

## **1. INTRODUCTION**

Distance Education is the need of the hour to enhance, extend and replace conventional teaching and training practices.

New technologies have made Distance Learning a popular option for Universities and students. The e-mail, internet, video-conferencing and various interactive systems enable the Universities with distinct methods of teaching which allow teachers and students to interact from different locations simultaneously.

Recognizing knowledge as the key to cultural, social and economic development, Tamil Nadu Open University (TNOU) is committed to take full advantage of open, distance and technology – mediated learning strategies to provide increased and equitable access to education and training for all people of Tamil Nadu.

## **2. ABOUT THE UNIVERSITY**

Tamil Nadu Open University, the first State Open University in Tamil Nadu, and the 10<sup>th</sup> State Open University in the country, was established in 2002 by an Act (No.27 of 2002) of Tamil Nadu Legislature, with the objective of introducing and promoting Open University and Distance Education systems in the educational scenario of Tamil Nadu, as well as, coordinating such systems and setting the standards for such systems.

The University started functioning with effect from 6<sup>th</sup>, February 2003 when **Prof. M.S.Palanichamy** took charge as the First Vice-Chancellor.

Tamil Nadu Open University has been included in the list of Universities maintained by the University Grants Commission (UGC) under Section 2(f) of the UGC Act, 1956 [vide UGC Notification No.F.9-11/2004 (CPP-1) dated August 20,2004].

Tamil Nadu Open University has been recognized as a member of the Association of Asian Open Universities, Association of Indian Universities and International Council for Open & Distance Education.

## **3. OBJECTIVES**

*The objectives of the University are to:*

- To Provide an alternative non-formal, cost effective channel for obtaining tertiary education to those who seek it.
- To supplement the efforts of Conventional University system in providing tertiary education thereby reducing the pressure on those systems.

- To provide a “second chance” to those who had to discontinue their formal education for reasons of their own.
- To provide easy access to good quality Higher Education to “all” in general, and “the disadvantaged” in particular, by delivering the same at their door steps.
- To provide an opportunity to those who are gainfully employed to upgrade their knowledge and skills tailored to meet specific vocational/professional needs, whenever they wish to do so.
- To design an innovative system of good quality University Education that is flexible not only with respect to entry criteria, but also with respect to what to learn, when to learn and how to learn.
- To design and provide local specific employment oriented programmes.

#### **4. FEATURES**

*TNOU has certain unique features such as:*

- State jurisdiction
- Flexible admission rules
- Individualized study: flexibility, in terms of place, pace and duration of study
- Use of latest information and communication technologies
- Student support services network
- Cost-effective Programmes
- Modular Programmes
- Resource sharing, collaboration and networking with other Open Universities
- Relevant Programmes
- Learning for livelihood Programmes
- Study Materials in Self-Instructional Material (SIM) format

#### **5. SCHOOLS OF STUDY**

With a view to developing inter disciplinary studies and organizing academic Programmes, the University has established the following Schools of Study

- School of Management Studies (SOMS)
- School of Continuing Education (SOCE)
- School of Education (SOE)

- School of Humanities (SOH)
- School of Sciences (SOS)
- School of Computer Science (SOCS)
- School of Social Sciences (SOSS)
- School of Health Science (SOHS)
- School of Tamil and Cultural Studies (SOTCS)

## **6. SCHOOL OF MANAGEMENT STUDIES**

### **6.1 INTRODUCTION**

The School of Management Studies commenced its operations right from the inception of this University with distinct curriculum and teaching methodology. The broad vision of the school is to provide a platform for management education in multi sectoral perspective .

### **6.2 FUNCTIONS**

- To provide the learner a solid grounding in the core knowledge and competencies required in today's Global and technologically sophisticated business environment.
- To put graduates on the fast track to advance their executive careers and enable them to adopt themselves to the emerging, changing and challenging global scenario.
- To integrate formal academic learning with individual personal experience so that meaningful, personalized learning takes place.
- To focus on the service sector which is consistently on the growth perspective, emphasizing on professional standards in effective delivery of service systems.

### **6.3 PROGRAMMES ON OFFER**

The School of Management Studies delivers a wide range of undergraduate Programmes including **BBA, BBA (Marketing Management), BBA (Computer Applications) and B.Sc (Catering and Hotel Administration)**. It offers a general **MBA Programme** with a specialist focus on Marketing, Finance, Operations, Human Resource and Information Technology.

The Shipping industry in India has assumed significant importance and registered tremendous growth in recent years. The demand for management education and training in the area of shipping has been recognized by the School of Management Studies and hence, Tamil Nadu Open University has

recently launched an industry specific **MBA (Shipping and Logistics)** Programme which provides a holistic view of the Shipping Sector integrating various concepts and applications of Management. The School also offers **PG Diploma in Information Technology (PGDIT)** which has been designed for technically skilled graduates seeking career advancement in the management ladder of IT Organizations.

#### **6.4 PROGRAMME DELIVERY**

The methodology of Instruction in this University is different from that of the conventional Universities. The Open University system is more learner-oriented and the learner is an active participant in the teaching and learning process. Most of the instructions are imparted through distance education methodology rather than face-to-face communication. The University follows a multimedia approach for instruction.

a) **Self Instructional Material (SIM)**: Printed study material (written in self-instructional style) for both theory and practical component of the programme is supplied to the learners.

b) **Counselling sessions** are arranged by Programme Study Centres as per the broad outline of the schedule drawn by the Tamil Nadu Open University. The Programme Study Centre will provide the assignments to the students for each course and it will enable the students to submit their Continuous Assessment assignment responses to the Course Coordinator through post / Internet / E-mail.

### **7. MBA (HOSPITAL ADMINISTRATION) PROGRAMME**

#### **7.1 INTRODUCTION**

This Programme is aimed at preparing professionals to meet the challenges of the changing Healthcare services industry in India. The Programme is designed to provide a unique, market relevant combination of strong functional skills and the ability to apply, adapt and integrate those skills in the healthcare sector. The main focus of this Programme is to promote professional management practices that are essential for effective and sustainable healthcare administration that would guarantee financial sustainability, optimum utilization of limited resources, conducive employee relations, rapid advancement in medical technology, elimination of unhealthy competition, awareness creation and a strategic approach towards healthcare services industry. Students would develop knowledge in areas such as organizational strategy and change, process improvement, inter-disciplinary team management, integrated hospital information systems and health insurance.

## 7.2 PROGRAMME OBJECTIVES

- To bring prosperity to the human community and enhance the quality of healthy life by providing qualified management professionals with full and comprehensive training experience in healthcare management.
- To provide Professional Management and informatics education in a convenient and timely manner for continuous professional development.
- To develop and apply various employee friendly systems for effective functioning of various administrative activities and support services of a hospital.
- To promote patient centered care with uninterrupted services.
- To develop comprehensive core and meta competencies to reach high level of success in the healthcare industry.

## 7.3 ELIGIBILITY

Candidates for admission to the Master of Business Administration (Hospital Administration) Programme should possess any of the following qualifications:

- Degree in Medicine, Nursing, Pharmacy, Allied Health Sciences, Physiotherapy, Occupational Therapy Management, Hospital and Health Administration or Computer Sciences.

(OR)

- Degree in Arts and Sciences with Additional qualifications (e.g. health and / or computer background and / or hospital experience.)

(OR)

- Post Graduate Diplomas in Health / Hospital Administration.

## 7.4 PROGRAMME FEE

The Programme fee should be paid by means of two separate Demand Drafts every semester one in favour of “Tamil Nadu Open University”, Payable at **Chennai** and another in favour of **PSG Hospitals**, payable at **Coimbatore** for the amounts specified below:

ITEMS	TAMIL NADU OPEN UNIVERSITY	PSG HOSPITALS
Programme Fee	Rs.10625/-	Rs.14375/-
Registration Fee (I Year only)	Rs.200/-	---
For downloaded Applications (I Year only)	Rs.500/-	---
<b>TOTAL</b>	<b>Rs.11325/-</b>	<b>Rs.14375/-</b>

## **7.5 MEDIUM OF INSTRUCTION**

The medium of instruction and examinations will be English.

## **7.6 DURATION OF THE PROGRAMME**

M.B.A. (Hospital Administration) Programme in distance mode will be for a period of 2 years consisting of 4 semesters of 6 months duration for each semester. However, the Programme has to be completed within a period of **8 years** from the date of registration.

## **7.7 ADMISSION PROCEDURE**

1. Prospectus and Application for admission can be obtained from the University Head Quarters or from the Programme Study Centre – “P.S.G. Hospitals, Coimbatore” either in person or by post.
2. Students shall submit the duly filled application forms in **duplicate**, and enclose the Demand Drafts for the amounts specified in **para 7.4**, 2 self attested photographs and the attested copies of all the supporting documents to the Programme Study Centre.
3. The admission will be subject to interview and / or entrance examination. The admission committee will decide about the suitability of the candidate and their decision will be final in all cases of admission.
4. The Programme Study Centre will forward a list of eligible candidates along with their application forms and attachments to the Tamil Nadu Open University. University will check the eligibility and Demand Draft for Programme Fee for all application forms and prepare a list of finally admitted students and forward the same to the Programme Study Centre.
5. Students will be informed about the confirmation of his / her admission. An identity card bearing the enrolment number will be issued to each candidate.

## **7.8 METHODS OF STUDY**

The programme of study is designed to prepare students for responsible positions in the management of hospitals. The programme is designed to provide the graduates a strong experiential component as an integral part of their academic training.

The programme is designed to provide a steadily increasing involvement in hospital operations over the four semesters with project work at the end of the 2<sup>nd</sup> year after the student has mastered knowledge oriented courses essential to perform well in the project study. Students will have opportunities to visit various types of healthcare organisations during the 1<sup>st</sup> semester. At the end of 2<sup>nd</sup> and 3<sup>rd</sup> semesters they will undergo practical training for a minimum period of two weeks in a hospital in the

areas of operational management functions and patient care cum supportive services respectively. All these practical training programmes are linked to the classroom learning of the respective semesters.

### **7.9 MINIMUM PROGRAMME REQUIREMENTS**

- i. Candidates for the degree shall besides undergoing the prescribed courses of the study, do practical work for a minimum period of two weeks every semester by way of prescribed hospital work, hospital visits, project work, case studies under the guidance of the teaching faculty and to the satisfaction of the head of the Programme Study Centre.
- ii. The candidates shall abide by the stipulated timings, discipline, rules and regulations of the Programme Study Centre (hospital) to which they will be assigned for the practical training.
- iii. No candidate shall be admitted to the examination unless he / she undergoes practical training for a minimum period of two weeks every semester and he / she produces a certificate from the head of the institution of the Programme Study Centre (hospital) certifying to that effect.
- iv. No candidate shall be eligible for the degree unless the candidate has completed the prescribed courses of study and passed the prescribed examination.

### **7.10 EVALUATION**

Tamil Nadu Open University has a two – tier system of evaluation:

- (i) Continuous Evaluation mainly through assignments / practicals.
- (ii) Term – End Examinations / Project Work

The evaluation of learner's performance for Continuous Assessment depends upon various instructional activities to be undergone by them. A learner is expected to write assignment responses compulsorily before taking the Term End examination. A learner has to send assignment responses to the concerned Co-ordinator of the Programme Study Centre to which she / he is attached. A learner should keep duplicate copies of assignment responses. The marks weightage given to assignments for Continuous Assessment (CA) is 25% of the maximum possible score. Besides Continuous Assessment, a learner has to take up Term End Examinations (carrying 75% weightage) for each theory course at the end of each semester which will be conducted by Tamil Nadu Open University. The minimum marks required for passing will be 50% in aggregate of both external term end examination and internal continuous assessment. Assessment for practical training is entirely internal.

### **7.11 CLASSIFICATION OF CANDIDATES**

A candidate who obtains not less than 38 marks out of 75 marks in each paper in the external examination and 50% marks in the aggregate of both external examination and internal evaluation shall be declared to have passed.

A candidate who secures 50% and above but less than 60% of the aggregate marks in all papers of the final examinations shall be declared to have passed the examinations and placed in Second Class.

A candidate who secures not less than 60% of the aggregate marks in all papers of the final examinations shall be declared to have passed the examinations and placed in First Class.

A candidate who passes in First Class and who obtains not less than 75% of the marks in all papers shall be declared to have passed with Distinction.

### **7.12 PATTERN OF QUESTION PAPER**

Like other Masters Degree in Business Administration offered by the University following will be the pattern of the University Examination Question Papers.

Section A:	answer 3 out of 5 questions X 5 marks:	15 marks
Section B:	answer 4 out of 7 questions X 15 marks:	60 marks
<b>TOTAL:</b>		<b>75 marks</b>

1. For all theory papers the University Examinations is for 75 marks, with a break up of 15 marks for Section A and 60 marks for Section B.

Details as follows.

- Section A shall consist of short answer questions (answer for each question not to exceed one page), carrying five marks each. The candidates have to answer any three out of five questions from Section-A.
- Section B shall consist of Essay type questions/problems carrying fifteen marks each. The candidates have to answer any four out of seven questions from Section – B.

### **7.13 COMMON REGULATIONS**

Apart from the above regulations, common regulations of the University other than those mentioned above will also be applicable to this programme.

### **7.14 POWERS TO MODIFY THE REGULATIONS**

The Board of Studies and the University reserve the right to alter / delete / add to any of the regulations during the course of study as circumstances may warrant from time to time and to implement them at such date as may be notified for the purpose, in order to maintain academic excellence of the students.

## **7.15 SYLLABUS**

## SEMESTER - I

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### **MSH 10                      INTRODUCTION TO HEALTH SYSTEMS**

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#### **BLOCK 1: DEMOGRAPHY**

- 1.1 Demographic Cycle
- 1.2 World Population Trend
- 1.3 Demographic Trends in India: Growth rate, Age Pyramid, Sex Ratio, Population Density, Family size, Urbanization, Literacy, and Life Expectancy

#### **BLOCK 2: FAMILY PLANNING**

- 2.1 Fertility and Fertility Related Statistics
- 2.2 Family Planning
- 2.3 Population Policy
- 2.4 National Demographic Goals

#### **BLOCK 3: EPIDEMIOLOGY**

- 3.1 Concept of Disease
- 3.2 Epidemiological Triad
- 3.3 Concepts of Control and Prevention
- 3.4 Principles of Epidemiology: Components, Measurements, Prevalence and Incidence
- 3.5 Epidemiologic Methods: Descriptive, Analytical and Experimental Studies
- 3.6 Uses of Epidemiology

#### **BLOCK 4: COMMUNITY HEALTH**

- 4.1 Community Diagnosis and Treatment
- 4.2 Communicable and Non-communicable Diseases

#### **BLOCK 5: NATIONAL AND INTERNATIONAL HEALTH**

- 5.1 National Health Programmes in India
- 5.2 International Health: WHO and Other United Nations Agencies

#### **TEXTBOOKS**

1. K. Park, **Textbook of Preventive and Social Medicine** (M/S Banarsidas Bhanot Publishers, Jabalpur)
2. B.K.Mahajan and M.C.Gupta, **Text Book of Prevention and Social Medicine** (Jaypee Medical Publishers P. Ltd., New Delhi)

#### **REFERENCES**

3. VHAI, **State of India's Health – 1992** (VHAI, New Delhi)

**BLOCK 1: MANAGEMENT CONCEPTS AND THEORIES**

- 1.1 Management and Organizations
- 1.2 Management Role
- 1.3 Levels of Managers and Management Skills
- 1.4 Classical School
- 1.5 Behaviour School
- 1.6 Management Science School

**BLOCK 2: MANAGEMENT FUNCTIONS AND PROCESS**

- 2.1 Planning
- 2.2 Organizing
- 2.3 Staffing
- 2.4 Directing
- 2.5 Controlling

**BLOCK 3: SERVICES, HEALTH AND HOSPITALS**

- 3.1 Services, Classification of Service Organizations, Characteristics, Challenges
- 3.2 History of Medicine, Healthcare Revolution, Health, Dimensions of Health, Indicators of Health
- 3.3 Types of Healthcare Organizations, Composition of Health Sector, Types of Care, Pyramidal Structure of Health Services, Hospitals, Types of Hospitals and Role of Hospital in Healthcare, Complexity of Hospital Organization

**BLOCK 4: HOSPITAL MANAGEMENT: LEVELS AND ROLES**

- 4.1 Governing Board, Executive Board and Advisory Board
- 4.2 CEO, Medical Administration, Nursing Administration and Hospital Administration
- 4.3 Middle Level Managers in Hospital and their Responsibilities
- 4.4 Structuring Hospital Organization

**BLOCK 5: CURRENT ISSUES IN HEALTHCARE**

- 5.1 Accreditation
- 5.2 Telehealth
- 5.3 Health Tourism
- 5.4 Health Insurance and Managed Care
- 5.5 Disaster Management
- 5.6 Hospital Wastes Management

**TEXTBOOKS**

1. Stephen P. Robbins and Mary Coulter, **Management** (Prentice Hall of India Pvt. Ltd., New Delhi)
2. J.E. Park and K. Park, **Textbook of Preventive and Social Medicine** (M/S Banarsidas Bhanot Publishers, Jabalpur)
3. Elaine La Monica, **Management in Health Care** (Macmillan Press Ltd, London)

## REFERENCES

4. B.M. Sakharkar, **Principles of Hospital Administration and Planning**  
(Jaypee Brothers Medical Publishers Pvt. Ltd., New Delhi)
5. C.M. Francis and et al., **Hospital Administration**  
(Jaypee Brothers Medical Publishers Pvt. Ltd., New Delhi)
6. S. Srinivasan (ed.), **Management Process in Health Care**  
(Voluntary Health Association of India, New Delhi)

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## **MSH 12 HEALTH PROGRAMME MANAGEMENT**

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### **BLOCK 1: FUNDAMENTALS**

- 1.1 Programme, Project, Tasks, Subtasks, Sub-subtasks
- 1.2 Linking Vision, Mission and Strategic Plans to Project
- 1.3 Pre-project Phases: Needs Analysis
- 1.4 Characteristics of Project
- 1.5 Advantage of Project Framework for Healthcare Programmes
- 1.6 Key Stages, Elements, Phases and Project Life Cycle

### **BLOCK 2: PROJECT PLANNING**

- 2.1 Problem Analysis: Cause and Effect
- 2.2 Process of Developing Objectives
- 2.3 Planning Cycle
- 2.4 Forecasting: Time Series, Correlation, Regression and Delphi Technique
- 2.5 Project Implementation Plan
- 2.6 Project Sustainability
- 2.7 Proposal Writing
- 2.8 Resources Budgeting, Mobilisation and Utilisation

### **BLOCK 3: PLANNING TOOLS AND TECHNIQUES**

- 3.1 Introduction to Operations Research
- 3.2 Estimating
- 3.3 Contingency
- 3.4 Milestones
- 3.5 Gantt Chart
- 3.6 Programme Evaluation and Review Technique (PERT)
- 3.7 Critical Path Method (CPM)
- 3.8 Linear Programming
- 3.9 Transportation Model, Assignment Models, Queuing Models: Single Channel and Multi Channel Queuing Models
- 3.10 Simulation: Deterministic Simulation Models and Probabilistic Simulation Models
- 3.11 Dynamic Programming

## **BLOCK 4: PROJECT MANAGER, EXECUTION AND IMPLEMENTATION**

- 4.1 Role of Project Manager and Skills Inventory
- 4.2 Managing Time
- 4.3 Managing Risk
- 4.4 Factors that Lead to Successful Projects
- 4.5 Project Tracking
- 4.6 Job Description, Staffing Pattern and Training Plan
- 4.7 Main Activities: Regular Monitoring, Regular Reviewing Progress, Re-plan
- 4.8 Recordkeeping and Reporting
- 4.9 Online Project Management

## **BLOCK 5: PROJECT DISENGAGEMENT**

- 5.1 Review and Evaluation
- 5.2 Feedback
- 5.3 Audit Trail
- 5.4 Publicise the Success

## **TEXTBOOKS**

- 1. Donna Deeprise, **Project Management** (Capstone Publishing, Oxford)
- 2. H. Kerzner, **Project Management: A System Approach to Planning, Scheduling and Controlling** (Wiley Eastern, New York)
- 3. Kanti Swarup and et al, **Operations Research** (Sultan Chand and Sons, New Delhi)

## **REFERENCES**

- 4. [www.ipma.org](http://www.ipma.org) (International Project Management Association)
- 5. [www.pmi.org](http://www.pmi.org) (Project Management Institute)
- 6. [www.4pm.com](http://www.4pm.com) (Discussions of Hot Topics in Project Management)

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# **MSH 13 HUMAN ANATOMY, PHYSIOLOGY AND MEDICAL TERMINOLOGY**

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## **BLOCK 1: HUMAN ANATOMY AND PHYSIOLOGY**

- 1.1 Digestive System
- 1.2 Respiratory System
- 1.3 Circulatory System
- 1.4 Central Nervous System
- 1.5 Muscular Skeletal System
- 1.6 Reproductive System
- 1.7 Excretory System
- 1.8 Endocrine Glands
- 1.9 Special Senses

## **BLOCK 2: MEDICAL TERMINOLOGY**

- 2.1 Reasons for using medical terms
- 2.2 Glossary of medical terms: major diseases and medical specialities

## **BLOCK 3: ROOTS, PREFIXES, SUFFIXES, ABBREVIATIONS AND SYMBOLS**

- 3.1 Common roots: element referring to, usage and definition
- 3.2 Common prefixes and suffixes
- 3.3 Common abbreviations: departments, time, general healthcare, routes of medication, and laboratory
- 3.4 Symbols

## **BLOCK 4: ILLNESS**

- 4.1 Defining Illness: Direct and indirect causes
- 4.2 Classification and description of disease

## **BLOCK 5: INFECTION CONTROL**

- 5.1 Medical asepsis, Nosocomial infection and communicable diseases
- 5.2 Reservoir, carrier and mode of transmission
- 5.3 Infection control measures
- 5.4 Sterilisation and aseptic techniques
- 5.5 Infection control committee: purpose, composition and terms of reference

## **TEXTBOOKS**

1. John V. Basmajian and Charles E. Slonecker, **Grant's Method of Anatomy: A Clinical Problem-solving Approach** (BI Waverly Pvt. Ltd., New Delhi) ISBN 81-7431-033-9
2. Roger Watson, **Anatomy and Physiology for Nurses** (Prism Books Pvt. Ltd., Bangalore)

## **REFERENCES**

3. William F. Ganong, **Review of Medical Physiology** (McGraw Hill, Boston) ISBN 007-144040-
4. **Stedman's Medical Dictionary** (Williams & Wilkins, Baltimore) ISBN 0-683-07922-0
5. K. Park, **Textbook of Preventive and Social Medicine** (M/S Banarsidas Bhanot Publishers, Jabalpur)

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## **MSH 14**

## **HEALTH ECONOMICS**

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### **BLOCK 1: INTRODUCTION AND MICROECONOMICS TOOLS FOR HEALTH ECONOMICS**

- 1.1 Principles of Economics; Meaning, Relevance and its Application in Healthcare
- 1.2 Production and Distribution of Healthcare
- 1.3 Scarcity and Production Possibilities Curve and Tradeoffs
- 1.4 Demand, Supply and Pricing System
- 1.5 Market Equilibrium
- 1.6 Elasticity of Demand and Supply
- 1.7 Production Function, Isoquants, Isocosts, Law of Diminishing Returns
- 1.8 Consumer Behaviour: Demand Curve, Utility Maximization, Indifference Curve Analysis

## **BLOCK 2: PRODUCTION AND COST OF HEALTHCARE**

- 2.1 Cost Function and Economies of Scale
- 2.2 Cost of delivering health services
- 2.3 Change in Technology / Technology Diffusion
- 2.4 Aging Population and Long-term Care
- 2.5 Asymmetric Information and Agency
- 2.6 Imperfect Agency and Supplier Induced Demand
- 2.7 Managed Care and Health Maintenance Organizations

## **BLOCK 3: MARKETS AND MARKET FAILURE IN HEALTHCARE**

- 3.1 Market and how does it works
- 3.2 Market Mechanism in Healthcare
- 3.3 Public goods / Merit goods
- 3.4 Externalities / Spill over effect
- 3.5 Role of Government and Market in health
- 3.6 Preventive, Curative and Rehabilitative care

## **BLOCK 4: CONCEPTS OF COSTS AND ECONOMIC EVALUATION**

- 4.1 Financial Costs Vs Economic Costs (opportunity costs)
- 4.2 Direct, Indirect, Average, Marginal, Total, and Unit Costs
- 4.3 Component of Costs: Fixed and Variable; Capital and Recurrent Costs
- 4.4 Issues to be considered in costs calculation
- 4.5 Costs to whom, cost classification, shadow pricing, costs apportion, NPV, discounting factor, IRR, cost recovery, BEP
- 4.6 Meaning, Importance and Basis of Economic Evaluation; Analytical techniques
- 4.7 Steps of Economic Analysis: Identification, Measurement and Valuation of costs and consequences
- 4.8 Forms of Economic Evaluation: Cost-minimization Analysis (CMA), Cost-Effectiveness Analysis (CEA), Health Outcomes; Disability Adjusted Life Years (DALY), C/E Ratio, Sensitivity Analysis, Cost-Benefit Analysis (CBA), C/B Ratio
- 4.9 Three general approaches to Monetary Valuation of Health Outcomes: human capital approach, revealed preference and contingent valuation; expected costs, expected benefits; net benefit;
- 4.10 Cost-Utility Analysis (CUA): Utility, value, preference; Quality Adjusted Life Years (QALY), Healthy Years Equivalent (HYE), C/U Ratio

## **BLOCK 5: HEALTH PLANNING AND PRIORITY SETTING**

- 5.1 Approaches to Planning
- 5.2 Planning Cycle
- 5.3 Setting Priorities
- 5.4 Resources Allocation and Budgeting

## TEXTBOOKS

1. Sherman Folland, Allen C. Goodman and Miron Stano **The Economics of Health and Health Care** (Prentice-Hall Inc, New Jersey)
2. Michael Drummond and et al, **Methods for the Economic Evaluation of Health Care Programme** (Oxford University Press, Second Edition)

## REFERENCES

3. Anne Mills and Lucy Gilson **Health Economics for Developing Countries: A Survival Kit** (London School of Hygiene and Tropical Disease)
4. Rexford E. Santerre and Stephen P. Neun, **Health Economics: Theories, Insights and Industry Studies** (The Dryden Press, Harcourt Brace & Co., Orlando)
5. Government of India, **Five Year Plans**

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## **MSF11 HOSPITAL WORK I: VISITS TO HEALTHCARE ORGANISATIONS**

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### COURSE OBJECTIVES

The course will help to understand the functioning of different types of healthcare organisations in the following perspective:

1. Regional Healthcare Planning
2. Ownership and Mode of financing
3. Role of Hospital Administrator
4. Staffing
5. Physical Facilities
6. Managing Health Programmes

#### **1. FIELD VISITS (4 HOURS TO 8 HOURS OBSERVATION PER VISIT)**

- 1.1 Sub Centre / Health Post / Dispensary
- 1.2 Rural Health Centre
- 1.3 Primary Health Centre
- 1.4 Taluk / Peripheral Hospital
- 1.5 District General Hospital
- 1.6 Large General Hospital
- 1.7 Single Specialty Hospital
- 1.8 Teaching Hospital
- 1.9 Government Regional Hospital (Referral Centre)
- 1.10 Nursing Home
- 1.11 Voluntary / Charitable Hospital
- 1.12 Corporate Hospital
- 1.13 Community Health Projects: Preventive, Curative and Rehabilitative Care
- 1.14 Health NGO

At the completion of each field visit the students are required to submit a detail individual report exhibiting their observations in prescribed format.

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**MSH 15      STRATEGIC MANAGEMENT IN HEALTHCARE**

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**BLOCK 1: INTRODUCTION**

- 1.1 Critical Areas
- 1.2 Dimensions
- 1.3 Levels of Strategy
- 1.4 Characteristics of Strategic Decision
- 1.5 Benefits

**BLOCK 2: STRATEGIC MANAGEMENT PROCESS**

- 2.1 Mission for an Organisation
- 2.2 Organisational Profile
- 2.3 External Environment
- 2.4 Strategic Analysis and Choice
- 2.5 Long term Objectives
- 2.6 Grand Strategy
- 2.7 Annual Objectives
- 2.8 Functional Strategies
- 2.9 Policies
- 2.10 Institutionalising the Strategy
- 2.11 Evaluation and Control

**BLOCK 3: SITUATIONAL ANALYSIS**

- 3.1 Need
- 3.2 Environmental Issues, Vision, Mission, Objectives, Values, Directional Strategies, Adaptive Strategies, Market Entry Strategies, Positioning Strategies and Operational Strategies
- 3.3 External Environment Analysis
  - 3.3.1 Need
  - 3.3.2 Goals
  - 3.3.3 Limitations
  - 3.3.4 Description
  - 3.3.5 General Environment, Healthcare Environment and Information
  - 3.3.6 Process: Scan, Monitor, Forecast and Assess
  - 3.3.7 Tools and Techniques
  - 3.3.8 Responsibility: 3 Administrative Models
- 3.4 Internal Environment Analysis
  - 3.4.1 Objectives
  - 3.4.2 Culture, Management Subsystem and Information Subsystem
  - 3.4.3 Audit Checklist of Strengths and Weaknesses

**BLOCK 4: STRATEGY FORMULATION**

- 4.1 Developing Strategic Alternatives
- 4.2 Evaluation of Alternatives and Strategic Choice

## **BLOCK 5: APPLICATION IN NATIONAL AND INTERNATIONAL LEVEL**

- 5.1 Strategic Management Practices in National Health Care Programs
  - 5.1.1 Strategies adopted in Long Term Health Policy with special reference to Women and Child Health, AIDS Control, Tuberculosis Control, Leprosy Control, Malaria Eradication and Water Supply and Sanitation
  - 5.1.2 Strategic Planning in Family Planning and Welfare Programme
- 5.2 Strategic Management Practices in International Healthcare
  - 5.2.1 Strategies adopted by International Agencies: WHO, World Bank
  - 5.2.2 Strategic Approach in Health Programs of few Developed Countries and / or Neighbouring Countries.

### **TEXTBOOKS**

- 1. W. Jack Duncan, Peter M. Ginter and Linda E. Swayne, **Strategic Management of Health Care Organizations** (Blackwell Publishers, Massachusetts, USA) ISBN 1-55786-534-5
- 2. K. Park, **Text Book of Preventive and Social Medicine** (M/s Banarsidas Bhanot, Jabalpur)

### **REFERENCES**

- 3. John A. Pearce II and Richard B. Robinson Jr., **Strategic Management: Strategy Formulation and Implementation** (AITBS Publishers and Distributors, Delhi)
- 4. Roger Kropf and et al, **Strategic Analysis for Hospital Management** (Aspen Publication, USA)

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## **MSH 16 HUMAN RESOURCE MANAGEMENT**

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### **BLOCK 1: BASICS OF HRM AND SOURCING**

- 1.1 Introduction and Relationship between HRM and HRD
- 1.2 Objectives of HRM
- 1.3 HR Planning: Short term and Long term
- 1.4 Productivity Analysis in Healthcare
- 1.5 HR Policy and Procedure
- 1.6 Recruitment
- 1.7 Selection
- 1.8 Placement
- 1.9 Induction / Orientation

### **BLOCK 2: TRAINING AND DEVELOPMENT**

- 2.1 Staff Training and Development
- 2.2 Trends
- 2.3 Structural Issues of Delivery of Training
- 2.4 Assessing Training Needs
- 2.5 Evaluating Training Program
- 2.6 Career Growth and Development
- 2.7 Management Development
- 2.8 Organizational Development

### **BLOCK 3: COMPENSATION MANAGEMENT**

- 3.1 Pay and Incentive System
- 3.2 Rationale Wage and Salary Policy
- 3.3 Wages and Salary Administration

### **BLOCK 4: PERFORMANCES MANAGEMENT AND HUMANRESOURCES INFORMATION**

- 4.1 Conceptual Model of Performances Management and Application of Basic Modes
- 4.2 Process, Need, Purpose and Content
- 4.3 Performance Indicators: Individual and Organization
- 4.4 360 Degree Feedback
- 4.5 Information and Records
- 4.6 Periodic Reports on Manpower, Turnover and Compensation
- 4.7 Information on Planned Changes, Performance, Turnover, Absenteeism and Labour Market

### **BLOCK 5: EMERGING CONCEPTS IN HRM**

- 5.1 Leadership and Learning Organization
- 5.2 Organization Culture and Change
- 5.3 Code of Conduct
- 5.4 Relationship
- 5.5 Values and Work Ethics
- 5.6 Staff Communication
- 5.7 Succession Planning
- 5.8 Health Issues and Repatriation
- 5.9 Occupational Hazards: Health and Safety
- 5.10 Welfare Programmes and Counselling

### **TEXTBOOKS**

- 1. David A. DeCenzo and Stephen P. Robbins, **Human Resource Management**  
(John Wiley & Sons Inc., New York)
- 2. R.C .Goyal, **Handbook of Hospital Personnel Management**  
(Prentice-Hall India Pvt. Ltd., New Delhi)

### **REFERENCES**

- 3. David A. DeCenzo and Stephen P. Robbins, **Personnel / Human Resource Management**  
(Prentice-Hall of India Pvt. Ltd., New Delhi)
- 4. Vincent K. Omachonu, **Healthcare Performance Improvement**  
(Engineering & Management Pr, USA)

**BLOCK 1: APPLICATION OF MARKETING IN HEALTHCARE**

- 1.1 Marketing Concept of Marketing
- 1.2 Importance of Marketing to Healthcare Organizations
- 1.3 Challenges in Practicing Marketing in Healthcare Industry
- 1.4 Marketing Intelligence, Information and Research System
- 1.5 Marketing Organisation: Chart, Fulltime Staff and Hiring Consultants

**BLOCK 2: MARKET (INDIVIDUAL AND ORGANIZATIONAL) ANALYSIS**

- 2.1 Market Measurement and Forecasting
  - 2.1.1 Defining Market
  - 2.1.2 Measuring Current Market Demand
  - 2.1.3 Forecasting Demand
- 2.2 Market Segmentation and Targeting
  - 2.2.1 Steps in Segmentation and Targeting
  - 2.2.2 Target Marketing
- 2.3 Consumer Analysis
  - 2.3.1 Consumer Buying Process
  - 2.3.2 Organization Buyer Behaviour
  - 2.3.3 Consumer Adoption Process

**BLOCK 3: MARKETING MIX DECISIONS**

- 3.1 Product (Service) Decisions
  - 3.1.1 Nature and Characteristics of Services
  - 3.1.2 Marketing Approaches to New Services Development
  - 3.1.3 Service Mix Decision
  - 3.1.4 Service Item Decision
  - 3.1.5 Service Life Cycle Decision
  - 3.1.6 Demand Generation
- 3.2 Pricing Decisions
  - 3.2.1 Pricing Objectives in Healthcare
  - 3.2.2 Pricing Strategy
  - 3.2.3 Present and Future Situation
- 3.3 Place Decisions
  - 3.3.1 Major Distribution Decisions
  - 3.3.2 Strengthening Referral Systems
- 3.4 Promotion Decisions
  - 3.4.1 Sales Force in Healthcare Organizations
  - 3.4.2 Advertising in Healthcare Industry
  - 3.4.3 Sales Promotion Practices in Healthcare Organizations
  - 3.4.4 Publicity Practices

- 3.5 Marketing Strategies
  - 3.5.1 Service Portfolio Strategy
  - 3.5.2 Market Expansion Strategy
  - 3.5.3 Target Market Strategy
  - 3.5.4 Price Quality Strategy
  - 3.5.5 Competitive Positioning Strategy
  - 3.5.6 Marketing Mix Strategy

#### **BLOCK 4: SOCIAL MARKETING**

- 4.1 Steps in Social Marketing
- 4.2 Cognitive, Action, Behaviour and Value Changes

#### **BLOCK 5: PUBLIC RELATIONS**

- 5.1 Introduction to Public Relations
  - 5.1.1 Meaning of Public Relations
  - 5.1.2 Classification of Public from Healthcare Marketing Perspective
  - 5.1.3 Evolution of Public Relations
- 5.2 Public Relations Process
  - 5.2.1 Identifying the Relevant Publics
  - 5.2.2 Measuring Images and Attitude of the Relevant Public
  - 5.2.3 Establishing Image and Attitude Goals for the Key Publics
  - 5.2.4 Developing Cost Effective Public Relations Strategies
  - 5.2.5 Implementing Actions and Evaluating Results
- 5.3 Community Opinion Surveys to Assess the Image of an Organization
  - 5.3.1 A Model Questionnaire used in Healthcare Services
  - 5.3.2 Methodology of the Study
- 5.4 Public Relations Tools
  - 5.4.1 Materials: Written and Audiovisual
  - 5.4.2 Media: News, Events, Speeches and Telephone Information Services
- 5.5 Health Service Public Relations Officer
  - 5.5.1 Profile of Public Relations Officer
  - 5.5.2 Changing Role and Responsibilities of Health Service PRO

#### **TEXTBOOKS**

1. Philip Kotler and Roberta N. Clarke, **Marketing for Healthcare Organizations** (Prentice Hall Publication)
2. Roger Silver, **Health Service Public Relations** (Radcliffe Medical Press Ltd., Oxford, 1995) ISBN 1-85775-028-4

#### **REFERENCES**

3. John F. O'Malley, **Healthcare Marketing Sales and Services: An Executive Companion** (Health Administration Press) ISBN 1-56793-150-2
4. G.D. Kunder, **How to Market Your Hospital Without Selling Your Philosophy** (Prism Books Pvt. Ltd., Bangalore, 2000)

**BLOCK 1: FUNDAMENTALS OF ACCOUNTING**

- 1.1 Meaning, Concepts, Principles, Accounting Rules
- 1.2 Single and Double Entry System
- 1.3 Journal Entry, Bookkeeping, Ledger
- 1.4 Accounts Receivable and Accounts Payable
- 1.5 Payroll and Executive Remuneration
- 1.6 Trial Balance
- 1.7 Rectification of Errors
- 1.8 Asset Accounting and Depreciation
- 1.9 Reserves and Provisions

**BLOCK 2: CASH ACCOUNTING AND CASH MANAGEMENT**

- 2.1 Billing / Cash Receipts and Daily Cash Summary
- 2.2 Bank Accounts and Bank Reconciliation
- 2.3 Cash Book
- 2.4 Petty Cash Management
- 2.5 Authorisation and Approval
- 2.6 Cash Flow Analysis
- 2.7 Cash Budgeting
- 2.8 Cash Control

**BLOCK 3: HOSPITAL ACCOUNTING AND FINANCIAL STATEMENTS**

- 3.1 Departmentalised Accounting
- 3.2 Internal Control and Internal Auditing
- 3.3 Trust Funds
- 3.4 Investment Accounting
- 3.5 Application of Software
- 3.6 Revenue and Capital Expenditure
- 3.7 Receipt and Payment Account
- 3.8 Income and Expenditure Statement
- 3.9 Balance Sheet
- 3.10 Statutory Audit

**BLOCK 4: HOSPITAL FINANCE: FUNDAMENTALS, BUDGETING, AND COSTING**

- 4.1 Need and Importance of Financial Discipline
- 4.2 Basic Concepts: Liquidity, Profitability and Leverage
- 4.3 Role of Finance Controller and Responsibility Accounting
- 4.4 Budgeting
  - 4.4.1 Need, Elements, Stages and Terms of Budgeting
  - 4.4.2 Operating Budget: Activity /Zero Based Budgeting
  - 4.4.3 Capital Budgeting: Return on Investment
  - 4.4.4 Problems of Budgeting in Hospitals and Overcoming Problems

- 4.5 Costing
  - 4.5.1 Basics of Cost Accounting: Types and Elements
  - 4.5.2 Cost Behaviour
  - 4.5.3 Cost Centres
  - 4.5.4 Cost Volume Profit Analysis / Breakeven Analysis
  - 4.5.5 Hospital Rate Setting / Pricing Decision
  - 4.5.6 Cost Containment

## **BLOCK 5: FINANCIAL DECISIONS AND FUNDRAISING**

- 5.1 Working Capital Management
- 5.2 Sources and Application of Fund
- 5.3 Analysis of Financial Statements
- 5.4 Financial Performance of Hospital
- 5.5 Financial Planning: Long Term and Short Term
- 5.6 Financing of Health
- 5.7 Analysis of Need for Fund for Modernization and Expansion
- 5.8 Financial Information System and Reporting
- 5.9 Investment Management
- 5.10 Fundraising
  - 5.10.1 Art of Fundraising
  - 5.10.2 Analyzing Donor Markets
  - 5.10.3 Organizing for Fundraising
  - 5.10.4 Fundraising Goals and Strategies
  - 5.10.5 Fundraising Tactics
  - 5.10.6 Evaluating Fundraising Effectiveness

## **TEXTBOOKS**

1. L. Vann Seawell, **Principles of Hospital Accounting**  
(Physicians' Record Company, Berwyn)
2. William O. Cleverley, **Essentials of Healthcare Financing**  
(An Aspen Publication, New Jersey)

## **REFERENCES**

3. VHA, **An Accounting Guide for Voluntary Hospitals in India**  
(The Voluntary Health Association of India, New Delhi)
4. Steven F. Kukla, **Cost Accounting and Financial Analysis for the Hospital Administrator**  
(American Hospital Publishing Inc., AHA)
5. M.C. Shukla and T.S. Grewal, **Advanced Accounts**  
(S. Chand & Company Ltd., New Delhi) ISBN 81-219-0396-3
6. S.C. Kuchhal, **Corporation Finance: Principles and Problems**  
(Chaitanya Publishing House, Allahabad)

**BLOCK 1: MATERIALS MANAGEMENT**

- 1.1 Introduction
- 1.2 Definition and Function
- 1.3 Goals and Objectives of Materials Management
- 1.4 Materials Cycle
- 1.5 Functions of Materials Manager
- 1.6 Problems and Issues in Hospitals
- 1.7 Information Systems for Materials Management

**BLOCK 2: PURCHASING**

- 2.1 Objectives and Elements of Purchasing
- 2.2 Purchasing System
- 2.3 Purchase Cycle
- 2.4 Purchase Procedures
- 2.5 Legal and Ethical Aspects
  - 2.5.1 Conditions of Contract
  - 2.5.2 Financial Rules
  - 2.5.3 Arbitration

**BLOCK 3: EQUIPMENT PURCHASE AND MAINTENANCE**

- 3.1 Planning and Selection of Equipment-
- 3.2 Import of Equipment
- 3.3 Equipment Utilization and Operation
- 3.4 Equipment Repair and Maintenance
- 3.5 Equipment Audit

**BLOCK 4: INSPECTION, STORAGE AND DISTRIBUTION OF MATERIALS**

- 4.1 Planning Consideration of Stores
- 4.2 Inspection and Verification of Materials
- 4.3 Storage of Materials
- 4.4 Distribution of Materials
- 4.5 Condemnation and Disposal

**BLOCK 5: SCIENTIFIC INVENTORY MANAGEMENT**

- 5.1 Codification and Standardization
- 5.2 Value Analysis
- 5.3 Inventory Control
- 5.4 Lead Time, Safety Stock and Reorder Level
- 5.5 Economic Order Quantity (EOQ)
- 5.6 Selective Controls
- 5.7 Case Studies on Inventory Control

## TEXTBOOKS

1. Shakti Gupta and Sunil Kant, **Hospital Stores Management: An Integrated Approach** (Jaypee Publications, New Delhi, India)
2. WHO, **Maintenance and Repair of Laboratory, Diagnostic, Imaging and Hospital Equipment** (WHO, Geneva)

## REFERENCES

3. Murriel Skeet and David Fear, **Care and Safe Use of Hospital Equipment** (VSO, UK)
4. P. Gopalakrishnan and M. Sundaresan, **Materials Management: An Integrated Approach** (Prentice-Hall of India Pvt. Ltd., New Delhi) ISBN 81-203-0027-0

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## **MSF 12 HOSPITAL WORK II: PRACTICAL TRAINING IN OPERATIONAL MANAGEMENT FUNCTIONS**

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### COURSE OBJECTIVES

The course will help to understand the operational management functions in a healthcare organisation covering:

1. Human Resources Management
2. Marketing
3. Public Relations
4. Accounting
5. Finance
6. Materials

### 1. ORGANISATION UNDERSTUDY

- 1.1 History of the Hospital
- 1.2 Promoters
- 1.3 Management (Composition of Trust / Society / Governing Board / Executive Board)
- 1.4 Philosophy / Vision and Mission
- 1.5 Location and Layout of the Hospital
- 1.6 Staffing (including Organogram)
- 1.7 Services Rendered (including Statistics)
- 1.8 Future Plans

### 2. OPERATIONAL MANAGEMENT FUNCTIONS IN A HOSPITAL

- 2.1 Human Resources Management / Personnel Management
- 2.2 Marketing and Public Relations Practices
- 2.3 Accounting and Financial Management
- 2.4 Materials: Purchase, Stores and Issues & Indent

At the completion of the one-month observation training the students are required to submit a detail individual report exhibiting their observations in a format as prescribed by the University.

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**MSH 20      PATIENT CARE PLANNING AND MANAGEMENT**

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**BLOCK 1: HOSPITAL PLANNING**

- 1.1 Concept of Planning
- 1.2 Guiding Principles in Planning Hospital Facilities and Services
- 1.3 Regional Planning and Factors to be emphasized
- 1.4 Steps in Hospital Planning; Planning Team and Stages of Project
- 1.5 Estimation, Architect Brief and Master Plan
- 1.6 Selection of Site and Decision on Land, Space, and Utilities

**BLOCK 2: OUTPATIENT SERVICES**

- 2.1 Objectives
- 2.2 Functions
- 2.3 Location, Design and Layout
- 2.4 Policy and Procedures
- 2.5 Organization
- 2.6 Staffing
- 2.7 Equipment and Facilities
- 2.8 Key Result Areas and Performance / Quality Indicators
- 2.9 Daily Planning and Scheduling of Work
- 2.10 Managing Time: Waiting Time and Total Time Spent by a Patient
- 2.11 Specialty, Sub-specialty and Super Specialty Clinics
- 2.12 Diagnosis, Physiotherapy and Occupational Therapy
- 2.13 Emerging Concepts: Day Care, Reservation, Appointment by Phone
- 2.14 Medico-social Works / Patient Counselling
- 2.15 Other Facilities: Pharmacy, Gifts Shop, Prayer / Meditation Room

**BLOCK 3: TRAUMA CARE: EMERGENCY AND CASUALTY SERVICES**

- 3.1 Objectives
- 3.2 Functions
- 3.3 Location, Design and Layout
- 3.4 Policy and Procedures
- 3.5 Organization
- 3.6 Staffing
- 3.7 Equipment and Facilities
- 3.8 Key Result Areas and Performance / Quality Indicators
- 3.9 Disaster Management: Principles and Classification
- 3.10 Life Saving Drugs
- 3.11 Ambulance and Paramedic Services
- 3.12 Medico-legal Procedures
- 3.13 Forms and Registers to be maintained
- 3.14 Communication System

## **BLOCK 4: INPATIENT SERVICES**

- 4.1 Inpatient Care
  - 4.1.1 Objectives
  - 4.1.2 Functions
  - 4.1.3 Location, Design and Layout
  - 4.1.4 Policy and Procedures
  - 4.1.5 Organization
  - 4.1.6 Staffing
  - 4.1.7 Equipment and Facilities
  - 4.1.8 Key Result Areas and Performance / Quality Indicators
  - 4.1.9 Admission, Transfer, Billing and Discharge Procedures
  - 4.1.10 Managing Deaths
- 4.2 Intensive Care Units
  - 4.2.1 Objectives
  - 4.2.2 Functions
  - 4.2.3 Location, Design and Layout
  - 4.2.4 Policy and Procedures
  - 4.2.5 Organization
  - 4.2.6 Staffing
  - 4.2.7 Equipment and Facilities
  - 4.2.8 Key Result Areas and Performance / Quality Indicators
  - 4.2.9 Types of ICUs

## **BLOCK 5: OPERATION THEATRE**

- 5.1 Objectives
- 5.2 Functions
- 5.3 Location, Design and Layout
- 5.4 Policy and Procedures
- 5.5 Organization
- 5.6 Staffing
- 5.7 Equipment and Facilities
- 5.8 Key Result Areas and Performance / Quality Indicators
- 5.9 Daily Planning and Scheduling
- 5.10 Determinants of number of Operating Rooms
- 5.11 Zoning and Aseptic / Sterile Techniques
- 5.12 Clinical Protocols
- 5.13 Sub-stores, CSSD, Immediate Postoperative Recovery Rooms
- 5.14 Safety Issues

## TEXTBOOKS

1. NHS, **Guide to Good Practices in Hospital Administration** (Department of Health and Social Security: National Health Services, London)
2. R. Llewelyn Davies and HMC Macaulay, **Hospital Planning and Administration** (Jaypee Brothers Medical Publishers P. Ltd., New Delhi)
3. Syed Amin Tabish, **Hospital and Health Services Administration Principles and Practice** (Oxford University Press, New Delhi)

## REFERENCES

4. B.M. Sakharkar, **Principles of Hospital Administration and Planning** (Jaypee Brothers Medical Publishers Pvt. Ltd., New Delhi)
5. C.M. Francis and et al., **Hospital Administration** (Jaypee Brothers Medical Publishers Pvt. Ltd., New Delhi)
6. G.D. Kunders, **Designing for Total Quality in Health Care** (Prism Books Pvt. Ltd., Bangalore)

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## **MSH 21 SUPPORTIVE SERVICES AND FACILITIES MANAGEMENT**

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### **BLOCK 1: FRONT OFFICE AND MEDICAL RECORDS**

- 1.1 Front Office
  - 1.1.1 Objectives and Functions
  - 1.1.2 Location
  - 1.1.3 Staffing
  - 1.1.4 Information and Communication
- 1.2 Medical Records
  - 1.2.1 Objectives and Functions
  - 1.2.2 Characteristics, Main Section and Analysis of Medical Records
  - 1.2.3 Types of Forms; Retention Policy; Records and Statistics
  - 1.2.4 Hospital Beds, Bed Compliment, Bed Days, Average Length of Stay (LOS), Bed Occupancy Rate, Daily Ward Census, Bed Turnover Rate, Gross / Net / Postoperative Death Rate, Admission and Discharge
  - 1.2.5 Location, Design and Layout
  - 1.2.6 Staffing; Medical Records Committee
  - 1.2.7 Technology Advancements: EMR, Microfilming and Smart Cards

### **BLOCK 2: DIAGNOSTIC SERVICES**

- 2.1 Radiology Services
  - 2.1.1 Objectives and Functions
  - 2.1.2 Location, Design and Layout
  - 2.1.3 Staffing; Duties of Radiologist and Technicians

- 2.2 Laboratory Services
  - 2.2.1 Objectives and Functions
  - 2.2.2 Location, Design and Layout
  - 2.2.3 Staffing; Duties of Pathologists and Lab Technicians
  - 2.2.4 Classification of Laboratory Services

### **BLOCK 3: OTHER SUPPORTIVE SERVICES**

- 3.1 CSSD
  - 3.1.1 Objectives and Functions
  - 3.1.2 Advantages of Centralized System
  - 3.1.3 Distribution System
  - 3.1.4 Location, Design and Layout
  - 3.1.5 Staffing; Duties of CSSD In-charge
- 3.2 Linen and Laundry
  - 3.2.1 Objectives and Functions
  - 3.2.2 Location and Space
  - 3.2.3 Staffing
  - 3.2.4 Bed Linen Ratio
  - 3.2.5 Automation
- 3.3 Housekeeping
  - 3.3.1 Objectives and Functions
  - 3.3.2 Staffing
  - 3.3.3 Key Tasks
  - 3.3.4 Systematic and Standard Procedures of Cleaning
  - 3.3.5 Required Materials for Cleaning
- 3.4 Security Services
  - 3.4.1 Objectives and Functions
  - 3.4.2 Staffing; Responsibilities of Security Guard
  - 3.4.3 Gate Pass; Physical Verification; Control Movement

### **BLOCK 4: SALES OUTLETS**

- 4.1 Pharmacy
  - 4.1.1 Objectives and Functions
  - 4.1.2 Location, Design and Layout
  - 4.1.3 Staffing; Duties of Chief Pharmacist; Therapeutic Committee
  - 4.1.4 Hospital Formulary
- 4.2 Dietary Services
  - 4.2.1 Objectives and Functions
  - 4.2.2 Staffing
  - 4.2.3 Equipment and Physical Facilities
  - 4.2.4 Purchases, Stores and Issues
  - 4.2.5 Pricing and Control Measures
  - 4.2.6 Location, Design and Layout

## **BLOCK 5: MAINTENANCE MANAGEMENT**

- 5.1 Objectives and Functions
- 5.2 Civil and Biomedical
- 5.3 Staffing
- 5.4 Location and Space
- 5.5 Policy and Procedures
- 5.6 Equipments Types and Characteristics; Purchase, Inspection and Installation, Records, Responsibilities
- 5.7 Levels of Maintenance; Service Contracts and Disposition

### **TEXTBOOKS**

1. NHS, **Guide to Good Practices in Hospital Administration** (Department of Health and Social Security: National Health Services, London)
2. C.M. Francis and et al., **Hospital Administration** (Jaypee Brothers Medical Publishers Pvt. Ltd., New Delhi)

### **REFERENCES**

3. G.D. Kunders, **Hospitals: Planning, Design and Management** (Prism Books Pvt. Ltd., Bangalore)
4. Syed Amin Tabish, **Hospital and Health Services Administration Principles and Practice** (Oxford University Press, New Delhi)
5. B.M. Sakharkar, **Principles of Hospital Administration and Planning** (Jaypee Brothers Medical Publishers Pvt. Ltd., New Delhi)

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## **MSH 22 HEALTH SYSTEMS RESEARCH & RESEARCH METHODOLOGY**

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### **BLOCK 1: INTRODUCTION, RESEARCH PLANNING AND DESIGN**

- 1.1 Meaning, Purpose, Types and Methods of Research
- 1.2 Research Process
- 1.3 Steps in Research Planning
- 1.4 Problems: Components, Selecting and Defining Problem
- 1.5 Purpose, Objectives and Hypothesis
- 1.6 Research Strategies
- 1.7 Ethical Aspects in Health Research
- 1.8 Economic Considerations
- 1.9 Data Collection Plans: Questioning, Information Gathering and Sources
- 1.10 Plans for Analysis of Data
- 1.11 Proposal Writing
- 1.12 Research Design in case of different researches

## **BLOCK 2: SAMPLING METHODS**

- 2.1 Census Vs Sampling
- 2.2 Universe, Sampling Frame, Sampling Design, Errors, Precision and Confidence Level
- 2.3 Principles of Sampling
- 2.4 Steps in Sampling Design
- 2.5 Systematic Bias & Causes of Bias
- 2.6 Types of Sampling Design
- 2.7 Merits and Limitations of Sampling

## **BLOCK 3: DATA COLLECTION**

- 3.1 Primary and Secondary Data
- 3.2 Methods of Collecting Primary Data: Questioning and Observation
- 3.3 Prerequisites / Basic Tenets of Interviewing
- 3.4 Designing a Questionnaire
- 3.5 Pre-testing / Pilot Study

## **BLOCK 4: DATA ANALYSIS: BIOSTATISTICS**

- 4.1 Functions, Scope and Limitations
- 4.2 Presentation of Data
- 4.3 Measures of Central Tendency
- 4.4 Measures of Variation
- 4.5 Correlation and Regression Analysis
- 4.6 Forecasting and Time Series Analysis
- 4.7 Probability
- 4.8 Sampling
- 4.9 Estimation of Parameters
- 4.10 Tests of Hypothesis
- 4.11 Chi Square Test
- 4.12 Statistical Quality Control

## **BLOCK 5: INTERPRETATION AND REPORT WRITING**

- 5.1 Reasons, Techniques and Precautions in Interpretation
- 5.2 Significance of Report Writing
- 5.3 Steps in Report Writing
- 5.4 Layout of a Research Report
- 5.5 Types of Reports
- 5.6 University Prescribed Guidelines
- 5.7 Precautions

## **TEXTBOOKS**

1. CR Kothari, **Research Methodology Methods and Techniques**  
(Wiley Eastern Ltd., New Delhi)
2. PSS Sundar Rao and J Richard, **An Introduction to Biostatistics –  
A Manual for Students in Health Sciences** (Prentice – Hall of India Pvt. Ltd., New Delhi)

## REFERENCES

3. Stephen Polgar and Shane S Thomas, **Introduction to Research in the Health Sciences** (Churchill Livingstone Publications)
4. BK Mahajan, **Methods in Biostatistics** (Jaypee Brothers Medical Publishers P. Ltd., New Delhi)
5. SP Gupta and MP Gupta, **Business Statistics** (Sultan Chand & Sons, New Delhi)

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## **MSH 23 HEALTH COMMUNICATION PLANNING AND MANAGEMENT**

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### **BLOCK 1: COMMUNICATION: FUNDAMENTALS AND PROCESS**

- 1.1 Meaning and Process of Communication
- 1.2 Barriers to Communication
- 1.3 Key to overcome Barriers: Awareness, Self-assessment, Openness and Objectivity
- 1.4 Leadership and Motivation
- 1.5 Learning and Change Process
- 1.6 Types: Formal, Supportive, Rigid, Purposeful and Complex
- 1.7 Levels: Intra-personal, Interpersonal, Public and Mass
- 1.8 Process of Communication Planning
  - 1.8.1 Analysis of Audience and Situation
  - 1.8.2 Setting Objectives
  - 1.8.3 Designing Strategy: Message, Methods and Media
  - 1.8.4 Planning Activities: Scheduling, Budgeting and Implementation
  - 1.8.5 Evaluation Phase

### **BLOCK 2: STRATEGIES OF IMPLEMENTATION OF COMMUNICATION PROGRAMME**

- 2.1 Building Commitment
- 2.2 Training Manpower
- 2.3 Community Participation
- 2.4 Utilizing Resources

### **BLOCK 3: EVALUATION OF HEALTH COMMUNICATION / CAMPAIGN PROGRAMME**

- 3.1 Stages of Evaluation
- 3.2 Criteria of Evaluation
- 3.3 Methods of evaluation

### **BLOCK 4: METHODS OF COMMUNICATION**

- 4.1 Individual Methods (Individual teaching)
  - 4.1.1 Interview: Meaning, types and techniques of taking interview
  - 4.1.2 Counselling: Meaning and techniques of counselling

- 4.2 Group Methods (Group teaching)
  - 4.2.1 Group discussion: Meaning, categories of members and their functions, factors affecting good discussion and decision making
  - 4.2.2 Role play: Meaning, techniques of conducting role play
  - 4.2.3 Symposium: Meaning, procedures of conducting the symposium
- 4.3 Mass Methods (Mass teaching)
  - 4.3.1 Lecture: Meaning, types, techniques of delivering lecture effectively
- 4.4 Documentation

## **BLOCK 5: MEDIA OF COMMUNICATION**

- 5.1 Audio Aids
  - 5.1.1 Cassette player: Meaning, advantages of using cassette player in teaching
- 5.2 Visual Aids
  - 5.2.1 Pamphlet: Meaning and Advantages
  - 5.2.2 Poster: Meaning and Techniques
  - 5.2.3 Chart: Meaning, Types, Sources and Advantages
  - 5.2.4 Flip Chart: Meaning and Techniques
  - 5.2.5 Flannel Graph: Meaning and Techniques
  - 5.2.6 Bulletin Board: Meaning and Procedures
- 5.3 Audio-visual Aids
  - 5.3.1 Television (TV): Meaning and Advantages
  - 5.3.2 Video Show: Meaning and Advantages
  - 5.3.3 Computer Networks, Websites, Emails, etc.

## **TEXTBOOKS**

1. L. Ramachandran and et al, **A Textbook of Health Education** (Vikas Publishing House Pvt. Ltd., New Delhi)
2. WHO, **Health Education: Comprehensive Guidelines of Planning, Implementation and Evaluation** (WHO Regional Office for South Asia, New Delhi)
3. Marry Munter, **Guide to Managerial Communication** (Prentice Hall, New Jersey) ISBN 0130462152

## **REFERENCES**

4. Robert J Bensley and Jodi Brookins Fisher, **Community Health Education Methods: A Practical Guide** (Jones and Bartlett Publishers, Boston) ISBN 0763718017
5. Hari Bhakta Pradhan, **A Text Book of Health Education: Philosophy and Principles** (Educational Publishing House, Kathmandu)
6. Michael E. Hattersley, Linda J. McJannet and Linda M. McJannet, **Management Communication: Principles and Practice** (McGraw-Hill Co.) ISBN 0070270414

**COURSE OBJECTIVES**

The course will help to understand the functioning patient care areas and supportive services departments / sections that include:

1. Out Patient Service
2. Inpatient Service
3. Diagnosis
4. Community Health
5. Engineering / Maintenance
6. Supportive Services

**1. PATIENT CARE**

- 1.1 Outpatient Service (including MRD)
- 1.2 Emergency Care
- 1.3 Inpatient Services (admission, one ward, OT, one ICU and discharge in detail)
- 1.4 Diagnostic Services
- 1.5 Community Health
- 1.6 Education, Research and Publications

**2. SUPPORTIVE SERVICES**

- 2.1 Maintenance Management
- 2.2 Front Office
- 2.3 Housekeeping
- 2.4 Dietary
- 2.5 Linen and Laundry
- 2.6 Security
- 2.7 Sales outlets (e.g. Pharmacy)
- 2.8 Inventory and Indent

At the completion of the one-month observation training the students are required to submit a detail individual report exhibiting their observations in a format as prescribed by the University.

**BLOCK 1: HEALTH INSURANCE, MARKET FAILURE AND RISKS**

- 1.1 Concept of Health Insurance
- 1.2 Types, origin, evolution and importance:
  - 1.2.1 Private Health Insurance for profit
  - 1.2.2 Private Health Insurance not-for-profit: Community Health Insurance (CHI), Employer Based Insurance, Health Micro Insurance (MHI) and Reinsurance
  - 1.2.3 Public Health Insurance: National Health Insurance, Social Health Insurance
  - 1.2.4 Fundamental differences among various Health Insurance Schemes
  - 1.2.5 Various models of CHI and MHI tested / implemented in developing countries
  - 1.2.6 Health Insurance in Indian Context
- 1.3 Social security: A fundamental concept
- 1.4 Risk and Insurance
- 1.5 Demand and Supply for Health Insurance
- 1.6 Economics of Scale
- 1.7 Welfare Loss from Health Insurance
- 1.8 Actuarially Fair Premium, Expected Loss, Load Factors
- 1.9 Risks: Moral hazard, adverse selection, cost escalation, fraud and abuse, cream skimming
- 1.10 Risk Management Tools
  - 1.10.1 Moral Hazard: Co-payment / coinsurance, deductibles, indemnity payment, mandatory referral system
  - 1.10.2 Adverse Selection: Collective membership, group policies
  - 1.10.3 Cost Escalation: Treatment protocol, fixed fee per illness
  - 1.10.4 Fraud and Abuse (free rider): Insurance cared with photograph

**BLOCK 2: DESIGNING BENEFIT PACKAGE AND PREMIUM SETTING**

- 2.1 Designing Benefit Package: Introduction
- 2.2 Issues to be considered: Financial resources, existing infrastructure and quality care, priority, utilization, pattern of disease and injury, level of health services, estimating maximum demand
- 2.3 Costing the Benefit Package: Cost of pharmaceuticals, consultations, diagnostic support services, hospitalization, additional services and operating costs
- 2.4 Premium Setting: Calculation and determining premium

### **BLOCK 3: PROVIDER PAYMENT MECHANISM**

- 3.1 Introduction, fee for services, case payment, daily charge, bonus payment, flat rate payment, capitation, salary, global budget, DRG
- 3.2 Comparison of different payment systems

### **BLOCK 4: DESIGNING AND PLANNING OF COMMUNITY HEALTH INSURANCE**

- 4.1 Pre-Feasibility Study: Establish contact with community, test preconditions (social cohesion, priority for health, trust to the initiator, quality services, economic situation), information, education and communication, working groups, planning data collection
- 4.2 Data collection and analysis: household survey questionnaire design, production of information
- 4.3 Feasibility Study: Basis of choice (benefit package and premium), scenario, major risks and its management, payment mechanism and fund management
- 4.4 Preparing for Implementation: Practical and logistics
- 4.5 Implementation: Launching, enrolment, premium collection, waiting period
- 4.6 Monitoring and Evaluation

### **BLOCK 5: MANAGED CARE**

- 5.1 Origin, Growth and Development of Managed Care
- 5.2 Importance
- 5.3 Management Functions of Managed Care
- 5.4 System of Managed Care
  - 5.4.1 Health Maintenance Organization (HMO)
  - 5.4.2 Preferred Provider Organization (PPO)
  - 5.4.3 Exclusive Provider Organization (EPO)
  - 5.4.4 Physician Hospital Organization (PHO)
  - 5.4.5 Independent Practitioner Organization (IPO)
- 5.5 Components of Managed Care System
  - 5.5.1 Contractor Provider Network
  - 5.5.2 Patient Access Systems
  - 5.5.3 Utilization Management
  - 5.5.4 Claims Payment
  - 5.5.5 Customer Service
  - 5.5.6 Quality Management

### **TEXTBOOKS**

1. Peter R. Kongstrvedt (ed), **The Managed Health Care Handbook** (Aspen Publication, Maryland, USA, 1989)
2. L.M. Harpster and M.S. Veach, **Risk Management Handbook for Healthcare Facilities** (American Hospital Association, USA, 1990)

### **REFERENCES**

3. A.V. Rickel and T.N. Wise, **Understanding Managed Care** (Karger, USA, 2000)

**BLOCK 1: PROMOTION**

- 1.1 Forming Society
- 1.2 The Companies Act
- 1.3 Law of Partnership
- 1.4 A Sample Constitution for the Hospital
- 1.5 The Tamil Nadu Clinics Act

**BLOCK 2: LABOUR RELATIONS**

- 2.1 Factories Act
- 2.2 Shops and Establishment Act
- 2.3 The Workmen's Compensation Act
- 2.4 The Employees' State Insurance Act
- 2.5 The Employees' Provident Funds Act
- 2.6 The Payment of Gratuity Act
- 2.7 The Maternity Benefit Act
- 2.8 The Payment of Wages Act
- 2.9 The Minimum Wages Act
- 2.10 The Industrial Disputes Act
- 2.11 The Industrial Employment (Standing Orders) Act
- 2.12 The Trade Union Act
- 2.13 The Apprentices Act
- 2.14 The Employment Exchanges (Compulsory Notification of Vacancies) Act
- 2.15 The Collection of Statistics Act

**BLOCK 3: MEDICAL CARE**

- 3.1 Medical Council of India
- 3.2 Medical Licensure Law
- 3.3 Doctors Patient Relationship
- 3.4 Medical Malpractice
- 3.5 Quality and Standard of Medical Care
- 3.6 Negligence
- 3.7 Medical Consent
- 3.8 Emergency Care
- 3.9 The Consumer Protection Act
- 3.10 Patients Rights and Responsibilities
- 3.11 Medical Ethics

**BLOCK 4: MEDICO LEGAL COMMITMENTS**

- 4.1 Mental Illness
- 4.2 Tuberculosis
- 4.3 Drugs Addicts and Alcoholics
- 4.4 Legal Issue in Death Cases
- 4.5 Legal Testimony in Medico-legal cases
- 4.6 Narcotic Laws

- 4.7 The Drugs and Cosmetic Act
- 4.8 Drug Control Policy
- 4.9 Clinical Investigation
- 4.10 Blood Transfusion
- 4.11 The Medical Termination of Pregnancy Act
- 4.12 The Prenatal Diagnostic Techniques Act
- 4.13 Dying Declaration
- 4.14 Medical Jurisprudence
- 4.15 The Human Organ Transplantation Act
- 4.16 Toxicology

#### **BLOCK 5: HOSPITAL ADMINISTRATION**

- 5.1 The Biomedical Waste (Management and Handling) Rules
- 5.2 Radiation Safety System
- 5.3 Law of Insurance
- 5.4 Export Import Policy
- 5.5 Exemption of Income Tax for Donations
- 5.6 Tax Obligations: Filing Returns and Deductions at Source

#### **TEXTBOOKS**

- 1. Raj Kumar, **Acts Applicable to Hospitals in India** (The Christian Medical Association of India, New Delhi)
- 2. N.D. Kapoor, **Elements of Mercantile Law** (Sultan Chand and Sons, New Delhi) ISBN 8170142067

#### **REFERENCES**

- 3. Ram Krishna Chaube, **Consumer Protection and The Medical Profession with Legal Remedies** (Jaypee Brothers, New Delhi) ISBN 8171797318
- 4. R.C. Anand and Sidhartha Satpathy, **Hospital Waste Management: A Holistic Approach** (Jaypee Brothers, New Delhi) ISBN 8171797202

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## **MSH 26**

## **MANAGING QUALITY IN HEALTHCARE**

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#### **BLOCK 1: FUNDAMENTALS**

- 1.1 History, Need and Importance of Quality Management
- 1.2 Core Values, Concepts and Model
- 1.3 Quality Gurus and their views
- 1.4 Dimensions of Quality
- 1.5 Principles of Quality Management: Structure, Process and Outcome
- 1.6 Quality Vs Productivity Vs Profitability
- 1.7 Cost of conformance and non-conformance to Quality
- 1.8 Major Components in Quality
  - 1.8.1 Setting Objectives
  - 1.8.2 Quality Investment
  - 1.8.3 Activity Monitoring
  - 1.8.4 Performance Assessment

- 1.9 Quality Management Process
  - 1.9.1 Leadership Commitment
  - 1.9.2 Corporate Framework on Quality
  - 1.9.3 Transformation of Corporate Culture
  - 1.9.4 Customer Focus
  - 1.9.5 Process Focus
  - 1.9.6 Collaborative Approach
  - 1.9.7 Education, Training and Development
  - 1.9.8 Learning by Practice and Teaching
  - 1.9.9 Benchmarking
  - 1.9.10 Quality Measurement and Statistical Report at all Levels
  - 1.9.11 Recognition and Reward
  - 1.9.12 Management Integration

## **BLOCK 2: QUALITY FOUNDATION, TOOLS AND TECHNIQUES**

- 2.1 Leadership
- 2.2 Team Work
- 2.3 Communication
- 2.4 Problem Solving
- 2.5 Managing Time
- 2.6 Tools and Techniques
  - 2.6.1 Flow Chart
  - 2.6.2 Cause and Effect Diagram
  - 2.6.3 Pareto Diagram
  - 2.6.4 Statistical Process Control (SPC)

## **BLOCK 3: HEALTHCARE QUALITY**

- 3.1 Quality / Customer Service
  - 3.1.1 Define Customer and Identify Customers
  - 3.1.2 Customer Experience: Core Service & Delivery of Service
  - 3.1.3 Excellent Customer Service; Caring Service
  - 3.1.4 Individual Behaviour: Stress, Communication and Interpersonal Relationship
- 3.2 Patient Satisfaction
  - 3.2.1 Rights and Responsibilities of Patients
  - 3.2.2 Satisfaction and Delight
  - 3.2.3 Quality Indicators of Patient Satisfaction
- 3.3 Clinical Quality
  - 3.3.1 Complication and Infection Rate
  - 3.3.2 Admission, Follow Up and Continuity of Care
- 3.4 Measuring Quality
  - 3.4.1 Setting Objectives and Agreeing upon Standards
  - 3.4.2 Develop Key Result Areas and Performance Indicators
  - 3.4.3 Feedback: Customers, Staff, Suppliers, etc.
  - 3.4.4 Quality Audit and Review Techniques

## **BLOCK 4: ORGANISATION AND ROLES IN QUALITY**

- 4.1 Quality Policy: Commitment to Patients and Staff
- 4.2 Code of Conduct for Health Professionals
- 4.3 Job Description of Quality Manager
- 4.4 Quality Steering Committee
- 4.5 Quality Council
- 4.6 Quality Teams: Task Force, Quality Circle
- 4.7 Obstacles to Practice Quality

## **BLOCK 5: RECENT TRENDS**

- 5.1 ISO Certification; BS Mark
- 5.2 Accreditation: JCI
- 5.3 Quality Awards Scheme
- 5.4 Business Process Reengineering

## **TEXTBOOKS**

1. Wilson CRM, **Hospital Wide Quality Assurance** (Saunders, Ontario)
2. Hugh C. H. Kogh, **Total Quality Management in Health Care** (Longman Publication) ISBN 0582 04696
3. Roger Ellis and Dorothy Whittington, **Quality Assurance in Health Care – A Hand Book** (Edward Aino, London) ISBN 0-340-55273-5

## **REFERENCES**

4. Edward W. Deming, **Out of the Crisis** (Cambridge University Press, Cambridge)
5. Richard Smith (ed.), **Audit in Action** (British Medical Journal, London) ISBN 0-7279-0317-9
6. Nankemp and Eileen Richardson, **Quality Assurance In Nursing Practice** (Butterworth Heinemann Ltd., London, Second Edition) ISBN 0-7506-2326-8
7. Helga Drummond, **The TQM Movement – What Total Quality Management is Really All About** (UBSPD, New Delhi)

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## **MSH 27 MIS & APPLICATION OF INFORMATION TECHNOLOGY IN HEALTHCARE**

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### **BLOCK 1: BASICS OF COMPUTERS AND MANAGEMENT INFORMATION SYSTEM**

- 1.1 Computers and its Components
- 1.2 IT: Appropriateness and as focus of Organizational Change
- 1.3 Software and Hardware Selection: Factors to be Considered, Methods of Selecting and Optimize the Selection Procedures
- 1.4 Networking: Importance, Types, Methods of Networking, Network Planning and Management
- 1.5 LAN Security: Protecting Health Care Information, Internal Vs External Threats
- 1.6 MS Windows: Word, PowerPoint Presentations, Excel, Outlook Express, and Internet Exploring
- 1.7 Data Processing (DP): Importance, Data Flow; DP Requirements and File Concepts: How to

Process Data, Suitable Method of Processing, Meaning of Files, Types and Importance of Files; Database Design, Interface Design, Reports Design and Advance Topics in Data Management

- 1.8 MIS: How to Process Information, Information and Records, Importance of Planning; Training and Educating Staff, Testing MIS
- 1.9 Role of IT in Office Automation: Traditional VS IT Office; What is Office Automation; Communication Technology for Automation; Retrieval and Storage System; Integrated Office Automation; Portable Office; Future Edge of Information Technology

## **BLOCK 2: SYSTEMS MANAGEMENT, SOFTWARE APPLICATIONS AND DEVELOPMENTAL PROCESS**

- 2.1 System – SSAD Approach: Meaning, System Analysis, Design, Development, Testing, Implementation, Maintenance; Computer Systems Control and Auditing; Approaches to Conversion of a New System
- 2.2 Managing System Personnel – Difference in Managing System Personnel; Types: Users, Data Operators, Programmers / Software Engineers, Hardware Engineers, Maintenance Team, In-charge / Department Head, External Consultants; Orientation, Training, Retaining
- 2.3 Need Analysis
- 2.4 System Analysis
- 2.5 Feasibility Test: Economic, Technical, Political & Socio-cultural Factors
- 2.6 Tender Procedure: Bid Documentation Preparation, Tender, Technical Document Analysis, Financial Document Analysis and Contract
- 2.7 Software Development Procedure: Detail System Analysis, System Design, Database Design, Software Development, Testing and Implementation
- 2.8 After Development Procedure: Maintenance, Updates, Modules Addition
- 2.9 Features of Software in Hospitals and Health Care

## **BLOCK 3: HOSPITAL / HEALTH INFORMATION SYSTEM – HIS**

- 3.1 Objectives, Characteristics, Elements, Categories
- 3.2 HIS for Various Levels of Management (Top / Middle / Operational)
- 3.3 Integrated HIS (IHMS)
- 3.4 Comprehensive Single Hospital MIS (CSHS), Comprehensive Multi-hospitals MIS (CMHS), Business Office Multi-hospital MIS (BMHS) and Special Purpose Single Hospital MIS (SSHS)

## **BLOCK 4: APPLICATION OF COMPUTERS IN HOSPITALS AND HEALTH PROGRAMS**

- 4.1 Need and Importance of IT in Health Care
- 4.2 Centralized Vs Decentralized
- 4.3 Integrated Online HIS
- 4.4 Computerizing Medical Records, OPD, Ward, Admission and Discharge, OT, Clinical Laboratory, Blood Bank, Eye Bank, Clinical Quality Assurance, Pharmacy, Community Outreach, Reception / Front Office, Materials Management, Financial Accounting, HRM, Training and Development, Medical Research, Library and Literature Search, Housekeeping
- 4.5 Implementing wireless computerized patient records
- 4.6 Complexity in computerizing Hospitals
- 4.7 Computerizing Health Programs / Projects and widely used latest Statistical and Evaluation Software

## **BLOCK 5: LATEST ADVANCEMENT IN TECHNOLOGY**

- 5.1 Geographical Information System (GIS): Digitizing Map, Software and Hardware Required for GIS
- 5.2 Clinical Practices through Internet and Tele-health
- 5.3 Electronic Medical Documentation and Smart Cards
- 5.4 Useful Websites in Health Care
- 5.5 Future Trends in Health Care Information Systems

## **TEXTBOOKS**

1. Toni Hebda & et al, **Handbook of Informatics for Nurses and Health Care Professionals** (Prentice Hall, New Jersey)
2. John Abbott Worthley and Philip S. Disabris, **Managing Computers in Health Care – A Guide for Professionals** (Health Administration Press Perspectives, Michigan)

## **REFERENCES**

3. WHO, **Informatics and Telematics in Health – Present and Potential Use** (WHO, Geneva)
4. Marlene Maheu, Pamela Whitten & Ace Allen, **E-Health, Telehealth and Telemedicine: A Guide to Startup and Success** (Jossey-Bass) ISBN 0787944203

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## **MSF 22**

## **PROJECT - PRESENTATION AND REVIEW**

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### **COURSE OBJECTIVES**

The course will give an opportunity to the students to apply theory to problems in hospitals and healthcare delivery system. The objectives of the project work are:

1. To apply research methodology in a comprehensive manner starting with the research protocol / proposal, setting research purpose / objectives / hypothesis statement, research design, literature review, sampling, data collection, analysis, interpretation, findings, recommendations, and final written report
2. To review literature relevant to the problem under research study
3. To enhance the report writing and oral presentation skills
4. To publish part / whole of the research in leading international healthcare and related journals / magazines
5. To manage time

At the completion of the one-month research study the students are required to submit a detail individual project report in a format / guidelines as approved by the University.

## **8. CHANGE / CORRECTION OF ADDRESS**

In the case of any correction/change in the address, the learners are advised to write to the Controller of Examinations, Tamil Nadu Open University, Directorate of Technical Education Campus, Guindy, Chennai - 600 025. For making corrections of address in our database a fee of Rs.50/- by way of bank draft favouring 'Tamil Nadu Open University' payable at Chennai must accompany with the request. They are advised not to write letters to any other officer in the university in this regard. Normally, it takes 4-6 weeks to effect the change. Therefore, the learners are advised to make their own arrangements to redirect the mail to the changed address during the period. Change/Correction of address is not permitted until admissions are finalized. (Form-1 enclosed)

## **9. ISSUE OF DUPLICATE IDENTITY CARD**

The students may in case of non-receipt of Identity Card, write to The Controller of Examinations, TNOU, Directorate of Technical Education Campus, Chennai - 600 025 for the Issue of Duplicate Identity Card with a Demand Draft for Rs.100/- drawn in favour of Tamil Nadu Open University, payable at Chennai. They are advised not to write letters to any other officer in the university in this regard. Normally, it takes a week to send the Duplicate Identity Card. The learners are therefore advised to contact local Post Office before writing to the University.

## **10. WHOM TO CONTACT ?**

S l No .	Type of Query	Official of the University
1 .	Policy Matters	Vice Chancellor / Registrar, TNOU , Chennai Ph : 044-22300704 / 22200501
2 .	Admission and Examination Related Matters	Controller of Examinations , TNOU , Chennai Ph : 044-22200506
3 .	Study Materials	Assistant Director, Material Support Service Division , TNOU , Chennai Ph : 044-24613142
4 .	Academic Matters	The Head School of Management Studies , TNOU , Chennai Ph : 044-22300704 (Ext-27)
5 .	Programme Study Centre	Dr.K .Bhanumathi PSG Offshore Health Care Management Services PSG Hospital Campus Coimbatore Ph : 0422-4345353 Extn. 5851 Mobile : 09363100175 / 09894759915

## **11. STUDENTS GRIEVANCES**

In the case of any administrative / academic grievances students are advised to write to the Co-ordinator, MBA (Hospital Administration) Management Programme, School of Management Studies, TNOU, Directorate of Technical Education Campus, Guindy, Chennai - 600 025. Normally, it takes a week to sort out the grievances if any.

## **11. PROGRAMME STUDY CENTRE - PSG HOSPITALS**

### **11.1 PSG – INSTITUTIONS**

PSG is vision that has grown stronger with time. From just a dream in 1926, to an empire with over 26 institutions under its wing, PSG, is today not just a destination for intellectual growth, but a way of life. The Endeavour at PSG has always been to bring the best of technology and the best of talent together. A total of over 17,500 students learn at the various educational institutions and they are led by a team of over 4500 teaching & non teaching dedicated staff.

One of the reasons why PSG Institutions have been acclaimed to be the trend setters of education in India is because of the group's deep commitment to bringing the best of infrastructure and learning facilities to its education centres and equipping its industrial enterprises with state-of-the-art technology. International accreditations and technical partnerships between various institutions throughout the world have given the PSG group a well established global identity.

### **11.2 PSG - INSTITUTE OF MANAGEMENT**

Raising the bar is the mantra that defines the base direction of PSGIM's progress in the field of education. Here, the accent is not on pursuing academic degrees but on developing core competencies that will enable survival in the increasingly competitive world.

One of the most significant advantages of learning in a B-School such as the PSG Institute of Management is the industry interface experienced throughout the learning period. Backed by the inherent spirit of enterprise that the institute carries with it, learning at PSGIM is a well balanced experience of both sound theoretical knowledge and constant real world exposure. This has in turn helped students gain in-depth knowledge of practical implications and industry dynamics.

Moreover, learning at PSGIM also initiates a passion for entrepreneurship. In the past, several hundred member of the alumini have gone on to establish their own empires and the institute has helped give them a better understanding of starting their won business. The industry institute interface extends to all avenues of learning from meeting heads of leading global corporate houses to internship programmes in the chosen areas of expertise, the institute encourages practical exposure right through the period of study.

Some of the factors that have helped the institute establish itself as a leading business school in the country include strategic and technical partnership with renowned international centers of learning. These include tie ups and MoUs with IIFT (Indian Institute of Foreign Trade). The Alliance Francaise of Madras, and Nihongo Bashi, Singapore, a leading provider of linguistic solutions including translation, interpretation, language / cultural training, sales consultancy and resourcing services to impart Japanese Language skills to students.

### **11.3 PSG - HOSPITALS**

The PSG Hospitals was dedicated to the public by the PSG and Sons' Charities in 1989. In keeping with the community service ideals of the trust, the hospital initiated several schemes to benefit the rural community. The hospital adopted the Maternity centre at Vedapatti in 1987 and this became the rural health centre for the PSGIMSR. This centre is the forum through which students are encouraged to develop an affinity for community service and community medicine. PSG hospitals joins hand with PSG Institute of Management to inject professionalism into this unique programme that has no parallel in terms of content and delivery.

#### **MISSION**

- To reaffirm Coimbatore's stance of being one of the fastest growing centres of medical excellence.
- To ensure that state of the art medical services benefit every section of the community

#### **THE HOSPITAL TODAY**

In keeping with the ideals of PSG, the hospital has undergone rapid changes to emerge as a Multi speciality 850-bedded hospital with the latest infrastructure in place. All departments of medicine function within the premises of the hospital. Recognised by the National Board of Examinations in March 1993, the Hospital started training doctors in post graduate medicine in several fields.

#### **HIGHLIGHTS OF THE HOSPITAL INCLUDE**

- Apart from the regular wards, the hospital house 150 special rooms, ICUs and Operating the Theatre complex of 10 OTs.
- Cath labs, a part of the cardiology and cardio thoracic surgery were instituted in 2000.
- PSGCULES – PSG Coimbatore Urban Leprosy Eradication Scheme (CULES), an organization that has gained recognition at the national level and aided by the government.
- The department of Radiology has acquired, as part of its expansion, a new 64 slice cardiac CT scan and digital radiography.
- A new equipment to identify sleep related disorders, such as sleep apnoea, has been installed in the department of Pulmonology.
- The 55 channel polysomnography system is a high end unit, making the sleep Lab of PSG Hospitals one of the most advanced in the country.
- Urogynaecology service has been started by the department of Obstetrics and Gynaecology.
- The strengths of the hospital are ethical practice of medicine compassionate and empathetic touch to the art of healing, and fixed and transparent fee schedule.



**FORM - 1**  
**Tamil Nadu Open University**

DOTE Campus, Guindy, Chennai - 600 025

**APPLICATION FOR CHANGE / CORRECTION OF ADDRESS**

Date :

To

The Controller of Examinations  
Tamil Nadu Open University  
DOTE Campus, Guindy,  
Chennai-600 025

Enrolment No : \_\_\_\_\_ Programme: \_\_\_\_\_

Name of the Student : \_\_\_\_\_

**DETAILS FOR CHANGE / CORRECTION OF MAILING ADDRESS**

**New Address**

**Old Address**

Signature of Student