result. Between the death of a person and the birth of a healthcare institution was a cardiologist called Prathap Reddy, who had the heartn to play the role of midwife in the creation of something unique!



A Professional Model

Prathap then met a man who made the difference in the western world, Thomas First Jr. He was the cardiologist at Nashville, Tennessee who created the Hospital Corporation of America (HCA). It is almost identical to what Apollo is doing here. The concept came from him.

When Prathap went a second time to US, in 1981, he felt he should do something on the lines of Thomas First Jr's HCA, in India.

Thomas Jr had also felt that his patients were getting a raw deal. Their treatment was not good enough and the cost was high, all because of a lack of professional management. The hospitals were not run on any system. Thomas Jr told Prathap, "If you could introduce proper systems you would make a big difference. You could provide quality service and reduce costs". Today, HCA has 200 hospitals.

P: I should not get the credit, he should. He created the first professional corporate hospital in the world. Thomas Jr spent a lot of time in building departments, corporate planning, HR, etc. He took away the power from the doctors, the power of running the hospitals, because he did everything. However, he gave doctors the bigger power of concentrating on treating patients. It was a pleasure meeting him and learning from him first-hand, to think more clearly on planning various activities.

My friends said, “Come on, you won’t get an appointment like that.” Undeterred, I went to Thomas Jr’s office and met his secretary. I had not carried a visiting card, and so wrote on a piece of paper, my name, and that I wanted to start a hospital in India for which I needed his guidance. Promptly came the reply, “I will join in an hour’s time for lunch”. He asked someone to walk me around the office in the mean time. Thomas Jr turned up for lunch on time, and took to an Indian restaurant for a vegetarian lunch.

P: I don’t know if I learnt any specific systems from him, but listening to him was good enough. Thomas Jr had the same thought as to why should anyone do surgery less efficiently? Hospitals and doctors have to work at zero defect efficiency, and there cannot be any compromise in the promptness and quality of service.

Apollo is a multidisciplinary healthcare facility but Prathap always quotes heart first—a sign of his first love. In the first year, they did 270 surgeries with a 97 per cent success rate compared to 87 per cent elsewhere. The skills have not changed. All Prathap did was to build support systems at all levels, to relieve doctors of the problems emanating from them.

P: We brought in professionalism at the pre-operative, operative, and post-operative phases of patient care. Like that, we brought in effective controls in every discipline in the hospital. The entire facility is run by professionals, which brought accountability at all levels.

S: Was it not first difficult to attract professionals, doctors, nurses to a new place like this, since they are known to prefer established hospitals? Your salaries could not have been comparably attractive, were they?

P: Yes, we faced those teething problems but my reputation helped at the start, and we offered comparable pay packages.

Retention of nurses is a big headache all over the world. They have a great demand in domestic market, as also overseas. We have started a nursing college to fulfil our needs, and tide over the constant turnover of this category. Our nurses are in great demand because of the training they receive, and the discipline they show in work. They are instantly recruited and absorbed.

S: Was it not difficult to provide at the start, the disciplined approach and excellence you had dreamt of?

P: It was not easy. To work according to systems requires re-conditioning of mind. I had to constantly tell them, “I don’t need extra physical labour from you. All I need is you to work our way, so that you will produce better results, and more, you will enjoy it”. We had trainers but I personally gave my inputs and inspected whether they were following the systems or not. Also, I used to solve their problems on the spot. Adoption of professional systems and decentralisation worked. Our commitment to it was total and visible. The CEOs of all units take daytoday decisions. The daughters carry the owner’s responsibility but their approach is professional.

S: What are your plans for the future?

P: My vision is to make Apollo a healthcare destination of the world, and India the global health capital. The mission is to explore the entire health space development of our country, not just illness but wellness. We have done enough for Apollo and ourselves; our vision now must expand to embrace national healthcare. The road ahead is to associate with the national health scenario and see how the gaps can be bridged.

Prathap’s global thinking is not restricted only to Apollo’s growth—it envisions securing a place for India on the global map. There are numerous family owned organisations in India from the Daburs in Delhi,

to Amalgamations in Chennai, which have patriarchs at the top but are managed by professionals, and run on professional lines.

The interface between the family members, whose second and third generation members are also professionally qualified, and outside professionals, is handled sensitively. Priority is given to establishing role clarity and trust. It did not therefore surprise me to find Apollo in that category, doing as well as any MNC or Indian professional joint stock company, if not better.

The model is professional, showing excellent performance, and that's what matters. Entrepreneurs begin with family members and known friends because the trust level is high. It is presumptuous to think that they do not take their competencies into account. Some accommodation on considerations other than capabilities cannot be ruled out. However, they are shrewd enough to weigh the final composition, which must give them a cutting edge over competitors, and good returns. What needs to be understood is that the mere presence of owners does not make an outfit any less professional.



Demolition of Myths

TWO MONTHS LATER, I met Prathap at his Hyderabad hospital. On my way, I read some of the literature on Apollo, and came across an item titled *Sleep Laboratories*. For me, honestly, it was a bit intriguing, since I had not heard about them before.

S: What is a sleep laboratory?

P: We all think if a person snores, he sleeps well. Very few people know that this is a dangerous symptom. Snoring is an obstruction to the air passage. It means that while you sleep, you are not able to inhale sufficient oxygen. Your whole system is under-saturated, and the organ worst affected by this is your brain. Next morning, when such a person gets up, he is not fresh. Everyone thinks, he has slept a lot because he snored and now he must keep awake.

S: Will you please give an example?

P: Our company secretary Subrahmanyam had this experience. We diagnosed him, performed a small surgery, and watched him recover after resting in the sleep lab. He now tells me, "Sir, I used to drink 20 cups of coffee because I had to come to the office in the morning. It would be 11 o'clock by the time I could

reach the office, and get back my normal thinking process. Today at six in the morning I am fine”.

S: How is Subrahmanyam now; and what are the worst dangers?

P: Now he sleeps without snoring, he sleeps comfortably, and his oxygen saturation is good. Whenever your oxygen saturation is low, and you have a borderline heart problem, it can lead to death. For this purpose, we have developed world class sleep labs in Chennai, Hyderabad, and Delhi.

S: How do they function?

P: Each lab can simultaneously observe and treat four patients at night. It can study their patterns, measure the activity to see if it is moderate, and give mild treatments wherever necessary. We advise breathing exercises. In three-fourths of a month the problem gets resolved. In serious cases, like Subrahmanyam's, we do surgery.

S: Where did you get the idea?

P: Well I saw it abroad, and brought the technology over. We bring whatever is helpful, from wherever it is available, to break some of our myths. *We demolish such myths, that a person who snores, sleeps well.*

10

The Faith in *Gurus*

P: We believe in gurus. They prayed for years together and survived because they were able to take ordinary air in and convert it into energy. I don't think it is mystical. I met Sri Sri Ravi Shankar of the *Art of Living* fame. I was amazed with the influence he had on people. He transmits pure joy, and asks for nothing. Whether in private audiences, or in a gathering of 10,000, or while talking to prisoners, he oozes pure energy. I believe it is conversion of air to energy through his silent system.

S: Any personal experience?

P: My grandson Aditya was not in tune with himself. He used to go out with friends, smoke, drink, and had become considerably irritable. Suddenly one day I saw him totally different. He was telling his sister, "Vidya, you should be more balanced". I asked him what happened? He said, "I attended a seminar on the 'Art of Living'". His mother intervened to say that the Art of Living seminar has done wonders to him.

S: It is the access to a smooth supply of air and the capacity to convert it to energy that matters.

P: Yes, the access is important. We have camouflaged ourselves—built walls between our inner strengths and outer performances.

I feel we have so much potential that we are not able to use what God has given to us, because we don't know how to get it. Sri Sri Ravi Shankar has explored this concept. I believe the age has come for India to regain its glory. It has been there for ten thousand years. Such persona must emerge, and through them, experiences of this kind must come. This is going to happen, and it is not dependent on your bank balance but on your brains.

S: What else did he say?

P: In fact, he said very little. He did not make a vigorous speech. He encouraged people to ask questions, and while giving answers he expounded his thoughts, theories, and practices. He was laughing continuously, to his heart's content. He was pouring out energy.

S: Personally, you cannot employ Ravi Shankar's questions-answer system of establishing communication with your doctors, nurses, ward boys, managers, office staff—none.

P: I feel for my patients. I do what I genuinely feel I should do. And I tell all those people you mentioned, exactly that—do whatever you are doing as if you are doing it to yourself. At the end of the day you feel happy. When I pray, I thank the patients and God for giving me the opportunity to serve. I could not sleep for the first two years of running the hospital because there were innumerable problems like a basement full of water, electrical short circuits, patients in serious conditions, shortage of nurses, politicians calling, you name it. I don't know how or when it happened but now, as soon as I enter the car, I take off my shoes, begin meditation, and the mind turns off. When the car reaches the portico I am back in the world.

S: That's great. Has a guru ever put his hand on your head, or have you had Tirupati darshan, or some such event of spiritual significance?

P: Tirupati always played a very significant role in my life. I attribute everything that has happened in my life to Lord Venkateswara. The story about the certificate of registration for Apollo is important and interesting. Would you like to hear it?

S: *Yes.*

P: The late Charan Singh threw our application for registration in the waste paper basket. It took great efforts to convince Mr Venkataraman of the sincerity of my cause. He was the first to put his signature on Apollo approval, confirming that it could attract NRI funds. After we received the certificate I told my secretary Malathi that I wanted to go to Tirupathi. She said, “No sir, you cannot, you have so many appointments”. I said, “Forget it, I will work till whatever time you want but I must leave by 2.30 p.m. and reach Tirupati with the certificate tonight”. She arranged things and we reached at 6.30 p.m.

The staff at the temple told me, “Dr. Reddy, we waited for you, but it’s now 6.45 p.m. and this is one day in the year when the temple closes at 6.30 p.m”. I said, “Don’t bother. I have come to stay for night”. However, I went to the temple and saw the gate open, so I entered. I saw the *pujari* (priest) placing the curtain on the God. The *pujari* saw us and repeated exactly what the staff had said. I told him that I had come to put this certificate at the God’s feet—would please put it there, do the *arti* (song of prayer) in the morning, and give us the certificate thereafter. In three minutes the *pujari* came back, raised the curtain, did the *arti*, and gave us the certificate then and there. We were so happy we had no words to express our gratitude. I believe this story was narrated to the head priest, who said next day, “I don’t know how this happened”. I said, “It’s a process I understand”.

S: *There is some unseen force, call it God, who has been helping you probably from your childhood!*

P: I think slightly differently. I think he is continuously laying down the path for me. And it is my business to walk on it without questioning. I always remember Jagadguru Kanchi Shankaracharya's words.

S: What were those words?

P: Shankaracharya was about to start his all-India *padayatra*. I was the last person to see him. I explained to him my concept of Apollo hospital and how I was going to realise it. I asked him, "Will I be able to do it? Should I do it?" He said, "Who am I to tell you, should or should not. You have already given it a name. God has given it to you. So God has left it in your hands. All that you can now ask is, how well will I be able to bring it up? Let me now tell you, you will do it. You will do a beautiful thing, like a rose. But you won't be able to beautify your house with it, like people buy roses for beautifying their homes. Also the rose has many thorns. You are going to be daunted by the task before you get that beautiful rose. It will be so beautiful and so fragrant, it will be the best in the world". I was thrilled.

S: You are saying that despite facing millions of obstacles, there is some parallel force which takes you through them. It shows you the path bit by bit and helps you navigate safely.

P: That's correct. We almost bought Adyar Gate hotel for Rs 25 lakh. I paid an advance of Rs 1.25 lakh, and signed the papers. We took the map and started discussing with architects how to convert the hotel into a hospital. With all that I went to see Shankaracharya. He was then camping at Belgaum. I was told he was in *maunam*—silence. I was slightly dejected. Later on, when I was about to go for a bath, I was told that he had broken *maunam*. I thought then, that I would now get a chance to meet him before he retreated again in *maunam*.

S: Did you get to meet him?

P: Yes, I did. He saw our plans, listened to us, and said our place was not for hospital. I was so disappointed that I told him, “Do you know there is an urban land ceiling act, and I am getting this property for nothing. The balance payment of Rs 24 lakh was to be made at my convenience. The banks are also accommodative”. He heard me out and replied, “That *vastu* is not for a hospital. If you want to do any other business that’s different”. I told him, I would put up a temple there. But he would not say anything more, so that was it.

S: What did you do next?

P: I told to myself that it didn’t matter. Let’s go and meet the present *Peethadhipati* in Hyderabad, Swami Jayendra Saraswati. When I reached the *peetham* he had finished the *pooja*. As he was coming down, he saw us and asked us to wait in the adjoining room. The first thing he said was, “You want to know if the hotel site you have chosen is appropriate for building the hospital?” I said, “How did you know?” He smiled, and said, “When a patient goes to a doctor, he must tell him his true complaint. So you have come only for this, am I right?” I said, “yes”.

S: What did he say?

P: He started saying, “When Perival says that...”, and I interrupted, “How do you know what he said in Belgaum yesterday?” There were no cell phones in those days. He said, “If we do not have that much of connectivity, what am I here for? What has he done to bring me to this position?” I asked him a few more questions. He finally said, “Don’t even think of it. Why are you bothered? He has already blessed you, and told you that you will build the hospital, period.” I said to myself that there was no point in pushing this matter further.

S: You had to walk out of the deal!

P: Everyone, including my brother, told me to keep the property as I had obtained it for peanuts. I told them, “No, I did not buy it to make money. It will defeat the very purpose of my cause”. I sent an emissary to the seller, who interestingly, had received another proposal in the meantime, but did not know how to tell me and withdraw. He was thinking of offering me Rs 25 lakh to buy back the property. Mind you, I had only paid him an advance of Rs 1.5 lakh. The emissary, who knew what *swamiji* had told me, returned with this new proposal. He said, “I know what *swamiji* has told you. How about making some money?” He told me of the seller’s proposal. I replied, “I did not make the deal to make money—just get my cheque of the advanced amount back, period.”

As I returned to my office, my secretary brought in a cover which contained the auction notice of a good property. I saw the property, liked it, felt its aura was good, and bought it. Again, a relative came forward after some days and said, “We have an offer of Rs 4 crore”, and I gave him the familiar reply, “I am not here to make money in land deals”. The hospital is standing on that site today.

Two important points emerge from this narration:

1. Prathap’s faith in gurus, and
2. His commitment to build the hospital only on the site of his choice, and not make any money in property deals for which he had many attractive offers.

In the sixties and seventies, few discussions used to take place

amongst the corporate on personal belief systems, and spiritual practices, like meditation, regular visits to religious places, *dhyana*, *dharana*, *satsang*, or on consulting gurus, astrologers, counsellors, etc. From the mid-80s, it became an accepted part of substantive discussions, and the lingo that went with it. It could be construed that for producing still better

results, leaders were trying to access spiritual power after having reached the limits of intellectual and emotional power.

I found Prathap did not deviate from the rational frame of thinking. In life, we require doctors, advisers, consultants, counsellors, teachers, guides, astrologers, and gurus for different purposes and paths. Whom and what to believe depends upon the mix of traditional doctrines, upbringing, and experience. Whom to consult is an individual's choice, and one has to respect its sanctity. Said G. K. Chesterton, "Reason is itself a matter of faith. It is an act of faith to assert that our thoughts have any relation to reality at all".

The second point is that Prathap did not fall prey to monetary allurements in property transactions. Ethically, this is highly significant. His crystal clear thinking on the purpose of why he

wanted a property, comes through with amazing consistency, i.e. build a hospital. He did not deviate from that original objective.

This illustrates that *a great institution, devoted to a noble cause, gets built on a value-based foundation*. Unless we get a glimpse of the inner world of a creative mind like Prathap's, our understanding of what led to what, will remain incomplete, and therefore unusable. If you want to connect his belief system to action, then the outcome is what we crave for public life. The faith in gurus in selecting the right property for a hospital, and not making money in land deals but religiously sticking to his mission of building a hospital on whichever property he finally buys, looks sanguine enough for adoption. *Ultimately our faith and belief create our reality*.

*Reason is itself a matter of faith. It is an act
of faith to assist that our thoughts have any
relation to reality at all.*

—G K Chesterton



Nurse Centered Brand

FROM A SINGLE hospital in Chennai, the Apollo Group has shot to centre stage of India's health space. By striving to remain on the cutting edge of technology, the group is trying to bring healthcare of international standards within the reach of every individual. The group's product band-width of clinics, tele-medicine, local community involvement, integrated delivery network, and specialty hospitals

has enhanced its reach factor many times over.

Prathap's farsighted leadership has given Apollo stature. Behind recognised brands, there are always tall personalities. They are brands in themselves. Yet while institutionalising their creation, they put up a logo which reflects their philosophy. Apollo's brand has a Red Cross, and a nurse carrying a torch. I was impressed. I asked Prathap to explain the thought behind it.

P: *Caring for human beings is the motto, not looking at watches, as factory workers or clerks in other organisations do. Sickness has no holiday. Every person working in the hospital must leave the continuity of process intact.* That's why logo selection was a thoughtful game. It is understood that we were supposed to bring in the latest

technology to make the big difference, but to the patient, it is the human face. We debated many proposals. I gave it long thought. The only person who gives *continuity to patient care* is the nurse. She takes orders from doctors, gives orders to housekeepers, F&B staff, and she is responsible for process continuity.

S: She is the pivot around which things move to reach the patient.

P: Correct. Even today, patients have the greatest pride in the individual, i.e. the nurse. So we put her at the centre of our logo. Despite turnover, our nurses have been able to maintain the quality and continuity of service to patients. The reason is the culture we have built in the hospital. It is based on the principle that we are born into this profession to provide continuous care to the patients.

S: The feedback from patients...

P: It corroborates with what I am saying. If you go through the letters received, none of them have referred to the doctor. He was forgotten. The excellent equipment is not remembered. But they always mention that the nurse was very good, and the F&B guy, for the way he served food, or the politeness of the housekeeping boys, etc. It does not mean that they are not grateful to the doctor for having saved their lives, or giving effective treatment. But their satisfaction depends heavily upon these other services, which elsewhere are woefully inadequate, if not altogether callous and careless. We realise that when we make the difference in these areas, it means a lot to the patients, it really does.

S: How is the demand in the west for your nurses?

P: Fantastic. They are rated as the finest nurses. They are selected automatically, as soon as they state they are from Apollo. I tell

them, “If you put in that extra bit, you will be super girls. You must always think, how can I do better? I don’t think you believe that there is some energy that you are not unlocking. We have this Global Nursing Programme, which is a golden opportunity, don’t miss it.

S: How do they present themselves?

P: That’s the problem. We have now started a “Finishing School” for our nurses, where we have a free three week course for nurses going abroad. The idea is that they learn to speak well, dress well, and present themselves. Anybody going from India must be instantly accepted. The nurses there do not have any better knowledge, but they impress because they present themselves well. I want our nurses to be their first choices.

S: You mean they lack the selling skills.

P: Very much. When HCA officers came, they found our girls far superior to those they saw from other hospitals in India. They said there was no match. We trained them. It is not that they were not capable. They had no opportunity and training. And we provided it. We took a holistic look at the nurse’s job and devised methods to arrest the turnover.

What Prathap did was to accept the reality:

- (a) lucrative jobs abroad will lure anybody to apply and emigrate
- (b) in the societal order, the job of a nurse is considered of a lower status
- (c) there was no pride left in the job, though the responsibility was enormous

(d) the credit always went to the doctors, adversely affecting the nurse’s self-esteem

He took the following steps to alter it:

- (a) gave more responsibility, rewards, and recognition, which enriched the nurse’s job
- (b) pushed the job to the centre stage of the entire hospital operating system

- (c) started a nursing college to keep the pipeline full
- (d) evinced keen interest in bettering their prospects in the overseas market by providing all round training on personality development
- (e) encouraged going abroad if better opportunities came up, and in fact, prepared them for such emigration

This proactive approach endeared Apollo to the migratory

tribe of nurses, and to an extent, helped keep the turnover down to manageable proportions. It was a good policy decision, reflecting great foresight and mature thought.

If one doesn't create a niche in the customers' mind, one's future options become limited. Prathap positioned the nurse in the minds of patients by creating a nurse centred brand.



Experience the Apollo

P: What we did, was make the Nurse, the brand ambassador. The service staff must empathise with patients, and provide continuous care: this is the focus of our philosophy. Whether it means food and beverages, or housekeeping, all functions are important but contact with the patient happens through the nurse. She coordinates and ensures that the patient is looked after with care.

S: What about the quality of the food?

P: When we opened the hospital, people said things like, that the goddamn *idli* doesn't break. I spoke to the F&B staff, and today they make the finest *idli* in the world. My philosophy is very simple. I say to the doctors, nurses, technologists, and receptionists, "Don't do any more than you would have done if that patient was your friend, father, mother, sister, or cousin. Don't do anything special. Just imagine that the other person is close to you. That philosophy grew in time. Now of course, we have more systematic induction and training programmes.

S: You wanted your staff to meet patient requirements on the patients' terms. In other industries they call it customer satisfaction.

P: Yes. They have expectations, and we must fulfil them. In the initial years, we used to say, we must have satisfied patients, excellent service, etc. We then began saying, the patient must go back with a passion for life. Now we say, since we have achieved a certain level in fulfilling patient expectations, we must go beyond those expectations.

S: And what would that be?

P: *The patient must experience Apollo.* This thought is evolving out of the patients' articulation of their genuine needs. I need to fine-tune it. We tell the staff, whatever you do, please add TLC to it, i.e. *Tender Loving Care*. You will see the big difference it makes to the patient. You are the real heroes because you maintain the momentum and the quality of services we provide. When you retire, you must have the satisfaction of the job well done and the blessings of needy patients.

S: In resetting the mindset of your staff, you are trying for a major breakthrough in providing patient care, by redefining the purpose of a hospital. There is big money in this perceptual jump. It will be easier for staff to make meaning of the concept if it is backed by examples. Are you giving such examples?

P: Yes. If the boiler or sterilisation unit did not work, patients would say the hospital has come to a standstill. So one must ensure that the boiler works round the clock, 365 days of the year. That is the kind of individual commitment we want, and so far we have been able to get it.

Prathap has passionately tried to inculcate pride in his staff over what they do. He has appealed to their emotions, emphasised that the patients

are like their near and dear relatives; he has thus influenced them to empathise. We know people dread going to a hospital. Norman Cousins in his classic, The Healing Heart says, "Nothing is more essential in the treatment of a serious disease than liberating the patient from panic and foreboding". In sculpting a reassuring future such as this, a new idea like "Experience the Apollo" is a step in the right direction. I wondered where Prathap got such novel concepts? He said, "I love what I do".

S: You have done everything so thoughtfully—there must be story and a thought behind christening the hospital 'Apollo'.

P: There was a long discussion over it. It was my daughter Suneeta who suggested it. Apollo landed on the moon in 1970, while we were staying three miles away from the launch pad, and we saw it from very close quarters. Suneeta comes out with ideas, which we laugh at many times. I thought she was joking, so I said, "Don't be foolish". She replied, "Daddy, I am not kidding. You want name that depicts both science and medicine. Apollo is a Greek God. The God of healing!"

S: Jack Trout in his latest book, The 22 Immutable Laws of Branding says, "The most important branding decision you will ever make is what to name your product or service because in the long run a brand is nothing more than a name". That's how you came to give it the name, Apollo, the God of healing.

P: This was in 1979. My wife consulted a numerology astrologer, who said that only "Apollo Hospital" didn't add to a propitious number. He suggested Apollo Hospitals Enterprise Ltd. (AHEL). He also added 's' to make it "Hospitals". It was a resounding name because it gave me a new concept—to build not one hospital but many hospitals. He had predicted Apollo would take us places, and that the whole country would be talking about

our giant strides in healthcare space. To our pleasant surprise his prediction came true.

S: Was this the only rationale behind opening so many multidisciplinary hospitals?

P: No. Earlier, on a visit to Boston, a colleague of mine, said, “Prathap, why are you building only a heart hospital? You know heart problems are the result of many other problems. You can’t treat the heart in isolation. You are trying to treat one organ where you need to tackle the totality, the whole human system. Look at Mass General—it is famous because it has facilities for every discipline”. I was glad to have this ‘whole system perspective’ brought to my attention. And we decided that the hospital should be multidisciplinary.

This “whole system” approach incubated in Prathap for a decade to produce the idea of making hospital an experience to cherish. *Experiencing the hospital* is undoubtedly a creative breakthrough! Hospital and best service, healthcare, and health space are compatible partners but “experiencing” and a hospital at that, is beyond the ken of billions of people like me. This is a conceptual jump to provide service at *six-sigma* level! Now the challenge faced by Prathap and his team lies in elevating the quality of service mindset to its highest potential. That, I am sure they know, is a tall order indeed!

So one thing led to another—not in any particular sequence though. In the birth and growth of a chain of multipurpose hospitals we see circumstantial, rational, and belief system inputs crystallising Prathap’s thought process.

- Circumstantial: The death of a patient leading to fundamental thinking on the unavailability of hospital equipment and the need to build a well-equipped facility. The death of a patient led to the birth of an institution. The availability of a role model in Thomas First Jr and his Hospital Corporation of America (HCA) provided a moral boost.

- Rational: Keith's advice on "whole system approach" led to the building of multipurpose hospitals rather than heart hospitals. There was no desire to make money in property deals because the purpose was to build a hospital, and hospital only.
- Belief System: His religious wife Sucharitha's belief in God, rishis, and astrologers has played a significant role. Prathap and Sucharitha consulted them with faith. Their advice given according to the *shastras* (sciences), strengthened the couple's faith in the implicate order.

*The service staff must empathise with patients,
and provide continuous care: this is
the focus of our philosophy.*

13

An Overview of Contributions

P RATHAP HAD TO leave for an unscheduled urgent meeting. Although, I had not interviewed for this book any person apart from the list of people profiled, I thought of using the time available to meet his daughter Sangita, who looks after HR. In retrospect, it was a useful intermission. Her observations

provided a better understanding of her father, Apollo organisation, and the daughters' contribution. From the very beginning, Sangita (San) and her three sisters participated in the unfolding of this reality. I decided to probe the professional aspect of organisation behaviour.

S: Apollo's SWOT looks good. What are the threats that concern you?

San: Competition from the evolution of large groups could be a threat. We have yet to see a healthcare organisation of our scale and depth, but every geography has its local threats, e.g. a local hospital in cardiology at Hyderabad, L V hospital in eye programmes, and some paediatric hospitals. At Delhi, there is Escorts for cardiac treatment, at Chennai or Bangalore there are others. It's a very regional kind of competition, or in niche areas. Sizing the potential of the huge Indian market, international

players entering two years down the line cannot be overlooked. Yet, daddy believes competition is good. It keeps everyone on their toes, provides great impetus for improvement, and results in better facilities for the patients.

S: What is Apollo's USP?

San: It is of course daddy, our institutionalised personal touch, and technology. In that personal touch, the skills and commitment of our doctors, nurses, and other staff is a vital ingredient. Daddy still holds that very special place in peoples' minds. If he were to retire, there would certainly be a gap. It would be difficult to fill that gap. But as he says, the teams will carry on effectively and a leader will emerge.

S: Will you please give an example of commitment in action?

San: If a similar 1,200-bed hospital was being commissioned in one year by an organisation, without a completely structured central office, or HR function, you would have been surprised to see it done so well. It was possible because of peoples' commitment. This is what management wants, what is good to do, what I am supposed to do, and it shall be done, was the attitude that translated commitment into action. The doubters and the questioners were few. Our ability to move fast was the key.

S: How did you get this kind of commitment?

San: It is a part of daddy's psyche. He doesn't leave things for tomorrow if they can be done today, this hour, this minute. His bias is towards action and movement. That action focus is again related to the basic philosophy that directly or indirectly "what I do" goes on to contribute to patient care and building the country's infrastructure. This unwavering commitment has now become a part of the organisation psyche.

S: Do doctors and others own the ideas and Apollo culture?

San: Yes, by drawing inspiration from him, we have inculcated his way of thinking in every member of the organisation. To energise the doctors and others with his ideals is the task of the foundation. At present, they defend those ideals more strongly than the promoter himself. I believe that it is something that comes from within, and if you ignite that in people, they do it with added vigour. If you take a round here, you will come across many doctors, ward boys, nurses, etc, with their individual stories about their commitment to Apollo.

S: Can you provide an example?

San: One of India's leading cardiologist, who works with us, was invited by a private hospital to join them. The chief of that hospital told him, "You are not number one at Apollo. We will offer you anything you want, join us". The doctor asked for Rs 4 crore. I said, "How could you ask for such a figure?" He said he knew they would never be able to give him that kind of an amount.

S: What happened then?

San: He told them, twelve years back, "immediately after I joined Apollo, I obtained a fellowship from France. I felt embarrassed to ask Apollo to let me go, because less than two months had elapsed since my six months of training in France, on their behalf". However, he garnered the courage to mention it to daddy casually. Daddy immediately told him to go since that opportunity was a good.

S: Good thinking.

San: The next day I remember our CEO met us in the corridor. He handed over a cover to the doctor saying, "Dr. Reddy wondered how you would fund the tickets, and manage other

expenses. So he asked me to hand this over to you”. The doctor said, “That Rs 20,000 is worth 5 crore today. I know people with such large heart are not available elsewhere. I will never leave Apollo”. Such stories come in legions at Apollo.

This is not compassion—it’s a replicable example of foresight and strategic investment in a rare asset—in a good cardiologist! While building specialty institutions one has difficulty in gathering the best brains in the country. Only a leader of tremendous foresight knows how to attract them, invest in them, and retain them.

When the atomic research centre was being set up at

Bombay, I remember having read about JRD telling Homi Bhabha to tour the world and find the best scientists at whatever the cost. His dictum was that *such institutions are built around people: you cannot fit them in boxes shown on an organisation chart and build an institution of scientific excellence.*

And what an astounding institution Bhabha built?

S: Clearly, the whole business of healthcare is built on people strengths because ultimately healthcare means people looking after other people.

San: You may have beautiful buildings, the best technology, but ultimately its doctors, nurses, and others serving the patients. It’s the feeling, caring, and commitment, which matter. It’s the institution with a sense of belonging, which functions on that deep note. One of our weaknesses could be the rate at which we are growing, the momentum, the spread, and whether we will be able to maintain the quality and depth of our commitment. The organisation is in place, and the products are there. The mind, the heart, and the hands are also there, which make an institution.

S: And you are trying to systematise Prathap’s philosophy?

San: Well, where does it come from? It comes from daddy because he feels that *the vision is beyond individual self*. He feels

the Indian healthcare scenario needs a lot. Every effort goes towards building his kind of affectionate relationship towards every patient who comes to us. This is an ideology and not a system. System means how you admit, register, move the patient, provide service and treatment, keep records, and the rest. He laid that down clearly right at the beginning when there were just three people. Later Eichers, Eupen, and Mani came in and strengthened the systems in different areas.

S: Keeping the focus on diversification and growth with the same value system is your concern.

San: Exactly. That's why our geography-wise SWOT is different. We try to integrate the strengths, to minimise the weaknesses. Daddy saw it happening probably two or three years ago, and that's why his emphasis on IT, connectivity, and communications.

S: It is the same issue. Those who have not gone deep into the core competencies and spread beyond it, are suffering from competition.

San: Correct. We have all the building blocks necessary for the most powerful healthcare structure—what is known as Integrated Delivery Network (IDN). For its effective functioning though, one requires the tertiary care, IT connectivity, clinics, and in-depth knowledge.

S: You can outsource some things but not TLC, Tender Loving Care!

San: We should grow inside. In terms of opportunities, there are plenty within the country as well as internationally. Colombo reached cash break even point within eight months, which, none of our hospitals in India have been able to achieve. We are looking at markets in the Middle East, UK, and even US.

S: How are you organised at the top?

San: There is an executive council of CEOs and directors. All functions are represented. CFO is the secretary. Daddy doesn't

sit on the council, which enables a frank discussion on all major subjects. In his presence the members are hesitant in bringing up the bad points, even though we need to know them. One doesn't have to be physically present for council meetings, we do it over the telecom.

S: Is the council a policy making body?

San: In many cases, yes. Directors have veto power on some issues, which we are delimiting as the council matures. It will take some time. We have a bottom-up approach, which gels well, with daddy giving broad direction.

S: It is a delicate subject of how one integrates stakeholder and family interests, with professionals and operational decision-making issues. The way you present your organisation, the language you use, and the problems you tackle give me the impression that you are a professional.

San: Exactly. If anybody is doing a better job, I am prepared to learn from them. I do not disqualify from becoming a professional simply because I am a family member, do I? If someone can do a better job with the same commitment, drive, and dedication to the objectives, we can absorb or even step down when the time comes. We believe we have contributed substantially to this venture from the start. Venture capitalists understand the entrepreneurial contribution but do not fully appreciate the tremendous value-addition made by the family in building a professional hospital. You may say we were fortuitously placed to do so, but that was an unalterable given, which daddy exploited to the hilt.

S: Prathap's thought processes, ideals, and vision might come naturally to either or all of you, being his daughters; but are any of you doctors?

San: None.

S: Your motto is to provide TLC. Mothers provide it instinctively. If you are a mother, you are a mother. A child needs a mother's touch, and it is irreplaceable. It cannot be formally provided for while planning succession. TLC is personal. It is a kind of sharing, difficult to institutionalise. Have you given a thought to how you daughters are going to carry forward the ideology after Prathap?

San: In terms of business development we definitely plan how we work now, and how we could work later on. In terms of the special role that he plays, it is not what we can plan now. Our focus and thrust for inculcating the spirit of TLC is on a nurse, who is a surrogate mother. She comes in everybody's life at some point or the other. For want of a better word, TLC is a difficult "product" to produce and deliver. This is a product, which comes through the amalgam of the mind, hand, and heart. It is not an easy alchemy to understand, and much more difficult to adopt. Its origins are beyond even these three elements.

S: TLC is a product of the heart, which heals patients. The patient has a healing system too, which needs to be freed to do the job. It is the responsibility of the physician and the nurse to provide the TLC, to free it. You have a unique and complex need to handle!

San: We are providing the congenial environment and framework for such innovative work. In this ambience one works beyond self-interests, or that of one's family, and the call of duty. Here, one identifies with the patient. To the extent possible, we give systematic inputs but what is of a metaphysical nature cannot be fully put into a training module beyond exposure to the application of Emotional Intelligence. Each one of us, the sisters, doctors, administrators, and others, spreads the message as best we can. It's a process of ongoing nurturance and we are at it, ceaselessly.

S: Prathap told me that he made you work as a secretary when he was operating from the garage. You were probably sitting on the bonnet of your car while he told you to do some thing.

San: Yes, if I had a microbiology paper, and he had a press conference, he would say, “That is not important. This is more important, write this out first”. So there I would be, typing a note instead of studying. This is something we have grown up with. He has an ability to nurture talent. But my sister actually did a lot more than I did in the early days.

S: It is the same competency he has extended in assembling the Apollo family and nurturing it—with a passion for getting things done.

San: You see how the housekeeping boys perform. They do not think of themselves as just broom pushers. They know they are important to the organisation. They have gone through basic life support courses. Let’s take the office boys. Each one of them is in charge of a position, e.g. the one who is in charge of gas utilities, has machinery worth Rs 50 lakh under him. He is made aware of it. We make them responsible, and entrust duties with faith.

S: You mean it is doable.

San: 100 per cent. We have to keep on building these elements of excellence, which will matter in peoples’ minds as the key differentiates from our competition.

S: What does the HR SWOT look like, and what are the current concerns?

San: It is a mix old and new blood. Each hospital has different issues. It is our ability to handle the migration from slightly older to a new culture. The old have loyalty but their capacity to keep pace with new systems poses problems. They are a part of the

family and to tell them that they are redundant is heart breaking. Assimilating new professionals in the new culture is another issue.

S: How is the interface between doctors and management?

San: Very often, the perceptions of interests are at loggerheads. We are not fighting but working towards creation of more health space. We have tapped our doctors' medical capabilities, which are most important, but we haven't tapped their community leadership potential. When daddy goes into the community, he commands 100 per cent respect. We have to build that degree of acceptance in other doctors. *We are a portal through which we are all aligned together.* I meet all 40 doctors in Hyderabad on a regular basis, and our CEOs at each location meet similarly to get their feedback and look after their needs.

S: Have you benchmarked against best hospitals here and abroad?

San: We are comparable, and in some cases even better. There is a lot to do in areas like performance appraisals. The work for a hospital is divided on the basis of geography. If you see the organisation chart, there is a fairly clear demarcation of responsibilities. As far as doctors' recruitment is concerned, daddy is still involved in a big way. He plays a central role because it's a specialist recruitment, which affects the patients crucially. The roles of his daughters are also clearly defined.

I returned to Prathap's room. I have not asked the leaders I interviewed for this book, their opinion on each colleague's contribution because they have all recognised the contribution made by their teams through the most glorious terms, and that was sufficient for my purpose.

However, I asked Prathap for his opinion about his daughters' contribution because in the public perception one comes across an occasional comment that the entire show is run by his daughters.

He had no hesitation in saying that all his four daughters are very talented. They have different

strengths in organisation functions like, finance, projects, general management, HR, etc. On their own merits, they have earned the respect of their colleagues and staff; for their knowledge, leadership, and interpersonal relations. They have contributed substantially to building Apollo to what it is today.

With four daughters entrenched in top decision making positions, the family hold over the organisation cannot be denied, but they are not there without significant contribution. How the organisation manages the transition to the post patriarch period is to be seen. There are many signposts, like the TVS group, plenty of research, and expert counsel, to guide them. For the present

however, when Prathap says, “Each of them has individually and severally contributed to the phenomenal growth of Apollo”, we can take it as a sufficient testimony of the ground reality.

This overview from Prathap about contributions made by doctors, nurses, staff, and his daughters, helps us to formulate a new law—the *law of Contributory Care*. It demonstrates that individually and collectively, excellent customer care can be provided on a continuous basis. Each one not only does his job but volunteers to do a bit of others’ as well. Consequently, there are no omissions in service in overlapping functions, or during shift change. Building a culture of care is a gigantic but achievable task.

14

Process the Efforts Continuously

P RATHAP'S ENTREPRENEURSHIP HAS won him many accolades. His creation, Apollo, bears testimony to his passionate commitment to build a world class healthcare facility.

His pioneering leadership has laid the foundation for making

India a global healthcare destination. In all such success stories, there are elements of luck, effort, competencies (and positive attitude is also a competency), which conspire to produce outstanding results.

S: What do you think are the correlates of your performance.

P: I think fate probably puts one into a certain mode; it has definitely a role to play. But to march ahead one needs to put in relentless efforts. A patient has to survive. It is not the hospital efforts alone that can do that—he must reach the hospital on time. All of us have both fate and effort. Fate puts us in right place at right time. Through our efforts, we do our best to grow.

S: It is difficult to establish the exact correlation between the various factors that contributed to your success. Nonetheless, what would you mainly ascribe it to?

P: It is my continuous effort—100 per cent—to do more. The luck aspect is not in our hands, so what can be rationally connected are our efforts. I could have kept quiet after returning to India. Within three years, I was a leading cardiologist at Chennai. I was earning so well, the income tax folks called me a fool because I didn't know the number one and number two business, i.e. how to hide my income from the IT department by accepting payments in cash and not disclosing it. My secretaries collected the fees and I paid some 68 per cent tax. They used to say that they had no option but to be honest. See where fate leads you. Because I had white money, I could build the hospital.

S: In America also, you could have earned much more and led a comfortable life. That apart, did you make any special effort to remove the deficiencies in your work, so that the improvements are measurable in direct proportion to improved method of working? You have to make intelligent efforts, isn't it? You have to do a scientific analysis of your efforts and their linkage to results—some kind of process mapping.

P: Right. I was at the Mass General hospital when they did one of their first coronary angiographies. Unfortunately we lost the patient. MIT advisors were present inside the operation theatre. Exactly a week later, they brought another catheter for another angiogram. They said, "Would you now do it?" I picked up that experimental approach to efforts, i.e. to try out new things.

S: How did you use that in Apollo?

P: We have trained 270 doctors in the country in angioplasty. The lesson is, don't lose heart in the procedure. One is not inventing it. One is only bettering one's own technology skills. Do it again and see what happens. We are genuinely proud of what we have given to others.

S: In medical science, there is diagnosis, testing, and treatment, by trial and error and application, to proceed further. Over a period of time, that becomes scientific knowledge. These are the symptoms and this is the line of treatment. Similarly, did you apply the same method to improve the content and quality of your efforts?

P: You are asking a difficult question. My practice was different. At Apollo, the experience is different because everything has been done for the first time. Our intention was clear, it must be right every time. It cannot be like a factory—that you do 99 per cent right and 1 per cent is treated as rejection. In a hospital 99 per cent is not good enough. Here, rejection means death. Even then, we sometimes fail. So, *continuous improvement is the only answer, and a commitment not to accept even 1 per cent failure is the key to progress.*

S: How is the progress graph on surgeries?

P: Take a surgeon. His results elsewhere are usually 85 per cent success. When he is taken into Apollo, his first year the result is 97 per cent. Nobody in the country believes we did 270 surgeries at 97 per cent success rate. Next year, we did 600 surgeries at 97.8 per cent success rate. The whole country woke up. I told people that there is no secret in this.

S: How come?

P: I did not improve the skills of the surgeons. I analysed the whole problem. What are the steps necessary in the pre-operative stage, starting from admission, blood test, grouping, pre-operative preparations, getting the operation room ready, 100 per cent back up, then operation, and 100 per cent post-operation back up. That's all we perfected by making the necessary changes. The success rate improved dramatically. Analysis this year shows 99.3 per cent success.

S: This is a system improvement carried out very professionally. In India, where is the major problem encountered?

P: 7 per cent of the complications occur through blood transfusion. That's why we do our own blood tests, whether it is from the patients' relatives or whoever. It is as safe as in Seattle or Washington. We have enough emergency stock for three months.

S: Would you please give an example?

P: Dr. Soonawala from Bombay came to me in Delhi and said, "You have the greatest hospital in the whole world. Nowhere else in the world could a patient have survived with the kind of problem I faced in a delivery today". I said, "Coming from you doctor, I would like to say it compliments every one here. Tell me the story".

The minister for commerce, Rudy Pratap Singh's wife wanted to come to Bombay for delivery. Finally Mr Singh convinced Dr. Soonawala to fly to Delhi to do the delivery at Apollo. Dr. Soonawala said, "I finished the delivery and was about to remove the placenta. It had grown into the blood vessels, and as I removed it, the vessels broke. Blood was gushing out. For a minute I did not know what to do. Believe me, I never called, but in one minute flat there were three supporting doctors to help me out. 42 bottles of blood was given in the first hour. Nowhere else could it have been done with that kind of a dispatch. The Apollo doctors asked me to step back. They took over. This morning, after three days, they opened and stitched all the wounds, and the lady is back home, alive.

S: Amazing team work, passion to save the patient, extra alert support service, speedy application, and whatever else management pundits want to encapsulate and eulogise.

P: This is all possible. One must plan the whole process, to be ready to get into that gear in a matter of few minutes. You need an institution of that size...

S: ... peopled with a proactive mindset. What happens if a doctor doesn't perform properly?

P: Merciless—we send out those who do not perform to our standards. I tell the doctors, “I will give you all you want but I am going to ask for results, i.e. patient satisfaction”. Once a doctor at our Delhi hospital was removed for dereliction of duty. Twenty members from Bihar came to see me. I told them, “I don’t interfere in the decisions of the committee. If he has been found performing below our standards and the committee has recommended his removal, that’s it”. They approached the health minister, then the Finance Minister, and finally the Prime Minister, who called me up. I was surprised. I told him, “If you are not satisfied with the recommendation of that committee, I can appoint another one. But I have no reason to reverse their decision. They have not taken the decision for my sake, but for the sake of other patients”.

This kind of bold and principled stand, against the Prime Minister, requires guts and belief in the logic of what one has done. One can be certain that the morale of the committee and staff soared high, and needless to add, respect for Prathap. This is high quality leadership rarely seen these days.

15

The Dhanvantari in Global Health Space

PRATHAP IS CEASELESS in his efforts to improve his practice and better his performance. His rational thinking in solving problems, and craze for doing things 100 per cent right, makes him improve processes and systems. People observe his actions to find that he is the same person who does what he says must be done. No empty talk!

Prathap is inviting the doctors' attention to their noble calling, "*Heal the Patient*". Only Prathap can take such a holistic approach. If Apollo is the God of healing, Prathap is a doctor with the healing touch, a *dhanvantari*, and he is guiding them towards *a path of healing*. Our tradition of *dhanvantaries* is age old and rich. Modern *dhanvantaries* use alternative medicines in addition to allopathy to cure patients. Their faith in supernatural powers is well known.

Prathap has immense faith in God and the role supernatural powers play in shaping our destiny. It was not known then, but becomes clear now, what God's intention was in naming the hospital Apollo. Only the God of healing, Apollo, can create

global health space. God's intentions are always unknown. We are only instruments in his hands. With that faith, it looks like Pratap has been ordained to make India the world's destination for quality healthcare.

The space is vast, the health poor, and opportunities therefore innumerable. Health is wealth and India needs both, so does Asia, and the whole world. With the opening of a facility in Colombo, Prathap has taken the first step towards capturing the global health space. What A. V. Srinivasan says in *Managing a Modern Hospital* is pertinent: a quiet revolution is taking place ... the private sector participation in healthcare is on the increase because entrepreneurs and technocrats see immense opportunity for earning in this sector.

Not that there are none like Prathap amongst us. But we need a few hundred like him: entrepreneurial *dhanvantaries*. We also need such healthcare hospitals, where the word hospital becomes a misnomer, and *Healing Clinic* becomes an unbelievable reality. Names, like words and phrases, make a difference. They hurt or heal: Apollo heals. We have the market and people potential. We require inspiring examples to follow, and you just read one—Prathap and his Apollo.



Take-aways

- The competency in recognising gratitude is a sure index of your humility and spiritual health.
- We need a role model to follow because imitation is a necessity of human nature.
- Globalisation has expanded the vision of our leaders. Exploration of global business space opens up many opportunities to position India in the mind space of the world.
- It is essential to demolish myths, like, *“a guy, who snores, sleeps well”*, in order to induce a sense of scientific temper.
- Leaders, who have faith in *gurus*, consult them in major decisions. This is their reliable support system, which does not affect their rational thinking.
- Not to make money in property deals, but to build only a hospital, for which one is set out to look for a land in the first place, demonstrates a leader’s high ethical commitment to a noble cause.
- Make nurse the pivot of hospital operating system, and you can be sure of providing continuous care to the patients.

- Put nurse at the centre of your logo to secure a niche in the mind space of the patients because they associate good care and service with her.
- The unthinkable concept of putting two notoriously incompatible partners—hospital and ‘tender, loving, care’—together to provide six sigma level of continuous care; and marketed under the product brand, “Experience the Apollo” could turn out to be a money spinner.
- The ‘whole system perspective’ opens up multidisciplinary business prospects.
- Prataph’s pioneering leadership style has a strong content of paternalistic, benevolent, and nurturant styles. Its amalgamation has helped him to attract competent professionals, build effective teams, and morph a culture of genuine care.
- “The Law of Contributory Care” demonstrates that individually and collectively excellent care could be provided on continuous basis if you make certain structural changes to facilitate effective co-ordination. Simultaneously you must reset the mindset of employees by appealing to their heart.
- Continuous improvement is the only answer, and a commitment not to accept 1 percent failure is the key to progress.
- Practice long, practice continuously. And to relieve the boredom from this length of time, develop a reverence for what you are doing.
- Creative people first notice gaps, and simultaneously envision opportunities for filling them with value-added products and services. The trigger could be any simple event.

- How much you can bring out depends upon your belief in yourself, and belief is power.
- Sickness has no holiday. Every person working in the hospital must leave the continuity of process intact.
- The vision is beyond individual self.



Author's Profile

Shrinivas Pandit is a veteran HR professional and a leadership counselor. His clients include Dian Graha Elektrika, Indonesia, Biocon Group, Bangalore, NABARD, and Pitambari, Mumbai.

Previously, Mr. Pandit was Executive Vice-President (Personnel) Siemens Ltd. Prior to that he headed the human resource divisions of Blue Star, Herdillia Chemicals and Johnson & Johnson.

Mr. Pandit is a graduate in economics and law; and obtained a postgraduate diploma in personnel management and industrial relations from the London School of Economics. He is a Fellow of the Chartered Institute of Personnel & Development, UK.

He has previously authored three widely acclaimed books—*Thought Leaders*, *Design Your Career* and *Exemplary CEOs*. He has also written numerous articles on career guidance, organization cultures interpersonal relationship, leadership, conflict resolution, mindset change, etc. He has conducted many in-company workshops, seminars and addressed public conferences.

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